

**Virginia Department of Health Advisory Board
Virginia Office of Emergency Medical Services
Post-Acute Care Committee
Embassy Suites, 2925 Emerywood Parkway, Henrico VA 23294
August 3, 2023
1:00 p.m.**

Members Present:	Members Absent:	OEMS Staff:	Others:
Beth Broering, Chair		Ashley Camper	Afton Jamerson
Justin Weppner		Barry Reeves	Kim Jones
Valeria Mitchell			Tatrana Pedroza
Lacey Waterford			Lauren Faunce
Kathleen Hardesty			Courtney Caton
Anne McDonnell			Charles Earvin
Lauren Carter Smith			Sarah Bradley
David DeBiasi			Echoe Edmond
James Giebfried			
Christine Miller			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order	Chair Broering calls the meeting to order and asks for members to approve the minutes. Dr. Giebfried addresses an edit in the minutes, and that in the previous meeting he had informed the committee that he knew of a list of Virginia post-acute care resources, but further clarifies he did not volunteer to track down such list. Chair Broering thanks him and asks for a motion to approve the edits to the minutes. Ms. McDonnell moves and Ms. Smith seconds. Chair Broering requests a motion to approve the agenda. Ms. McDonnell moves and Ms. Hardesty seconds. Introductions are made and it is established they have quorum.	Edit to the minutes for the previous May meeting are approved.
II. SI committee crossover report	Chair Broering asks Ms. McDonnell to brief the committee on the committee crossover updates from Systems Improvement meeting. Ms. McDonnell informs the committee that the SI group has voted to remove the committee updates, due to vote on the agenda and the same crossover report being given in the TAG meeting. The VDH EMS data dashboard has launched, and it is encouraged that members view and utilize it as a resource. There is a quarterly data report that is live and has valuable information for EMS data. Ms. Mitchell offers it should be looked at how to gather and analyze trauma registry data. Chair Broering asks Ms. Jones, from ESO, to give feedback on the question. She advises the committee there is intent to incorporate trauma registry data. There will be fields that are present in order to meet state regulatory requirements but if specific or custom data was needed desire would have to be communicated and the field developed by ESO.	None. Informational.
III. Review of goal 2 and	Chair Broering discusses the ongoing importance of a resource list, to include bed count for post-acute	Workgroup to be formed for

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data/metrics to be requested	<p>care facilities. She inquires the state, as to how to coordinate working on this item separate from committee time. Ms. Camper says to coordinate a workgroup through her, and she would facilitate those meetings.</p> <p>Chair Broering returns to Goal 2 and asks the committee what they feel are the most important data points to collect? Ms. McDonnell adds that she looked at states that did have a coordinated system of care for trauma and she could not find that they were collecting post-acute care metrics. There is a lengthy discussion of how the data would be utilized and what measures could be controlled by determining them. Mr. Klyce offers that the best first step may be mapping the pathway of the trauma patient after acute care to understand what metrics are truly needed. There is further discussion on how to track the trauma patient, as their status may change throughout rehab and post-acute care and how to link it all. The question remains how to track the patient from a unique identifier throughout all the levels of system of care. Ms. Bradley offers the example of Texas EMS program that was voluntary but yielded good outcomes for assigning a unique number to a patient. This identifier however it is not patient specific, it is encounter specific. The issues of privacy, consent and HIPPA are also discussed.</p> <p>Chair Broering rounds back to the potential use of a workgroup to map pathways. It is discussed barriers in insurance and admission criteria for rehab discovered in pathways. Dr. Weppner comments that it should be looked into, the difference in the recommendation of where the hospital says the patient should go versus what insurance approves. After a round table discussion, Chair Broering invites volunteers for the workgroup with Mr. Dibiasi. Lacey Waterford, Chris Miller, and Justin Weppner request to work on the pathway of care project.</p> <p>Ms. Smith inquires if the patients’ baseline is being assessed and documented in the trauma registry. Chair Broering addresses it is asked if there is a functional dependent status prior to injury, however it’s not a complete assessment.</p>	<p>assessing the post-acute care pathway of the trauma patient. Volunteers are: -David Debiasi -Lacey Waterfor -Chris Miller -Dr. Justin Weppner</p>
IV. Public comment	None.	
V. Adjournment	Ms. McDonnell adjourns the meeting at 15:07pm.	

Respectfully submitted by Ashley Camper and Mindy Carter