

**Trauma System Oversight & Management Committee**  
**Virginia Office of EMS**  
**The Perimeter Center**  
**9960 Mayland Drive, Suite 201**  
**Henrico, VA 23233**  
**March 3, 2016**  
**1:30 p.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Other Attendees:</b>	<b>OEMS Staff:</b>
Michel Aboutanos, Chair	Shawn Safford	Anne Mills	Robin Pearce
J. Forrest Calland	Keith Stephenson	Valeria Mitchell	Wanda Street
Lou Ann Miller		Mitchell Farber	George Lindbeck
Maggie Griffen		Heather Davis	David Edwards
Sid Bingley		John Hyslop	Gary Brown
Emory Altizer		Allen Williamson	Scott Winston
Michael Feldman		Beth Broering	
Scott Hickey		Pier Ferguson	
T. J. Novosel		Kelley Rumsey	
Andi Wright		Sherry Mosteller Stanley	
Melissa Hall		Terrell Goode	
		Amy Gulick	
		April Brown	
		Melinda Myers	
		Amanda Turner	
		Tracey Lee	
		Kathy Butler	
		Lisa Wells	
		Tiffany Lord	
		Morris Reece	
		J. T. Ryan	
		Dallas Taylor	
		Gary Critzer	
		Patricia Goodall	
		Christine Baggini	
		Donna Cantrell	
		Mark Day	

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Call to order:</b>	The meeting was called to order by Dr. Aboutanos at 1:30 p.m.	

<b>Approval of the Agenda:</b>	<b>A motion was made by Forrest Calland to review and approve the agenda. The motion was seconded by Dr. Griffen. The agenda was approved as submitted.</b>	<b>The agenda was approved as submitted.</b>
<b>Approval of minutes dated December 3, 2015:</b>	<b>A motion was made by Dr. Novosel to approve the minutes dated December 3, 2015. The motion was seconded by Dr. Hickey. All committee members were in favor. None opposed. The meeting minutes were approved as submitted.</b>	<b>The December minutes were approved as submitted.</b>
<b>Chair Report:</b>	Dr. Aboutanos stated that it is important to look at the structure of this committee to ensure it has all of the members that need to be involved. Dr. Griffen stated that in a previous discussion, it was decided to delay adding members until the Trauma System Plan was completed. Dr. Calland stated that eventually we will be adding a rehab specialist on the committee and he is in favor of adding that person sooner, rather than later. The committee also discussed the vacant citizen representative position. Concerning the names that were submitted previously, one had some medical background and the other became employed at the trauma center. Dr. Aboutanos asked everyone to submit names to Wanda at <a href="mailto:wanda.street@vdh.virginia.gov">wanda.street@vdh.virginia.gov</a> for review by the committee. The possible members who are currently not on the committee are rehab specialist, injury prevention, EMS provider from air & fire.	<b>The committee should submit citizen rep names to Wanda Street.</b>
<b>Trauma Performance Improvement Committee Update – Dr. Calland:</b>	<p><b>A. Vote on proposed membership changes to TPIC committee</b></p> <p>The PI committee met this morning from 8 a.m. to 9 a.m. They have one action item which is the proposed membership of 13 members plus the chair to include 6 members from Level I – III trauma centers (1 medical director and 1 program manager from each), 1 Medical Direction Committee chair, 1 EMS Regional Council Rep, 1 Burn Rep, 1 Pediatric Rep, 1 Non-trauma Center Rep, 1 Citizen Rep, 1 Rehab Rep and Chair.</p> <p>The citizen rep could serve on both the TSO&amp;MC &amp; the TPIC.</p> <p><b>A motion was made by Dr. Calland to accept the PI committee membership as submitted. The motion was seconded by Dr. Griffen. All committee members were in favor of the motion.</b></p> <p>Dr. Calland reported that the committee is about six months behind on the annual report that was due to the commissioner. They also had a visitor to attend the meeting, Brianna Truelove, along with Dwight Crews of OEMS, who helped them understand the limitations in accessing the data. The plan is to have the data by the next quarterly meeting. They hope to have a final draft of the report in June. ImageTrend will be coming to the Office of EMS on March 13 and 14 to work on some trauma registry and VPHIB related issues. Dr. Calland is excited about getting some feedback on the linkage of the two databases. There is still a huge issue with missing data and their sources. Is this due to a lack of understanding or are we asking too much of our providers? The committee also plans to send a copy of the VPHIB report annually to the Regional Councils about the performance of individual agencies and about the frequency of missing data. This will begin in June and hopefully the reports can be distributed in the Fall.</p> <p>I was asked if there will be time for the trauma centers to meet with ImageTrend while they are here. Gary stated that the meetings have a full agenda and explained that they will be coming for IT related issues. He will check to see if time can be allotted, but will make no promises.</p>	
<b>Trauma Nurse Coordinators Report – Andi Wright:</b>	Andi reported that for the first half of the meeting, the Trauma Nurse Coordinators met jointly with the Trauma Registrars on yesterday and then they separated for their own meetings. They found this to be very valuable. They will continue to meet this way quarterly. They discussed the minimum audit filters and ICD-10 and how they validate the registries and how reliable their methods are. They also discussed using TQIP for the PI process and beta testing for TQIP. There is an ACS recommendation for the trauma program managers and registrars to be formalized as a group.	

