

**Trauma System Oversight and Management Committee  
Marriott Richmond-West  
Richmond, Virginia  
September 6, 2007 at 11:00 am**

<b>Members Present:</b>	<b>Members Present:</b>	<b>Staff:</b>	<b>Guests:</b>
Morris Reece – Chair	DeeDee Soyars	Paul Shape	Larry Roberts
D.J. Douglas	Denice Greene	David Edwards	Wanda Bowen
Barbara Hawkins	James Forrest Calland	Russ Stamm	Bobby Baker
Patrick Earnest		Wanda Street	Susan Bergstrom
Kathy M. Butler			
Valeria Mitchell			
Lou Ann Miller			
Kevin Dwyer			
Stanley Heatwole			
Chris Price			
R. Bland Lawson			
Mindy Carter			
Raymond Makhoul			
Susan Ward			
Andi Wright			
Nancy Martin			
Elton Mabry			

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Trauma Nurse Coordinators Meeting:</b>	Discussion was held between 10 a.m. and 11 a.m. (Trauma Nurse Coordinators Meeting)	
<b>Call to order:</b>	Meeting was called to order by Mr. Reece at 11:05 a.m.	
<b>Introductions of first time guests:</b>	Larry Roberts of Mary Washington Hospital in Fredericksburg; James Forrest Calland of the University of Virginia; David Edwards, EMSC Coordinator from OEMS; DeeDee Soyars, Trauma Coordinator of Centra Health/Lynchburg General Hospital; Denice Greene, Director of Trauma Services of INOVA Fairfax Hospital; Wanda Bowen, Trauma Database Manager, CJW Medical Center.  Everyone around the table introduced themselves also.	
<b>Approval of Minutes from June 7, 2007 meeting:</b>	The minutes were approved as submitted.	A motion was made to approve the minutes as submitted.
<b>VT Presentation by DJ Douglas</b>	(The presentation was moved to after lunch.) DJ Douglas presented a PowerPoint presentation on Montgomery Regional Hospital's handling the Virginia Tech incident of April 16. The presentation gave a	

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	time line of patient events as they occurred. It included a post event evaluation. Some thoughts for improvement included a hospital tagging system and a joint information center (JIC).	
<b>Chair/Vice Chair Report</b>	<p><b>a) Sister Trauma Center Hospital Concept</b>  Kathy Butler – This concept has been spoken of at the Trauma/Critical Care National meetings. The concept is suggesting that hospitals partner with a sister hospital that is in close proximity and is of a similar level. Some of the administrative staff of that sister hospital could assist in the event of a major disaster scenario. Proper ID clearance, orientation to establish your roles, etc., will have to be done by establishing a meeting/training between the hospitals. This item was introduced to the committee for further discussion today or at the next meeting.</p> <p>DJ responded by saying that in the VA Tech incident, they were lucky that they had 2 level three’s and a level 1 trauma center within close proximity. In general, he feels that there could be some benefit of looking into this concept.</p> <p>The Chair also stated that within the next year, there will be an advanced registration program for health care professionals that would put everybody into a database, with proof of licensure, skills checks, etc. This database will be available nationally as well as statewide.</p> <p>The above concept was mentioned in the Nurse’s Preparedness Topics. It grew from the 9/11 experience where significant numbers of people wanted to help and come in to assist, but they were not needed. Also, the New Orleans event with Hurricane Katrina where Texas stood up and become a sister state and some sister hospitals worked together. This concept was modeled after that. Per the Chair, this is similar to the Emergency Management Assistance Compact (EMAC), through the National Disaster Medical System (NDMS). More information can be found on <a href="http://www.hhs.gov">www.hhs.gov</a>. Type in EMAC or NDMS in the search box.</p> <p><b>b) Benchmark against other states</b>  Per Kathy, it would be a good idea to look into putting some data together from the State Trauma Registry and start benchmarking against some other states. We could start sharing some information across state lines. Nancy Martin would like to look at places like Roanoke and other places along the border, such as how we deal with Trauma patients that come in to us from other states as far as insurance issues are concerned and Virginia patients going to other states trauma centers. Kathy feels that this is a great idea. Other states such as North Carolina, West Virginia and Tennessee would have similar interests in this also. We should all have a meeting with state registrar representation, State EMS representation, etc., to discuss this idea. OEMS supports this type of project, especially with the state’s registry being up to date. Kathy proposes that we focus on Tennessee, West Virginia, North Carolina, and Virginia.</p> <p>The National Disaster Medical System (NDMS) serves in the event a patient is transferred to your facility during a governor declared disaster. They are not the primary payer, but if you are unable to recover payment, reimbursement is guaranteed by the Federal Government. It is optional for hospitals to be affiliated with NDMS, but hospitals, especially trauma centers, should consider becoming designated in NDMS. To find out if you are designated, contact your disaster coordinator at your hospital.</p>	

