

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order:	Chair Watkins calls meeting to order at 1300. Introductions are made.	None. Informational.
II. TAG Report	Chair Watkins informs the committee the OEMS is still determining the upcoming trauma fund disbursements. The General Assembly is working to set a House amendment to increase the budget by 10 million. There's a push to expand the hospital data exchange (HDE).	None. Informational.
III. OEMS report	Ms. Camper informs the committee that they are working with ESO to assist with the software transition.	None. Informational.
IV. Committee Crossover Report	Ms. Hobbs informs the committee of the recent IVP workgroup meeting. One of the goals of the Injury and Violence Prevention committee is to create a statewide injury and violence prevention reduction initiative. The committee had its first meeting earlier this week and is planning subsequent meetings before the August committee meetings. Dr. Kurek, the Medical Director of Chippenham and chair of the Systems Improvement Committee, asked the Prehospital committee to assess the use of TXA as a prehospital initiative. The Performance Improvement coordinators at the regional level (?EMS or Trauma?) will have virtual monthly meetings and have already extended invites to Chair Watkins, Ms. Carter and Dr. Kurek. Mr. Watkins updates the committee that the ERP committee has voted Ms. Rumsey as chair and Dr. Varga as vice chair. Ed Brazel was to represent the Emergency Preparedness Committee, but he retired in December and there needs to be a new person for the position.	ERP is taking nominations for Ed Brazel's vacancy.
V. Vacant Committee Seats	There is a need for a Level III and EMS agency representative on the committee. Mr. Watkins acknowledges that there has been interest from Lewis Gale Hospital-Montgomery. Zac Chrisley from Montgomery confirms. Dr. Yee motioned for Zach to fill the Level III position and 2 undocumented meeting attendees seconded. A meeting attendee nominates Brian Frankel, Stafford County Fire and Rescue, for the EMS position. He was unable to attend this meeting, but it is acknowledged, and the committee will be reaching out to him. the	Zac Chrisley is voted Level III representative. Brian Frankel is nominated for the ground EMS representative.
VI. Trauma Triage Criteria	The National guideline from the ACS Committee on Trauma went to the Medical Direction Committee. It has been vetted with recommendations for some slight revisions. The MDC committee approved it and recommended advancing it to the TAG and ultimately GAB. There is a motion from Dr. Yee to amend the format of the document so that the trauma criteria is on one side and the burn criteria is broken out separately and colored in orange. Meeting attendee seconds OEMS acknowledges and will make edits.	Triage Criteria verbiage is voted through. Edits to be made to formatting.
VII. TXA	Chair Watkins informs the committee of Dr. Kurek's request to review pre-hospital TXA policies. It is briefed regionally Rappahannock and Western Virginia EMS are using it. ODEMSA reports not having used it. According to Dr. Yee, he has yet to see literature out that supports that TXA is pro-thrombotic and suggests that having thromboelastography (TEG) in the field would be the answer. Discussion turned to regions utilizing whole blood. Virginia Beach and Chesapeake EMS have been utilizing whole blood and have seen positive outcomes. Stafford is part of the Inova Blood Donor Services Program, which rotates their whole blood every 14 days.	None. Informational.
VIII. Data Dashboard Presentation	Chair Watkins asks Ms. Rosner to present the new OEMS trauma data dashboard. It is interactive with drop downs enabling the user to customize their data search. She demonstrated the navigation tools and functions of the platform on a white screen. She opened the presentation up to questions. Mr. Watkins inquires about a way to track patients who went to Level 3 trauma centers or non-trauma hospitals that ended up at a trauma center. Ms. Rosner stated that they are only able to match 10% of patients to find their outcomes. This is an ongoing issue that has been discussed at other committees. Some potential ways patients could be matched to their outcomes include using HDE or UUID. Chair Watkins suggested associating the reported cause of injury with patient ages, especially in the case of falls. Ms. Rosner pointed out that the	None. Informational.

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	dashboard has the feature that allows you to narrow down to specific categories. The data needs to be more specific regarding body region. She also adds to count towards vital signs, every patient's GCS score should be assessed and documented. The new dashboard is approved and will be posted soon.	
IX. Adjournment	Chair Watkins thanks everyone. Meeting adjourned at 1:58 pm.	None. Informational.
		Respectfully submitted by Ashley Camper and Mindy Carter