

Minutes

Trauma System Oversight & Management Committee

April 6, 2006

Called to order at 11:00 am

Adjourned at 2:05 pm

Location: The Place at Innsbrook

www.vdh.virginia.gov/oems/trauma/traumacenters.asp

Meeting called by:
Morris Reece

Chair: Morris Reece

OEMS Staff: Paul Sharpe, Russ Stamm, Christy Saldana, Jodi Kuhn.

Attendees: Andi Wright, Barbara Hawkins, Carol Smithson, Don Wilson, Elton Mabry, Greg Stanford, Jeff Meyers, Kathy Cyrus, Kathy Butler, Leonard Weireter, Linda Sayles, Lisa Clapp, Lisa Wells, Liz Shergill, Lou Ann Miller, Louise Lamond, Maureen Waller, Patrick Earnest, R. Bland Lawson, Sonia Cooper, Stanley Heatwole, Susan Ward, Teresa Gary,

Agenda Topics

Approval of Minutes

The minutes of the February 02, 2006 meeting were distributed electronically in advance and in hard copy at the meeting. A **motion** was made by Dr. Weireter to approve the minutes as distributed, **seconded** by Don Wilson. The minutes were approved by unanimous vote.

Chair/Vice Chair Report

Morris suggested we have microphones at tables, so we will be able to hear without difficulties

OEMS Update

Paul Sharpe – The Office of EMS Trauma Website has been updated (visual presentation given). Any additions or links that you would like added please let him know. Jodi Kuhn spoke about the data sharing policy, which was distributed this morning; this will also be on the trauma web page. Any feedback please let us know. A committee member asked for a report about queries that have been requested would be helpful.

Russ Stamm – VSTR Report – a prototype of a new VSTR reporting tool was displayed with screen shots. EMS Regional Councils will have access. Reports available will be, canned reports or a “build your own reports”, that can be displayed as data, graphs or both. This is scheduled for implementation by July. There was discussion about the VSTR and patients that are not admitted, primarily from a level III center who wishes to use the VSTR for internal performance improvement (PI). OEMS Staff recommended an internal program due to the fact if we increase the reporting requirements for a level III for example, then we would have to also collect this data from all non-designated hospital as well and this would put an undue burden on them. The VSTR was designed as a Statewide registry and not for designated center level PI

As a reminder any hospital name changes, etc. should be forwarded to Russ.

Another committee member asked about the Validation of VSTR data – how do we know the data is a true representation? OEMS staff explained that this is currently our focus with the registry. Now that

implementation, from a technical standpoint is complete, we are focusing on the quality of data and compliance with submitting. The web based systems was designed with multiple “up front” validations. We have begun several methods of evaluating VSTR data. Some examples are that we have pulled VHI data to compare it to our registry data and we are also working with the programmers to develop audit tools that will allow OEMS staff to “drill down” into the data to evaluate its quality. Once these audit tools are complete the OEMS Statistician can assist in performing random sampling of the data.

Trauma Nurse Coordinators

The Trauma Nurse Coordinators (TNC's)/Trauma Program Managers met last evening, Andi Wright provided a report on the group's activities. The TNC's-- worked on the agenda for the 3rd Annual Trauma Leadership Conference, Point Counter Point ACS Conference that Virginia is participating in and held discussion on the formation of a trauma registrar's group.

OEMS is seeking input related to utilizing the states trauma registrars. Some potential uses of this group would be to evaluate the data elements we are currently using, assist with Virginia's participation in a National Trauma Registry” and look for other avenues to utilize the VSTR. Kelly Guilford from VCU has offered to look into the feasibility of this group.

Trauma Center Updates

Mary Washington Hospital -- goal for level II designation is 2007, a business plan is in place and they are actively recruiting a surgeon and TNC. **Lynchburg General Hospital** -- Joint commission currently at LGH, hospital wide computer problems are interfering with PI and trauma registry efforts, this is expected to be a long term issue. **Winchester Medical Center** -- have set a goal to decrease number of patients being transferred out due to trauma. The hospital is moving to an electronic medical record. Dr. Stanford would like to see more of a statewide networking to know what is going on, examples he provided were so patients are getting care in a timely manner, relieving the burden of patient volumes on level I centers, interstate issues, and how to interact with out of state hospitals. **Virginia Beach General** -- items of interest are that they are operating at full capacity, held an anti “drunk driving” campaign and will complete another one in May, also offering monthly education starting in May, continue to strive to return to Level II status, and the trauma director will be changing in May. **Inova Fairfax** --interviewing for two trauma surgeons, and three full time ortho surgeons, these physicians will be hired as staff. The program is also hiring a nurse practitioner.

