

**Trauma System Oversight & Management Committee**  
**OEMS, 1041 Technology Park Drive**  
**Glen Allen, VA**  
**September 5, 2013**  
**11:00 a.m.**

<b>Members Present:</b>	<b>Other Attendees:</b>	<b>OEMS Staff:</b>
Ajai Malhotra, Chair	Dallas Taylor	Paul Sharpe
Emory Altizer	Jeffrey Haynes	Carol Pugh
Raymond Makhoul	Anna Jo Hysell	Gary Brown
Amanda Turner	Kelly Guilford	
Melissa Hall	Kelley Rumsey	
Stanley Heatwole	Stephen Cosby	
Mindy Carter	Linda Taylor	
Keith Stephenson	Allen Williamson	
Timothy Novosel	Beth Johnson	
Elton Mabry	Melissa Jensen	
Maggie Griffen	Amanda Drawdy	
J. Forrest Calland		
Lawrence Roberts		
Beth Broering		
LeAnna Harris		
Salman Malik		
Sherry Mosteller		
Lou Ann Miller		
Andi Wright		
Greg Stanford		
Kathy Butler		
Michel Aboutanos		
Valeria Mitchell		
Lisa Wells		
Bryan Collier		
Melinda Myers		
Peter Ploch		
Scott Reed		
Susan Ward		
Theresa Guins		

<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. Malhotra at 11:01 a.m.	
<b>Approval of the Agenda:</b>	Today's agenda was approved as submitted.	

<p><b>Approval of minutes dated June 6, 2013:</b></p>	<p>A motion was made to approve the minutes as submitted. Andi Wright noticed a typo on page three in the first paragraph, first sentence. Remove the word “worked”. Also on page 8, Melissa Hall of Mary Washington noted her report was missing (due to recording) and will send in report for inclusion. Amanda Turner of Lynchburg General Hospital asked to add “PI” in front of the word “coordinator” in her report. The minutes were approved with the above changes.</p>	<p><b>The minutes were approved as amended.</b></p> <p>Loop Closure: (MWH report were not received)</p>
<p><b>Chair Report – Dr. Ajai Malhotra:</b></p>	<p><b>a. Appoint Trauma Fund Panel</b>  The Chair stated that since the Trauma Fund distribution policy was changed in July, he feels it is best to wait at least a year to see the affects of the changes that were made. He feels that the panel should remain as is for now. Previously the trauma fund panel consisted of the Chair of the TSO&amp;MC, Paul Sharpe and a representative of each Level I, II and III trauma center and a nurse may be added if all representation are physicians. Everyone who is interested in volunteering on the panel should submit an email to Paul at <a href="mailto:paul.sharpe@vdh.virginia.gov">paul.sharpe@vdh.virginia.gov</a>.</p>	<p><b>If interested in joining the Trauma Fund Panel, email Paul at <a href="mailto:paul.sharpe@vdh.virginia.gov">paul.sharpe@vdh.virginia.gov</a>.</b></p> <p>Loop Closure: OEMS announced, received volunteers and passed information to the Chair)</p>
<p><b>Trauma Performance Improvement (TPI) Committee Update (Dr. Calland):</b></p>	<p>Dr. Calland, TPI Chair, reported that the TPIC met this morning to discuss mandates and the implementation of the action plan that was discussed at the last meeting. It will be possible with the new ImageTrend structure to generate automated reports by either email, SMS (text messaging) or possibly both that will go out to individual agencies that a potential under-triage event has occurred with their agency. The agency will need to perform PI on these cases at their own discretion. There was continued discussion about regional reports. More discussion will need to occur about whether or not this can be achieved.</p> <p>The PI committee also discussed automating the process by which hospitals get reports about patients that they have sent to trauma centers more than 24 hours after the patient arrived at their center. They also agreed that they get notification of injury related deaths in their center. This is for non-trauma designated hospital. This report will likely be limited to always having a six-month “lag” time. Also, in June of 2014 aggregate reports will be sent to the State Health Commissioner.</p> <p>The committee is also looking at providing risk adjustment reports to hospitals and agencies. Additionally, by June 2014, OEMS will develop the capacity of the trauma centers to query the database to obtain their own reports in order to validate their own data. In 2015, risk adjusted reports will be submitted to the centers and agencies. Lou Ann and Forrest have volunteered their Councils to be beta test sites for the automated email or SMS (text message) reports.</p> <p>The Chair commented that it is very excited that the PI Committee is accomplishing some of the report generation that was discussed last year.</p>	<p>OEMS met w/ImageTrend post this meeting and worked on development suggestions to assure adequate filters will be added to application to isolate trauma patients meeting Va Triage Step 1 guidelines.</p> <p>VPHIB “Alerting” is planned to be part of v6 due out by the end of the year.</p>
<p><b>Trauma Nurse Coordinators Report:</b></p>	<p>Dr. Pugh of OEMS will attend the next coordinators meeting to show them the VPHIB reporting system and provide education its reporting tools.</p> <p>Ms. Wright reported that the program managers and directors have been very busy working on the revision of the trauma manual. All of the subcommittees have met and provided OEMS with the recommendations. He has inserted all of the changes and recommendations in the manual and a copy has been provide electronically and in hard copy format to the committee. More discussion will be held on the changes later in today’s meeting.</p>	
<p><b>Trauma Center</b></p>	<p><b>Dr. Maggie Griffen of INOVA Fairfax Hospital</b> – INOVA’s site review is coming up in October and they are</p>	

