

TRAUMA SYSTEM COMMITTEES
PREHOSPITAL CARE COMMITTEE

Thursday, August 1, 2024

1300

Embassy Suites, Emerywood Pkwy. Henrico, VA 23294

- I. Call to Order – Mike Watkins, Chair
 - A. Approval of today’s agenda
 - B. Approval of minutes from previous meeting
- II. Chair Report
- III. OEMS Report
- IV. Committee Crossover Report
- V. Old Business:
 - A. Data review
- VI. New Business:
 - A. Retire Completed Goals create new goals
 - B. Blood products and trauma data
- VII. Adjourn

*******All Quarterly State EMS Committee Meetings are posted a minimum of 30 days in advance on the Virginia Regulatory Town Hall*******

<https://townhall.virginia.gov/>

Goals and Objectives

Goal 1: Develop & implement a minimum set of statewide trauma treatment protocols for adult, pediatric, and geriatric patients.

Objective ID	Objective
PCC 1.1	Develop statewide minimum required treatment standards for treating injured patients that each EMS agency shall have within their protocols / polices.

Goal 2: Establish minimum statewide destination guideline standards for each step of the state trauma triage criteria for both adult and pediatric populations

Objective ID	Objective
PCC 2.1	Determine if disparities in the application of field triage exist based upon geography or patient type (pediatrics, geriatrics, etc.)
PCC 2.2	Allow regions to adapt the destination guidelines to match trauma system resources but ensure adherence to the statewide minimum standards

Goal 3: Develop resources for ground critical care transport

Objective ID	Objective
PCC 3.1	Define what critical care transport is within the Commonwealth of Virginia

PCC 3.2	Establish state standards for what is required on critical care transport ambulances in terms equipment / staff
PCC 3.3	Change Virginia code to read "Each jurisdiction is tasked to ensure that ground transport for the critically ill and injured patient is available."

Goal 4: Support programs for the recruitment and retention of EMS Providers

Objective ID	Objective
PCC 4.1	Reinforce the existing state & regional committees in place that are currently focusing on EMS recruitment & retention
PCC 4.2	Enhance the educational opportunities within the hospitals for EMS personnel.
PCC 4.3	Competitive salaries for EMS providers across the Commonwealth

Goal 5: Strengthen the language in Virginia Code to update the safe transportation of children in the back of ambulances

Objective ID	Objective
PCC 5.1	Use the NHTSA Best Practice Recommendations for Safe Transportation of Children in Emergency Ground Ambulances (Sept 2012)
PCC 5.2	Allocate funds to assist EMS services in purchasing necessary devices that are age / size specific restraint systems for each ambulance
PCC 5.3	EMS agencies should utilize grant funding opportunities when needing to purchase equipment for the safe transport of children in the back of ambulances.
PCC 5.4	Update the Virginia Code 12VAC-31-860 (48) with the following: 1) Insert: "9g. Pediatric immobilization device (1)." and "9h. Pediatric restraint device (1)." 2) Edit Virginia Code: 12VAC5-31-710 to state, "All occupants in an ambulance need to be appropriately restrained."

Trauma System Plan Task Force Mission, Vision, Values and Code of Conduct

Mission Statement

- To reduce the burden of preventable injury and to deliver the highest quality, evidence-based care for all within the Commonwealth along the continuum of care from the prehospital setting, through definitive acute care and rehabilitation with data analysis, quality improvement and ongoing funding.

Vision Statement

- The Commonwealth of Virginia trauma system will be a high quality, cost effective, accessible statewide system of injury prevention and trauma care for all.

Values

- Effective: Successful in producing the intended results in terms of injury prevention and optimal care to the injured in Virginia.
- Efficiency: The ability to perform a defined task or deliver a specific outcome with a minimum amount of waste, expense or unnecessary effort.
- Timely: Patients should experience no waits or delays in receiving care and service. Critical access facilities should experience no delay in consults or transferring injured patients.
- Safety: Avoiding harm to patients in the process of providing care for the medical condition needing treatment.
- Equitable: All citizens of and visitors to the Commonwealth should have equal access to high quality care.
- Patient Centered/Focused: Care that is respectful of and responsive to individual patient preference, needs and values and ensures that patient values guide all clinical decisions.

Code of Conduct

- Accountability: The obligation of one party to provide justification and be held responsible for their actions/results by another interested party.
- Commitment: Being bound emotionally or intellectually to a course of action.

- Compassion: Sympathetic consciousness of the suffering of the injured patients and concern for their loved ones, together with a desire to alleviate the suffering and its source.
- Collaboration: Health providers from different professions providing comprehensive services by working with people, their families, care providers, and communities to deliver the highest quality of care across settings.
- Honesty: Will not condone or engage in any behavior which would provide false or misleading statements to patients, their families and healthcare organizations related to the care of the patient.
- Transparency: Readily understood, honest and open; not secretive.
- Respectful Communication: Opinions, feelings and attitudes will be expressed honestly and in a way that respects the rights of others.