

Trauma Administrative and Governance Committee Meeting
Virginia Office of EMS
Embassy Suites
2925 Emerywood Parkway
Richmond, VA 23294
August 2, 2019
10:30 a.m.

Members:	Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Dynette Rombough	Cam Crittenden
Emory Altizer	Paul Sharpe	Wanda Street
K. Scott Hickey	Bryant Thomas	Tim Erskine
Shawn Safford	Dan Freeman	George Lindbeck
Joe Hilbert	Heather Davis	Narad Mishra
Jeff Haynes	Sam Bartle	Jessica Rosner
Kelly Parker	Jake O'Shea	Adam Harrell
Morris Reece	Kelley Rumsey	
Mike Watkins	Tracey Jeffers	
Jeff Young	Matthew Marry	
Jay Collins	Tanya Trevilian	
	Kelly Brown	
	Sherry Stanley	
	Tom Forsberg	
	Michael Feldman	
	Mike Garnett	
	M. Ann Kuhn	
	Dreama Chandler	
	Dallas Taylor	
	Cathy Peterson	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order:	Dr. Michel Aboutanos called the meeting to order at 10:35 a.m.	
a. Approval of May 3, 2019 meeting minutes:	A motion was made to approve the May 3, 2019 meeting minutes.	The minutes were approved as submitted.
b. Approval of today's agenda:	The draft agenda was approved.	The agenda was approved.
II. Chair's Report – Dr. Michel Aboutanos:	<p style="text-align: center;">a. Trauma Administrative & Governance (TAG) Committee – Dr. Aboutanos</p> Dr. Aboutanos stated he will give a brief summary of the Strategic Planning Session that was held and the discussion that that was held at the Executive Committee meeting concerning the Trauma System Plan and the 6 seat members of the Advisory Board. There will also be discussion about the status of the Trauma Fund. Dr. Aboutanos is thrilled with the	

integration of the committees. This is exactly what the task force wanted for Virginia's trauma system. He encouraged the Chairs to work with the cross pollinators and liaisons. At the last meeting, the committee discussed the fear of silos and the planning session helped to align the trauma system committees' focus on the mission and vision. At the planning session, the discussion was about the need to work cohesively on our data needs, what data we currently have, and what additional data is needed and the timeline to get the data. There was also discussion about the quality measures related to the data and the development of a five-year projection plan. The first data report from the System Improvement Committee is expected to be released in December 2019. The report will be a comprehensive report of data concerning all the committees. By years two and three there will be a benchmark report with quality improvement measures and how to use the data. Data is one common theme and they will move forward in that direction.

They also discussed that the committees may need to meet more often than quarterly. TAG will meet every six weeks and SIC will meet monthly.

A motion was made by Dr. Safford for the TAG to meet every six weeks. Dr. Hickey seconded the motion. All committee members were in favor, none opposed.

i. Committee Leadership Changes

Dr. Aboutanos reported that Morris Reece is the new chair for the Emergency Preparedness and Response Committee and Kelly Parker is now the VHHA Representative for this committee since Morris is no longer at VHHA.

System Improvement Committee (SIC) – Dr. Shawn Safford

The SIC met this morning and did not have a quorum so no official business occurred. There was discussion about holding a monthly meeting and also discussion about creating a repository of databases. Dr. Safford encouraged the committees to provide information on all accessible databases across the state. They will meet in September to review the databases that they have and categorize them according to the type of care. A presentation was given by EMS who showed the difficulties of data entry. It was eye opening. Finally, the two epidemiologists of the Office of EMS gave a presentation of prehospital to hospital data capabilities.

Injury & Violence Prevention Committee (IVP) – Karen Shipman

Karen reported that they met yesterday and still have a few vacancies but did have a quorum. The committee reviewed their goals and objectives and the first one was to use established databases to get Injury & Violence data. They decided to use trauma registries to get injuries from. They will also use VDH's Death Report that captures non-transported patients. They also discussed how to identify high-risk populations. VDH has several questionnaires that go out to the public in high-risk areas. The questions that were asked at the meeting were: What do we have? What do we want? Where are we going to get it? They also decided that they want to get information on ED discharge patients and they have some ideas on how to get this information and will move forward on that.

Prehospital Care Committee (PCC) – Mike Watkins

The PCC met yesterday and had a quorum. Information was presented from the strategic planning meeting to the committee members. They also had an EMS for Children update. One of their goals was to strengthen the language for safe transportation for children in the back of ambulances. They are working to avoid duplication of efforts in this area. There were some vacant committee seat concerns; the Law Enforcement Representative was filled by a Detective from Blacksburg and the Non-Trauma position was filled by Al Thompson. They identified some key items for data collection