<p><b>Updates:</b></p>	<p>looking forward to it.</p> <p><b>Bryan Collier/Andi Wright of Carilion Roanoke Memorial Hospital (RMH)</b> – RMH has brought on an additional trauma attending and is recruiting for one more. RMH is having an ATLS course and a couple of staff will be attending AAST.</p> <p>This summer RMH will celebrate their 30<sup>th</sup> year anniversary as a trauma center. They have instituted a call back system where every patient that is discharged will receive a follow up phone call within 72 hours. They have had a 95% success rate and this has been a great lesson for the hospital.</p> <p><b>Amanda Turner, Lynchburg General Hospital</b> – Lynchburg has hired a new trauma registrar and a new PI coordinator. The trauma bay video recordings are going well.</p> <p><b>Lisa Wells, Winchester Medical Center (WMC)</b> – WMC has completed three TNCC classes this year and one more is scheduled in October. The distracted driver simulator has been well received and WMC has been actively using it in the community at County Fairs and other events. They will also be going to the schools to educate teen drivers. WMC’s annual safety event is next weekend. Joint Commission visited WMC in June. The state trauma site review is September 25. WMC will be implementing EPIC soon. Dr. Malhotra asked the cost of the simulator and Lisa replied, \$12,000. He said that it would be interesting to see if it helps the teen drivers. It would be nice to measure results of these efforts.</p> <p><b>Elton Mabry, Southside Regional Medical Center (SRMC)</b> – SRMC’s trauma site review is October 31. A TNCC class is scheduled for tomorrow and Saturday. This is mainly where the focus has been. There is an increase in penetrating trauma in the Tri-City area.</p> <p><b>Emory Altizer, Lewis Gale Hospital Montgomery (LGHM)</b> – LGHM has proposed to hire a new community &amp; EMS outreach liaison. The proposal has been approved and Emory is very excited about this position. They will be interviewing next week. The Magnet document has been approved and the Magnet re-verification staff will be on site the middle of September.</p> <p><b>Keith Stephenson/Sherry Mosteller, New River Valley Medical Center (CNRVMC)</b>– A new orthopedic surgeon has been hired about a month ago. This has reduced the inter facility transfer rate. Another orthopedic surgeon will join the team in about a month. They should be all set for the trauma site review in January. Sherry reported that NRVMC also has a number of EMS and community outreach projects going on. They are going to the high school driver’s education classes to do presentations on distracted driving and driving under the influence. The first one is October 30<sup>th</sup> for about 230 students. An EMS symposium is also scheduled for EMS providers to obtain CE. They are also doing Trunk or Treat for kids on October 26<sup>th</sup>. This is where kids go to trunks of decorated vehicles to get candy, flashlights, stickers and other treats instead of being out on the street on Halloween.</p> <p><b>Scott Reed/Lou Ann Miller, Riverside Regional Medical Center (RRMC)</b> – RRMC has a new orthopedic surgeon. They continue to provide the Rural Trauma Team Development Course to sister hospitals and other area hospitals.</p> <p><b>Mindy Carter of CJW Medical Center</b> – Chippenham has some new employees, while some other employees are</p>	<p>OEMS’ TCCC attended the VCUHS 9/21 opening of its new resuscitation area.</p>
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departing. They are working at remaining fully staffed.

**Valeria Mitchell, Sentara Norfolk General Hospital** – Norfolk is in the early stages of developing their distracted driving program. They will collaborate with Sentara Virginia Beach Hospital on this. October 16 and 17 is the Trauma Symposium. They are also working on a system to measure productivity of mid levels. They are replicating a system that the heart hospital uses. Norfolk is using EPIC to manage the documentation of time and pull reports of their work schedules in order to justify more staff. Ms. Mitchell will be happy to share the results of this and any help or suggestions would be greatly appreciated. Dr. Malhotra will send Valeria the article by Dr. Christopher Barry to help the trauma centers define what EPIC can do. He asked Ms. Mitchell to send an email to him requesting the article. **Dr. Timothy Novosel** also added that another ASSET Course will be held on October 28 and a few spots are open.

