

Trauma System Improvement Committee Meeting Minutes

Embassy Suites by Hilton Richmond
2925 Emerywood Pkwy, Richmond, Va 23294
01 August 2024

Members Present

Stanley Kurek, DO, FACS,
Chair
Jessica Brady, DAT,
Research
Michelle Pomphrey, RN,
Registrar
Mike Watkins, Vice
Chair/PHC
Steve Varga, Emergency
Response
Jessica Rosner, Epi
Alistair Capewell, PI
Coordinator

Members Absent

Dr. Jeff Haynes
Anna Newcomb
Tracey Taylor
Anne McDonnell
Rahil Dharja
Dr. Steven Varga

Staff

Daisy Banta
Ashley

Guests

Paula Ferada
Cassie Herman
Tiffany Lord
Nicole Laurin
Amanda Cash
Abigail Hamilton
Pier Ferguson
Wendy Clement
Valerie Vagts
Gina Wuertzer
Connie Custola
Dr. James Gebfried
Whitney Piere
Sid Bingley
Kellie Lavine
Courtney Caton
SarahBeth Dinwiddie
Autumn Davy
Melinda Myers
Valerie Quick
Erin Jones
Afton Jamerson
Michael FaJohn
Amy Stewart
Caroline Barnes
Tanya Trevilian

Members Present

Members Absent

Staff

Guests

Corey Wright
James Reynolds

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome – Call to Order	1002 – Quorum	Kurek
II. Introductions	Roll call completed	Kurek
III. Approval of Agenda	Approved and seconded	
IV. Approval of the Minutes	Approved and seconded. Mike W reviewed last quarter’s meeting. No issues raised.	Mike Watkins
V. Reports from Committee Members	Data dictionary workgroup did not report out.	Data Dictionary Workgroup –

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VI. Discussion Items	EMS Trauma Dashboard, Q1 24 (1/19-3/24) <ul style="list-style-type: none"> • Change from EMS location to incident location to take effect when everyone is on 3-5 • Data quality indicators show marked improvement since inception of dashboard, 97% recording all three vitals • Duke shown as “non-trauma”, won’t likely affect report, but will be addressed • Gina, questioned if “external injures” (body region breakdown) are being included in dash board <ul style="list-style-type: none"> ○ Allaistar, Michelle, Daisy, and Jess – Clarified that registry and pre-hospital “coding” don’t match up exactly ○ Daisy clarified that superficial injuries are excluded from the dash/zero codes are excluded 	Quarterly Report Review – Daisy B & Jessica R
VII. New Business	Trauma Registrar Counsel - MP <ul style="list-style-type: none"> • Meeting for 3-4 months • Reviewed data dictionary • Requests workgroup formal to report to TSIC, Seconded Paula Ferada – Approved, No Nays • No need to have OEMS representative in workgroup unless requested 	Trauma Registrars Workgroup – Michele Pomphrey
VIII. Public Comment	Mike Watkins – Requests update on OEMS changes and recognizes the work from Ashley, Jess, and Daisy <ul style="list-style-type: none"> • Ashley - Any changes at workgroup level requested have been requested above OEMS • Paula – Congratulates Ashley for coming onboard • Valarie Q – Echoes concern with changes and lack of OEMS attendance and transparency <ul style="list-style-type: none"> ○ Paula – Expressed short staffed and importance of communication 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> Ashley – Ping OEMS/chair to ensure requested staff are present. Most staff wearing “a few hats” 	
IX. Dates for future Meetings		
X. Adjourn	1102 - Adjourn	

Respectfully submitted by: Jessica L Brady, DAT, MEd, ATC
Committee Secretary

**STATE EMS ADVISORY BOARD
TRAUMA SYSTEM COMMITTEES
SYSTEM IMPROVEMENT COMMITTEE**

August 1, 2024

Embassy Suites Hotel, 2925 Emerywood Parkway, Henrico, VA 23294

Agenda

- I. Call to Order – Dr. Kurek, Chair
 - a. Welcome and Introductions
 - b. Approval of today’s agenda
 - c. Recap of previous meeting- Mike Watkins
- II. Data dictionary workgroup Report
- III. Review Quarterly Report
- IV. Public Comment Period
- V. Unfinished Business
- VI. New Business
 - a. Trauma Registrars Workgroup - Michele Pomphrey
- VII. Adjourn

