

**Trauma System Oversight & Management Committee**  
**OEMS, 1041 Technology Park Drive**  
**Glen Allen, VA**  
**June 6, 2013**  
**11:00 a.m.**

<b>Members Present:</b>	<b>Other Attendees:</b>	<b>OEMS Staff:</b>
Ajai Malhotra, Chair	Dallas Taylor	Paul Sharpe
Emory Altizer	Shirley Gibson	Wanda Street
Raymond Makhoul	Jeffrey Haynes	Gary Brown
Amanda Turner	Anna Hysell	Carol Pugh
Melissa Hall	Joyce Yearout	
Stanley Heatwole	Melanie Jacoby	
Mindy Carter	Stephen Cosby	
Keith Stephenson	Allen Williamson	
Timothy Novosel	Beth Johnson	
Elton Mabry	Kelley Rumsey	
Maggie Griffen		
J. Forrest Calland		
Larry Roberts		
Beth Broering		
LeAnna Harris		
Michel Aboutanos		
Sherry Mosteller		
Lou Ann Miller		
Andi Wright		
Greg Stanford		
Kathy Butler		
Valeria Mitchell		
Lisa Wells		
Theresa Guins		

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Call to order:</b>	The meeting was called to order by Dr. Malhotra at 11:00 a.m. Attendees introduced themselves.	
<b>Approval of minutes dated December 6, 2012:</b>	A motion was made to approve the minutes as submitted. A correction to the spelling of one physicians name was made. Maggie Griffen moved that the minutes be approved as amended. The motion was seconded by Mindy Carter. The minutes were approved as amended.	<b>The minutes were approved as amended.</b>
<b>Chair Report – Dr. Ajai Malhotra:</b>	<b>a. Proposed Trauma Registry Minimum Dataset</b> A draft copy of the proposed Virginia Statewide Trauma Registry (VSTR) minimum dataset was distributed electronically prior to the meeting and a hard copy during the meeting for the committee. OEMS request the committee vote to endorse the proposed VSTR minimum dataset. The proposed dataset was drafted utilizing two public comment	

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	<p>periods with multiple directed communications to committee members, trauma system stakeholders, all Virginia hospitals, the VHHA, trauma registry software vendors that serve Virginia, and the general public. Notice was made by e-mail and posting on the OEMS website.</p> <p><b>A motion was made by Dr. Calland to approve the Trauma Registry Minimum Dataset. The motion was seconded by Dr. Roberts. Discussion ensued. The motion passed with one opposed, Lisa Wells Winchester Hospital.</b></p> <p> Proposed VSTR Minimum Dataset TSC</p> <p><b>b. Trauma Center Fund Distribution Policy</b> The draft Trauma Center Fund Distribution Policy was distributed electronically prior to the meeting. Hard copies were provided to the committee and attendees during the meeting. The policy is presented to the committee as an information item. The Chair reported to the committee that the proposed changes to the policy are highlighted using track changes. Key items include adding a one percent flat payment to each center taken from each distribution, with the balance of available funds distributed utilizing the traditional percentage. Also, a required report identifying the projected use of the funds will be required prior to the reporting year beginning. Other changes are reflected in the attached document.</p> <p> Appendix 5 Trauma Fund Policy Rev 4-16</p> <p>There was also discussion about the amount of carry-over of funding that should be allowed from year to year. The committee agreed to make this a topic for next year’s trauma fund panel to consider. The panel will be appointed during the September 2013 meeting.</p> <p><b>c. Trauma Designation Manual v2014 Revision</b></p> <ul style="list-style-type: none"> <li><b>i. Where do we go from here?</b></li> <li><b>ii. Limiting designation to needs based process.</b></li> </ul> <p>During the most recent TSO&amp;MC meeting (12/6/2012) the five trauma center designation manual workgroups were tasked with submitting their group’s suggested trauma criteria to OEMS staff by 2/1/2013 for compilation into a single draft document. The draft Trauma Center Designation Manual v2014 is attached here was distributed electronically, and hard copies provided to attendees.</p> <p>OEMS staff developed the draft incorporating the input from three of the five work groups. The performance improvement and education work group did not submit material to date. Additionally, OEMS staff added national standards into the draft document. VDH Executive Management requires that the document be submitted with a “cross-walk” to national standards and an explanation be provided for each instance that the committee proposes to deviate from</p>	

