**Trauma System Plan Task Force Meeting**
**Virginia Office of EMS**
**Courtyard by Marriott**
**10077 Brook Road**
**Glen Allen, VA 23059**
**June 7, 2018**
**11:00 a.m.**

| Members Present: | Members Absent: | Other Attendees: | OEMS Staff: |
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| J. Forrest Calland | Michel Aboutanos, Chair | Mindy Carter | Gary Brown |
| Andi Wright | Scott Hickey | Tanya Trevilian | Cam Crittenden |
| Lou Ann Miller | Tom Ryan | Kelley Rumsey | Wanda Street |
| Emory Altizer | Shawn Safford | Beth Broering | David Edwards |
| R. Macon Sizemore | Anne Zehner | Kathy Butler | Lenice Sudds |
| E. Sid Bingley | Michael Feldman | Dynette Rombough | Tim Erskine |
| Valeria Mitchell | Maggie Griffen | Pier Ferguson | |
| Morris Reece | Lisa Wells | Melinda Myers | |
| Keith Stephenson | | Terral Goode | |
| Jay Collins | | Paul Sharpe | |
| | | Gary Samuels | |
| | | Robin Pearce | |
| | | Ranjit Pullarkat | |
| | | Dallas Taylor | |
| | | Jennifer Mantha-Mund | |
| | | Karen Shipman | |
| | | Eddie Ferguson | |
| | | Shelly Arnold | |
| | | Kate Challis | |
| | | Mark Day | |
| | | Frank Yang | |
| | | Jeff Haynes | |
| | | Stephanie Boese | |
| | | Kelly Brown | |
| | | Daniel Munn | |
| | | Chantelle Hayes | |
| | | Heather Davis | |
| | | Catherine Peterson | |
| | | Ann Kuhn | |
| | | Nicole Laurin | |
| | | Sam Bartle | |
| | | Chris Parker | |
| | | Will Wagnon | |
| | | Brian Collier | |

| Members Present: | Members Absent: | Other Attendees: | OEMS Staff: |
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| | | Stefan Leichtle | |

| Topic/Subject | Discussion | Recommendations, Action/Follow-up; Responsible Person |
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| **Call to order:** | Dr. J. Forrest Calland sat in for the chair, Dr. Michel Aboutanos, who was on vacation. Dr. Calland called the meeting to order at 11:01 a.m. He thanked everyone for attending this very important meeting today. | |
| **Introductions:** | Everyone around the room introduced themselves. | |
| **Review and Approval of March 1, 2018 minutes:** | **A motion was made to approve the minutes dated March 1, 2018. The minutes were approved as submitted.**<br><br>**A motion was also made to approve today's agenda. The agenda was approved as submitted.** | **The minutes were approved as submitted.** |
| **Plan Approval Process & Timeline:** | Tim Erskine, Office of EMS, explained that the overall plan calls for change in the composition of the EMS Advisory Board to strengthen the trauma representation. There will also be a reformation of the Trauma System Oversight and Management Committee (TSO&MC). It will be the Trauma Administrative and Governance (TAG) Committee. Other committees will include System Improvement, Injury & Violence Prevention, Prehospital Care, Acute Care, Post-Acute Care, and Emergency Preparedness & Response. The overall composition of these committees will include 14 voting members and a chair that will be appointed by the TAG. Each of these seven committees has a set of goals and objectives to meet. All of the indicators, from the Model Trauma System Planning and Evaluation document, were divided and assigned to the appropriate workgroups. The remaining tasks on those are prioritization and implementation, which will occur later by the established committees.<br><br>Dr. Calland asked if anyone had any additions or modifications to what Tim has stated. Emory Altizer said that he did not have any additions but he had concerns that he would like to mention. He stated that currently there are five Level III trauma centers in Virginia and possibly another one hoping to become a Level III soon. These five trauma centers represent or serve a huge rural population in Virginia. The Level III trauma center is an entry into trauma care. So under the current TSO&MC, Level III trauma centers are guaranteed mandated, if you will, two voting member seats. His concern is on page 10 of the draft which is the Trauma Administrative and Governance Committee. It does not have any guaranteed Level III seats which means we are in danger of losing our voice on the most influential trauma system committee. The Chairs of each of the committees will likely be Level I committee members. We were charged by the American College of Surgeons (ACS) to create an all-inclusive system and if we look at the proposed system right now, the Level III will lose their voice. Emory has spoken with all five trauma centers and they are in unity on the motion.<br><br>**Emory made a motion that the 15 member maximum would become 17 members on the Trauma Administrative and Governance Committee to include 16 voting members and a chair. A bullet point would be added on page 10 that says: Level III Trauma Center Representative (2). The motion was seconded by Keith Stephenson.**<br><br>The discussion on the motion was that none of the committees identify whether they are Level I, II or III representatives. The plan was to be an inclusive system with representation from all facets of EMS care. On | |

page six of the committee structure it states that "the trauma system coordinator will ensure that all committees have equal and fair representation from trauma system stakeholders". There is no language that says Level I, II or III representation. It was suggested by Cam Crittenden to change the wording to "Rural Health Representative (2)" in alignment with the national trending language of NASEMSO (National Association of State EMS Officials). Dr. Calland agreed with that. Emory did not agree with the Rural Health wording. He feels that it should be further defined because rural health could mean someone from a rural health department.

