

Trauma System Oversight & Management Committee
OEMS, 1041 Technology Park Drive
Glen Allen, VA
June 5, 2014
11:00 a.m.

Members Present:	Other Attendees:	OEMS Staff:
Ajai Malhotra, Chair	Kelley Rumsey	Paul Sharpe
J. Forrest Calland	Jeffrey Haynes	Wanda Street
Maggie Griffen	Linda Taylor	
Raymond Makhoul	Amy Sampson	
Amanda Turner	Beth Johnson	
Donald Kauder	Lauren Schmitt	
Elton Mabry	Lindley Abernathy	
Beth Broering	Dallas Taylor	
Theresa Guins	Shawn Safford	
Sherry Mosteller	Faiqa Qureshi	
Lou Ann Miller		
Andi Wright		
Michel Aboutanos		
Valeria Mitchell		
Susan Ward		
Melinda Myers		
Kathy Butler		
Mindy Carter		
Bryan Collier		
Boyd Wickizer		
Emory Altizer		
Daniel Munn		
Greg Stanford		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Malhotra at 11:00 a.m.	
Approval of the Agenda:	Today's agenda was approved as submitted.	
Approval of minutes dated March 6, 2014:	A motion was made to approve the minutes as distributed in advance and available in hard copy. Ms. Miller, Riverside Regional Medical Center, requested that the minutes reflect that at the last meeting, Dr. Weireter, Sentara Norfolk General Hospital (SNGH), informed Ms. Miller that if Riverside Regional called to transfer a patient to SNGH, they should call Children's Hospital of the Kings Daughter (CHKD). This is in reference to Ms. Miller's question about where to transfer pediatric trauma patients. Dr. Calland moved that the minutes be amended to reflect the above statement by Dr. Weireter. The motion was seconded by Ms. Miller. The minutes were approved as amended.	The minutes were approved as amended.
Chair Report:	No report.	

<p>OEMS Report:</p>	<p>Dr. Carol Pugh, OEMS, introduced the two new Division of Trauma/Critical Care employees: Ms. Karen Rice and Mr. Bryan Hodges. Ms. Rice was a cancer registrar and an HIPAA Officer in a small hospital and Mr. Hodges worked for an EMS software company. Both Ms. Rice and Mr. Hodges bring a lot of great experience to the OEMS.</p> <p>Mr. Paul Sharpe (staff) reported he approved the most recent Trauma Center Fund distributions the night before last. This quarter's disbursement was \$4.1 million compared to the previous two quarterly payments of \$2.4 and \$2.2 million. Since the Fall of 2005 a total of \$74,495,000 has been distributed.</p> <p>Also, staff has sent several trauma center designation renewal packets. If anyone would like to observe a site review, please send an e-mail to staff expressing your desire.</p> <p>Staff advised that the Division has begun the implementation process for the new EMS data standard. The new EMS data standard and its system will affect every EMS agency and all EMS software vendors due to the significant changes involved in the new standard. This roll-out will be labor intensive and require most of the Division's staff time.</p> <p>Staff was asked if VDH/OEMS would be affected if the proposed state budget is not approved prior to July 1. In response, it is difficult to predict if and if so how VDH/OEMS would be impacted. Should any significant issues arise that affects this group, staff will send out relevant information.</p>	
<p>Trauma Performance Improvement Committee Update (Dr. Calland):</p>	<p>Dr. Calland reported that the performance improvement (PI) committee met this morning and he is grateful to have the two new Office of EMS employees who will assist in getting the reports out. In today's meeting the TPIC reaffirmed its commitment to getting a draft of the report to the commissioner. They plan to have it ready for approval at the September 2014 meeting. The report will include deaths at non-trauma centers and Level IIIs and those transfers which meet the Statewide Trauma Triage plan's Step 1 before going to non-trauma centers. It will also include all transfers from hospitals to trauma centers that occurred after 24 hours. The PI committee will also work toward regional reports to inform local EMS systems of the proportion of patients meeting the Step 1 criteria who go directly to Level I or Level II trauma centers. He is looking forward to seeing these reports in September.</p>	
<p>Trauma Program Managers Report:</p>	<p>The trauma program managers (TPM) met yesterday and their agenda included a presentation on early efforts to create a burn surge plan presented by Kathy Colantuono of Eastern Virginia Healthcare Coalition. The group gave insight on what can and can't be done in certain areas. They explained the resource challenges in Southwestern Virginia. Burn telemedicine was also discussed.</p> <p>Also at the meeting, they discussed trauma nurse certification. Ms. Kelley Rumsey discussed that the Society of Trauma Nurses is working with the Emergency Nurses Association and other nursing associations to perform a survey measuring nurses interested in seeking trauma nurse certification.</p> <p>The Trauma Survivors Network (an American Trauma Society (ATS) program) is a valuable program and the University of Virginia Health System (UVA) is currently working to get this program up and running. Dr. Calland stated that four to eight hours of training is required. Ms. Wright will send an email to the TPMs about the Charlottesville training opportunity once a date is finalized. Dr. Griffen discussed the importance of having a social worker train and facilitates the program. Dr. Aboutanos concurred; VCU now has four social workers. Per Dr. Calland, if there is enough interest, a training course could possibly be held in Richmond.</p> <p>The TPMs also had limited discussion on the draft pediatric specific trauma center criteria since Ms. Melissa Hall could not attend the TPM meeting.</p>	<p>Andi will send an email to the Coordinators about the Charlottesville training.</p>

