

Trauma System Oversight & Management Committee
OEMS, 1041 Technology Park Drive
Glen Allen, VA
December 6, 2012
11:00 a.m.

Members Present:	Other Attendees:	Staff:
Ajai Malhotra, Chair	Jeffrey Haynes	Paul Sharpe
Andi Wright	Beth Johnson	Wanda Street
Emory Altizer	Dallas Taylor	David Edwards
Raymond Makhoul	Linda Taylor	
Amanda Turner	Michael Feldman	
Melissa Hall		
Stanley Heatwole		
Mindy Carter		
Barbara Hawkins		
Timothy Novosel		
Elton Mabry		
Maggie Griffen		
J. Forrest Calland		
Melinda Myers		
Susan Ward		
Kelley Rumsey		
LeAnna Harris		
Daniel Munn		
Lou Ann Miller		
Jane Gilley		
Melinda Myers		
Larry Roberts		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Malhotra at 11:07 a.m.	
Approval of minutes dated September 6, 2012:	A motion was made to approve the minutes as submitted. Dr. Roberts requested that the last sentence on page one under Trauma Triage Presentation to EMS Advisory Board “The presentation demonstrates an increasing mortality rate by hospital designation level for trauma patients meeting one or more of the criteria in step 1 of the State’s trauma triage plan” be removed. Dr. Roberts also proposed on page two under the PI Sub-Committee Update that the first sentence be stricken from the minutes. After much discussion a motion was made by Dr. Novosel and seconded by Dr. Heatwole to approve the minutes accepting Dr. Roberts’s amendments.	MOTION: The minutes were approved as amended.
Chair Report – Dr. Ajai Malhotra:	Dr. Malhotra received a letter from Dr. Roberts, which was signed by each of each of the Level II trauma centers, expressing concerns with the Trauma Performance Improvement Committee (TPIC) formation, aims, and output being generated. A small group consisting of the TSO&MC Chair, TPIC Chair, Dr. Roberts, Dr. Novosel, and OEMS staffs met prior to the full TSO&MC to discuss the concerns with the TPIC. The background of the formation of the TPIC was discussed including the	

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	<p>mission, goals, transparency, and composition of the TPIC.</p> <p>After lengthy discussion related to the previous TPIC efforts, the Code of Virginia mandates related to the TPIC, OEMS' data related activities outside of the TPIC, and how to move forward after this meeting. The TSO&MC agreed that the TPIC will be re-started with its, mission, goals, and composition clearly defined and routinely reported to the full Trauma System Oversight & Management Committee (TSO&MC).</p> <p>The TSO&MC Chair stated that the following three principles should be applied to the TPIC:</p> <ol style="list-style-type: none"> 1) Look at how the Virginia trauma system is performing, which includes emergency medical services, non-designated hospital, trauma centers, and rehabilitation facilities. This will be done primarily by reports generated from the TPIC and brought to the TSO&MC for review and approval and then sent to the appropriate trauma centers, regional EMS councils, or other entities as needed. It is not clear just how to pull rehabilitation services into the process. 2) Based on bullet one, individual trauma centers and EMS agencies should perform similar PI efforts as the state effort and work on the regional/local system level to actively implement performance improvement activities. 3) The TPIC's efforts should also focus on data that will help demonstrate individual trauma center performance to be utilized during the trauma center verification process. <p>State trauma registry data quality was discussed. Dr. Malhotra said that data validation is not the job of the TPIC and if it is felt necessary another sub-committee may be formed to explore data validation. The TPIC should examine and analyze the data and extract the conclusions from the data. The validation process will be discussed under New Business.</p> <p>MOTION: Dr. Roberts proposed a motion that a step by step analysis of the performance of the statewide trauma system which includes pre-hospital, trauma centers, and rehabilitation services. Secondly, integrate the three principles above to see how they are interrelated. And thirdly, provide recommendations for PI based on the data output. The membership should be broad and there should be no exclusion. There should be an equal amount of nurses as there are physicians. Also, we need to ensure TPIC members commit to regularly participate. THIS MOTION WAS WITHDRAWN AND NOT VOTED ON.</p> <p>Additional discussion was held related to fair TPIC composition and the above motion withdrawn.</p> <p>MOTION: A motion was made by Mr. Mabry and seconded by Dr. Calland to accept the following TPIC membership:</p> <ul style="list-style-type: none"> • 3 - Medical Directors (one from each Level I, II & III) • 3 - Trauma Program Managers or their designee (one from each Level) • 2 - Chair of the TSO&MC and Chair of the TPIC <p>The following committee members will be responsible for recruiting the TPIC members:</p> <ul style="list-style-type: none"> • Ms. Miller will be responsible for recruiting the three trauma program managers • Dr. Griffen will appoint/seek Level I representation • Dr. Roberts Larry will appoint/seek Level II representation • Dr. Makhoul will appoint/seek Level III representation 	<p>Motion withdrawn</p> <p>Motion passed unanimously</p> <p>Action: Committee members to recruit TPIC members.</p>