**A motion was made by Dr. Stephenson to amend the previous motion to have a 16 members maximum on the Trauma Administrative and Governance Committee with a bullet point on page 10 stating Rural Health Representative. This motion was not voted on as there was already a motion on the floor.**

Emory Altizer asked, how would we define Rural Health. It is such a broad term which could be an infection control nurse or any number of positions. Dr. Stephenson stated that it is best not to write particulars, you have to trust leadership to make the right decisions.

Dr. Calland reaffirmed what Emory is saying and agrees that Level IIIs play a critical role in the care of many, many patients in our Commonwealth and over wide swaths of geographic area; he would be similarly concerned if he were a Level III representative about the potential loss of a voice. He totally understand that perspective. However, as a Level I representative, it would be unwise and disadvantageous to overly focus on Level I and II representation and lose the voice of the Level IIIs.

Emory stated that he feels a responsibility to the other Level IIIs in the State. They are united on this and he would like to amend his motion.

**Emory's amended motion is to change the bullet point to one Level III Trauma Center Representative instead of two in the bullet points. Dr. Stephenson seconded the motion. All committee members were in favor of the motion. There were no oppositions or abstentions.**

Cam Crittenden stated that as we have discussed over the last two years, your representation on these committees isn't about representing your center, it's about representing your patient population. As we bring in new members, we will have to educate them that we are here to represent the patients that we care about.

Dr. Calland asked if there were any other sticking points that need to be addressed or things that are worrying people before we move on with the Trauma System Plan.

Emory mentioned Page 6 of the Trauma System Plan, under the Committee Structure, the last sentence states "The chair of each committee will submit the name and position of rotating members and the proposed incoming members to the TSC (Trauma System Coordinator) for consideration and approval". When the voting members for TSO&MC were chosen years ago, the Level I, II & III chose the voting members. He would like the members chosen by their compadres in their particular level. He feels the trauma centers should be able to choose their voting members.

**Emory made a motion that for committees requiring trauma center representatives, they should be chosen by correlating trauma center levels meaning the Level I will choose their member(s) and the Level II will**

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| | **choose their member(s), etc. There was no second to the motion and therefore; it dies.**<br><br>Dr. Calland stated he and Dr. Aboutanos discussed their concerns that this Plan is contingent upon the goodwill and good faith of the members of the Advisory Board and the State Board of Health to add these spots. They may not share the enthusiasm that we have for changing the Advisory Board. In addition, there may be required legislative changes which will take time.<br><br>Tim explain the timeline: once approved at this meeting, the Plan goes to the TSO&MC this afternoon for approval. It then will go to the EMS Advisory Board on August 3 for approval. If approved by the EMS Advisory Board, the By-Laws would have to be revised to accommodate the recommended changes. Gary Brown explained that the By-Law changes has been discussed at the Executive Committee level and the Plan is being well received. Gary Critzer, the Executive Committee chair, has met with the Office of EMS to begin a workgroup to revise the By-Laws. In terms of the Advisory Board structure, the Advisory Board itself can establish, delete, eliminate and create as many sub-committees as it wants. In order to accommodate seat representation on the Board, legislative code changes are required. Gary Brown and Gary Critzer met with the Director of Gubernatorial Appointments, week before last at the Secretary of the Commonwealth's Office, and we have laid the concept out and they understand it and agree with it. The By-Law changes can be voted on at the November EMS Advisory Board meeting. Once approved, the By-Laws will go into effect. The By-Laws do not have to be approved by the State Board of Health. | |
| **Public Comment:** | Dr. Frank Yang of Chippenham Hospital stated that he applauds the chair and the committee for the diversity and inclusion of so many people from different walks of life. He would like the chair and the committee to continue the inclusion, diversity and balanced approach through the entirety of the Plan and the next phases of the process.<br><br>Dr. Terral Goode of Winchester Medical Center stated that what Dr. Calland said earlier seemed a little ironic in the face of the conversation we just had. All the work that we all have put in could be all for naught if the goodwill and grace of the Advisory Board or the State Board of Health decide that this wasn't worth the work. In that case, we are also, in our minds, depending on the good judgment, wisdom and good grace of the people who will be in charge of the committees. So we have to collectively look at our hearts. We say that we can't imagine a situation where that kind of thought process would be a wise thing to do; there is a lot of stuff going on now that he would never have thought would be happening. When we are making decisions, the idea that we have to compel a certain amount of inclusiveness, it seems redundant, it seems like we shouldn't need to do that, but Dr. Goode is not convinced that it is not. So moving forward, we all want to make the best decisions for everyone particularly the patient.<br><br>Dr. Sam Bartle of Children's Hospital of Richmond at VCU asked about Page 6 of the Plan and if these are recommendations to change the Board or if they are additions to the Board. Per Dr. Calland, and he stands to be corrected, it does not specify. It can be either a modification or an addition. Lou Ann Miller stated that they wanted these members represented on the Board however they determine is the best way to do it. Tim Erskine stated that the key word here is modification of the EMS Advisory Board as opposed to replacement. | |
| **Final Group Review of Trauma System Plan Document:** | **a. Vote on approval to forward to TSO&MC**<br><br>**A motion was made by Emory Altizer to approve the Commonwealth of Virginia Trauma System Plan and forward it to the Trauma System Oversight & Management Committee today. The** | |

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| | **motion was seconded by Keith Stephenson. All committee members were in favor of the motion. There were no oppositions or abstentions.** | |
| **Adjourn:** | The meeting adjourned at 11: 57 a.m. | |