*******All Quarterly State EMS Committee Meetings are posted a minimum of 30 days in advance on the Virginia Regulatory Town Hall*******

<https://townhall.virginia.gov/>

Goals and Objectives

Goal 1: To promote and support integrated data systems regarding the continuum of care and disposition of the patient in order to support trauma system education, performance improvement, public health planning, injury prevention and outcomes research

Objective ID	Objective
SIC 1.1	Conduct system-wide assessment and inventory of current data systems
SIC 1.2	Contract with expert in data system analysis to analyze current data systems
SIC 1.3	Develop a strategic plan and outline plan for implementation
SIC 1.4	Implement linkage of data

Goal 2: To promote, educate and empower institutions and providers to reduce the burden of preventable deaths and suffering as a result of injury through optimized care, implementation of best practice, development of clinical practice guidelines and engagement of our populace in their trauma system through training, advocacy and understanding.

Objective ID	Objective
SIC 2.1	Create plan for providing risk adjustment mortality reports by institution
SIC 2.2	Conduct an educational gap analysis of institutions, populace and providers regarding the role of the trauma system in the community.
SIC 2.3	Conduct a gap analysis of guidelines and protocols of care of the trauma patient

Goal 3: To build a trauma system that works toward continuous improvement at all levels through periodic external and internal benchmarking, consultation, adoption of best practices and collaboration with local, state, regional and national resources.

Objective ID	Objective
SIC 3.1	Develop a plan for regional benchmarking

SIC 3.2	Develop state level continuous improvement for hospitals
SIC 3.3	Engage medical direction committee council in development of regional benchmarking

Goal 4: To conduct research to attain new insights and innovative solutions to injury-related health problems.

Objective ID	Objective
SIC 4.1	Gather insight from hospital collaboratives to develop regional injury prevention research activities
SIC 3.2	Create structure for determining research goals
SIC 3.3	Develop a strategic plan for research funding

Goal 5. To advise the Virginia Department of Health, Office of Emergency Medical Services on matters relating to maintaining a performance improvement process that supports the trauma center designation process, trauma triage plan, and improves trauma care throughout Virginia (§ 32.1-111.3:B.3).

Objective ID	Objective
SIC 5.1	To develop a performance improvement program for monitoring the quality of care, consistent with other components of the Trauma system plan
SIC 5.2	To develop a performance improvement program for monitoring the quality of care, consistent with other components of the Emergency Medical Services Plan

Trauma System Plan Task Force Mission, Vision, Values and Code of Conduct

Mission Statement

- To reduce the burden of preventable injury and to deliver the highest quality, evidence-based care for all within the Commonwealth along the continuum of care from the prehospital setting, through definitive acute care and rehabilitation with data analysis, quality improvement and ongoing funding.

Vision Statement

- The Commonwealth of Virginia trauma system will be a high quality, cost effective, accessible statewide system of injury prevention and trauma care for all.

Values

- Effective: Successful in producing the intended results in terms of injury prevention and optimal care to the injured in VA. .
- Efficiency: The ability to perform a defined task or deliver a specific outcome with a minimum amount of waste, expense or unnecessary effort.
- Timely: Patients should experience no waits or delays in receiving care and service. Critical access facilities should experience no delay in consults or transferring injured patients.
- Safety: Avoiding harm to patients in the process of providing care for the medical condition needing treatment.
- Equitable: All citizens of and visitors to the Commonwealth should have equal access to high quality care.
- Patient Centered/Focused: Care that is respectful of and responsive to individual patient preference, needs and values and ensures that patient values guide all clinical decisions.

Code of Conduct

- Accountability: The obligation of one party to provide justification and be held responsible for their actions/results by another interested party.
- Commitment: Being bound emotionally or intellectually to a course of action.
- Compassion: Sympathetic consciousness of the suffering of the injured patients and concern for their loved ones, together with a desire to alleviate the suffering and its source.
- Collaboration: Health providers from different professions providing comprehensive services by working with people, their families, care providers, and communities to deliver the highest quality of care across settings.
- Honesty: Will not condone or engage in any behavior which would provide false or misleading statements to patients, their families and healthcare organizations related to the care of the patient.
- Transparency: Readily understood, honest and open; not secretive.
- Respectful Communication: Opinions, feelings and attitudes will be expressed honestly and in a way that respects the rights of others.

DRAFT