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	<p>c) <b>Web EOC</b> – Kathy reviewed the Web EOC and explained that there is a page where hospitals communicate their bed capacity. At a previous meeting, we wondered about communicating the trauma center diversion status on the page. Steve Ennis of VHHA did a presentation in March and we were challenged to go back and see who was submitting the information and if we thought it was useful to communicate diversion information on it. Also, Steve seemed very open to our needs if we wanted to have an individual trauma center page with our current statuses. Are there any more thoughts on this? Nancy talked to her disaster coordinator about it. They incorporated the Web EOC in their diversion policy. Mr. Reece encourages everyone to find out more about it. If you have any Web EOC questions, ask Bobby Baker. Also, Web EOC is trying to add Burn Bed information and standby status of flight programs to Web EOC. Paul &amp; Morris will be meeting with the Medevac Committee in October to discuss this. Kathy wanted to know who would be keeping the information on the Web EOC up to date. Also, are you talking about trauma center diversion or emergency department diversion? You would have to have someone or maybe two people designated to update it.</p> <p>Don Wilson has stepped down as chair on the Improvement Performance Committee. This position is open and if anyone would like to fill in please let Paul or Morris know. Someone may be recommended for this position. Forrest Calland may be interested.</p>	
<b>OEMS Updates:</b>	<ul style="list-style-type: none"> <li>▪ EMSC – David Edwards stated that the EMSC program wants to facilitate improvements in pediatric emergency care throughout the State. The Federal Government wants us to assess performance measures to see where we are and where we are going. We are working on the equipment phase to ensure that hospitals have essential pediatric equipment to care for children in emergency situations. Another item we want to accomplish, on a long term basis, is to classify the hospitals as to their pediatric readiness. We are looking at facility recognition and some other positive reinforcement methods to accomplish this. More information will be forthcoming concerning classifications. The EMSC Committee is looking at the mandatory reporting issue of suspected child abuse. A child abuse reporting survey has been distributed and results will be given once complete. So far we have about 1,300 responses. Also looking at child restraints in ambulances. It's an unclear subject about what is effective, what's available, etc. It is our mission to be proactive in testing, functionality, requirements and all other aspects of child restraints in ambulances. OEMS also wants to have resources available to help providers obtain more pediatric CME's.</li> <li>▪ ACS COT State Survey – The "Flex" Grant was submitted, but we have not received the results as of yesterday. OEMS would expect to hear something in October, as this is one of the Federal fiscal milestone dates.</li> <li>▪ Trauma – Department of Rehabilitative Services JLARC Study on Brain Injury and Spinal Cord Injury Services in the state: for several years, we have been working with DRS to bring them on board with the Trauma Registry so hospitals won't have to report duplicate information. The VSTR collects the same information as DRS, however, DRS require submission within 30 days, and</li> </ul>	

