

Trauma Administrative and Governance Committee Meeting
Virginia Office of EMS
Embassy Suites
2925 Emerywood Parkway
Richmond, VA 23294
February 8, 2019
10:30 a.m.

Members:	Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Heather Davis	Gary Brown
Emory Altizer	Khaled Basiouny	Cam Crittenden
Mark Day	Valeria Mitchell	Wanda Street
K. Scott Hickey	Greg Neiman	Tim Erskine
Margaret Griffen	Brad Taylor	George Lindbeck
Joe Hilbert	Jake O'Shea	Scott Winston
Jeff Haynes	Ann Kuhn	Adam Harrell
Lou Ann Miller	Walter Soto	
Morris Reece	Cathy Peterson	
Karen Shipman	Tracey Jeffers	
Mike Watkins	Pier Ferguson	
Jeff Young	Dallas Taylor	
	Paul Sharpe	
	Kelly Brown	
	Sam Bartle	
	Shelly Arnold	
	Kate Challis	
	Rachel Bailey	
	Kelley Rumsey	
	Tanya Trevilian	
	Sarah Beth Dinwiddie	
	Jill Lucas	
	Dan Freeman	
	Mike Garnett	
	Mark Sikora	
	Sherry Stanley	
	Michael Feldman	
	Valerie Quick	
	R. Jason Ferguson	
	Wayne Perry	
	Chris Parker	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	Dr. Michel Aboutanos called the meeting to order at 10:35 a.m.	
Approval of today's agenda:	Dr. Aboutanos stated that additional reports may or may not be added to this agenda such as: Trauma Program Manager's Report, Citizen's Report, Legislative Report, Financial Report and Office of EMS Report. The draft agenda was approved as submitted with the understanding that additional reports may be added.	The agenda was approved as submitted with the understanding that additional reports may be added.
Introductions:	Everyone around the room introduced themselves.	
Chair's Report:	<p>Trauma Administrative & Governance (TAG) Committee – Dr. Aboutanos Dr. Aboutanos reported that one position is still vacant on the TAG committee and that is the Financial Representative. He will reach out to Kelly Parker of VHHA to find someone to fill the position. He thanked everyone for their participation the past two days and he is happy to see the components of the Trauma System finally come into fruition. This has been a significant amount of work. In the beginning of this process, Dr. Aboutanos had a fear of having silos, but not anymore. Each committee has fair representation. Part of our task is to report important issues back to the EMS Advisory Board and to have deliverables for the EMS system. At the end of this meeting we need to decide whether we need to meet quarterly or more frequently. Most of the other committees would like to meet every six weeks. Since these are inaugural committee meetings, there are no prior minutes.</p> <p>System Improvement Committee (SIC) – Valeria Mitchell (Dr. Safford was unable to attend) The SIC met this morning and discussed the three seats that need to be filled. They have identified sources for filling those positions. They also discussed identifying all the databases that are available and then see which would be most beneficial to the committee. Cam and Tim will work with the committee in helping to identify the databases. They also talked about the validity of the data. Dr. Safford wants the committee to have a copy of the Ohio State Registry Report because he would like to produce a similar report by the end of the year.</p> <p>Injury & Violence Prevention Committee (IVP) – Karen Shipman The IVP Committee met yesterday but did not have a quorum. They are working to fill vacant seats and had a lot of guests who made some great suggestions on filling the vacancies. They would like to meet in six weeks with their voting members so they can definitely make some decisions. They also discussed the importance of collecting data so they will know where to focus their efforts. They will be extending invitations to many organizations throughout the state to be liaisons and to provide input.</p> <p>Prehospital Care Committee (PCC) – Mike Watkins The PCC met yesterday and reviewed the vacant seats on the committee. It was challenging to find a trauma survivor/citizen representative as well as a non-trauma center representative. Brad Taylor is the Vice Chair of the committee. Brad will work on contacting some trauma survivors and will reach out to some critical access hospitals for a non-trauma center representative from a rural area. They also selected their crossover committee members. They had an EMS for Children update and expressed concern over the child restraint law that is currently being processed through the General Assembly. They also discussed how motions and ideas from one committee can potentially be moved to other committees; making sure that those ideas stayed alive through the process.</p>	

