

Trauma System Plan Task Force Meeting
Virginia Office of EMS
Virginia Public Safety Training Center
7093 Broad Neck Road
Hanover, VA 23069
June 1, 2017
11:00 a.m.

Members Present:	Members Absent:	Other Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Tom Ryan	Heather Davis	Gary Brown
Timothy "T. J." Novosel	Morris Reece	Mindy Carter	Cam Crittenden
Lou Ann Miller	Scott Hickey	Cathy Peterson	Tim Erskine
Valeria Mitchell	Michael Feldman	Frank Yang	Wanda Street
Emory Altizer	Maggie Griffen	Dallas Taylor	
J. Forrest Calland	Keith Stephenson	Stephanie Boese	
R. Macon Sizemore	Anne Zehner	Tiffany Lord	
Andi Wright		Pier Ferguson	
Shawn Safford		Ann Kuhn	
Lisa Wells		Carol Bernier	
Sid Bingley		Mark Day	
Marilyn McLeod		Wayne Perry	
John Hyslop		Brent Lafayette	
		Susan Smith	
		Eddie Ferguson	
		Paul Sharpe	
		Tracey Lee	
		Melinda Myers	
		Robin Pearce	
		Sherry Stanley	
		Jeff Haynes	
		Kelley Rumsey	
		Peter Ploch	
		Kelly Brown	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Aboutanos at 11:12 a.m.	
Introductions:	No introductions were made.	
Review of Mission,	Dr. Aboutanos asked everyone to review the Mission, Vision, Values and Code of Conduct Statements located	

Vision, Values and Code of Conduct Statements:	on the back of the agenda.	
Review and Approval of March 2, 2017 minutes:	<p>A motion was made to approve the minutes dated March 2, 2017. The motion was moved by Dr. Novosel and seconded by Andi Wright. The minutes were approved as submitted.</p> <p>The Chairs and Co-Chairs will meet for a working lunch in Room 401 in Smyth Hall.</p> <p>Dr. Aboutanos stated that there have been questions asked about where we are going. As of now, we should be able to answer the following three questions: what are our objectives, what are the committee compositions and what have we accomplished so far as well as what we would like to accomplish should the workgroups become standing committees. As we listen to each update today, a decision will have to be made to determine whether more time is needed or whether we are ready to incorporate all of the information to be presented to the Trauma System Oversight & Management Committee (TSO&MC). As a reminder the Task Force’s objective is to provide an infrastructure of how a trauma system plan would look like.</p>	The minutes were approved as submitted.
Prehospital Workgroup Update:	<p>Dallas Taylor reported that the workgroup met in March and April. There was no quorum in March, but there was a quorum in April. They had a “snag” in the discussion about the workgroup becoming a recognized state committee in determining the composition and membership. The workgroup could not agree on the membership. Another meeting was held and the outcome of that meeting was that it is best to have a prehospital provider as the chair of the Prehospital Workgroup. With that being said, Chief Eddie Ferguson will now chair this workgroup. Dallas then gave the floor to Chief Ferguson. Chief Ferguson introduced himself and shared some of his background information. He is the Deputy Fire Chief of Goochland County Fire, Rescue & Emergency Services. He is also a Flight Medic for VSP Med Flight I and is affiliated with VCU Trauma Critical Care education on a part-time basis. Chief Ferguson stated that it is an honor and a privilege to be asked to step in and chair this workgroup. He will still be leaning on Dallas for the work that has been done up to this point. The workgroup met today and discussed what the system could look like in the future. They had a couple of motions and one of the motions was that the preferred option of the Prehospital Workgroup would be to have a more robust EMS Advisory Board with an increased trauma stakeholder representation. The other motion included in the event there was a Trauma Advisory Board they would prefer the Prehospital Workgroup to simply be the Medical Direction Committee that would be a conduit and liaison to committees that are already in the prehospital EMS system that would work on the different issues as they would arise. That was pretty much the discussion. They are looking at possibly changing their meeting dates to coincide with other meetings. They would like to have their meetings to coordinate with the State Medical Direction committee meetings. For clarification, Chief Ferguson is the chair; Dallas Taylor and Sherry Stanley are the co-chairs. Dr. Aboutanos thanked Eddie and he also thanked Dallas for his leadership on the workgroup. He congratulated them on the steps taken and the decisions that they have made. Dr. Aboutanos asked if they are done or if they need to meet again. Chief Ferguson stated that they need to meet at least one more time.</p>	
Disaster Preparedness Workgroup Update:	<p>Mark Day stated that after listening to Dr. Aboutanos this morning and his three questions, here are the workgroup answers. What is the objective of the committee? The objective is to define the role of how the TSO&MC assesses, educates and monitors the State of Virginia’s ability to respond to an all hazards presentation. Who needs to be on the committee? The workgroup is currently made up of people from all of the different disaster regions. There is Level I through Level III representation. They would keep the membership the way it is. What would be worked on? They would continue to work on the ACS recommendations. According to the HRSA document, they have scored each of the current and potential obstacles and ranked them from 1 to 5. There will be a meeting in June to review the impact versus cost analysis for each of the items. Dr.</p>	