	They are in the exploration phase of this. One of the focus questions was about putting trauma criteria into code.	
<b>Trauma Center Updates:</b>	<p><b>Updates will now be submitted electronically to be inserted into the minutes.</b></p> <p>Heather Davis, Chippenham Hospital:</p> <ul style="list-style-type: none"> <li>• State Level II Verification in January 2016</li> <li>• Trauma department fully staffed (TMD, TPD, PI manager, Education and IP Coordinator, EMS Coordinator, CME Coordinator, 2 Registrars)</li> <li>• ICD-10 starting on 1/1/16 patients</li> </ul> <p>No other updates were received.</p>	<b>ATTN: TPMs - Please submit your trauma center updates by email to be inserted here.</b>
<b>Injury &amp; Violence Prevention Sub-committee – Melissa Hall:</b>	Melissa Hall reported that this sub-committee was to be taken off of the TSO&M agenda and added to the Task Force. There are plans to re-establish the injury prevention network through the Injury Prevention and Violence Program of the Office of Family Services of VDH. Do we send someone from trauma? What do we want to do with this? Dr. Aboutanos explained that our focus should be the Task Force and invite some of them to join us and provide input in this process. Melissa Hall said that their major focus is to work on the injury prevention plan to be integrated into the Trauma System Plan.	
<b>Trauma System Plan Task Force Update – Dr. Aboutanos/Dr. Ryan:</b>	Dr. Ryan reported that each of the six workgroups met this morning – Administrative, Pre-hospital, Injury Prevention, Rehabilitation, Acute Definitive Care, and Data/Education/Research/System Evaluation. Then the Trauma System Plan Task Force met. Each of the workgroup chairs reported on their accomplishments thus far. The Task Force will meet quarterly before this committee meets and the workgroups will meet a minimum of once a month. Each workgroup will supply meeting agendas to announce their meetings at least 10 days in advance to Wanda Street so that the meetings can be posted on the Virginia Regulatory Town Hall.	
<b>VA COT Committee Update:</b>	The VA COT discussed the current state of trauma care in the state of Virginia. We continue to have areas in our State that are under served, most notably in the area around Danville and the southwestern parts of Virginia. We are mindful of the work to be done by the Task Force and hopeful that this will speak to the need to provide access to trauma care in these regions. We recognize the fact that critical care ground transport could go a long way to making trauma care available for local agencies that are unable to have a three hour turnaround time to get their patients to a trauma center. The last discussion was concerning a needs assessment for the verification/designation of new trauma centers. According to the trauma system site survey by the American College of Surgeons, there is conflicting data about exactly how to implement this and what the results would be if implemented.	
<b>Medical Direction Committee Update – Dr. Marilyn McLeod:</b>	Dr. McLeod reported that the Medical Direction Committee discussed the weakness in the scope of practice. Virginia lags behind in this area. At every meeting they will include the scope of practice and include new things that are being done in the ER. They also talked about ImageTrend and the delays in getting reports or not getting reports. She also stated that Dr. Allen Yee is chairing a committee about Community Paramedicine. She feels that this will go a long way in helping post trauma patients.	
<b>Trauma Registrar Update:</b>	Update included in Trauma Nurse Update.	
<b>OEMS Update – Robin Pearce:</b>	The Office of EMS has been very busy. Paul Sharpe resigned in January and has moved on to Henrico Doctors Hospital. Robin reported that her last day with the office is tomorrow. An offer has been extended to an individual to replace Paul. A second statistician is coming aboard also in the next few weeks. This position will be a huge asset to OEMS. We are working hard to evaluate the transition from Version 2 to Version 3 with the EMS providers to identify the stumbling blocks of moving this forward.	

