

**State Emergency Medical Services Advisory Board – Executive Committee**  
**Virginia Office of EMS, Glen Allen, VA**  
**January 7, 2016**  
**1:00 PM**

Members Present:	Members Absent:	Staff:	Others:
<b>Gary P. Critzer, Chair</b> Central Shenandoah EMS Council	David Hoback Virginia Fire Chiefs Association	Gary R. Brown	<b>Scott Hickey</b> Virginia College of Emergency Physicians
<b>Genemarie McGee, Vice Chair</b> - (via teleconference) Tidewater EMS Council		Scott Winston	<b>Timothy Novosel</b> Eastern Virginia Medical School
<b>Bruce Edwards</b> (via teleconference) Board of Health – EMS Representative		Robin Pearce	<b>Michel Aboutanos</b> Virginia Commonwealth University
<b>Marilyn McLeod</b> Blue Ridge EMS Council		Michael D. Berg	<b>Maggie Griffen</b> INOVA
<b>Christopher L. Parker</b> – (via teleconference) Virginia Emergency Nurses Association/Virginia Nurses Association		George Lindbeck	<b>Kathy Butler</b> University of Virginia
<b>Ronald Passmore</b> Southwest VA EMS Council		Irene Hamilton	<b>J. F. Calland</b> University of Virginia <b>Lou Ann Miller</b> Riverside Regional Medical Center <b>Valeria Mitchell</b> Sentara Norfolk General Hospital <b>Paul Sharpe</b> Henrico Doctor’s Hospital

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Call to Order – Gary Critzer</b>	Mr. Gary Critzer, called the meeting to order at 1:13 p.m.	
<b>Introductions</b>	Mr. Critzer asked for everyone in the room to introduce themselves, as well as the individuals who were attending via teleconference.	
<b>Purpose of the Meeting - ACS Report</b>	Mr. Critzer explained the purpose of the meeting, to discuss the work of the American College of Surgeons Consultation Report (ACS Report) in regards to the EMS trauma system and how to proceed in addressing the report’s recommendations. The Executive Committee met on December 18 at which time they briefly discussed the ACS report. Dr. Aboutanos attended the December 18 meeting to answer questions in regards to the report. They decided at that meeting that it was very important for the Executive Committee and the Trauma System Oversight & Management Committee (TSO&MC) to have a joint meeting to discuss the next steps that need to be taken to address the report’s recommendations and who should be tasked with the work.	
<b>ACS Report Discussion</b>	Mr. Critzer reiterated that the purpose of the meeting was to decide on the next steps and getting the information disseminated to the appropriate EMS Advisory Board committees so they can began work on the report recommendations. Mr. Critzer explained that the Executive Committee assured Dr.	

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	<p>Aboutanos at the December 18 meeting that they would address the report’s recommendations, element by element. Mr. Critzer acknowledged that this will be a long process in order to make sure that the recommendations are properly addressed.</p> <p>Mr. Critzer asked meeting attendees for any thoughts they had on the report and how they should proceed in addressing the report’s recommendations.</p> <p>Dr. Michel Aboutanos – The ACS Report is an extremely important document that addresses a major public health need in our state. The ACS review team are experts who provide these same services to trauma systems throughout the country. They have provided Virginia with a complex overview of our current trauma system and recommendations for improving our current system.</p> <p>Mr. Gary Brown - Some of the report recommendations might take as many as five years to address, and some others might have a much shorter turnaround period. Mr. Brown feels that this group can help with the decision-making process and deciding how to distribute the work and tasks from the report among the various committees and EMS workgroups. He said it is important to get as much input from around the Commonwealth as possible and to have a positive influence on the EMS and trauma care system in the state. Improved patient care should be the central theme behind this work. All of the work and decisions should be made thinking about the best interest of the patient.</p> <p>Bruce Edwards – He is concerned that Virginia’s system will be unable to fulfill several of the ACS report recommendations because in Virginia there are many differences throughout the state, based on the area, on how patient care is obtained and supplied. Mr. Critzer agreed that the system have many differences throughout the state and that is why they want to take the plan piece by piece and vet it.</p> <p>Gary Critzer - At some point in the process they will have to take some legislative action in order to have the ability to promulgate some regulations that would allow them to make some of the needed changes. Promulgating regulations is a lengthy process.</p> <p>The group discussed at length how to address the ACS report recommendations and what group(s) should take the lead on addressing the report’s recommendations.</p> <p>Dr. Aboutanos talked about the importance of the Trauma Committee being involved in vetting the ACS report. Dr. Calland echoed his thoughts, adding that the ACS report helped the TSO&amp;MC to realize that there are several areas that had not been addressed in regards to trauma.</p> <p>Mr. Critzer asked if the TSO&amp;MC should create a multidisciplinary workgroup made up of all the key players to address the report’s recommendations. Mr. Critzer said the challenge is to figure out the best way to handle the report and assure that the recommendations are addressed in a timely fashion.</p>	

