

Trauma System Oversight & Management Committee
OEMS, 1041 Technology Park Drive
Glen Allen, VA
December 1, 2011
11:00 a.m.

Members Present:	OEMS Staff:	Other Attendees:
Ajai Malhotra, Chair	Paul Sharpe	Susan Ward
Kathy M. Butler, Vice Chair	Russ Stamm	Bruce Edwards
Lou Ann Miller	George Lindbeck	
Mindy Carter	Carol Pugh	
Nancy Malhotra	Wanda Street	
Barbara Hawkins		
Emory Altizer		
LeAnna Harris		
Raymond Makhoul		
Dallas Taylor		
Timothy Novosel		
Elton Mabry		
Daniel Munn		
Amanda Turner		
Melissa Hall		
Jane Gilley		
Stanley Heatwole		
Valeria Mitchell		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by the Chair at 11:04 a.m.	
Approval of minutes dated September 1, 2011:	A motion was made to approve the minutes as written. The motion was moved by Barbara Hawkins and seconded by Amanda Turner. The September 1, 2011 were approved unanimously.	The minutes were approved as submitted.
Chair Report – Dr. Ajai Malhotra:	<p>Dr. Malhotra stated that the Virginia Statewide Trauma and Burn Center Designation Manual will go before the State Board of Health on December 8th for their approval. Kathy asked for clarification on when the new guidelines will go into effect once it receives final approval. Discussion was held on this when the revised manual was approved and the determination then was that facilities will be required to meet the new guidelines by their next site review.</p> <p>If the manual goes into effect January 1, 2012, the criteria will have to be met by the next scheduled site review. A newly designated center will need to have an initial visit and then one year later a modified site visit will need to be held. OEMS will send a letter to all of the current centers when the changes have gone into effect. Valeria asked if there will be an additional physician to focus on the burn center part of the verifications. There were previous discussions on this topic about having someone from outside the system participate in site reviews that include burn, but at this time the manual does not specify that any new team members are required.</p>	

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Performance Improvement Committee Update:	Dr. Malhotra said that this is the first time that the committee has had very good usage of the state registry data. OEMS has created some very good reports. The plan is to get an electronic version of the reports and come up with questions. The PI Committee will look at all the questions and set priorities on what we do with the data next. OEMS stated that they are finding that there is a lot of missing data which makes it difficult to compile the reports.	
OEMS Update – Paul Sharpe:	<p>Russ Stamm informed everyone that there is a new help desk person and if anyone has any problems to please contact him.</p> <p>Paul sent out the most recent distribution of the trauma center fund yesterday. He may have sent out the wrong time period. He will send out the correct one. Nancy asked, when are the audits going to start and who will be doing them? Paul replied that Clifton and Gunderson will be doing three audits per year. If you did not undergo an audit this year, you may be contacted next year. The audit is not designed to go into great detail and looks at good accounting practices and compliance with using the funds as required by the distribution policy. The committee members discussed funding issues. Paul informed the committee that during the OEMS budget process there were no changes that would affect the trauma fund.</p> <p>The 2012 meeting dates were given and are listed at the end of the minutes. Paul also added that the Trauma Coordinators meetings can be held the day before. He has received approvals for lodging and travel for the coordinators when meetings are held to discuss trauma issues. Wanda will be the point of contact for travel.</p> <p>a. Roles and Responsibilities of the TSO & MC Paul gave a handout explaining what the Trauma System Oversight & Management Committee is and how it fits into the EMS Advisory Board.</p> <p> TSO & MC PowerPoint Dec 2011</p> <p>Paul also handed out a copy of the EMS Advisory Board By Laws, a document explaining the Regional Trauma Program and the TSO & MC mission and membership composition.</p> <p>The presentation was provided in response to previous requests to add a pre-hospital representative to the committee. Ms. Butler proposed that the committee vote today on whether or not we want to add a member to represent “rapid access.” Dr. Lindbeck recommended concentrating on a functional position, rather than a person. It was also mentioned that the person can be asked to attend the meetings as needed as ‘advisors’ without adding them as a member. It is best to have someone who is out “running calls.”</p> <p>A motion to add an additional member to represent pre-hospital (rapid access) and be a voting member. In Favor - 15 Opposed – 1 (Tim Novosel) Abstain – 1 (Barbara Hawkins)</p> <p>Dr. Malhotra will write to Dr. Yee about adding a member.</p> <p>Paul mentioned that there is a huge gap in the inter-facility part of trauma triage in that there is no non-designated hospital.</p> <p>Nancy mentioned the number of members on the committee. She wants to know if there should be one Level 1 representation</p>	<p>Paul will re-send the trauma center fund distribution.</p> <p>Voting member representation will be</p>

