Post-Acute Care Committee Virginia Office of Emergency Medical Services Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294 August 1, 2019 1:00 p.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Beth Broering	Dr. Margaret Griffen	Tim Erskine	Tanya Trevilian
Lauren Carter-Smith	Renee Garrett		Walter Heemer
Charles Dillard	Emily Jones		Mary Kathryn Alley
James Giebfried	Macon Sizemore		Erin Nowlin
Lisa Katzman	Heather Asthagiri		Stephanie Boese
Anne McDonnell			Michel Aboutanos
Donna Rotondo			Kathy Butler

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
I. Call to order, Welcome & Introductions:	The meeting was called to order at 1 p.m. Everyone around the room introduced themselves. a. Approval of previous meeting minutes – Transcript has been posted on the Virginia Regulatory Town Hall. b. Approval of today's agenda – Approved by consensus	up, responsible i erson
II. Chair Report:	Dr. Griffen was not present. Tim Erskine sat in for Dr. Griffen. A handout was given of the chair report.	
III. Feedback from Committee Member Crossovers:	Before the Crossover Member reports were given. Dr. Aboutanos summarized the Leadership Planning Session that was held in June. He stated that all of the committees should be aligned as to where are we now, where we want to be, the process of getting there and the timeline to get there. He wants each committee to never lose sight of the mission and vision of the Trauma System Plan. Most of the committees are focusing on data so we need to look at what we need the data for, data we currently have, what additional data do we need to get and what is the timeline to get the data. In addition, at the planning session, there was discussion about quality metrics and a 5-year plan. Year one will be a concentration of the data needed. Dr. Aboutanos also explained what is expected years 2 through 5. The first report will be released in December. Each committee will work with the System Improvement Committee on the data. Anne McDonnell stated a good part of the last System Improvement meeting was spent discussing and reviewing the National Quality Forum Criteria. Beth Broering reported that one of the Acute Care discussion topics was centered on the Trauma Designation Manual revisions. They did a crosswalk of the ACS NTDB standards to ensure that they were similar or the same. They also noted the differences. No additional work was done on this and will be revisited today.	

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	Erin Nowlin reported that the Emergency Preparedness and Response Committee worked through providing an understanding of the healthcare coalitions across the State. The committee discussed their capabilities and the resources they provide within their regions. There were no updates from the Injury and Violence Prevention or Prehospital Care committees at this time.	
IV. Comprehensive listing of	The last meeting discussion was to clarify issues surrounding data sources. James Giebfried stated that	
regional rehab and post-	the last meeting discussion was also about getting a list of accredited rehab facilities as well as a	
discharge facility resources:	Medicare listing. It was unclear who was responsible for getting the lists. Tim Erskine asked if inpatient rehab facilities have to be CARF (Commission on Accreditation of Rehabilitation Facilities) accredited. The response from the committee was no. The other thing is to define what an inpatient facility is. The committee continued to discuss inpatient facility matters. As the committee continued their discussions, they came up with a list of possible resources:	
	Brain Injury Association Virginia Department of Licensure VHHA and VHASS Group Homes Tri-Care for military personnel	
	Medicaid for pediatric long-term care facilities and inpatient rehab	
	Virginia All Payer Claims Database (APDC) (VH & VDH)	
	Worker's Comp	
	Veteran's Administration	
V. Finalize desired PAC	It was mentioned that we should not overlook the outpatient data such as ongoing therapy and long-	
information metrics	term/lifelong needs. With consideration for this, it is harder to collect measurable information. Are	
	they doing FIM scores pre and post? This will have to be investigated. The committee discussed	
	diagnosis codes, scene scores and discharge scores. If we have the mechanism of injury, we can get	
	more information.	
	Tim advised that the committee should use FIM scores as a starting point. When first seen by	
4	rehabilitation services, what was their score and what was the score upon discharge. This is where we	
	will get more bang for our buck. So what do we need? Anne stated that the committee should focus on	
	patients that have been in formal inpatient rehab. It may be easier to get information from this group of	
	people. We should aim small, miss small. VCU is getting follow up on brain injury patients. Tim asked	
	about having a TBI presentation of this program. Anne will talk to Macon about this. This may be more pressing than orthopedic rehab per Tim.	
	Stephanie stated we should do a pilot with trauma center and acute rehab that are in the same system. If we can pilot it for 2-3 months, we can figure out what data we truly want. Charles Dillard stated that we	

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	might want to do more than 2-3 months, because trauma is seasonal. Stephanie agreed. The committee	up; Responsible Ferson
	continued to discuss this along with standard of care and various evaluation tools.	
VI. Discussion of development	Being that CHKD is the only Level I pediatric rehab facility in the state, they would be a great place to	
of trauma center standards for	do some of this work also. Charles Dillard stated that they don't use FIM. Tim stated that we don't	
post-acute discharge facilities:	have to limit it to FIM or RANCHO, etc. We can at least say what tool was used, what was the admit	
	score and what was the discharge score. Although you can't make a direct comparison, you can say that	
	they made a certain level of progression based on the scores. Though not an exact science, we could	
	use a 1 to 5 or 1 to 10 scale to show improvement.	
	Anne spoke is a company called QMetis that checks software guidelines several times per day for	
	standard of care compliance. This is being used by North Carolina, Michigan and another state that	
	Anne can't recall. She will find out what the plan is for Virginia.	
VII. Public Comment Period:	Walter Heemer introduced himself and stated that he has been involved with EMS for 30 years and has	
	been a practicing paramedic for the County of Dinwiddie for 13 years. He started an organization called	
	Foundation Trauma in 2017. His goal was to change how people lived once they got home following	
	the trauma. This organization is a 501(c) non-profit, charitable organization with a mission to help	
	those who have been critically injured due to no fault of their own. He offers short-term assistance such	
	as give a ride to an appointment and long-term would be renovating a home to make it handicap	
	accessible. He has been in business two years and have helped four families with financial assistance.	
	His organization has paid bills, provided groceries, and paid for gas back and forth to therapy. He is	
	looking for guidance/assistance, sponsorship or advice. He was told to come here for guidance. His	
	focus is Dinwiddie County, but is not limited to that area. He has helped two families that live in	
	Dinwiddie and two other families in Stony Creek. James Giebfried advised that he could work with the	
	county social services, Kiwanis Clubs, or American Legions. He saluted Mr. Heemer for his efforts.	
	Tim asked Mr. Heemer to see him after the meeting as he may have an interesting connection for him.	
	James Giebfried asked Tim to elaborate on the November meeting that is in conjunction with the	
	Symposium. He is not aware of the process. Tim stated that this is new. This is the first time this will	
	be done. There was a mix up with the date on the agenda and Tim will work it out and send out an	
	email notice.	
VIII. Adjournment	NEXT MEETING: Tuesday, November 5, 2019 at 1 p.m. in Norfolk, VA. More information will be	
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	The meeting adjourned at approximately 2:42 p.m.	
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		Respectfully submitted by:
		Wanda L. Street
		Executive Secretary