	<p>Aboutanos asked if they are done or if they need more time. Mr. Day stated that they need at least one more meeting. They also need to determine what is needed from other workgroups.</p>	
<p>Acute Definitive Care Workgroup Update:</p>	<p>Heather Davis reported that the workgroup met this morning and had six people in attendance to make a quorum. They reported at the previous task force meeting the expectations of moving from a workgroup to a formalized committee and created an actual document this morning. This document will be sent to Cam and Dr. Aboutanos this morning. Included in the document is the committee composition which looks much like the workgroup looks today with two members from each level of trauma center representation, preferably a trauma program manager and a trauma medical director as well as burn and pediatric representatives. Several ad hoc members will be represented as well. It will have a structure of eight voting members, so we will need a quorum of 5 members at each meeting. The objective matches closely with the ACS recommendations to provide guidance in the designation process in working towards getting the centers both ACS and state designated with concurrent visits. Also looking into trauma center funding mechanisms and trauma system standards of care including the inter facility transfer of care process. They have an inter facility document that was completed by a previous committee or workgroup and it is very well-written. They will also work on collaborating with the PI committee to evaluate the trauma system care and collaborate with the post-acute rehab committee to assure continuum of trauma care. The Acute Definitive Care workgroup would like to meet one more time before the next meeting to put final touches on everything. Dr. Aboutanos stated that they have a very good vision of their objectives if they were to become a committee.</p>	
<p>Data/Education/Research/System Evaluation Workgroup Update:</p>	<p>Dr. Forrest Calland stated that they had a very productive series of meetings and met today as well. They took the prioritized list of recommendations and prioritized them in terms of costs and difficulty of implementation versus potential impact. Their goal/objective is to provide accurate, accessible and integrated data systems regarding continuum of care and disposition of the patient in order to support trauma system education, performance improvement, public health planning, injury prevention and outcomes research. The membership proposed having a stronger EMS provider presence, a state epidemiologist, a state PI Coordinator (this position does not currently exist), chair of the PI Committee, a representative of special and under-represented populations, a representative for trauma program managers, a data specialist, a non-trauma center representative, representatives from Level I, II & III trauma centers and a post-acute care rehab representative. They will focus on strengthening data sources and registries to focus on preventable sources of morbidity and mortality. They will use current data sources to inform legislators and the community about potentially preventable sources of morbidity and mortality related injuries. Linkage of registries is very important to look at how triage decisions and treatment decisions in the field link to survival or mortality. This is the future and has to be an area of focus. A request was sent to all the workgroups to inquire about data needs over the long haul. Only one request has been received and that was from the Post-Acute Care Rehabilitation Workgroup. Any other workgroups that may have data requests are encouraged to respond to Dr. Calland at JFC3T@hscmail.mcc.virginia.edu. The workgroup plans to meet one more time.</p>	
<p>Injury Prevention Workgroup Update:</p>	<p>None of the workgroup members were present so Cam Crittenden gave a brief update based on an email that she received. As you know, this workgroup has gone through some transition. The chair Diamond Walton stepped down due to family obligations. The co-chair, Karen Shipman, is also leaving the workgroup. The HRSA document was submitted at the last meeting; however, a conference call was held last week with Dr. Aboutanos, Lisa Wooten and Karen Shipman to update them and discuss the transition plan. They want to meet in July under Lisa Wooten's leadership to figure out where they are going from here. Dr. Aboutanos said that he met with Lisa and Karen and the main problem they are having is with the membership.</p>	
<p>Post-Acute Care Rehabilitation</p>	<p>Kathy Butler was not present today for medical reasons. Macon Sizemore and Stephanie Boese gave the update. Mr. Sizemore reported that the workgroup met in April and May and did not have a quorum. They also met</p>	

