



Trauma System Oversight & Management Committee
OEMS, 1041 Technology Park Drive
Glen Allen, VA
December 4, 2013
6:00 p.m.

Members Present:	Other Attendees:	OEMS Staff:
Ajai Malhotra, Chair	Dallas Taylor	Paul Sharpe
Mindy Carter	Linda Taylor	
Keith Stephenson	Allen Williamson	
Andi Wright		
Maggie Griffen		
Emory Altizer		
Don Kauder		
Dan Munn		
Valeria Mitchell		
Martin O'Grady		
Kathy Butler		
Beth Broering		
Michael Aboutanos		
Stanley Heatwole		
Theresa Guins		
Susan Ward		
Bryan Collier		
Sherry Mosteller		
Melinda Myers		
Amanda Turner		
Timothy Novosel		
Raymond Makhoul		
Lisa Wells		
Greg Stanford		
Lou Ann Miller		
J. Forrest Calland		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 6:15 a.m.	
Business Items of the Committee:	The typical approval of previous minutes and standard reports will be handled during the 12/5/2013 committee meeting. This meeting was specially called to review the draft Trauma Center Designation Manual. The format of this meeting, and concluding during the 12/5/2013, is to allow each trauma manual workgroup to present its key items needing full committee consideration prior to publishing a final draft designation manual.	The minutes were approved as amended.

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
		 Draft Designation Manual
Operation Workgroup – Lou Ann Miller (RRMC):	<p>The operational workgroup were responsible for the following areas, equipment requirements, site review team composition, site review process, and site review team orientation.</p> <p>Ms. Miller discussed past presentations of the operational workgroup’s proposed criteria and pointed out that no controversial items have been noted to date.</p> <p>A revised site review checklist and medical record review checklist were distributed. These revised documents will provide better guidance to the site reviewers and provide improved consistency. These documents are not part of the designation manual, but will be used by the OEMS when organizing site reviews.</p> <p>There was discussion and a determination by the committee to create a site reviewer education process. It was proposed that there be a self-learning module for each site review team position.</p> <p>The committee discussed moving towards increasing site review visits from one day to two days. Utilizing a schedule similar to the ACS was also shared. Some reviewers believe more time may be needed to perform a thorough review.</p> <p>Ms. Butler (UVA) asked about the appeals and variances language in the draft designation manual. Staff advised that the variance language is standard language used throughout the Health Department and that the appeals language is direct from the <i>Code of Virginia Administrative Process Act</i> and not within the purview of the committee to change.</p> <p>There was discussion about whether the committee, hospitals, or general public should be notified about request for variances. Staff shared the process typically used to review variance requests including OEMS review and recommendations to the State Health Commissioner (Commissioner). The Commissioner makes the determination to grant or deny variances. A second point was that the <i>Code of Virginia</i> exempts trauma center files from discovery and the committee should consider this. No action was taken.</p> <p>The operational workgroup will continue to work on developing an education packet, site review agenda, and the criteria to be a site reviewer.</p>	<p>The TSO&MC and five workgroups agreed to make all suggested edits to the draft designation manual by 1/31/2014. If on time, staff committed to have a revised clean draft designation manual by the 3/2014 meeting.</p> <p>Loop Closure: Trauma Center File exemption information was included in a 12/7/2013 e-mail addressing similar issues.</p>  FOIA Exemption
Administrative Workgroup – Andi Wright (CRMH):	<p>The administrative workgroup were responsible for the following areas: Designation description, organizational commitment, program leadership, trauma team alert, clinical capabilities, electronic medical records, patient follow-up / transfer process, TSO&MC attendance, and the designation application related criteria.</p> <p>The first criterion reviewed was Section 1.01.k on page 22 of the draft. It was determined that the mission statement</p>	<p>The TSO&MC and five workgroups agreed to make all suggested edits to the draft designation manual by</p>

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	<p>describing comprehensive trauma care should be changed from a “hospital” mission statement to a trauma service mission statement.</p> <p>There was discussion on removing Section 1.01.j on page 22. It was determined to maintain the long-term trauma program plan criterion.</p> <p>There was debate about criterion Section 1.04.a.i on page 24 of the draft that states, “The TMD shall have the responsibility and authority to determine each general surgeon’s ability to perform trauma call.” It was discussed whether this criterion should be included as this may be hospital administration’s responsibility. Others proposed this may need to be changed to a critical deficiency because the TMD should be able to manage who takes trauma call. The final decision was made to leave item a.i as is.</p> <p>Section 1.10.a on page 28 which discusses the FTE requirements for trauma registrars was discussed. The committee discussed the challenges seen at trauma centers with inadequate registrar staffing. National level discussions are currently considering that a single registrar should, at a maximum, handle from 500 -750 registry entries per year.</p> <p>MOTION: A motion was made by Dr. Griffen and seconded by Dr. Collier to add to the criterion that a maximum of 750 patient records per year be added per registrar. Motion not voted on or withdrawn.</p> <p>MOTION: A motion was made by Dr. Calland and seconded by Ms. Miller to add to the criterion that the maximum number of patient records per year, using NTDB criteria, be limited to 750 per each registrar with a minimum of one registrar be trauma center be added. Not voted on or withdrawn.</p> <p>Ms. Wright will develop final language reflecting discussion around Dr. Calland’s motion.</p> <p>On page 32 Section 1.12.e.i that requires all surgical specialties to respond, “promptly” was discussed. It was determined that “promptly” be defined and that this definition will be used consistently throughout the designation manual. Ms. Wright to construct final language.</p> <p>Section 2.1.d requiring the documenting of the surgeon’s presence in the OR was discussed. No changes noted.</p> <p>Page 35 Section 2.05.a and b discuss neurosurgery’s response. The items discussed were related to the term “promptly” and in-house coverage. It was proposed to combine criterion a and b and remove the term in-house. Final language to be developed by Ms. Wright.</p> <p>Additional review of the administrative workgroup’s section during the 12/5/2013 meeting.</p>	<p>1/31/2014. If on time, staff committed to have a revised clean draft designation manual by the 3/2014 meeting.</p>
Adjournment:	The meeting adjourned shortly after 8:00 p.m.	