



<p><b>Welcome and Introductions:</b></p>	<p>Gary Critzer explained the guidelines of holding the meetings and forming workgroups associated with this task force. He stated the end result should be a product that can be used for a period of years or multiple products that may be useful. They will have to be approved by the Advisory Board and the State Board of Health. The State Board of Health should also be informed about each step of this process as well. We encourage all of your participation and if you have any comments or suggestions outside of the workgroup activities, please provide them in writing on your company letterhead. We want to create a product that is good for Virginia and for the patients. If you have any questions, please feel free to ask. Andi asked Gary to introduce himself to the Task Force attendees that may not know him. Gary stated that, professionally, he is the Director of EMS and Emergency Management for the City of Waynesboro. He has worked in EMS and healthcare for 40+ years. As a representative of the Central Shenandoah EMS Council, he has been appointed as the Chair of the Governor’s Advisory Board and also serves as Chair of the Executive Committee.</p>	
<p><b>Identify Priority Components of Trauma System Assessment:</b></p>	<p>Dr. Aboutanos presented a PowerPoint which summarized the eight priority recommendations from the ACS Trauma System Consultation Report along with examples of vision and missions statements from other Trauma Systems such as Montana, California, Tennessee, Mississippi, Michigan and Florida. One of the systems also had a list of values included in their plan. We may or may not want to include this.</p> <p>The 8 Priority Recommendations can be found on pages 11 &amp; 12 of the Trauma System Consultation Report and are as follows: System Leadership, Lead Agency, Trauma System Plan, Financing, Emergency Medical Services, Definitive Care, Disaster Preparedness and Trauma Management Information System.</p> <p>The timeline is 60 to 90 days to develop a plan. The goal today is to divide the work by establishing workgroups. The ACS thought we needed to work on our vision and mission statements as well as the Trauma System Plan. We do have a model which is the HRSA Model dated back to 2006 (see link below). Dr. Aboutanos would like the task force to work on the vision and mission today, then work on the Trauma Plan.</p> <div style="text-align: center;">  <p>Trauma Systems 2016 Aboutanos.ppt</p> </div> <p><a href="https://www2.ncdhhs.gov/dhsr/ems/trauma/pdf/hrsatraumamodel.pdf">https://www2.ncdhhs.gov/dhsr/ems/trauma/pdf/hrsatraumamodel.pdf</a></p> <p>Page 13 of the PowerPoint gives a definition of the Trauma System Plan according to the HRSA Model Trauma System Planning 2006. The proposed strategy is to develop vision and mission statements and a Trauma System Plan.</p> <p>After the presentation, everyone around the table introduced themselves. Then Dr. Aboutanos opened with comments. Dr. Calland stated that there was masterful framework in putting this all together for this meeting. He agrees with the core principles of being inclusive and comprehensive for the future care of the patients. We should ask ourselves “what legacy are we going to leave behind for Virginians long after we are gone?”</p> <p>The task force decided to spend an hour to work on the vision and mission statements since everyone was assembled together.</p> <p><b>A motion was made by Dr. Forrest Calland to complete the task of working on the vision and mission for 15 to 30 minutes and move on to other tasks. The motion was seconded by Andi Wright. All committee members were in favor of the motion.</b></p> <p><b>Dr. Griffen made a motion to add Values to the mission statement of Virginia’s Trauma System Plan. The motion</b></p>	

	<p><b>was seconded by Dr. Calland. All committee members were in favor of the motion.</b></p> <p>A number of draft vision and mission statements were created using key words and phrases used by ACS, HRSA or other trauma plans. See the last few slides of the PowerPoint for the vision and mission statements that were discussed. The Administrative Workgroup will continue to work on these.</p> <p>The task force reviewed Florida’s list of values and agrees with most of them; however, they would like to change “customers” to “patients” and remove the word “employee”. The values will be the basis on which we conduct business per Dr. Aboutanos.</p> <p>Dr. Makhoul stated that when he thinks of values he thinks of what your parents taught you or what the citizens of Virginia as a whole commonly think of. The values should be more of a broad scope. We need a more generic value system. Those that were mentioned were more along the lines of the mission.</p>	
<p><b>Identify Workgroups and subgroups (if applicable):</b></p>	<p>The Trauma System Plan should be effective for 3 to 5 years. This has to be decided by the Task Force. Some of the recommendations from the ACS include a 3 year review. The task force discussed the possibility of having multiple short-term and long-term goals.</p> <p>The question was asked about the timeline that this needs to be done. Robin stated that the ACS said one year.</p> <p><b>A motion was made by Dr. Calland to accept the framework for the committee structure that has been presented today with the goal of completing a draft Trauma System Plan by December 31, 2016. Lou Ann Miller seconded the motion. All committee members agreed with the motion.</b></p> <p>Andi asked about holding conference calls and Gary Critzer explained that conference calls could not be held because there are legislative policies in place that prohibit them. Gary suggested meeting quarterly before the TSO&amp;MC meeting. The chair of each workgroup will be responsible for taking the minutes and submitting them to Robin or Wanda for posting on the Virginia Town Hall.</p> <p>Dr. Calland requested that the Office of EMS distributes the meeting rules and regulations to the group so that everyone knows the stipulations of what can and can’t be done. Gary Critzer stated that this will be made available to Dr. Aboutanos.</p> <p>The next step is to identify the workgroups and decide who will serve on the workgroups along with the stakeholders that will be needed. The workgroups were identified as follows:</p> <p><b>Administrative Workgroup Pre-Injury(Injury Prevention) Workgroup Pre-Hospital Workgroup Definitive Care Workgroup Rehabilitation/Post-Acute Care Workgroup Data/Education/Research/System Evaluation Workgroup</b></p> <p>The task force agreed on the workgroups as defined. Disaster preparedness will be added to data/education/research, etc.</p>	