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	<p>the national standard.</p>  <p>2014 Trauma Designation Manual V</p> <p>Andi Wright explained that the trauma manual was divided up in five sections and each group worked has been working on their sections for approximately one year. The revised document is not complete and will require review for final changes. The five subcommittees have agreed to meet before September 2013 TSO&amp;MC meeting to finalize the document. At the September meeting, a final document will be presented. If any of the new committee members would like to serve on the workgroups to complete the document, please contact one of the Chairs of the workgroups.</p> <p>Operational – Lou Ann Miller  Education/Credentialing – Valeria Mitchell  Performance Improvement – Kathy Butler  Special Needs – Melissa Hall  Administrative – Andi Wright</p> <p>At the request of Dr. Roberts – Mary Washington Hospital the topic of limiting trauma center designation to a needs-based process was placed on the agenda. Dr. Roberts discussed believing in an inclusive trauma system which includes an organized regional approach to trauma that includes injury prevention, pre-hospital, networking of hospitals, transfers, data interpretation, performance improvement, and rehab.</p> <p>Dr. Roberts discussed exploring how a State decides the need for an additional trauma center. Should it be based on population or other factors? When a hospital is interested in becoming a trauma center, what role does the committee have in deciding if the facility can become a trauma center?</p> <p>Dr. Malhotra shared the attached study/article from Pennsylvania on this subject. The Pennsylvania document notes that eight out of 50 states have a certificate of need process to determine if a hospital desiring trauma center designation should be granted designation.</p>  <p>6-22-10 PTSF Draft V  5 without track chang</p> <p>Dr. Roberts proposed that a committee be formed to consider if a certificate of needs assessment process should be utilized in Virginia when considering the addition of new trauma centers. The goal is to determine where a trauma center is most appropriate, not to limit them.</p> <p><b>A motion was made by Lou Ann Miller to form a committee to do a needs assessment across the Commonwealth</b></p>	

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	<p><b>for the inclusive trauma system. The findings will be reported at the December meeting. The motion was moved by Dr. Calland and seconded by Dr. Roberts. All committee members were in favor and none opposed or abstained. The motion passed.</b></p> <p><b>Another motion was made by Dr. Novosel to make Dr. Roberts the Chair of this committee. Dr. Aboutanos seconded the motion. All committee members were in favor, none opposed or abstained.</b></p> <p>Dr. Roberts will send out an email to solicit committee members to assist with this project.</p> <p><b>d. On-line non-ACS Advanced Trauma Life Support courses. (Mindy Carter)</b> Ms. Carter raised the question of whether a non-American College of Surgeons (ACS) Advanced Trauma Life Support course is acceptable for meeting Virginia trauma center designation educational requirements for physicians. The Chair shared that ACS does not currently provide an on-line ATLS course and this course is not endorsed and should not be accepted.</p> <p>LeAnna Harris pointed out that this is already specified on the abbreviation list. The list is to be updated to include the sponsoring agency.</p> <p><b>Dr. Calland made a motion to accept only ACS supported ATLS and for the future manual to note the sponsoring agency will be listed as acceptable sources for CME. Andi Wright seconded the motion. The motion was passed unanimously.</b></p>	
<p><b>Performance Improvement Sub-Committee Update:</b></p>	<p>Dr. Calland reporting: The trauma performance improvement committee (TPIC) met just prior to the TSO&amp;MC meeting. The TPIC has been restructured and a representative from each Trauma Center Level serves on the committee. The TPIC reviewed the mandates for trauma PI listed in the Code of Virginia and agreed to:</p> <p>1) Support the near real time process of getting feedback back to individual agencies about triage decisions made by those agencies. Feedback will initially focus on injured patients meeting “Step 1” of the State’s trauma triage plan. Step 1 addresses injured patients with evidence of physiological compromise. OEMS staff is working on developing an automated notification of these patients within the VPHIB system that will be sent to the agencies for PI purposes.</p> <p>Trauma registry data exhibit that there are approximately 3,000 of these patients per month.</p> <p>2) Provide feedback to hospitals about trauma transfers that occur more than 24 hours after admission. The TPIC will report this to the Commissioner on a quarterly basis in aggregate form as well as report the transfer in aggregate for TSO&amp;MC as well. The idea is that the Commissioner is to take the aggregate data and submit an annual summary report to be distributed back to the agencies. The Regional EMS Councils will also receive quarterly summary reports of the aggregate data.</p> <p>There are still plans to eventually provide risk adjusted mortality reports for the trauma centers.</p>	
<p><b>Trauma Nurse</b></p>	<p>Nothing further to report beyond the earlier trauma center designation criteria review. Ms. Wright introduced the new</p>	