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	<p>OEMS requires data to be submitted within six months. DRS also collects data on patients seen and discharged from the emergency department. OEMS was given the exposure report from JLARC and was offered the opportunity to comment and provide information. OEMS limited its response to Chapter five which talked about combining the DRS registry with the Trauma Registry. Comments were sent back saying that we understand the duplication of efforts and it makes sense to combine them, however, we thought it would be damaging to the trauma registry. OEMS fully supports the combining of these databases if the reporting requirements remain as they currently are for the VSTR. JLARC will be recommending that the two registries combined using current VSTR submission criteria.</p> <ul style="list-style-type: none"> <li>▪ DDNR – Durable Do Not Resuscitate Regulations OEMS is reviewing the DDNR state regulations and have some consensus between long term care facilities, hospice facilities, and acute care hospitals that might make the system work a little better and be more effective. Most challenges are centered on the form moving with the patient through the different health disciplines. OEMS has proposed suggested changes to the DDNR regulations that were agreeable to the major stakeholders. OEMS is planning submitting the NOIRA (notice of intended regulatory action) at the October 20, 2007 Board of Health Meeting and this will begin regulatory process.</li> <li>▪ HIPAA Fact Sheet – Trauma staff developed a HIPAA fact sheet that is geared toward EMS providers to help them understand the importance of obtaining patient identifiable information, such as social security numbers, dates of birth and other important information. The next generation of the EMS Registry is envisioned to link to the Trauma Registry, Fire Service Registry and Dept. of Motor Vehicles. This information is pertinent for following the patient process and obtains outcome data.</li> <li>▪ Medevac – This committee is developing a way of sharing information on the Web EOC for flight availability. Colorado is using a system called the Weather SAFE alert program. It is an informational program that provides information concerning flight turn downs due to weather. A significant percentage of crashes involving air medical helicopters have occurred after a flight has been refused for weather related issues and then another agency performs the flight. By communicating these issues it is believed that it will increase safety in the system. This is a great way for the Medevac community to work together. The other item the committee is working on is a Medevac Plan for the State. It is a series of Best Practices issues or topics that are occurring throughout the country and in Virginia.</li> <li>▪ Virginia Poison Control Network – OEMS has just completed a revised contract with the three poison centers: Blue Ridge at UVA, National Capital Poison Center and The Virginia Poison Center at VCU/MCV. There were a few territorial changes which led to some healthy debate and discussion. It was decided that the poison centers will meet on a quarterly basis to work on some collaborative efforts.</li> </ul>	

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<b>Trauma Center Updates:</b>	<p><b>Norfolk General Hospital, Valeria Mitchell</b> – Looking for a PA and a Nurse Practitioner. SNGH treats a lot of people from out of town, and it has been difficult to locate a trauma centers in the area they reside and will be discharged to for follow up care. Is there a resource book or Web site which lists trauma centers by state? If anyone knows of anything, please let us know. The Spanish speaking population has been increasing and we are considering hiring an interpreter or using existing bilingual nurses/staff. In INOVA Fairfax, they hired an interpreter about 7 years ago.</p> <p><b>Mary Washington, Sue Bergstrom</b> – MWH is “getting everything in order” to meet the requirements for a Level II Trauma Center. Dr. Roberts was recently hired. Looking to hire a full staff of trauma surgeons. The roll out for nursing education is set for the end of October.</p>	<p><a href="http://www.amtrauma.org/">http://www.amtrauma.org/</a> <b>This site has trauma centers by zip code. With membership state and national list can also be obtained</b></p>

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	<p><b>Carilion Roanoke Memorial Hospital, Andi Wright</b> – CRMH has hired two new trauma surgeons, a third PA, a new clinical statistician. Future positions will include and 4<sup>th</sup> PA and three trauma “navigators”. Unfortunately, we have had limited success in educating nurses in ED who are primary responders on trauma alerts. So we have chosen to use some of our Trauma funds to hire and train our own trauma nurses that will assist during alerts. CRMH’s Trauma Symposium is December 10<sup>th</sup>.</p> <p><b>Chippenham Medical Center, Wanda Bowen</b> – I joined the team in early July from Ohio. I am a certified AIS Specialist with AAAM and currently hold a board position. We are up to date with our data and threading through the back months. Looking forward to doing an end of the year report by February or March.</p> <p><b>Chippenham Medical Center, Mindy Carter</b> – Hired Wanda Bowen. We were fortunate enough to buy a new product for our database. We are preparing for our site review in a few weeks.</p> <p><b>Montgomery Regional, DJ Douglas</b> – We have a new orthopedic surgeon and our 5<sup>th</sup> new general surgeon.</p> <p><b>Carilion New River Valley Medical Center, Patrick Earnest</b> – our hospital hired a new Vice-president of Medical Affairs, Dr. Dennis Means. We obtained final permits to start building a hangar to move Lifeguard 11 to our facility. Tammy Saunders is our new Trauma Registrar and she will be attending the December meeting to get acquainted with everyone.</p> <p><b>INOVA Fairfax Hospital, Kevin Dwyer</b> – We have hired a new neurosurgeon, an orthopaedic surgeon and hope to be hiring a pediatric neurosurgeon. At some point in the next year, we will appoint a part-time pediatric program manager and a part-time pediatric medical director. Dr. Parker will be attending the next meeting. This year is our state review, next year we have our ACS review.</p> <p><b>INOVA Fairfax Hospital, Denice Greene</b> – introduced herself as the new Trauma Director. Fairfax has started a more aggressive Injury Prevention Program, and we have a new Injury Prevention Coordinator. We are also watching the second Trauma program that ACS put out. We will be doing that this fall and winter. Our annual trauma symposium is November 2.</p> <p><b>Centra Health/Lynchburg General Hospital, DeeDee Soyars</b> – introduced herself as the new Trauma Coordinator. We are currently at 6½ surgeons. We may be filling our Trauma Data Analyst position soon. We work very closely with our SAFE Kids and Emergency Nurses organizations for injury prevention and we have some events coming up this month with them.</p> <p><b>Riverside Regional Medical Center, LouAnn Miller</b> – RRMCM will be attending the Collector program in San Antonio in October. Our Trauma Symposium on April 4.</p> <p><b>Riverside Regional Medical Center, Dr. Bland Lawson</b> – We just hired our first physician’s assistant.</p>	

