

**STATE EMS ADVISORY BOARD
TRAUMA SYSTEM COMMITTEES
SYSTEM IMPROVEMENT COMMITTEE**

February 6, 2025

Embassy Suites Hotel, 2925 Emerywood Parkway, Henrico, VA 23294

Agenda

- I. Call to Order – Dr. Kurek, Chair
 - a. Welcome and Introductions
 - b. Approval of today’s agenda
 - c. Recap of previous meeting
- II. Data dictionary workgroup Report
- III. Trauma Registrars Workgroup -Michele Pomphrey
- IV. Review Quarterly Report
- V. Public Comment Period
- VI. Unfinished Business
- VII. New Business
 - a. Advocacy Member
- VIII. 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: To promote and support integrated data systems regarding the 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

Objective ID	Objective
SIC 1.1	Conduct system-wide assessment and inventory of current data systems
SIC 1.2	Contract with expert in data system analysis to analyze current data systems
SIC 1.3	Develop a strategic plan and outline plan for implementation
SIC 1.4	Implement linkage of data

Goal 2: To promote, educate and empower institutions and providers to reduce the burden of preventable deaths and suffering as a result of injury through optimized care, implementation of best practice, development of clinical practice guidelines and engagement of our populace in their trauma system through training, advocacy and understanding.

Objective ID	Objective
SIC 2.1	Create plan for providing risk adjustment mortality reports by institution

SIC 2.2	Conduct an educational gap analysis of institutions, populace and providers regarding the role of the trauma system in the community.
SIC 2.3	Conduct a gap analysis of guidelines and protocols of care of the trauma patient

Goal 3: To build a trauma system that works toward continuous improvement at all levels through periodic external and internal benchmarking, consultation, adoption of best practices and collaboration with local, state, regional and national resources.

Objective ID	Objective
SIC 3.1	Develop a plan for regional benchmarking
SIC 3.2	Develop state level continuous improvement for hospitals
SIC 3.3	Engage medical direction committee council in development of regional benchmarking

Goal 4: To conduct research to attain new insights and innovative solutions to injury-related health problems.

Objective ID	Objective
SIC 4.1	Gather insight from hospital collaboratives to develop regional injury prevention research activities
SIC 3.2	Create structure for determining research goals
SIC 3.3	Develop a strategic plan for research funding

Goal 5. To advise the Virginia Department of Health, Office of Emergency Medical Services on matters relating to maintaining a performance improvement process that supports the trauma center designation process, trauma triage plan, and improves trauma care throughout Virginia (§ 32.1-111.3:B.3).

Objective ID	Objective
SIC 5.1	To develop a performance improvement program for monitoring the quality of care, consistent with other components of the Trauma system plan
SIC 5.2	To develop a performance improvement program for monitoring the quality of care, consistent with other components of the Emergency Medical Services Plan

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 VA. .
- 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.

DRAFT