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<b>Coordinators Report:</b>	trauma program manager and the current trauma medical director from Carilion New River Valley Medical Center.	
<b>OEMS Update – Paul Sharpe:</b>	<p>During the December 2012 TSO&amp;MC meeting it was suggested that OEMS staffs provide education related to the trauma triage reports that the regions will be receiving. Mr. Sharpe reported that Dr. Pugh has done an excellent job identifying the regional council staff person responsible for PI in each region. Dr. Pugh formed a regional PI work group, made modifications to the VPHIB reporting system, and held two classes on utilizing the reporting tool for regional PI. All regions received this education.</p> <p>Dr. Pugh has committed to host ongoing training and assistance using VPHIB’s Report Writer to the regions via a monthly webinar as long as the regions desire/attend.</p> <p>Also during the December 2012 there was discussion that a knowledge deficit existed as to the committee’s vision, mission, core objectives, the EMS Advisory Board structure, applicable laws and regulations, and the contents of the regional EMS councils contracts related to trauma. OEMS staff reminded that committee that a presentation was provided to the committee one year earlier and there historically has been little turn over to the committee. The presentation is attached.</p>  <p>Role of the TSO&amp;MC Dec 2011.pdf</p> <p>Staff has also updated the template used to develop all future TSO&amp;MC meeting agendas to include the Vision, Mission, and Core Objectives. Each core objective is linked to a specific <i>Code of Virginia</i> mandate and was accepted into the EMS Advisory Board by-laws. Links to the EMS Advisory Board bylaws and the applicable sections of the <i>Code of Virginia</i> are incorporated into the agenda template.</p> <p>The agenda template also includes a link to the “Virginia Town Hall” where the TSO&amp;MC meeting minutes are required to be posted. Staff reviewed the Town Hall archives to assure all agendas and minutes are present back to 2004. The agenda template also now includes a link to the current Trauma Center Fund Policy, the Wiki page provided by staff to organize trauma center criteria revision resources, links to trauma specific EMS regulations, a link to the State EMS Plan, and finally all regional EMS council contract language related to TSO&amp;MC activities. This five page agenda template will be maintained and added to as needed to provide information and education to the committee members.</p> <p>OEMS staff began distributing the Division of Trauma/Critical Care’s quarterly report on April 27<sup>th</sup> and will continue to do so each quarter in an effort to also provide committee members with information on the activities of the staffs that interact with the TSO&amp;MC.</p>  <p>Qrtly Rpt TraumaCritical Care 5</p>	<p><b>Loop closed in 12/6/2012 item.</b></p> <p><b>Loop closure from 12/6/2013 meeting related to committee members having a knowledge deficit about their role and the function of the committee.</b></p>

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	<p>Since the last meeting the OEMS trauma system web page has been updated with a section for trauma centers to post educational opportunities. Please send flyers to Wanda at <a href="mailto:wanda.street@vdh.virginia.gov">wanda.street@vdh.virginia.gov</a> and she will ensure that it gets posted. The web page has a new section dedicated to trauma triage, applicable triage laws and regulations, and the OEMS enforcement complaint form for non-compliance with trauma triage.</p> <p>As of January 1, 2013 the newest Trauma Center Designation Manual became effective. Due to the criteria changing OEMS has revised all trauma designation application documents and application resource materials and dedicated a section of the revised web page to posting the application so it can be accessed.</p> <p>During the trauma registrars meeting yesterday, staff committed to sending out a HIPAA fact sheet and the current EMS validation rules. Staff will distribute these items within the next couple of weeks.</p> <p>Staff also mentioned that the Memorandum of Understanding is almost complete with the VDH data warehouse group. The EMS and Trauma data will be contributed to the VDH data warehouse. The data warehouse includes the Medical Examiner, Vital Statistics, VHI data and others.</p> <p>David Edwards, OEMS EMS for Children Coordinator, has been working on a National Pediatric Readiness project and has successfully assessed 100% of Virginia’s hospitals (excludes the three military hospitals.) Kudos to David and the EMS for Children Committee!</p>	<p><b>Loop Closure; committee members requested the ability to post courses and educational opportunities on the OEMS website.</b></p> <p><b>OEMS staff to develop a HIPAA factsheet and send the current EMS validation rules to the trauma registrars.</b></p>
<p><b>Trauma Center Updates:</b></p>	<p><b>Lisa Wells, Winchester Medical Center (WMC)</b> – WMC underwent a trauma designation site review last December. WMC had a few issues with Ophthalmology coverage. WMC as hosted two TNCC classes this year and additional courses will be held in August and October. WMC purchased a distracted driver simulator. It is hoped that the simulator will be utilized in schools next school year. The Joint Commission will be coming on Monday and a Magnet survey will occur in August. WMC is currently recruiting for a full time trauma surgeon.</p> <p><b>Lou Ann Miller, Riverside Regional Medical Center (RRMC)</b> – RRMC hosted a trauma symposium in April. RRMC hosted TNCC courses in February and April and have two more planned for later this year. RRMC also provided a Rural Trauma Team Development Course by ACS at Walter Reed and plan to offer this to all sister hospitals within the next year. RRMC now has six trauma surgeons. RRMC will be partnering with York County to help them with their 3-D Driving program. RRMC also performed an “Every 15 Minutes” program in Newport News.</p> <p><b>LeAnna Harris of Sentara Virginia Beach General Hospital</b> – SVBGH has finally hired a Chief of Neurosurgery. The Trauma Medical Director, Dr. Martin O’Grady will participate in the second annual mobile hospital on the Virginia Beach Oceanfront for the Rock ‘n’ Roll Half Marathon on September 1, 2013. Had two “Every 15 Minutes” programs and have included many Distracted Driving elements into it. Sentara has also participated in the Take 25 program. It is a Missing and Exploited Children’s program and went to 12 different elementary schools and did an assembly to promote awareness of stranger danger. They also set up booths in other programs and did fingerprinting of the kids. Dr. Novosel opened up the ASSET course for the fall to VB and several surgeons have signed up. SVBGH was granted COPN (Certificate of Public Need) for inpatient psych and ten beds have been dedicated to the geriatric psych population.</p>	