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	<p><b>VCU Medical Center, Nancy Martin</b> – We interviewed and are offering a position to an injury prevention coordinator. We have two NP positions open. Our critical care bed tower will be open next fall and will have a burn unit. VCU will be seeking burn verification next year. We have an Advanced Trauma Care for Nurses (ATCN) course coming up October 12 &amp; 13. We are interviewing for a neurosurgeon and we have a new trauma orthopedic surgeon who started in July. We are hosting the State ACS Residence Trauma Research next month at MCV. Our patient volume continues to increase and currently we are getting about 4,500 admissions this year.</p> <p><b>University of Virginia, Kathy Butler</b> – The TRACS program (phone messaging system) for providing follow-up for EMS and facilities that transfer patients to UVa is still going strong. The weakest point remains the pre-hospital documentation. In an academic setting, it is very challenging to communicate information to each department, so we are creating a Trauma Center Intranet site for residents. The site will then be advanced to other departments at a later time. The can be used in conjunction with a program called NetLearning, which tracks who actually accessed a certain area and gives them credit for accessing it.</p> <p><b>University of Virginia, Dr. Forrest Calland</b> – We are most interested in how trauma centers can begin to compare their risk adjusted outcomes with one another. We will compare our clinical data with the University of Michigan so that trauma centers can begin to understand how well they are performing. In addition, we created a dashboard of items for trauma complications, morbidities, and process variables to present at our monthly meetings. We'll be posting a position for a Research Nurse. We have created a Trauma Alert Newsletter which will allow us to disseminate changes in practice and policy to other areas of the hospital.</p> <p><b>Southside Regional Medical Center, Elton Mabry</b> – Our new facility is still incomplete. We are looking at our PI process very closely. Next week Nancy Martin will come down and discuss some issues. Hopefully this will be done on a quarterly basis to improve our trauma care processes. We are currently hiring surgeons. We have 5, but need more.</p> <p><b>ACEP, Stanley Heatwole</b> – The ACEP had their summer symposium in Virginia Beach in August.</p> <p><b>Barbara</b> – No comment.</p>	
<b>Old Business</b>	Kathy asked Paul about the OEMS Performance Improvement Coordinator position. Paul advised that the OEMS had received approval for this position but due to the fact that VDH has exceeded its maximum employee level (MEL) that we are currently unable hire this position. We have the option and are considering hiring the PI position as a “wage” (part-time) position, but this is not optimal.	
<b>New Business</b>	Per Susan Ward, there is a legislative study that just began. They are looking at the need for additional liability protection for home care providers in natural disasters. They identified the gaps in the community as well as gaps that affect the hospitals and institutional providers and also the affect on practitioners and individuals who are providing medical services in their jobs rather than going to the scene of the disaster. They are authorized to have three additional meetings that have not been scheduled yet.	

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	<p>Andi asked if there was any information on a JLARC Study on mental health. Susan said no but they are pulling their recommendations together and are meeting on October 9 at 10. We don't know what the recommendations are yet.</p> <p>Kathy stated that there is a recall on the Level I Rapid Warmer &amp; Fuser. Actually the tubing is being recalled per Elton.</p>	
<b>Adjournment</b>	Meeting was adjourned at approximately 2:20 p.m. The next meeting is December 6, 2007.	