

**Virginia Department of Health Advisory Board  
Virginia Office of Emergency Medical Services  
Pre-Hospital Care Committee  
Embassy Suites, 2925 Emerywood Parkway, Henrico VA 23294  
February 2, 2023  
1:00 p.m.**

<b>Members:</b>	<b>Attendees:</b>	<b>OEMS Staff:</b>
Chair Mike Watkins	Dr. Paula Ferrada	Mindy Carter
Sid Bingley	Nicole Laurin	Ashley Camper
Wayne Perry	Sam Bartle	George Lindbeck
Pier Ferguson	Kelsey Rideout	
Whitney Pierce	Kate Davenport	
Dr. Allen Yee	David Long	
Richard Szymczyk	Autumn Davis	
Ryan Hite	Mike Valdez	
Judson Smith	Jill Lucas Drakeford	
Timothy M. McKay	Kate Schulz	
Mike Garnett	Kelley Rumsey	
Al Thompson	Tanya Trevilian	
	Chris Montera	
	Brian Frankel	
	L. Joseph Trigg	
	Amanda Loreti	
	Tracey Taylor	
	Dallas Taylor	
	Donna Nayduch	
	Courtney Caton	

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Call to order:</b>	Chair Watkins calls meeting to order at 1300. Introductions are made.	<b>None. Informational.</b>
<b>a. Approval of today's agenda</b>	Chair Watkins requests a motion to approve the agenda. Ms. Ferguson motions to approve the agenda. Mr. Smith seconds and motion passes.	<b>Motion passes to approve agenda.</b>
<b>b. Recap previous meeting:</b>	Chair Watkins recaps the previous meeting by going over pertinent members.	<b>None. Informational.</b>

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<b>II. TAG Report</b>	Chair Watkins attended the TAG meeting August 5 <sup>th</sup> and addresses that Dr. Frye expressed intent to further diversify the committees. He recognizes good work has been done by all committees but encourages continued commitment to this goal. He reviews the committees' updates to TAG, beginning by announcing Medevac met this morning and has various vacancies that need to be filled and that a citizen role has been made a non-voting member due to poor attendance record. System Improvement have added both PI and military representation. Injury and Violence Prevention are reviewing goals and objectives. Acute Care is reviewing nurse training and Post-Acute Care is looking to strengthen their continuity of record keeping by establishing data for patient disposition at discharge. He adds that the Trauma Fund is looking to American College of Surgeons as an additional funding resource and there is more to follow.	<b>None. Informational.</b>
<b>III. OEMS report</b>	Chair Watkins requests Ms. Carter on OEMS report. Ms. Carter updates the committee on a new trauma manager and the completion of committee meeting minutes.	<b>None. Informational.</b>
<b>IV. Committee Crossover Report</b>	Chair Watkins opens the floor to the committee crossover reports. No reports are prompted, and he goes on to say that SI is trying to gather better data to track patient continuum from prehospital to rehab and discharge.	<b>None. Informational.</b>
<b>V. Unfinished Business</b>	Chair Watkins discussed unfinished business, noting that Mr. Thompson is the non-trauma center designated rep member. He acknowledges a vacancy for a ground EMS representative and asks if any one, particularly from a rural area, would be interested, to please reach out to Ms. Carter.	<b>None. Informational.</b>
<b>VI. New Business: a. Trauma Triage Criteria</b>	<p>Chairman Watkins engages the committee in the revision of Trauma Triage criteria. There had been ongoing debate over the zero to nine years of age pediatric vital signs for red criteria. Previous criteria had stated "tachycardia" as red criteria, and conversation was had amongst committee members about the obscurity of this vital sign in peds, citing it could be related to fever, fear, pain...etc. It was suggested the words "with signs of poor perfusion" be added to assist clinical decision making in the identification potential hemorrhaging. Motion is taken by Dr. Allen Yee to set the verbiage to include the "with signs of poor perfusion" in addition to the tachycardia for pediatrics ages zero to nine for red criteria. The motion is seconded by Pier Ferguson and the motion passes. A friendly amendment to further specify the red criteria by placing "or" between criteria bullets was nomination by Ms. Schulz. Ms. Carter and Mr. Perry side with this recommendation. Chair Watkins clarifies that the "or" is being added for mental status, injuries, and vital signs. Another committee member answers this as correct, and the committee is in agreement on all proposed changes.</p> <p>Chair Watkins reviews burn criteria. Dr. Yee affirms that ASCOT labels its' burn criteria in orange to make it easily differentiable from the other trauma criteria. Further discussion is had on the topic and the committee moves towards agreement. Mr. Thompson makes a motion to change the burn center criteria to be highlighted in orange. A committee member (unnamed) seconds and the motion passes. Dr. Yee offers a friendly amendment to move the burn center criteria under the yellow portion of the trauma. Chair Watkins asks for input from the floor. All in favor, none opposed, and it passes.</p> <p>There was a discussion about whether car telemetry information from crashes should be observed on the criteria sheet. Due to reputation for erroneous readings, the committee debated as to its inclusion. Dr. Allen Yee made a motion to consider if available. Mr. McKay seconds. All in favor, none oppose, motion passes.</p> <p>Chair Watkins asks about ultrasound inclusion in the criteria. The committees' talking point is that it is too training and resource specific and chose not to include it.</p>	<p><b>Edits proposed to Trauma Triage criteria.</b></p> <ul style="list-style-type: none"> <li>- Add "with signs of poor perfusion" to 0-9 peds tachycardia</li> <li>- Insert "or" between bullets</li> <li>- Highlight burn criteria in orange</li> <li>- Consideration of car telemetry crash data if available</li> </ul>

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	It is further said that these edit suggestions will be forwarded to Medical Direction and to be on the lookout for final document.	
<b>b. Evaluate specific needed data points</b>	<p>Chair Watkins asks Ms. Banta to present the third quarter trauma data. Ms. Bana introduces herself and indicates the data was derived from the Virginia Prehospital Bridge and is only prehospital data. It was noted that 97% of trauma calls included top 3 vital signs. A major talking point of the committee was review of pediatric patients and identifying final destinations. Ms. Banta confirmed the issue is in the current state of data collection; data reflects the field to first destination and hopefully, with the adoption of ESO, a better continuum of care record would be obtainable.</p> <p>Ms. Banta presented data on geriatric trauma, demonstrating a possible issue with a trauma center dessert in the Farmville/South hill region. This was indicated by 50% of patients meeting Step 1 criteria being transported to a non-trauma center. Dr Yee expressed concern with this finding and the data point is ongoing further investigation. There was also discussion of injury codes for penetrating trauma versus GSW and those with polytrauma.</p> <p>The presentation was abbreviated due to lack of time. Full presentation of data can be found on OEMS website.</p>	<b>Final draft of trauma data to be posted on OEMS website.</b>
<b>VII. Old Business</b>	None.	<b>None. Informational.</b>
<b>VIII. Public Comment</b>	None.	<b>None. Informational.</b>
<b>IX. Adjournment</b>	Chair Watkins thanks everyone. Meeting adjourned at 1415pm.	<b>None. Informational.</b>
		<b>Respectfully submitted by Ashley Camper and Mindy Carter.</b>