**LeAnna Harris of Sentara Virginia Beach General Hospital** – Dr. Martin O’Grady participated in staffing the Half Marathon on September 1 and treated 60 patients in the medical station tent. There was 13 patients transferred and six admitted into the hospital and one cardiac fatality at the race. From a PR perspective, they are looking very closely at their two tier trauma alert policy. This has been in place for awhile and changes need to be made such as adding a third tier. More information will be forthcoming on this. Trauma research is moving along well. Sonia Cooper and Ms. Harris are preparing an abstract to present at a conference in the spring on the impact of alcohol on the trauma patient.

**Beth Broering, VCU Health System (VCUHS)**– An eighth trauma surgeon has been hired. VCUHS is continuing to work on its performance improvement processes. The first week of October is the opening of the new trauma resuscitation area of the emergency department. It has the capability for 15 patients and a big open house will be held on Friday, September 13 for all of the EMS agencies in the region. All are welcome to attend. September 21 will be a VIP Reception with guided tours for medical directors, operations chief and key leaders from regional areas.

**Melissa Hall, Mary Washington Hospital (MWH)**– MWH is continuing their “EMS Cupcake” outreach in education. They have visited Stafford County and Quantico Military Base with cupcakes as a surprise meet and greet with EMS providers. It is working out really well while discussing trauma triage and the trauma center. They have held two “EMS Night Outs” educational events focused on cervical spine injuries and penetrating injuries.

MWH has seen a small increase in penetrating injuries related to gang violence. They have started a gang related training course for the nursing staff and had law enforcement, physicians and security personnel perform a four-hour trauma nurse symposium related to gang violence.

MWH will be participating in the Southwest Trauma and Acute Care Symposium via simulcast. Invitations will be sent out to interested parties for a two day simulcast on November 7 and 8. See brochure:

[http://www.aztracc.org/symposium/STACS\\_Trauma\\_Symposium\\_Brochure\\_2013.pdf](http://www.aztracc.org/symposium/STACS_Trauma_Symposium_Brochure_2013.pdf)

They will provide breakfast and lunch. Mary Washington also has a new website at [www.trauma.mwhc.com](http://www.trauma.mwhc.com).

Dr. Roberts added that MWH is looking for another physician to join the practice. He also stated that when they visited Quantico, he received an invitation to the Hostage Rescue Team and took his kids. They got to shoot guns and it was really cool. He is also interested in liquid plasma because MW does not have FFP thawed and readily available. The liquid plasma could be used while the FFP is thawing.

	<p><b>Forrest Calland/Kathy Butler, UVA Health System (UVAHS)</b> – Dr. Calland reported that UVAHS added a third tier trauma alert two years ago for geriatric patients and is now adding a 4<sup>th</sup> level of alert (overlay of level 3) for when a patient meets the American Brain Trauma Foundation guidelines for operative intervention. A full-time PI staff member has also been hired.</p>	
<p><b>OEMS Update – Paul Sharpe:</b></p>	<p>The Trauma Registry Minimum Dataset was approved by the EMS Advisory Board and will be presented for approval at the State Board of Health meeting next week (9/12/2013).</p> <p>The Trauma Fund Policy Revision was sent out after the last meeting to the trauma coordinators, trauma medical directors and the CEOs. The acknowledgement page needs to be signed and returned by September 15th. OEMS has received some, but not all of them. Also, a Projected Use Report needs to be completed by mid-October. Please fill out and send to OEMS electronically.</p> <p>The new trauma registry program was installed in July and OEMS has done a lot of the set up, but has to work with ImageTrend on a couple of customizations. The Division’s quarterly report had screenshots of what the new registry looks like. The trauma program managers will have a simple access page for uploading to the new registry.</p> <p>At the last trauma registrars meeting OEMS was asked some HIPAA related questions and promised to distribute some information related to submitting to a state’s public health databases and HIPAA rules.</p> <div data-bbox="478 781 541 841" data-label="Image"> </div> <p>HIPAA fact sheet FINAL w-logo 2-8-08.</p> <p>OEMS has requested the Office of the Attorneys General to weigh in (an opinion) on whether the VDH/OEMS has the ability to limit trauma center designation depending on where the ITSAN takes us. This is still pending. Emails have been sent back and forth for questions.</p> <p>OEMS has updated the Virginia Regulatory Town Hall meeting postings. The website address is: <a href="http://townhall.virginia.gov/L/meetings.cfm?time=future">http://townhall.virginia.gov/L/meetings.cfm?time=future</a>. This is the official site for the State to post meeting announcements, agendas, and minutes. Anyone may also sign up for alerts whenever any given board or committee is updated with new information.</p> <p>Dr. Pugh and Mr. Sharpe will have their project kick-off meeting next Monday with the Office of Information Management’s data warehouse group to begin contributing EMS and trauma data to the VDH data warehouse. This will allow linkage between databases. “VHI” data will be linked to EMS data to provide some outcome information.</p>	<p><b>The Projected Use Reports need to be completed and sent to Paul electronically by mid-October.</b></p> <p>Loop Closure: OEMS’ TCCC distributed the attached HIPAA fact sheet to the registrars group. The document is a little dated but still applicable and vetted by the OAG.</p> <p>Loop closure: At the 12/2012 meeting OEMS was criticized for not having all historical documents posted. The Town Hall updates meet all required postings and will be fully utilized.</p>
<p><b>Needs based designation workgroup Update (Dr. Roberts):</b></p>	<p>The workgroup is called <u>I</u>nclusive <u>T</u>rauma <u>S</u>ystem in Virginia and <u>A</u>ssessment of <u>N</u>eeds (ITSAN). The Chair would like to be a part of this workgroup also. So far the membership includes: Dr. Griffen, Dr. Aboutanos, Dr. Makhoul, Mindy Carter, Emory Altizer, Susan Ward, Kelley Rumsey, Lisa Wells, and Dallas Taylor. Dr. Roberts is the Chair.</p> <p>One of the things that we were going to do was figure out a way to do an assessment need for the state. Dr. Roberts</p>	<p>OEMS informed the Chair of this group post the TSO&amp;MC of the FOIA rules related to open public meetings and the ITSAN.</p>