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	<p>Ms. Harris posed the question whether there should be an EMS representative on the TPIC? After some discussion it was determined that to let the newly created TPIC will decide if the additional member would be beneficial.</p> <p>Other details such as membership term limits etc. will also be determined when the new TPIC meets.</p>	<p>Action: The TPIC will discuss membership terms at their next meeting.</p>
<p>Performance Improvement Sub-Committee Update:</p>	<p>Dr. Calland had nothing further to add to the discussion above. Dr. Roberts stated that the old committee has been dissolved and the committee has been newly resolved. In light of the report that went out, he would like to propose that a rebuttal be made stating that this was preliminary data and it was designed to be used for further study. There should be no change in current management or current pre-hospital standards as a result of this preliminary data. Dr. Malhotra agreed that a statement should be sent out saying that it was a preliminary analysis, but he does not agree with the second part of the statement about changes in management, etc. Dr. Roberts feels that the message was incorrectly received. He wants the statement to say don't draw any conclusions or change your behavior based on the data. Dr. Calland gave input to the statement saying "We recognize that a report went out with preliminary data and this committee is committed to providing useful reports of validated data. Please review the report with caution and do not act upon them at this point. Our goal is to provide data that you can act upon". Dr. Malhotra added to continue using the CDC guidelines as set forth by the State. A follow up report will be provided in 3 to 6 months.</p>	<p>Action: Dr Malhotra agreed to provide a follow up to the EMS Adv. Board related to his previous presentation</p> <p>OEMS will provide some further direction on the use of the data it produces to those that receive the reports and validate other points and act as appropriate.</p>
<p>Designation Manual Revision Updates/Discussion (PRN):</p>	<ul style="list-style-type: none"> a. Operational – L. Miller Ms. Miller stated that they have reviewed their criteria and have made some changes. They also have made some changes to the agenda for the site review days. They have not done is to develop an orientation program. They will work on this next. b. Education/Credentialing – V. Mitchell Ms. Mitchell sent update to OEMS staff noting that this workgroup is planning to get back on track in January. c. Performance Improvement – K. Butler Ms. Butler sent an update to OEMS staff stating that they have met a few times and she is in the process of updating the wiki page. Ms. Harris said that they compared the ACS Manual and the Trauma Designation Manual side by side. e. Special Needs – Melissa Hall agreed to replace Nancy Malhotra as workgroup lead This group needs a group leader since Ms. Malhotra is no longer a member of the committee. Melissa Hall agreed to lead the group. f. Administrative – A. Wright Ms. Wright reported that this group has been idle for the past couple of months. Although during the summer they did get a lot accomplished. One of the things they need is a physician on the panel. Ms. Turner said that Dr. Ploch may be interested. Ms. Wright will send information to Dr. Ploch. Will have more to report in March. 	<p>Action: Each workgroup will provide the OEMS Trauma Coordinator with their workgroup's revisions. By 2/1/2013.</p> <p>OEMS will compile the information into a single document (revised designation manual) for distribution and further review.</p> <p>OEMS will redistribute the designation manual revision workgroup information.</p>