They have several research programs ongoing, i.e. siren with pedestrian crashes and smooth operator program. Grants are slim, looking for ways to support these programs. Question from the audience -- Have other Inova hospitals been looked at for designation to relieve Fairfax of their volume? They are focused on educating the other hospitals and what patients need to be transferred to Fairfax for trauma. **Riverside Regional** -- Riverside is slowly moving towards and Emergency Surgery Practice model. Surgeons will be on call for trauma and unscheduled general surgery.

CJW no staffing changes in trauma dept, working on PI program and considering a commercial registry program. CJW continues to work with ODEMSA and VCU in a PI effort to make sure they are sending appropriate patients to VCU. They face the challenge of new staff understanding what it is to be a trauma center. We are about 30 days behind on the trauma registry. **UVA** -- Efforts are being made to receive radiology electronically data prior to patients arriving from other facilities. UVA is piloting a process for ground & air crews for inter hospital transfers. They are asking for funding for a trauma case manager and case worker, they continue to look for another trauma surgeon, which is proving to be very difficult. PI is currently focused on airway and LMA accessibility. **Southside Regional Medical Center** -- a lot of improvements have been made since he has been there. He thanked his doctors for being there for the program. They are getting ready for this years verification site review. An injury prevention program is being implemented for under 18 year old patient's education. They are bringing them in for an in-house program. Ground breaking is planned for the new hospital this year. The plans for the new facility are set up much better for trauma, with increased ED beds. Diversion is a problem. SSRMC has a new commercial which provided awareness of SSRMC's trauma designation. **Roanoke Memorial Hospital** -- “Roanoke has

had a painful review, but it was a good thing". The trauma program is now under dept of surgery and has three pa's and a new trauma surgeon from San Diego. A PI/research person has been hired and they have "beefed up" their TNCC instructors. Roanoke is at peak census, as always this is a challenge. A second helicopter was put in and they are seeing more than expected. The new building will be completed this fall. Our greatest difficulty with specialty coverage is maxio-facial.

New River Valley -- our program recently participated in TNCC and we hope to support our own classes soon. CNRVMC is also constructing a new building and their may be some additional ED beds. They will be hosting a fourth "Child Day" in June, to give out bicycle helmets. **Norfolk General** -- Dr. Weireter -- rejoining the committee, SNGH is seeking ABA certification for their burn unit, a new building is under construction, they are like Fairfax and receive everything, and they find they are very busy in the afternoons.

Old Business

Trauma Fund revision; we attempted to get the Trauma Fund Panel together unsuccessfully. We have revised the trauma fund with only one change. The change provides some clarification on centers that are "not in good standing". Funding will not be withheld, but will be put in escrow until the center is back in good standing or compliance. Also added is that E codes from the VHI data are primary E codes. Chair -- are there any changes; are you in agreement with this change? No questions. All in favor, no one opposed.

Trauma fund panel established the method of deriving the percentages used for trauma fund distributions last year. There was no ideal dataset to use; therefore the panel adopted the current method as the "best choice available" at the time. The goal is to use Virginia Statewide Trauma Registry data with the trauma fund. At the time the trauma fund was implemented; the designated trauma centers in the state were unable to upload commercially used registry programs. As of September 2005, OEMS is now capable of receiving data from these programs and is anticipating that the 2007 (FY08) revision of the trauma fund will include percentages that are determined by the use of VSTR data.

The use of VHI data for the trauma fund limits OEMS' ability to answer stakeholder questions about funding and is less than ideal to manage a fund of this size.

Chair -- Dr Ivatory has asked that the committee again evaluate the possibility of including ACS designation into the Virginia Survey process. The Chair has established a panel to look at this. OEMS/VDH declined to participate in this process, but welcomes the input of the panel.

New Business

Don Wilson -- TPI committee to meet after this meeting to "get on right track". Don reminded us of who was on the committee.

Trauma System Action Plan Development

The remainder of the meeting was used to finalize the Trauma System Action Plan. This plan brings together the items noted in the BIS self assessment tool used in June 2005, the November 2005 JLARC report on "*The Use and Financing of Trauma Centers in Virginia*", and the OEMS Strategic Plan. The status, method of achieving these goals and those responsible to work on each item are included in the Action Plan.

Scheduled Meetings

2006 Meeting Schedule

Full Committee Meetings: Wednesday June 21st (Va Beach), Thursday September 7th, December 7th.

3rd Annual Trauma Leadership Conference: June 18 – 21.