Workgroup Update:	<p>today and did not have a quorum. As Dr. Calland has indicated, one of their follow ups was from the April meeting in which Dr. Griffen followed up on the data needs. The workgroup continues to update the HRSA document. One of the challenges that they see is the identification of differentiation of rehabilitation services and programs in post-acute care in nursing home level of care versus licensed in-patient rehabilitation beds. The data needs are huge in this area. They have talked to the Virginia Hospital & Healthcare Association (VHHA) for their guidance on how to differentiate levels of care. They want to move forward with education on that. Stephanie stated that they plan to meet once or twice more and have been sending out recommendations to each workgroup and feel that they have everyone that they need on the committee, but they will invite subject matter experts from time to time. It would be nice to have a PM&R on the committee also. They are looking at the financial needs and have looked into spinal cord patient care and discharge, but have not looked at the spinal cord registry. They are looking for more resources and will continue sending out recommendations. Again, they would like to have one or two more meetings.</p>	
Administrative Workgroup Update:	<p>Andi Wright and Lou Ann Miller will give the update. Andi stated that the Administrative Workgroup has been tasked with the following from the ACS recommendations: Finance, Legislation and Leadership and System Development. She stated that in terms of the objectives, finance is a pretty big piece to get their arms around. She feels that there is data out there, but they don't know how clean it is and it is difficult to obtain, but frankly they have put it on the back burner for now. In terms of legislation, it is a very painful process to try to make changes. The workgroup has familiarized themselves with the legislation that already exists, the history, etc. This has been a real learning curve. The workgroup has lost one of their committee members, who was from a non-designated facility and she has not been replaced. They will have some ad hoc members in the future, particularly in the areas of finance and legislature. They have looked at other states' trauma systems for the Leadership and System Development portion of the trauma system plan. Lou Ann explained the justifications and the two different plans: An Integrative Plan or a Trauma Focused Plan that includes a trauma advisory board. An integrative plan would include trauma on the existing EMS advisory board and a trauma OMD. A brief question and answer session was held after the presentation of the two plans. They feel that a separate advisory would be expensive and difficult to accomplish legislatively.</p> <p>Dr. Aboutanos asked each of the Trauma System Plan Taskforce committee members to state whether they were in favor of the Integrative Plan or the Trauma Focused Plan. They were all in favor of the Integrative Plan.</p> <p>A motion was made by Lou Ann Miller for the Administrative Workgroup to focus the Integrative Plan. All committee members were in favor. None opposed.</p>	
Next Steps/Discussion:	Dr. Aboutanos asked each workgroup to send all of the information that they currently have.	
Unfinished Business:	None.	
New Business:	None.	
Public Comment:	Dr. Ann Kuhn informed everyone that there is a Pediatric Rehab Facility within Children's Hospital of the King's Daughters (CHKD) that is not a part of CHKD. She wants the Post -Acute Care Rehabilitation Workgroup to know that there is pediatric rehab facilities in the state.	
Adjournment:	The meeting adjourned at approximately 12:30 p.m.	