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	<p>vote and one Level 2 representation vote, etc. This will be discussed at the March meeting. Dr. Calland will be filling in at the March meeting, as Dr. Malhotra will not be able to attend.</p> <p>b. Designation Manual Revision Work Groups At a previous meeting, Paul was asked about information from the Virginia Beach retreat and how the criteria were put together. He said that there was a Performance Improvement sub group, four chairs heading up education, administration, performance improvement and one other topic.</p> <p>The following are some topics for next year: Education/Credentials (physicians), Operational/Administration, Performance Improvement Manual, and Pediatrics. He also suggested a performance measure with each criterion.</p> <p>The committee discussed ways to possibly schedule a retreat in the coming year to work on the above suggested topics. The ability to utilize monies from the trauma funds was discussed. The committee agreed up to \$30,000 out of the \$10.5 million per year is not unreasonable to use for a retreat that is used as a work session. It was also discussed that the retreat does not have to be annual, instead only when there are topics that need to be worked on.</p>	<p>discussed at the March meeting.</p> <p>OEMS to assure that utilizing the funds for a working retreat is appropriate</p>
Trauma Nurse Coordinators Report:	The coordinators have not met. There is no report.	
Trauma Center Updates:	<p>Jane Gilley of Carilion New River Valley – Getting ready for site review that is coming up in January. She will be observing Chippenham’s site review.</p> <p>Valeria Mitchell of Sentara Norfolk General Hospital – Norfolk General has partnered with Physicians for Peace’ burn program. They provide trauma care education in other countries and will be going to the Philippines in February. This is a five year commitment and the plan is to have three mission trips per year. Norfolk will host the 2012 Southern Regional Bun Council next November. They have also added three mid levels to the team.</p> <p>Elton Mabry of Southside Regional Medical Center – Elton feels honored to be a part of this committee. Southside has been busy. The ED has increased in volume by about 11%. They have added two new surgeons. Two staff educational events coming up; quarterly course and TNCC course.</p> <p>Emory Altizer of Lewis Gale Hospital Montgomery – Over the last 12 to 18 months, they have had three TNCC provider classes and two instructor classes. Anticipating three year survey next fall.</p> <p>Amanda Turner of Lynchburg General Hospital – Had a good site visit in September. They have only one vascular surgeon. Looking at pediatric hospitalist.</p> <p>Nancy Malhotra of VCU – VCU’s ACS verification visit is next week. The Trauma Gala will be held on March 24 and will highlight a patient who was struck by lightning. Actively looking for a pediatric trauma coordinator. If you know of someone who is interested, let Nancy know. The position is listed on the website. VCU is looking at putting together some education talks for CME. If interested let Nancy know and also if you have suggestions on topics. She will be sending out fliers. This will be starting in March. Also ATCN courses will be held in March, May and October.</p> <p>Mindy Carter of CJW Medical Center – We are preparing for our site review next week.</p>	

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	<p>Dallas Taylor of Carilion Roanoke Memorial Hospital – Just had site review in September and will have a post review in a year. Dallas is pleased to report that they have ophthalmology on board. They also have a new trauma medical director starting January 15.</p> <p>Lou Ann Miller of Riverside Regional Medical Center – New Trauma Director, Dan Munn, is here today. Verification site visit will be held on Wednesday and we are on target. TNCC course will be held on December 9 & 10. Surgical addition is being added to the hospital and should be completed by next year this time. It is a three-story addition. In November, a one day trauma crash course was held for the nurses and the next one will be in January.</p> <p>LeAnna Harris of Sentara Virginia Beach General Hospital – Site review was held on November 14 and it went well. We have a few items to work on. Sentara welcomed a new hospital into its family; Sentara Princess Anne. It is 189-bed facility and has decreased some of the ED volume, but not the trauma volume. LeAnna has an education plan in place to get the nurses TNCC certified over the next 6 to 12 months. We just had first IRB approved trauma research study. It is currently in the data collection phase. It involves the impact of alcohol on outcomes of trauma patients particularly ISS, morbidity/mortality, cost, length of stay, etc. compared to those patients without alcohol to see who fares better or worse. More to come on this study.</p> <p>Kathy Butler of UVA – Site review was held in November with no deficiencies. Moving toward ACS verification and will probably seek it within the next year. Construction of new elevator and two helipads. This is a challenge at times. There are additional trauma surgical ICU NP’s being hired that are unit-based and there are trauma service NP’s that are service-based. One of them rotates to the ICU every month. We are trying to establish who is doing what and increase the communication between the advanced providers.</p> <p>Paul stated that UVA has quite an impression education program that can be measured. It might be worth sharing at one of the meetings.</p> <p>Melissa Hall of Mary Washington Hospital – This is her second meeting and she is the interim trauma program manager. Site review was held on September 29 and there were no deficiencies. They currently have five full time trauma surgeons. Just completed Fall/Winter education series with nursing. Had a quarterly trauma symposium. May soon open this up externally to other referring hospitals. Completed regional EMS night out on Geriatric trauma. Revised adult trauma activation criteria to better coincide with the CDC field triage decision scheme.</p>	
Old Business:	None.	
New Business:	<p>Nancy expressed concern about the rural volunteer EMS agencies. This was brought up at the trauma triage meeting. Some of the agencies are closing and are also having problems with transportation. She wants to know if the State has looked at a sort of JLARC study about how the patterns have changed over the years within the EMS agencies. Paul said that this was done and it is a little dated. At that time, Virginia was #2 in the nation for ambulances per capita. Paul also explained some of the strategies that have been taken to assist these agencies. Bruce Edwards addressed this issue by stating that a work group has been established to look at and assist the agencies that are struggling with transportation, training, and other issues. This work group is called the Volunteer Rescue Squad Assistance Work Group (VRS AWG). A two-day retreat has been held and six objectives have been created to assist the volunteer agencies. One of the focuses is on building relationships with the local government. A survey was sent out on the Virginia Association of Volunteer Rescue Squads (VAVRS) website and at the retreat scheduled tomorrow; we will examine the information to determine what they need assistance with and how we can best assist them. We also want to get input from the hospitals, so someone from VRS AWG may be contacting each of you.</p>	
Adjournment:	The meeting adjourned at approximately 1:40 p.m.	2012 Meeting

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		Schedule: Thursday, Mar. 1 Thursday, June 7 Thursday, Sept. 6 Thursday, Dec. 6