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	<p>Dr. McLeod said that she thinks going through the recommendations and assigning them to the appropriate groups is a good place to start. She said that just because the recommendation is assigned it does not mean that they agree with the recommendation. The job will be to decide if the recommendations fit for all of Virginia.</p> <p>Maggie Griffin pointed out that since the ACS report recommended that Virginia needs to have a trauma plan and developing a trauma system plan should be the starting point. After developing the plan, many of the recommendations in the ACS report will be addressed in the Plan and won't have to be addressed individually.</p> <p>There was consensus that it makes sense to develop the trauma plan first.</p> <p>The next focus of the meeting was to determine the composition of the workgroup that would develop the Trauma System Plan. The group agreed that it was important not to have a very large workgroup because that would be hard to get any work done.</p> <p>Kathy Butler suggested that as the plan is being developed it would be good to have a meeting and invite all the stakeholders who took part in the ACS site visit. Dr. Calland agreed with Kathy Butler, adding it would be valuable to hear from stakeholders, finding out what they think about the recommendations and asking them which recommendations they feel are a priority for the workgroup to address.</p> <p>Dr. Bartle asked if there is anything identified in the report as being the number one priority of critical need that needs to be started on. He also asked if they have the support of the Health Commissioner and the authority to do this or are they just making recommendations.</p> <p>Mr. Critzer said they do not have all the legislative authority to do everything that may need to be done. He explained that is why they want to draft some legislation giving the system some authority to promulgate the right regulations. Mr. Critzer said they will have to find someone outside of the Office of EMS to sponsor the legislation.</p> <p>Gary Brown asked to make it clear that the Office of EMS has to disassociate from any legislation that the system might request. Mr. Critzer acknowledged understanding this fact.</p> <p>Dr. Aboutanos said a meeting is scheduled on February 11 from 8am to 4 pm at the Courtyard by Marriott Virginia Center. Ms. Pearce said they plan to invite the stakeholders who attended the ACS site visit and people on the regular email list for the TSO&amp;MC meetings to the meeting. Invitees would receive a list of all the criteria, soliciting their input. At the meeting they would review the input, and perhaps, break into groups to start work on a mission statement and maybe other things. The agenda has not yet been formalized.</p>	

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	<p>Dr. McLeod suggested setting up an online response system. Robin Pearce shared an online survey that has been developed to send to stakeholders in regards to the ACS report findings. The survey would have all the ACS recommendations and the stakeholders could identify their top three recommendations and prioritize items they wanted to work on immediately, in the near future, in the distant future, or not at all. The recommendations and stakeholders responses would be incorporated, embedded in a spreadsheet and discussed at the February 11 meeting.</p> <p>Ms. Griffin suggested it would be better to have a workgroup work on the plan first before having a meeting of all the stakeholders. A lot of the recommendations from the ACS report may be included in the plan; which would only leave some core issues needing to be addressed. After the recommendations have been pared down, then have Town Hall meetings or possibly meetings for specific stakeholders that can address specific issues.</p> <p>It was decided that on February 11, the workgroup would get together to start developing the plan..</p> <p>The group then discussed the composition of the workgroup.</p> <p>Paul Sharpe said that the ACS report sent a clear message that the trauma committee is too heavily weighted with trauma centers. He urged that the proposed work group not be heavily weighted with trauma centers. Mr. Sharpe explained that the model trauma system plan is a public health model. The ACS chastised OEMS because they are following the 1970 – 1980’s model of the trauma system, which is EMS but not health. He said that the framers need to be the people in public health and in the advocacy groups.</p> <p>Mr. Critzer said they could add some other stakeholders that Paul Sharpe had mentioned. After discussion, it was decided that the workgroup would be composed of the following representatives.</p> <ol style="list-style-type: none"> <li>1. Level I Trauma Center representative</li> <li>2. Level II Trauma Center representative</li> <li>3. Level III Trauma Center representative</li> <li>4. Prehospital representative</li> <li>5. EMS Physician</li> <li>6. Pediatrics representative</li> <li>7. Rehabilitation representative</li> <li>8. Injury Prevention representative</li> <li>9. Non-trauma Center representative</li> <li>10. Epidemiologist</li> <li>11. ED Physician</li> </ol> <p>Mr. Critzer said this group will be under TSO&amp;MC and will report to TSO&amp;M. TSO&amp;MC will report</p>	

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	<p>to the Executive Committee and the EMS Advisory Board.</p> <p>Mr. Critzer will work with Dr. Aboutanos to formulate representatives for the group.</p> <p>This group wants to make sure that the right people are at the table. Mr. Critzer said he wants to make sure that the group is inclusive and not exclusive.</p>	
<b>Adjournment</b>	The meeting was adjourned at 3:00 p.m.	

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