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	<p><b>Valeria Mitchell, Sentara Norfolk General Hospital</b> – SNGH will be adding two mid levels in the next month which will bring them up to five. The geriatric population is continuing to grow. SNGH has met with the Chairman of the Department of Geriatrics of EVMS and he is looking at developing a business plan for geriatric services and will work closely with SNGH. They have had a Distracted Driving Coalition through Drive Smart Virginia. A Distracted Driving Summit will be held here in Richmond on September 19. Recently started videotaping in the trauma bay and working out a few bugs. A lot of patients are willing to sign the consent forms. It is recorded but only viewed after the consent form is signed. Trauma symposium is October 16 &amp; 17 at the Sheraton in Norfolk. <b>Dr. Novosel</b> added that he is glad to see Children’s Hospital of the King’s Daughters join the trauma ranks for children 12 and under. An ASSET course was held May 20 and another is being held October 28 with some open spots. Looking for 1 or 2 trauma surgeons. New staff member Dr. Blake is filling in. He is an Air Force colonel stationed at Langley.</p> <p><b>Dr. Theresa Guins, CHKD</b> – Dr. Guins is a pediatric emergency medical physicians at Children’s Hospital in Norfolk. She is also the hospital EMS director and is a member of the EMS for Children Committee here at OEMS. For the past year or so she has been working with Dr. Novosel and Dr. Weireter towards taking on more pediatric trauma. There has been a lot of work involved in this. Currently, they are receiving transfers and will begin in early 2014 for taking trauma from the field. She looks forward to working with the committee.</p> <p><b>Andi Wright of Carilion Roanoke Memorial Hospital</b> – A site review was held in December which was stellar. CRMH worked with Virginia Tech Carilion Medical School on a Distracted Driver program where cameras were installed in the cars of teens. They are also looking into a Distracted Walking program. The site review team looked at the EPIC trauma flow sheets and the sheets have been revised. They have asked Dallas Taylor to speak at the National Conference to roll out the newly developed flow sheets. A new trauma surgeon will start in August and they have hired a second clinical nurse specialist. Roanoke Memorial will celebrate its 30<sup>th</sup> year as a trauma center and will combine the celebration to recognize Dr. Carol Gilbert for the Lifetime Achievement Award. <b>Dallas Taylor</b> added that they are trying to get a cadre of nurses for the ED that will always work trauma. Hopefully they will go live with that in September or October.</p> <p><b>Elton Mabry of Southside Regional Medical Center</b> – SRMC has submitted application for site review. Their Trauma Medical Director resigned but they have a new one and his name is Dr. Malik. SRMC will have a TNCC course in September. The Registrar, Beth Johnson, did an Injury Prevention program on elderly falls and gave information on lifeline assistance and physical therapy. They are busy preparing for site review.</p> <p><b>Mindy Carter of CJW Medical Center</b> – At Chippenham they are close to hiring a trauma educator. This position has been open for a while and hopes this will be filled by the end of next month. They have finally been able to get some rapid infuser equipment. They got three Belmont Infusers and have had to use them a week after they arrived. They will start training next week on chart coding software which will eliminate the need for a coder.</p> <p><b>Kathy Butler, UVA Health System</b> – UVA is pursuing ACS verification and will get funds in July. Will be getting an EPIC upgrade which is causing some concern. May be getting some additional funding for some exciting trauma projects that she cannot talk about yet until it is official. Exciting things on the horizon to report at the next meeting. TNCC class coming up in June for the residents. LIP has moved in house. UVA has is recruiting for its 7<sup>th</sup> trauma surgeon.</p>	