There should be a minimum of 5 members on each workgroup. At least 51% of the members have to be present in order to have a quorum. Sample templates for minutes and agendas were requested and will be provided by the Office of EMS.

Scott Hickey read through the rules of holding electronic meetings. Robin explained how an email constitutes a meeting. When sending a group email to about four people and someone hits the “reply all” button to respond, it is considered a meeting. If they only reply to the person sending it, is not considered a meeting.

When the workgroups meet, send Robin the date, time and place along with the agendas and then the minutes so that they can be posted on the Virginia Town Hall.

Dr. Aboutanos suggested using the ACS site visit document with all of the recommendations to identify the items that pertain to your workgroup.

The following are the workgroups with the chairs and co-chairs along with suggestions of the stakeholders and content experts who would be helpful during this process:

**Administrative Workgroup** – Andi Wright, Chair and Lou Ann Miller, Co-chair

Content experts  
Mission, Vision and Values  
Leadership  
Legislative – Mark Lawrence  
Finance – Someone from the Committee on Trauma (COT) – Dr. Calland will send COT list.  
System Development  
Emory Altizer and Paul Sharpe have agreed to work on this workgroup.

**Data/Education/System Evaluation Workgroup**– Valeria Mitchell, Chair and Melinda Myers, Co-chair

Epidemiologist – Anne Zehner  
OEMS Data Specialist – Dwight Crews  
COT  
Trauma Educator  
Community Outreach Coordinator  
Researcher

**Definitive Care/Acute Care Workgroup**– Heather Davis, Tracey Lee, Co-chair

Pharmacy Rep  
Content experts in trauma surgery, critical care  
Critical Access Hospital  
ACS  
Dr. Jeffrey Young

**Pre-Hospital Workgroup** – Dallas Taylor, Chair and Sherry Mosteller Co-chair

EMS Directors from each region  
Levels I through III Trauma Centers  
Medevac (Air Evac)

	<p><b>Injury Prevention Workgroup</b> - Melissa Hall, Chair, Amanda Turner, Co-chair (?)</p> <ul style="list-style-type: none"> <li>Beth Broering</li> <li>Safe Kids</li> <li>Fire Departments</li> <li>Mothers Against Drunk Driving (MADD)</li> <li>Law Enforcement</li> <li>Marian Hunter (OEMS Public Information Officer)</li> </ul> <p><b>Rehabilitation Workgroup</b> – Kathy Butler, Chair and Stephanie Boese, Co-chair</p> <ul style="list-style-type: none"> <li>John Hyslop</li> <li>VA Dept. of Rehabilitative Services</li> <li>VA Committee on Trauma</li> <li>VA Department of Social Services</li> <li>Mental Health Services</li> <li>Marilyn McCloud</li> </ul> <p>The above lists are partial lists that may be used in gathering the information needed for the Plan.</p>	
<b>Identify Sequence of Work Activities:</b>	<p>For the next meeting on March 3, it was decided to combine the task force and workgroup sessions. A large meeting space will be located so that all of the meetings can be held prior to the TSO&amp;MC meeting.</p> <ul style="list-style-type: none"> <li>PI Committee - 8 a.m. to 9 a.m.</li> <li>Workgroups will meet from 9 a.m. to 11 a.m.</li> <li>Task Force will meet from 11 a.m. to 12:30 p.m.</li> <li>Lunch - 12:30 p.m. to 1:15 p.m.</li> <li>TSO&amp;MC will meet from 1:30 p.m. to 3:30 p.m.</li> </ul>	
<b>Set Timelines and Deliverables:</b>	As discussed earlier in the meeting, the ACS recommended that a draft Trauma System Plan needs to be completed within one year.	
<b>Other:</b>	None.	
<b>Public Comment:</b>	None.	
<b>Adjournment:</b>	The meeting adjourned at approximately 2:25 p.m.	