	<p>to include pediatric weight tracking and age. They also would like to collect data on elderly trauma alerts for patients over 65 and for TBI patients.</p> <p>Acute Care Committee (ACC) – Dr. Jeff Young The ACC met yesterday and had a quorum. They spent the majority of the meeting discussing what data would help them fulfill the goal of improving hospital care and creating an inclusive trauma system. They decided to gather as much information as possible about the care of injured patients at non-designated hospitals to try to evaluate the process. They discussed which hospitals would be optimal, to rely on some best practices and figure out where in the state we have trouble spots for transfers. The next objective is to look at the criteria for trauma center designation and the site visit process. A small group is looking at cross walking the Academy College of Surgeons and the Virginia criteria. At the next meeting they will get their recommendations on what changes should be made to the Virginia designation manual. They will also get recommendations on how to streamline the two visits.</p> <p>Post-Acute Care Committee (PAC) – Tim Erskine Dr. Griffen was not present so Tim chaired the meeting and gave the report. The committee met yesterday and discussed potential data sources, particularly a list of rehabilitation facilities in the state. The Brain Injury Association does have a significant catalog of these resources which is updated every two years. It was suggested that the committee look at home care organizations that provide in-home physical therapy. The committee discussed what data they might want to collect and recognizing that there is no uniform, universal measurement for rehab progress. Some use FIM, OASIS (Outcome and Assessment Information Set) or WeeFIM. There are many options and the committee would have to look at all of them before they start collecting data. The committee will narrow their focus and start with inpatient rehabilitation facilities.</p> <p>Emergency Preparedness & Response Committee (EPR) – Morris Reece The EPR committee met this morning and did have a quorum. Morris read the three goals of the committee and committee discussion centered on goals 1 and 3. The committee looked at the incorporation of the various disaster plans in the Commonwealth. The majority of the discussion was focused on how we can leverage the capabilities and the resources provided by the hospital preparedness through ASPR. Two of the things that ASPR has encouraged the coalitions to do is look at burns and pediatrics. They will look at burns and pediatric needs based on referral patterns. Morris continues to be impressed with the wisdom of cross pollination of the committees. The common factor heard is to look at data. The committee has identified a number of data resources.</p>	
<p>III. Trauma Fund Update – Tim Erskine/Adam Harrell:</p>	<p>Tim reported that a survey has been created that will be sent to each trauma program manager. The survey only has two questions. The first question is the level of your trauma facility. The second question asks what are the possible actions your facility make take if no more funding will be distributed? There are multiple answers to choose from. More than one selection may be made. The survey answers will be included in the Trauma Fund Report. The committee discussed the inclusion of what the trauma fund has contributed to at the facilities; expansion of resources, staffing, PI, etc.</p> <p>Mr. Hilbert questioned whether or not Julie Dime has presented a plan as stated in the last meeting minutes. He stated that the key thing here is that OEMS needs a revenue source. It is also advised to think about changes to the program. What are alternative funding sources? A plan should be created to elevate this.</p> <p>Kelly Parker stated that VHHA has reached out verbally and in writing to the Governor’s office and they have given a verbal commitment that they would correct the zeroed out trauma fund numbers, but nothing has been received in writing. The long-term fix is, where do we look for this funding from? Is the methodology for why we needed this funding in the first place and where it came from still applicable today? That is where this committee helps to frame some of that. She</p>	

	<p>also asked if the methodology from the JLARC study of 2004 changed. This can help form a plan that we want to put forward.</p> <p>Dr. Young suggested that there should be a local, regional and Commonwealth response to this. Dr. Jeff Haynes wonders if there would be an advantage to have each hospital CEO get involved. He also stated that awareness should be made that this is a huge public health issue that greatly affects services.</p> <p>Adam stated that there is uncertainty with how the caboose bill will be implemented by the Governor. As of right now, there is \$1.2 million in the trauma fund. \$1.8 million has to go the General Fund each year. A payment is expected for June, but for July there won't be a payment due to the changes in the laws.</p> <p>Dr. Aboutanos is looking forward to everyone working on this. It is vital.</p>	
IV. Legislative Report – Joe Hilbert:	<p>a. Update on General Assembly as it relates to trauma systems No update at this time.</p>	
V. Trauma Program Manager’s Report – Lou Ann Miller:	No report. Lou Ann was not present. The Trauma Program Managers have not met since the last meeting.	
VI. VA ACS-COT Report:	<p>Dr. Aboutanos is one of the Vice Chairs of the COT. He reported that the COT has been focusing on the Stop the Bleed Campaign in reaching out to the various regions. They are also still working on the Resident Competition which is an ongoing effort. The final and most important is the VA Beach shooting and becoming engaged as an advocacy for gun control on a national level. This is also an ongoing effort. It was also brought to Dr. Aboutanos’ attention that ATLS is not reaching the rural areas and a collaboration was made with 6 international rural courses to rectify this issue. It is called the Rural Trauma Team Development Course (RTTDC). More information can be found here: https://www.facs.org/quality-programs/trauma/education/rttdc/faq.</p>	
VII. Office of EMS Report – Gary Brown:	<p>Gary stated that the Office of EMS produces a quarterly report for the Advisory Board and updates for all the division of the office can be found in the report on our website. The 40th Annual EMS Symposium will be held in November in Norfolk. It will be a great event and is the largest EMS conference in the country. We will have over 400 classes over a four and a half day period. The symposium will have some big speakers this year.</p> <p>Cam announced that Narad Mishra, an epidemiologist, was interviewed and hired by the Office of EMS.</p>	
VIII. Public Comment:	Jake O’Shea from HCA thanked everyone for their work that has gone into this. He is looking for guidance around how open notice is given around some of the meetings. Dr. Aboutanos explained the meeting system matrix to Mr. O’Shea.	
IX. Unfinished Business:	<p>a. TSC Chairs Planning Session – The Planning Session was held in June and was discussed under the chair report.</p>	
X. New Business:		
XI. Adjournment:	The meeting adjourned at approximately 12:00 noon.	The next meeting will be held in six weeks. More information to be announced.