	<p>Robin reported that there are three, possibly five new centers applying to be trauma centers this year. Setting up site visits has been very challenging among the people that are currently site reviewers. Several months ago, we talked about the process to bring on new reviewers to be oriented. Five persons have submitted a resume or Curriculum Vitae (CV) and have expressed interest in becoming reviewers. Please review them and let me know if you approve of these individuals by email before 5 p.m. tomorrow. Upon approval, they will be oriented and must go on one site visit as an observer. If anyone else is interested in becoming site reviewers, please submit resume or CV to Gary Brown and Wanda Street to be forwarded to Dr. Aboutanos.</p> <p>Andi posed the question about the upcoming site review designations and who will perform them if Robin's position is not filled. Gary Brown stated that this is a great question and is of concern to the office. The site review designations may have to be postponed if he does not feel that the Office is able to perform them. It would not be fair to the facility or the Department of Health, if the Office is not prepared.</p> <p>Dr. Aboutanos thanked Robin for all the work she has done for the Office of EMS during her short tenure. Everyone applauded.</p>	
<p><b>New Business:</b></p>	<p><b>A. Transfers of Pediatric patients to non-trauma designated pediatric hospitals – Dr. Novosel, Valeria Mitchell, Mark Day, Lou Ann Miller</b></p> <p>Dr. Novosel explained that the Norfolk/Hampton Roads area is a very unique system. It has the only freestanding pediatric hospital in the Commonwealth which is a completely different facility than Norfolk General, a Level I trauma center. We have had ongoing issues with this for a few years but it is increasing. Children's Hospital of the King's Daughters (CHKD) is not currently a designated trauma center, but is planning to become a trauma center. The mechanics of taking care of pediatric patients at Norfolk General is very limited. The old system was to transfer pediatrics from Norfolk to CHKD. The plan is to avoid having the pediatric patients come to Norfolk General. EMS is concerned that they are transferring trauma patients from a Level II or Level III to a non-designated trauma center, CHKD. Norfolk's argument is that it is not right to send the patient to them, who are a Level I trauma center, and they immediately transfer them to CHKD within 5 to 10 minutes. They are proposing that patients who are evaluated and stabilized at a Level II or Level III hospital be directly taken to CHKD and skipping over Norfolk General. This pertains to patients 14 and under. Norfolk General will take all patients 15 and over. This will avoid a delay in care. Dr. Novosel wants pediatric trauma patients who have been evaluated and stabilized at a Level II or Level III, be directly transferred to the children's specialty hospital in the region, which is CHKD. Is there any regulatory language that currently prohibits the transfer of a patient from a Level II or III to a non-trauma center? There may not be. Can this committee recommend this change? Robin pointed out that the trauma triage guidelines states "transfer patient as appropriate". When looking at the trauma triage guidelines for patients that meet Step 3 or 4 criteria can be taken anywhere. Step 1 &amp; 2 patients should go to a Level I or II center. Per Robin, the Office of EMS is not enforcing any of this, but it is something to think about.</p> <p><b>After much discussion, a motion was made to table this issue until further information is reviewed. The motion was moved by Dr. Calland and seconded by Dr. Hickey.</b> This item will be added to the next meeting agenda.</p> <p><b>B. Request for additional required reportable diagnosis code to the VSTR – Shaken baby T74.4 – Ms. Goodall, Ms. Cantrell, Ms. Baggini</b></p> <p>Ms. Goodall stated that in regards to a citizen rep, she works for the Department of Aging &amp; Rehabilitative Services (DARS), Director of Brain Injury Services and could recommend a citizen to us if we send a letter.</p>	

	<p>DARS was designated in the early 80's as the lead agency to coordinate services for people with brain injuries. They were interested in establishing a registry and did so in-house for many years. About 2008, there was a law introduced eliminating DARS' registry and directing VDH to allow them to access the Virginia Statewide Trauma Registry (VSTR) data on brain trauma injuries. They have worked with OEMS for many years but feel they are missing the incidents of pediatric shaken infant baby syndrome. They want to request that this is added as a reportable data item. Is this an ICD-10 diagnosis code? There is probably a range of codes. The reason they want access to the codes, is because they do outreach to individuals and families who sustain and acquire brain injuries. Is shaken baby syndrome a clinical diagnosis or found during autopsy? It is coded based on medical examination. Is the CDC recommendation for morbidity or mortality? There are many questions to be answered.</p> <p><b>After discussing this, Kathy and Andi made a motion to table this discussion until further review of the codes and talk to the registrars. The motion was seconded by Lou Ann Miller.</b> This item will be added to the next meeting agenda.</p>	
<b>Public Comment:</b>	None.	
<b>Adjournment:</b>	The meeting adjourned at approximately 3:12 p.m.	<b>2016 TSO &amp; MC Meeting Schedule:</b> June 2 September 1, December 1

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