Trauma System Plan Task Force Meeting
Virginia Office of EMS
Hampton Inn & Suites/Homewood Suites
700 E. Main Street
Richmond, VA 23219
June 2, 2016
11:00 a.m.

Members Present:	Members Absent:	Other Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Melissa Hall	Gary Critzer	Gary Brown
J. Forrest Calland	Michael Feldman	Brad Taylor	Scott Winston
Lou Ann Miller	Anne Zehner	Mindy Carter	David Edwards
Maggie Griffen	R. Macon Sizemore	Allen Williamson	Dwight Crews
Sid Bingley	Scott Hickey	Beth Broering	Cam Crittenden
Emory Altizer		Dallas Taylor	Wanda Street
T. J. Novosel		Kelley Rumsey	
Andi Wright		Sherry Stanley	
Keith Stephenson		Melinda Myers	
Valeria Mitchell		Tracey Lee	
Anne Mills		Kathy Butler	
Tom Ryan		Lisa Wells	
Morris Reece		Pier Ferguson	
John Hyslop		Heather Davis	
Marilyn McLeod		Diamond Walton	
Shawn Safford		Mark Day	
		E. Reed Smith	
		Allen Yee	
		Courtney Rapp	
		Tanya Trevilian	
		Daniel Munn	
		Dan Freeman	
		Bryan Collier	
		Terral Goode	
		Jeff Young	
		Sam Bartle	
		Carol Bernier	
		Wayne Perry	
		Nick Matthelsen	
		Jeff Haynes	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Aboutanos at 11:12 a.m.	
Introductions:	Everyone around the room introduced themselves. Dr. Aboutanos thanked the Office of EMS and the workgroups for all the work that has been done and for the commitment that has been made to complete this task. Dr. Ryan reminded all of the workgroups to submit their minutes for the OEMS website and to mark them unapproved and draft. The task force has asked the Office of EMS to create a shared Google folder. The goal is to be able to see what each workgroup has accomplished and share ideas, offer comments and work cohesively. Dr. Ryan asked each of the workgroup chairs to limit their updates to 8 minutes. If there are any issues that need to be addressed, please mention those, but please keep the comments to a minimum.	
Review and Approval of March 3, 2016 minutes:	**A motion was made to approve the minutes dated March 3, 2016. The minutes were approved as submitted.**	**The minutes were approved as submitted.**
Update of the Administrative Workgroup:	Andi Wright stated that the Administrative Workgroup has met three times since March and has focused on the mission and vision statements and established values for the trauma system. One of the ACS recommendations suggested to re-examine the structure of where the Trauma System Oversight & Management Committee sits and how it reports up to the Commissioner and Board of Health. They are struggling to understand this structure. But are working to provide a proposed structure.	
Update of the Injury Prevention Workgroup:	Diamond Walton, co-chair, stated that the workgroup met twice since March and has used the HRSA document and the ACS recommendations as a crosswalk so that they could go through both and parse out their goals and objectives. The next goal is to develop an implementation plan for completing the goals and objectives. They are also working on a list of community partners to participate in future meetings. One of the recommendations is to pull data to determine what their injury prevention initiative should be and the data should be pulled from a number of sources. Dr. Aboutanos stated that the main focus should be the development of how injury prevention fits into the overall plan.	
Update of the Pre-hospital Workgroup:	Dallas Taylor reported that this workgroup has met monthly since March. They have six recommendations to review which include: • Strengthening the safe transport of children in the back of ambulances. The have developed recommended language to be added to the *Code of Virginia*. • The workgroup looked at the CDC 2011 Field Trauma Triage document and has made some recommendations for editing this document. More discussion needs to be held regarding this as they want to add Geriatric specific parameters also. • The workgroup will need some guidance from the Administrative workgroup about the recommendation to increase the allocation for a State EMS Medical Director to 1 FTE. • They also have a recommendation to set a minimum set of statewide trauma treatment protocols for adult, pediatric and geriatric patients. They have identified 10 minimum protocols that every agency should have. The workgroup is discussing a minimum template for each of the protocols. The plan is to have the agencies' address each topic that are important for trauma. The protocols will be written by the Medical Directors. If the agencies need help the Regional Councils will have templates for them to use if they use the Regional Plan. • Another recommendation is to sustain support for the recruitment and retention of EMS providers. There is an EMS Advisory Board Committee that is working on this on-going problem.	