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	<p><b>Melissa Hall, Mary Washington Hospital –</b></p> <p><b>Dr. Michel Aboutanos, VCU Health System –</b> VCU had a wonderful inaugural symposium in Dr. Ivatury’s honor. They also held the Annual Trauma Gala in March. VCU’s youth violence prevention program (ages 10 – 24) continues to do very well. It is called Bridging the Gap and there are about 110 participants. They are still working on the Project IMPACT program where they visit the schools to promote injury and violence prevention through education, hands-on simulation and positive role modeling including career information. They are in the process of evaluating the program. VCU is also working on Project EMPOWER which is their Intimate Partner Violence &amp; Sexual Assault Prevention &amp; Intervention program. This has been a huge success and they just received funding for this program. The GRACCY (Get Real Alcohol Choice &amp; Consequences for Youth) program has been ongoing for three or four years and more than 200 youth ages 14 – 17 have participated. The newest program is where VCU is working with the American Trauma Society on the International Trauma Registry which is now in three countries and is moving on to about three more countries this year. They are reviewing the minimum dataset on an international level and should be developed in about a year or so. <b>Kelley Rumsey</b> added that VCU partnered with Chippenham and had two TNCC instructor courses and increased their instructor pool by eight collectively and they are able to advance two course directors to Faculty in order to continue the TNCC program.</p> <p><b>Amanda Turner, Lynchburg General Hospital –</b> Lynchburg is currently without a registrar and the Coordinator is moving. LGH has had two TNCC course during the beginning of the year and will have two more in the fall. Amanda is very excited about the new ED physician, Dr. Adam Stephens who is very passionate about trauma. He has started a new conference called Trauma Team Conference. Lynchburg is installing cameras now to start recording in the trauma bay possibly in July and have had the consent process in place since March.</p> <p><b>Emory Altizer, Lewis Gale Hospital Montgomery –</b> Lewis Gale just hired a new risk manager. The Magnet re-verification document has been in for a number of weeks now and they are waiting for a response. Recently purchased their first rapid infuser, a policy/protocol has been put in place, and staffs have been trained on its use. Two TNCC classes are coming up soon. The site review team visited in April and everything went quite well. Paul agreed that they did a good job.</p> <p><b>Dr. Maggie Griffen of INOVA Fairfax Hospital –</b> INOVA opened up the new building in January, but they still have no beds. They hired a new trauma surgeon who will join them in July after his fellowship is finished at Washington Hospital Center. An ATLS course will be held in June for the residents and there may be a few extra open spots. Inova recently held an EMS Night which was well attended with about 100 people. The Trauma Survivor Network is growing like crazy and they have social worker/counselor to help with that. Site verification is coming up in October and working on setting up a date when Administrators will be available.</p> <p><b>Keith Stephenson, New River Valley Medical Center –</b> NRVMC has held two TNCC classes, one in February and another in April. They are having some trouble with documentation and time stamping in EPIC. Hopefully, Andi will share the revised trauma flow sheets from RMH. Child Safety Day is coming up later this month and NRVMC will hand out over 100 bike helmets and offer safe riding practices. They can identify with SRMC as they have seen an increase in</p>	

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	elder falls in the trauma center and are starting to promote outreach on elder safety in the community. One of the orthopedic surgeons died and the departure of another (relocation). Two new surgeons will be starting in July and August. Site review will be held in January.	
<b>Old Business:</b>	None.	
<b>New Business:</b>	Dallas Taylor reported that the trauma registrars met yesterday and they will continue meeting quarterly. Dallas will serve as this groups Chair and Michelle Pomfrey as Co-Chair of the Registrar's committee.	
<b>Adjournment:</b>	The meeting adjourned at approximately 2:05 p.m.	<b>2013 Meeting Schedule: September 5, 2013 December 5, 2013</b>

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