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<p>OEMS Update – Paul Sharpe:</p>	<p><u>TOPIC</u> OEMS thanked everyone who participated in Trauma Outcomes Performance Improvement Course (TOPIC) yesterday. There was a total of 29 course attendees from a variety of trauma program positions. Dr. Malhotra was a co-instructor along with Connie Mattice of Michigan. The course was excellent and received good reviews by the attendees.</p> <p><u>Medevac</u> Tim Perkins of the Office of EMS wanted to advise the committee that the Medevac Committee has been working on a power point called “Physician’s Guide to Helicopter EMS” in Virginia. This is an educational tool for physicians about Helicopter EMS utilization and will be available on the OEMS website within the next couple of days. OEMS will send it out a link to the committee when the document is posted.</p> <p><u>General Assembly</u> The General Assembly will commence on January 9th 2013. This year’s session is a “short session.” OEMS is not aware of any proposed legislation pertaining to Trauma at this time, but will keep the committee informed if anything comes up.</p> <p><u>Trauma Fund Panel</u> A January teleconference will be held consisting of Dr. Griffen, Ms. Miller, Mr. Altizer, OEMS’ TCCC and, Dr. Malhotra. (Dr. Malhotra prefers to avoid Wednesdays.) OEMS will send out possible dates.</p>	<p>Action: OEMS to distribute the link to the Medevac utilization tool when available.</p> <p>Action: OEMS will send out possible teleconference meeting dates for the Trauma Fund Panel.</p>
<p>Trauma Nurse Coordinators Report:</p>	<p>No report.</p>	
<p>Trauma Center Updates:</p>	<p>Emory Altizer of Lewis Gale Hospital Montgomery (MH) – MH just finished their last TNCC class for the year with 97% of the ED currently certified. MH will undergo its re-designation for Magnet in March 2013. Mr. Altizer had the opportunity to write two documents for the Magnet program and he is very pleased to have participated in that process. MH will undergo its trauma center verification visit on January 31, 2013.</p> <p>Dr. Maggie Griffen of INOVA Fairfax Hospital – INOVA went live with EPIC on November 9. December 11 & 12 ATLS Course is full and another will be held in February or March. They matched their fellow for 2013 and that was great. Interviewing for a new faculty member. They are rebuilding their Trauma Survivor Network and a social worker will be hired for the trauma program.</p> <p>Mindy Carter of CJW Medical Center (CJW) – Ms. Carter stated that ironically, they are working on their database with the coding piece. CJW is co-sponsoring a TNCC instructor course at VCU on February 1st and January 18th at CJW. Contact Kelly Rumsey at VCU for both.</p> <p>Elton Mabry of Southside Regional Medical Center (SRMC) – Mr. Mabry had been out for about two months. SRMC is scheduled for site review in 2013. A TNCC class was held and another is scheduled for next week. A trauma symposium will be held at SRMC in April 2013 and they have been working very hard to organize it.</p> <p>Kelly Rumsey of VCU Health Systems (VCUHS) – Ms. Rumsey is serving as the interim Trauma Program Manager since Ms. Malhotra’s departure. Interviews for a new Trauma Program Manager will occur Friday. VCUHS is preparing for the transition to a new Trauma Medical Director as Dr. Ivatory is retiring. Dr. Aboutanos will be filling the position in mid-</p>	

