Trauma System Administrative Workgroup
The Perimeter Center
9960 Mayland Drive
Glen Allen, VA
March 3, 2016
8:00 – 10:00

Members Present:	Members Absent:	Other Attendees:	OEMS Staff:
Lou Ann Miller, Co- Chair		Maggie Griffen	
Emory Altizer		Keith Stephenson	
Morris Reece		Len Weireiter	
Tom Ryan		Mark Lawrence	
Paul Sharpe		Drexdal Pratt	
Anne Mills			
Andi Wright Co-Chair			
Mike Aboutanos			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Andi Wright at 9:02 am.	
Welcome and	Andi welcomed the group and thanked them for their willingness to participate in addressing the ACS recommendations	NA

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Introductions	that fall under the responsibility of the Administrative subcommittee. Each member introduced themselves. There was discussion and agreement that content experts or ad hoc members may be sought as specific topics come up for discussion. Andi stated that the committee had a huge task with the responsibility to address recommendations related to Leadership, Legislation, System and Policy Development and Finance. The committee agreed to utilize the HRSA model and planning guide for reference. Andi stated that after reviewing system plans for several other states such as California, Ohio and New Jersey, there is information available that could be helpful and applicable to the Commonwealth. She added that there are several areas of the group's responsibilities that may overlap and integrate with others, such as prehospital. Dr. Aboutanos suggested using a Google shared folder to distribute information in compliance with FOIA. Dialogs and Blogs are to be avoided.	Andi and Anne will work to establish a Google Folder.
Priority Recommendation from ACS: development of a vision for the future progress of the Virginia trauma system. **Mission and Vision Statements** **Values**	The group reviewed both the Mission and Vision statements that were created by the task force on February 11, 2016. Paul Sharpe proposed adding language stating "reduce the burden of preventable incidents, mortality and morbidity" to the statements. Discussion surrounded that the intent is included or implied and a suggestion was made that this be presented at the TSOMC meeting for further discussion. There was much discussion about creating and adopting Values and developing a Code of Conduct. The group agreed to move forward with creating the Code of Conduct to include: **Values** Dr. Ryan suggested using the Institute of Medicine's values: Safety Equitable Effective Timely Patient Centered Efficient Dr. Ryan suggested all subcommittees encompass the mission and values and open each meeting with these. **Code of Conduct** Transparency Compassion Honesty Respectful Communication Collaboration Accountability Patient Centered/Driven/Focused Efficient Commitment (to a competent workforce and the public). Discussion about both Values and Code of Conduct resulted in adopting the IOM values, however a Code of Conduct was not agreed on. The group considered using Roberts Rules of Order.	Andi presented this information at the TSOMC meeting later in the day. Obtain group consensus about a Code of Conduct at next meeting.
ACS Recommendation –	ACS recommendations suggested converting the2015 scores to median responses and compare them to the 2005 scores.	Group to further discuss

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Utilize the 2015 BIS results as a foundation for evaluating our current system.	Robin Pearce converted the scores but was unable to find the 2005 BIS data. Paul Sharpe stated he had this information and would send it to Andi Wright. The 2015 scores are based on 33 responses.	BIS results.
ACS recommendation addressing System Leadership, TSOMC committee structure and Lead Agency **'Revise the Office of Emergency Medical Services' (OEMS) organization structure to elevate the state trauma program and to provide greater support to trauma system development'.**	The VDH OEMS is the designated as the trauma system lead agency by the BOH through administrative rule The Trauma System Oversight and Management Committee (TSOMC) is an advisory board comprised of members who are mostly representatives of trauma centers TSOMC reports to the EMS Advisory Board and the Chair of the TSOMC is a member of the EMS Advisory Board. All members are appointed by the Governor. There are 27 members and one Chair. The EMS Advisory Board makes recommendations to the Commissioner who then may choose to them to the Board of Health (BOH). Much discussion about gaining a seat on the BOH and what measures would be involved in changing the current reporting structure. What is most important – a voice, influence, seat or vote? Currently, there is an EMS representative on the BOH and a request for a representative from Trauma may be seen as already being filled by this individual. It would require legislative support. Group discussion about the role of trauma systems policy development. All agreed that the HRSA model is the best practice template. Determination of the breadth of the role of this committee is not clear at this point. The Code of Virginia 32.1.111.3 EMS system states that the Department of Health designates the trauma system. Ann Mills proposed there be an organizational chart to reveal hierarchy and councils as well as reporting processes. TSOMC - one ACS recommendation is to *consider re-evaluation of membership with the intent to broaden stakeholder involvement.* 'There is a concern for lack of representation from the entire continuum of the trauma system and professional organizations.' .	More research into existing structure as well as the professional relationship between agencies is needed.
Future Meetings	The group agreed to meet monthly. The next meeting is scheduled for April 6th at the VHHA office building	Andi will email minutes and further details.
Set Timelines and Deliverables:	None.	
Other:	None.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at 10:02am	

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