	• The last recommendation pertains to the development of research for ground critical care transport. There currently is no definition of critical care inter-facility transport. Other states are being reviewed to see how they are handling this. • They have created a mission statement and executive summary for the prehospital workgroup. Dr. Aboutanos stated that they have been very active and that is great. But what has been presented is not quite what should be included in the Trauma System Plan. He stated that he wants them to tie everything into the plan. Some of the workgroup members asked for clarification as to what exactly is expected. Dr. Aboutanos says that we should use the HRSA documents and the ACS Consultation Report and make it all cohesive.	
Update of the Acute Definitive Care Workgroup:	Heather Davis reported that the workgroup has met twice since March and they have six recommendations that they have been tasked with. • They have spent a lot of time on the recommendation to engage all acute care facilities in the trauma system. • They have focused on guidelines for inter-facility transfers. There was a draft guideline document created by a previous TSO&MC sub-committee and this workgroup will incorporate it into their guidelines. In order to accomplish this task, they also need to review data to look at outcomes. • Another recommendation that they spent some time on was to consider implementation of concurrent site visits for facilities electing both ACS and Virginia trauma center verifications. They understand that not all centers are ACS verified, and there should possibly be more of a push to become ACS verified. However, this may be a huge burden for Level III centers. • Another recommendation was placement of trauma center designation criteria into administrative rule. This may require legislative support and guidance. • Another recommendation involves establishing a process for designation of new trauma centers based on need. They are evaluating the centers that are currently designated and those that may become designated. There is a document created by American College of Surgeons that uses a points-based system to depict if a trauma center is needed in a particular area. They are still working on this. • Another recommendation is to explore mechanisms used by other states to track flow and outcomes for patients treated in out-of-state trauma centers for the documentation of the state trauma registry. This primarily affects Virginia trauma centers that border other states. It is agreed that a better rapport needs to be had with the bordering facilities about standard of care. • The last recommendation is to explore the potential for an additional level of pediatric trauma center designation. This would be fixed by doing concurrent ACS verifications. Dr. Aboutanos stated that this is a significant amount of work and is very good. Be sure that it is line with the HRSA guidelines.	
Update of the Post-Acute Care Rehabilitative Workgroup:	Kathy Butler reported that they are using the HRSA document as a foundational document and the ACS Report as a supporting document. The rehabilitation statements are under the goal of adequate rehabilitation facilities in the state for injured patients. Under that goal, we find that our standards are sub-listed under the assurance section. We recognize the need for collaboration with other workgroups, especially the assessment area. It is difficult to evaluate something that has not been assessed. The data group drives a lot of the work. This workgroup would also like to have their name changed to the Post-Acute Care Rehabilitative Workgroup. One of the tasks they are working on is to collect some of the data and look at the regulatory elements associated with rehabilitation. The work accomplished so far is trying to get a current rehab state picture. They have identified through seven quarters of VHHA data up to calendar year 2015 Quarter 3 that 9% of injury discharges in the entire state go to an in-patient rehab facility which is about 8,352 patients. There are	

	only 900 rehab beds and only 8 are pediatric. There were 341 patients that were 21 years of age or less. The workgroup is going to put their data on a map, along with trauma centers and rehab centers. They have created a color-coded dashboard to identify the HRSA charge and where they are and where they are going. It will also include the workgroups that they need to collaborate with. Dr. Griffin added that they have tried to come up with a comprehensive rehab plan to include quality data. Dr. Aboutanos said that this is excellent work and he encourages collaboration with other workgroups.	