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	<p>December. VCUHS has invited a consultant for its Pediatric ACS verification. VCUHS had a very productive ACS visit and also just had their State trauma center verification visit for Level I designation.</p> <p>Andi Wright of Carilion Roanoke Memorial Hospital (RMH) – Because of Hurricane Sandy, RMH’s trauma center verification site review had to be rescheduled to this coming Wednesday. RMH is anxious to showcase its improvements. A trauma symposium was held in October and attended by 200 people. RMH has a new trauma surgeon from Pennsylvania “and he rocks!” RMH is conducting interviews for another trauma surgeon and are almost up to full staffing.</p> <p>Jane Gilley of Carilion New River Valley Medical Center (NRVMC) – NRVMC has a new surgeon and has gotten approval for a registrar. Will have State site review in January.</p> <p>LeAnna Harris of Sentara Virginia Beach General Hospital (SVBGH) – SVBGH is wrapping up TNCC for the year and an ENA Course director was on site. They partnered with Norfolk General and put on a two-day critical care/trauma symposium with good attendance. Dr. O’Grady and Ms. Harris have made a much stronger presence at the hospital safety quality service committees and medical staff quality committees. They have been extremely well received. SVBGH went through a DNV survey recently.</p> <p>Amanda Turner of Lynchburg General Hospital (LGH) – LGH is renovating its trauma bays and this is the only big project going on right now.</p> <p>Lou Ann Miller of Riverside Regional Medical Center (RRMC) – RRMC has hired two new trauma surgeons and a new Nurse Practitioner who started in September. RRMC will be opening the new surgical pavilion in January 2013 which will have an 18 bed CICU and new Operating Rooms. The Dr.’s Hospital in Williamsburg will be opening on April 29. There will be four TNCC classes held in 2013 and one next week. The RRMC trauma symposium will be held on April 19th.</p> <p>Dr. Timothy Novosel of Sentara Norfolk General Hospital (SNGH) – SNGH just completed its trauma verification site visit and was successfully verified with no critical deficiencies. The Southern Regional Burn Conference was held at SNGH in November with 250 people in attendance and it went very well. Completed the second ASSET course in October and it went very well and two more courses will be held in May and October with four cadavers which allows 16 attendees. SNGH will be losing one surgeon and will start the hiring process to fill that position.</p> <p>Dr. L. Forrest Calland of the University of Virginia Health Systems (UVA) –The ICU is undergoing renovation. The whole structure of governance is up in the air. From the trauma program, Dr. Jeff Young is doing an investigation of the use of 2-way radios to facilitate communication in the trauma center. Just attended the COT Region 3 meeting and talked about regional PI. Dr. Calland has been attending Central Shenandoah’s EMS Regional Council meetings and has discussed optimizing the survival of patients in the CSEMS region.</p> <p>Melissa Hall of Mary Washington Hospital (MWH) – MWH now has a trauma educator within the trauma program and has performed some education and outreach events recently. MWH performed a trauma nurse symposium in September and had 40 nurses in attendance. Participated in several EMS outreach visits around the region educating the providers on the CDC trauma triage plan. During these events MWH staffs still are told that a very small number of providers have seen their regional trauma triage plan. MWH plans to continue with providing EMS outreach visits over the next couple of years. The Trauma Survivors and high school outreach continues to build with 280 high school students. MWH had an EMS night out and talked about</p>	

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	ballistics and penetrating injuries. An ATLS course will be held on January 10 & 11. Another trauma nurse symposium will be held and webinars will be held over a three week period regarding the trauma triage plans.	
Old Business:	None.	
New Business:	<p><u>Data Validation</u> Continuing the discussion from the TPIC section: If there is a desire to validate data quality OEMS is willing to participate and assure data submissions meet the expected quality levels. The planned installation of the State’s new trauma registry software will provide detailed data validation reporting that will automate measuring data quality as part of everyday business.</p> <p>In the interim it was the consensus of group to look at data from the state system and the individual trauma centers side by side. Comparing some simple frequencies of approximately 10 data points for a defined period of time, for instance three months, to see if they match. Dr. Pugh can generate a report for each center to examine those 10 data points. This will serve as a starting point to look at data validation.</p> <p>As a reminder the national recommendation for centers to validate its own data is to re-extract five percent to ten percent of all patients in its registry.</p> <p><u>Trauma Coordinators Email List</u> One of the coordinators asked OEMS to send out the email list of all the trauma coordinators and program managers.</p> <p><u>Posting Educational Opportunities on OEMS Website</u> The committee also discussed a way to have their course offerings posted in one central place on the OEMS website. OEMS will look into it.</p>	<p>Action: Dr. Pugh will define ~10 data points to validate frequencies against and send out an email with instructors to the trauma coordinators.</p> <p>Mr. Sharpe will send out a revised contact list for the trauma committee.</p>
Public Comment:	Linda Taylor of Henrico Doctor’s Hospital – Parham (HDH) – Ms. Taylor was recently hired as the Trauma Program Manager and HDH is working towards applying for Level III Trauma Center Designation. Ms. Taylor also attended the TOPIC on yesterday.	
Adjournment:	The meeting adjourned at approximately 1:53 p.m.	2013 Meeting Schedule: March 7, 2013 June 6, 2013 September 5, 2013 December 5, 2013