	wants to start with a pilot or beta test site and start with his region, which is the Rappahannock EMS Region and see what data fields would give them the information needed. He has spoken with Dr. Pugh about the data fields needed. If we know the FIPS Code of where the injury occurred, the pre-hospital time, hospital arrival time, how and where transported; we would have some idea of where injuries are occurring, how long it takes to get to the nearest hospital and how are they transported. Based on this information we might begin to see how this will work. The workgroup will meet by teleconference and work on this and have a report at the December meeting.	
<b>Trauma Center Designation Manual Discussion:</b>	<p>a. Level II “Additional Clinical Capabilities” language.  Dr. Stanford referred to page 37 under surgical capabilities. He stated that he has never had to use a plastic surgeon in all of his twenty-two years in trauma. He also stated that he has rarely used some of the specialties that are required. He stated that a lot of the physicians are not getting paid to work in hospitals. How are the trauma centers going to deal with this? The committee discussed ophthalmology issues and Dr. Griffen agreed with the discussion and stated that this is a bigger issue that cannot be solved at this time. They discussed using tele-medicine when necessary. OEMS supported the concepts discussed and stated that some easy language changes could be made in terms of the different departments as opposed to the services provided. The administrative criteria work group discussed changing the language to “within the medically necessary time period” instead of having a specific time listed. In order to solve the capabilities issue, the committee decided to group some of the specialties together. Dr. Calland asked, about the differences in Level I and Level II facilities. The Chair stated that based on the COT, clinical services for the Levels I and II are the same. But over the years Level IIs have been given more and more passes. Virginia has followed the COT with some exceptions. OEMS suggested some language changes in the list of capabilities and it should provide a list of services that all Level II offer.</p> <p><b>A motion was made by Kathy Butler that the two Level II columns for ophthalmic surgery be changed from critical to non-critical as stated on page 37 of the draft Designation Manual. Most committee members agreed. Only one opposed and one abstained. The motion passed.</b></p> <p>Ms. Wright suggested that her group reconvene via wiki space or email and send out the suggested language changes on pages 37 and 38.</p> <p>b. Workgroup Items</p> <ul style="list-style-type: none"> <li>i. Operational</li> <li>ii. Education/Credentialing</li> <li>iii. Performance Improvement</li> <li>iv. Special Needs</li> <li>v. Administrative</li> </ul>	<p><b>Action item:</b> Passed on the motion the work group(s) responsible for clinical capabilities should incorporate the language in Ms. Butler’s motion.</p> <p>The goal deadline for the trauma criteria revision of 12.2013 is eliminated. Ms Wright will be responsible for continuing efforts on the full manual drafting. Existing editable documents sent from OEMS to Ms. Wright.</p> <p>The December TSO&amp;MC will be reformatted and dedicated to a “line-by-line” review of the draft criteria. The meeting will be held on Wed 12/4/13 from 6pm – 8pm AND Thurs. 12/5/13 from 10am – 4pm at the OEMS.</p>
<b>Unfinished Business:</b>	None	
<b>New Business:</b>	None	
<b>Trauma Registrar Group Update:</b>		
<b>Public Comment:</b>	None	
<b>Adjournment:</b>	The meeting adjourned at approximately 2:45 p.m.	<b>2013 TSO &amp; MC Meeting Schedule: December 5, 2013</b>