Update of the Data/Education/ Research/System Evaluation Workgroup:	Valeria Mitchell reported that they have met once and have identified a major goal regarding data and management of information systems. They need to have accurate, comprehensive, real-time data. An epidemiologist is a member of the workgroup and she pointed out how the data could be used for injury prevention activities and for grant funding at the state level. The workgroup discussed how to achieve this goal. They also discussed developing creative partnerships and external partnerships with stakeholders in the community that will benefit from the data. They also discussed the benefits of a full-time state PI Coordinator and how they could provide oversight to the Regional Councils and be a liaison to the trauma centers. The workgroup discussed having a State Trauma PI Plan that will act as a compass for all of the PI activities for the State. They discussed the benefit of having state risk adjusted benchmarking to look at outcomes as a state trauma system. The workgroup discussed how important it would be to have a trauma research agenda that facilitates some of the research that they will do on a statewide level. They will also look at what data they need to have to support the other workgroup activities. They will meet over the next few months and have more to report in September. Dr. Aboutanos suggested that the workgroup chairs should meet to discuss data needs.	
Unfinished Business:	**a. Disaster Preparedness Workgroup Update** Morris Reece said that the membership of the group consists of five of the six preparedness regions of the state. Within the workgroup there is very broad representation of the trauma related disciplines. There is a trauma surgeon, nurses, an administrators, pediatrics, etc. The workgroup will meet very shortly and has identified a chair and a co-chair. Far southwest did not submit a name for consideration due to the distance. Cam suggested having a non-trauma center on the workgroup. Morris stated that they were already on the workgroup. Dr. Yee suggested out-of-hospital involvement (local EMS agencies). It was also suggested to add an emergency physician. Mr. Reece thought an ER physician would be a great addition. **b. Emergency Medical Services for Children - Pediatrics** Dr. Sam Bartle, chair of the EMSC Committee, stated that pediatrics should be encompassed through all of the processes of the Trauma System Plan. There are well qualified individuals on the committee that are willing to work with you in any capacity. Please feel free to let us know how we can help.	
New Business/Discussion:	Dr. Aboutanos posed some questions to get feedback from the task force. While he appreciates all the work that has been accomplished, he asked the following questions: • Will we be done within a year? • Is this current process working and are we going to complete this product on time? • Should the chairs meet and have a collaborative planning session? • Are we meeting often enough or too much? Dr. Griffin feels that the workgroups have met enough to gain structure and she also feels that a planning session would be a great idea to avoid overlap of subject matter. Dr. Aboutanos also reminded the workgroups to submit their minutes after each meeting so that they can be posted to the OEMS website. He found that the website is very useful in keeping up with the task force and workgroups.	

	He also discussed the Office of EMS creating a Google Drive folder for the workgroups to include a resource folder for the HRSA document, the ACS Consultation Report, and the other state plans we reviewed, etc. A timeline should also be discussed for developing the Trauma System Plan. According to the ACS report, this should be completed in one year. When the chairs meet, maybe we can figure out where we are and what more needs to be accomplished. The question was asked about the deadline. Dr. Aboutanos said that the next two meetings should give us something to start putting together a structure. Gary Critzer would like to have a summary of what has been done so that he can report back to the Advisory Board in August. Furthermore, we need to compile a summary to report to the VDH Executive Management to let them know where we are, where the plan is and what the next steps are. What are our target goals? Andi Wright said that it has been a real challenge to get everyone from around the state together for a meeting. The summer months are hard to meet because of vacations and then in September the doctors will be going to national conferences. She also stated that some of the recommendations on their list, they have not touched yet and can't tell you when they will get to it. Valeria Mitchell stated that the other thing is that some of the other workgroups will need to finish their work, so that another workgroup can continue their part of the plan. She also stated that it is hard to meet without being able to do a web ex or conference call. She feels that so much more could be accomplished. Gary Critzer stated that unfortunately we are bound by the meeting requirements established by legislature. Per Gary, the summary should include work items and timelines. Kathy suggested using the HRSA document as a guideline for adopting the language and structure to ensure that we have a uniform Trauma System Plan. She also stated that a template might be helpful. Gary Brown announced that Camela (Cam) Crittenden is the new Trauma/Critical Care Manager for the Office of EMS. She was the unanimous top choice for the position. (Applause) Cam introduced herself and gave some background information such as 17 years of ED and prehospital experience and leadership experience in the emergency department. She has worked at Level II & III hospitals and is very excited about her new position. She thanked everyone for the warm welcome. (Applause)	**The chairs of each workgroup should meet to have planning session.** **A summary report needs to be completed for the next Advisory Board meeting and for VDH Executive Management to show where the task force is in the Trauma System Plan process.**
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 12:40 p.m.	