	<p>Acute Care Committee (ACC) – Dr. Jeff Young The ACC met yesterday and they chose a vice chair, the crossover members and assigned workgroups for all of the goals of the committee. Dr. Young read over the three committee goals. There was one action item to bring to this committee for discussion and approval. It is a change to CME and to the board certification requirements which mirrors the American College of Physicians made about a year ago. This applies to adult and pediatric trauma centers.</p> <p>A motion was made to accept the Proposal for Physician & ACP Trauma CME Changes document and to eliminate CME Criterion 5.2 from the document.</p> <p>Dr. Haynes also would like to add “or pediatric surgeon” after general surgeon in Criterion 1.1 and also add general “or pediatric” surgeon in 4.1.</p> <p>A motion was made by Dr. Young to accept the Proposal for Physician & ACP Trauma CME Changes document with the following amendments. Eliminate CME Criterion 5.2 from the document and add pediatric surgeon to 1.1 and 4.1. The motion was seconded by Dr. Griffen. All committee members were in favor of the motion. The motion passed.</p> <p>Post-Acute Care Committee (PAC) – Dr. Maggie Griffen The PAC met yesterday and have filled every position except for the crossover for Acute Care. We had almost everyone show up with a lot of enthusiasm. We also filled the vice-chair position. The committee discussed the fact that they have no registry data concerning where the patient ends up or how they do when they leave the hospital. The committee also discussed pulling together lists from all resources on rehabs in the Commonwealth of Virginia. There were some good suggestions about where to get the information needed.</p> <p>Dr. Hilbert suggested working with health districts across the state. They are required to do community health assessments, so a lot of the data gathering may have already been done.</p> <p>Dr. Aboutanos agreed that the outcome of patients is limited. It is our mission to put the injured patient back into society as a functional member as much as possible. We would like more information on what happens to the patient. This is an integral part of the EMS puzzle. He encourages anyone with helpful information to attend these committees. As the committees evolve, the structure may change. He is looking for great things to come from the committees.</p> <p>Emergency Preparedness & Response Committee (EPR) – Mark Day The EPR committee met today at 8 a.m. and had more attendance today than they have had in the last 2½ years. There were presentations given by each of the Coalitions explaining what assets they currently have. They also discussed burn assets and had an ASPR overview. They are definitely going to need to meet every 6 weeks. They discussed their goals, objectives and shared ideas on how to collaborate. They also discussed narrowing down the focus to trauma. Mark feels the meeting went very well. A prehospital crossover is still needed.</p>	
<p>Selection of a Vice-Chair:</p>	<p>Morris Reece was chosen to fill the Vice-Chair position for TAG and he accepted.</p>	
<p>Trauma Program Manager’s Report:</p>	<p>Lou Ann Miller stated that the Trauma Program Managers were going to meet yesterday, but decided not to due to time constraints. They have decided to go back to meeting quarterly on the first Wednesdays of the month. They will be able to address issues that come about in the quarterly trauma meetings by meeting separately and apart from when these meetings</p>	

	<p>are occurring. The first focus on March 6 will be the trauma cloud. They will also start working on the trauma designation manual recommendations.</p>	
<p>Citizen's Report – Susan Watkins:</p>	<p>Susan sent a text to Tim Erskine apologizing for not being able to attend. She is not feeling well. Dr. Aboutanos stated that Susan has been working with he and Cam to develop a true citizen representative group. They will sit on the committees and be a voice for the trauma citizens of Virginia. She would like to develop a website with a list of all trauma citizen representatives. The kind of representative that we are interested in are family members who have experienced trauma; who can give a different perspective of the impact of injury, how it has affected their family, their financial situation, why we need change, why the EMS system is so important, why the hospital trauma center is important, why the rehab is important and how it helped them, etc. Please send names of trauma citizens to Tim Erskine at timothy.erskine@vdh.virginia.gov.</p>	
<p>Financial Report – Dr. Joe Hilbert:</p>	<p>Dr. Hilbert introduced himself by stating that this is his first meeting and he is the Deputy Commissioner for Governmental and Regulatory Affairs at VDH. He is also the agency legislative liaison. Part of his role is to coordinate all of what VDH does during the General Assembly. He has been in this role for 17 years. If he can help the committee think through legislative matters and determine whether they need to go to the legislature, he is happy to help with this process. Dr. Aboutanos stated that Gary will speak more in terms of the trauma fund.</p>	
<p>Office of EMS Report – Gary Brown:</p>	<p>First, Gary Brown congratulated everyone in the room for the culmination of events that occurred following the ACS trauma system visit and study in 2015 and all the hard work that has happened to get to this point. The membership from the seven committees, which includes TAG, were approved yesterday by the Executive Committee even though some of the positions were not filled. From the committee reports today, it seems that many of them have been filled in the meetings that were held yesterday and this morning. The Office of EMS is very active on a national level and Gary stated that he has received inquiries from other states about how we are doing this. They are impressed and it is very significant. You are all to be commended for making this happen.</p> <p>Mr. Brown also mentioned that the EMS State Plan needs to be updated by March 2020. Every standing committee will receive information pertaining to their committees. We look forward to working with you on this process. The EMS Advisory Board Quarterly Report is posted on our website, which has everything that has been done between the quarterly meetings. Information on each of your committees will also be included. When the General Assembly is in session, a weekly legislative grid and report is sent out to track bills related to EMS. If you have any questions on any of the bills, contact Gary.</p> <p>Gary stated that he still does not know the impact that any of the bills will have on the trauma fund. He and Adam Harrell, the Business Manager, will have regular attendance at this meeting. Adam stated that he will work with whoever is chosen to fill the Financial Representative seat to ensure that you have a detailed report each quarter. OEMS actively monitors the current revenue in the trauma fund based upon historic trends to see if there is a decline. It is being monitored on a monthly basis. As of right now, we see no change in the funding trends.</p> <p>The full Advisory Board meeting will be held this afternoon at 1 p.m. and Gary encouraged everyone to stay if possible. Chris Parker stated that he is the Chair of the Advisory Board serving his second term. He has been in the prehospital and now the hospital sector for almost 20 years. He is currently in a master's class with Kelly Brown doing his practicum and process improvement project with the trauma program at Lynchburg General Hospital. He is very happy to be a part of the Advisory Board and glad to see you all here today. He remembers the ACS visit and he thought how it was a turning point for the future of trauma in the state. He is excited.</p>	

	Gary said since this is the first time being integrated with the Advisory Board and we realize that this room is a bit too small, we will be in a larger room for the May and August meetings.	
Public Comment:	None.	
Unfinished Business:	None.	
New Business:	<p>a. Stop the Bleed Presentation – Kate Challis All the trauma centers in central Virginia got together and formed the Central Virginia Stop the Bleed Coalition. They have been to schools throughout Virginia and taught Stop the Bleed. A brief question/answer session was held following the presentation.</p> <p>b. TPM Liaisons to TSCs Dr. Aboutanos stated that every trauma committee will have a trauma program manager on each committee.</p>	
Adjournment:	The meeting adjourned at approximately 11:50 a.m.	The next meeting will be held on May 3 at the Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294

DRAFT