<p>Committee Composition Discussion – Dr. Malhotra:</p>	<p>During the March meeting, the continuing topic of committee composition was discussed and two options were given. However, the committee at that time felt that the composition should remain the same. Per Dr. Malhotra, this is not an option and cited the following reasons:</p> <p>1) The committee is too large and based on the current “each trauma center gets one vote” it is on track to become even larger due to future designations. Also, the current size is not conducive for assuring good workflow; i.e. too many varying opinions. The opinions have also shifted from serving the trauma system and trauma patient to what serves an individual hospital. This committee has become even larger than the EMS Advisory Board.</p> <p>2) The committee does not follow rules [by-laws and Robert’s Rules of Order]. There have been complaints about not following rules required by the <i>Code of Virginia</i> and by-laws. Some of these rules include that each center is allowed one vote. This is not correct. The by-laws require that the committee has named voting members and specifically state proxy-votes are not allowed. If that named member is not present, no vote can be made on their behalf.</p> <p>3) Who represents what constituency? Again, do you represent your trauma center or your community? The Chair is concerned that if the committee does not agree on a committee composition, a revised committee structure may be made for us; and we may not like it.</p> <p>Dr. Malhotra presented the committee with the following proposed committee composition: <u>(16 Voting Members and a Chair)</u> Level I Representatives (5) Level II & III Representatives (5) Emergency Department Representative (1) Program Director (1) Burn Surgeon (1) EMS for Children Representative (1) Pediatric Surgeon (1) Citizen Representative (1) Chair</p> <p>Dr. Forrest Calland presenting the following proposal: <u>14 Voting Members and a Chair</u> Level I Representatives (5) – (1 shall be a burn surgeon and at least 1 a program director/manager) Level II & III Representatives (4) – (2 Level II Reps, 2 Level III Representative. Emergency Medicine Representative (1) EMS Representative (1) Pediatric Surgeon (1) Citizen Representative (1) Non-trauma designated hospital (1) Chair</p> <p>MOTION: A motion was made to accept Dr. Calland’s proposal. The motion was seconded by Dr. Griffen. Staff performed a roll call vote and the motion passed.</p>	
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	<p>The committee discussed committee member term limit.</p> <p>MOTION: A motion was made by Dr. Calland that there be a two year term limit and that no member shall serve more than two consecutive terms; and that some initial terms may, at the discretion of the Chair, be set at three years in order to facilitate staggered rotation of the committee’s membership. The motion was seconded by Dr. Collier. All committee members were in favor, none opposed or abstained.</p> <p>Dr. Malhotra will work within the EMS Advisory Board structure to have the new composition approved by its August 2014 meeting.</p> <p>The Chair charged various groups within the committee with working together and submit suggestions/recommendations to staff by July 15, 2014 on who should fill the seats of the new committee. Staff will then submit the suggestions to Dr. Malhotra and finalized at the beginning for the September 2014 TSO&MC meeting. The groups were charged with submitted proposed representatives included Level I centers, Level II centers, Level III centers, VHHA will seek a non-designated hospital representative, Dr. Haynes (VCU Health Systems) will seek a pediatric surgeon, all present were encouraged to recommend or work through outside groups for find a citizen/survivor representative and EMS representative.</p> <p>The suggestions/recommendations will be subject to the approval of the chair.</p>	<p>The committee will submit seat recommendations to Paul by July 15 and Paul will submit them all to Dr. Malhotra for review and approval.</p>
<p>Proposed Trauma Designation Manual:</p>	<p>The Trauma Designation Manual was tabled until the next meeting. Per Paul, the Pediatric workgroup met and finished their revisions. They used the “Orange Book” as a guide.</p>	
<p>Trauma Center Updates:</p>	<p>Emory Altizer – Lewis Gale Montgomery Hospital – No update.</p> <p>Forrest Calland, UVA Health System – UVA has hired a burn coordinator and has reinvigorated their burn program. They are holding a multi-disciplinary burn meeting once a week.</p> <p>Beth Broering, VCU Health System – VCU will be saying farewell to Dr. Duane at the end of the month and has also lost one of the trauma registrar’s due to a catastrophic family illness.</p> <p>Elton Mabry, Southside Regional Medical Center – In the tri-city region, about 650 parachuters will be coming in from midnight tonight until about noon tomorrow. We will be on alert for them.</p> <p>Dr. Raymond Makhoul , CJW Medical Center-Chippenham – As Elton mentioned, Mindy will be leaving next week and he wanted to take this time to publicly thank her for all she has done for CJW. (Round of applause.)</p> <p>Andi Wright, Carilion Roanoke Memorial Hospital – No update.</p> <p>Amanda Turner, Lynchburg General Hospital – No update.</p> <p>Lou Ann Miller, Riverside Regional Medical Center – No update.</p> <p>Valeria Mitchell, Sentara Norfolk General Hospital – Dr. Weireter is no longer Sentara Norfolk General’s Medical Director and has taken a leadership position at the American College of Surgeons. Dr. Jay Collins is now assuming leadership for the trauma division. Some changes have been made on the use of trauma funds, so it has become possible</p>	

	<p>to hire a PI Coordinator.</p> <p>Dr. Don Kauder, Mary Washington Hospital – MWH was down by two trauma surgeons since November 2013 and will have two new surgeons that will begin in August 2014. Their site review is September 24.</p> <p>Dr. Greg Stanford, Winchester Medical Center – No update.</p> <p>Melinda Myers, Inova Fairfax Hospital – No update.</p> <p>Dr. Maggie Griffen, Inova Fairfax Hospital – No update.</p> <p>Sherry Mosteller, New River Valley Medical Center – No update.</p>	
Trauma Registrar's Group Update:	The registrars met yesterday with a great turnout of about 20 in attendance. Quite a few new registrars have been hired across the state. Beth Johnson of Southside Regional Medical Center will research some ICD 10 courses and give logistics for those. They also discussed working with their software vendors about interacting with the state EMS registries. More to come on that.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 2:20 p.m.	2014 TSO & MC Meeting Schedule: September 4 and December 4