

**Virginia Department of Health Advisory Board  
Virginia Office of Emergency Medical Services  
Acute Care Committee  
Embassy Suites, 2925 Emerywood Parkway, Henrico VA 23294  
August 3, 2023  
3:00 p.m.**

<b>Members Present:</b>	<b>Position</b>	<b>OEMS Staff:</b>	<b>Others:</b>
<b>Dr. Terral Goode</b>	Chair	Mindy Carter	Kelley Rumsey
<b>Tracey Taylor</b>	Vice Chair	Daisy Banta	Mark Day
<b>Dallas Taylor</b>	Administrator		Whitney Pierce
<b>Zac Christley</b>	Lewis Gale Medical Center		Andrew Baxter
<b>Tiffany Lord</b>	VCU Burn		Autumn Davis
<b>Beth Broering</b>	Level I Trauma		Jordan Tyczka
<b>Donna Hurst</b>	Rockingham Memorial		Melinda Myers
<b>Wayne Perry</b>	Pre-hospital Cross Over		Michael FaJohn
<b>Dr. James Giebfried</b>	PAC- Crossover		Lauren Faunce
<b>Sarah Beth Dinwiddie</b>	Level II Trauma		Gina Wuertzer
			Erin Jones
			Amanda Loretta
			Kelsey Rideout
			Allistair Capewell

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Call to order, a. Approval of today's agenda</b>	Chair Goode called the meeting to order at 03:00pm. It is determined there is not a quorum. Introductions are made.	<b>None. Informational.</b>
<b>II. Old business</b>	Chair Goode opens the floor to old business. Although it cannot be voted on, Ms. Taylor informs the committee there is a Level III member vacancy. Ms. Lord announced the ERP committee needs a cross over from the ACC to their committee and Ms. Taylor assists by asking if anyone is interested. Ms.	<b>Suggested edits to Interfacility Transfer Guidelines</b>

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	<p>Broering also clarifies with the committee she believes she may have mistaken herself to be the Level I rep and she should have been representing ACC. Ms. Broering said she will be interested in doing the crossover report and Ms. Tracey acknowledges. Nominations for a Level III rep are requested so that the committee may vote when they have quorum next.</p> <p>Chair Goode brings the committees attention to the Interfacility Trauma Transfer Guidelines which is being edited by the ACC workgroup. He asks for input on the shock index, and it is discussed that many facilitates do not utilize it. The target audience is non designated centers with the goal of creating a document that would assist them in transport decisions. However, there may be issues with rural facilities not having familiarity with the index.</p> <p>Chair Goode opens the topic of mechanism of injury (MOI), and though he doesn't want to produce a conclusive list, there should maybe a consideration added to the document. It is discussed at length in the committee how to bring it into the document without making it too extensive or concluding. It is compared to the recently approved Trauma Triage Guidelines, and how those activation levels can assist physician decision making. Chair Goode agrees the idea is very sound and suggests a caveat to refer to the Trauma Triage Guidelines document for MOI recommendations. A committee member also addresses the document saying a patient meeting the criteria "should" be transferred, and that the word "considered" may be helpful when MOI's come into play.</p> <p>The conclusion was shock index to be left in but defined and the "should consider transfer" phrase be cleaned up. These are suggestions as of now without a vote.</p>	<p><b>-Define shock index</b>  <b>-Rephrase "should" to "should consider" for transfer decisions</b></p>
<p><b>III. OEMS report</b></p>	<p>Ms. Carter addresses the committee. There have been numerous trauma centers which have come online, 28 programs are currently in the state with several others in the pipeline. She informs them there was work done on the formatting of the trauma designation manual via an intern OEMS had over the summer. The revised manual is likely to go live in 2024, depending on completion date. She recaps the highlights of the EMS symposium, briefing the committee on the dates, that registration is opening on the site, and hotel reservations are being handled by OEMS to ensure there are no wasted rooms. There is intent to add a staff member to her team. There is also an anticipated need that the OEMS will have to provide more support for stroke in the future.</p>	<p><b>None. Informational.</b></p>
<p><b>IV. New Business</b></p>	<p>Chair Goode informs the committee on the topic of services and capabilities offered at non designated trauma centers. He refers to an example he knows of where there is a hand specialist near his facility, but they are not practicing at a trauma center. If the circumstances arose, they may find a transfer to this specialty to be the most beneficial option for the patient, despite the non-designation status. This has been brought up in prior meetings, and he inquires if anyone else has seen similar events. A committee member offers they feel it would be advantageous to have that relationship for transfer if the current trauma center is managing poly trauma. Mr. Taylor adds that it could be problematic to allow for lesser injuries to get transferred out due to lack of provider comfort with a procedure they are advertised to have. Ms. Rumsey also adds that transfer of a trauma patient to a non-trauma center for care could raise</p>	<p><b>None. Informational.</b></p>

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	<p>issues with improper escalation of care. Both discuss the topic of a reviewer for trauma looking at the practice and considering it an inappropriate reason for transfer.</p> <p>Chair Goode affirms their concerns and asks if it is better to just look at a statewide landscape of those resources and if so, who would be tasked with compiling that list. There is no need to make a recommendation at this time, he is just inquiring if it a common enough scenario to become a topic to be addressed.</p> <p>Chair Goode queries the committee concerning issues revolving around performance improvement (PI). There are multiple facilities wanting to improve their PI programs. Ms. Carter addresses the committees, informing them PI has been an issue in some recent critical deficiencies. There is a “surviving a trauma center review” course being offered at the EMS symposium. Ms. Taylor reminds the committee that it is new business that PI people need to be brought to the table to aid both new and existing centers, either in form of a meeting or workgroup.</p>	
<b>V. Adjournment</b>	Chair Goode thanks everyone and the meeting was adjourned.	<b>None. Informational.</b>

Respectfully submitted by Ashley Camper and Mindy Carter