Trauma System Oversight & Management Committee
OEMS, 1041 Technology Park Drive
Glen Allen, VA
March 6, 2014
11:00 a.m.

Members Present:	Other Attendees:	OEMS Staff:
J. Forrest Calland, Vice Chair	Kelley Rumsey	Paul Sharpe (Staff)
Maggie Griffen	Jeffrey Haynes	Gary Brown
Raymond Makhoul	Linda Taylor	Wanda Street
Amanda Turner	Allen Williamson	George Lindbeck
Melissa Hall	Amy Sampson	David Edwards
Stanley Heatwole		
Elton Mabry		
Beth Broering		
LeAnna Harris		
Sherry Mosteller		
Lou Ann Miller		
Andi Wright		
Michel Aboutanos		
Valeria Mitchell		
Lisa Wells		
Melinda Myers		
Susan Ward		
Theresa Guins		
Mark Day		
Donald Kauder		
Leonard Weireter		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Calland at 11:03 a.m.	
Approval of the Agenda:	Today's agenda was approved as submitted.	
Approval of minutes dated December 4 and 5, 2013:	A motion was made to approve the minutes as submitted. It was noted that the December 4 meeting minutes reflected that the meeting was called to order at 6:15 a.m. It should say 6:15 p.m. Both minutes were approved with the noted change.	**The minutes were approved with the noted change.**
Presentation/Discussion – Dr. George Lindbeck:	**Pre-Hospital use of TXA** Dr. Lindbeck, State EMS Medical Director, briefed the committee on the potential use of Tranexamic Acid (TXA) in the prehospital setting. Some of the flight programs are already using TXA and others are in the process of integrating it in their EMS programs. The evidence base for pre-hospital use is mainly derived from the Crash 2 study which provides for a three-hour administration window. Agencies with short transport times will need to consider whether administering TXA is a priority compared to those agencies that have longer transport times. Dr. Lindbeck wanted to make the trauma	**Dr. Lindbeck to send draft guidelines for EMS use when drafted by the Medical Direction Committee.**

DRAFT

	programs aware, as they would be required to manage TXA infusion on trauma patients received from EMS. The Medical Direction committee will be drafting recommended guidelines for the use of TXA by Virginia EMS Agencies and Dr. Lindbeck will forward a draft to the TSO&MC. Committee discussion included acknowledgment that some trauma centers nationally use TXA, one center has TXA as part of its massive transfusion protocol and that if EMS is utilizing TXA that should take ownership of the performance improvement issues surrounding its use.	
Chair Report:	Dr. Malhotra was not able to attend the meeting today, but Dr. Calland stated that Dr. Malhotra requested he discuss the committee's composition short of making any formal decision during this meeting. Dr. Calland shared that an opportunity for Virginia to serve as a pilot state for the Trauma Survivors Network program training by the American Trauma Society (ATS). He proposed that the ATS be allowed to come and provide training on June 4, 2014, the day before the next committee meeting. The training and program provides trauma centers with the ability to develop a program that provides patient support through the use of peer support groups and networks. The peer support program is aimed towards supporting trauma survivors and their significant others. Manuals can also be created for available resources for patients and families. The proposed training would be provided free of charge for 4 to 8 hours of training. Some facilities have already started a network such as Sentara Norfolk for their burn patients. Dr. Griffen states Inova Fairfax has a Trauma Survivors Network program coordinated by its social work program. There was general interest by the committee.	**Ms. Wright will work with the ATS to coordinate a Trauma Survivors Network training class to be held on June 4.**
OEMS Report:	Staff reported that the process of undergoing an American College of Surgeons (ACS) State Trauma System Consultative Visit was initiated. Staff is currently working through the procurement process to secure the funding for the visit. Transition to the new Virginia Statewide Trauma Registry (VSTR): Since the last meeting training on the new VSTR has been offered and provided to hospital throughout the state. Training was performed twice weekly for one and one half months by webinar. There have been some typically new program issues to be worked through, but to date they have been fixes that could occur immediately upon staffs being notified of an issue. A training date for the trauma centers will be sent out soon targeting mid-April. Some final work on the import XSD are being made and staff wants to assure as many issues can be managed prior to roll out to the trauma centers. Staff requested feedback if the trauma centers would prefer training solely on the uploading of files or a more rounded education which would provide an understanding of how hospitals utilize the VSTR. Most of the centers would like to see an overview of the whole product. . A committee member asked about the ability to pull reports from the new VSTR. Staff shared that the new program has ad-hoc and analytical reporting tools. Training on the use of the reporting tools will be planned for later in 2014 when data from the previous trauma registry has been loaded and hospitals have time to enter data into the new system.	
Performance Improvement Committee Update (Dr. Calland):	Dr. Calland said that the PI committee met this morning and they are moving forward with creating automated reports for EMS agencies and regional councils for potential missed-triages of patients meeting Step 1 of the state trauma triage plan. The intent is to have auto-sent e-mails sent out to agency leadership identifying patients meeting Step 1 criteria that were not transported to a designated trauma center. In June, the leader of the Michigan TQIP initiative will be in Virginia to discuss and present Michigan's risk adjusted state trauma data reports.	
Trauma Nurse Coordinators Report:	The trauma coordinators met yesterday and their agenda included discussion on using TXA in the Pre-hospital Setting. Other agenda items included a review of the draft trauma manual, pediatric trauma centers versus adult and the TSO&MC structure. The Burn Surge guest speaker was ill and could not make it.	**Beth will send Paul the ICD-10 information from Texas.**

DRAFT

	The coordinators also discussed that trauma center reports could be provided by email prior to the meeting. Staff shared that some other committees also use this process. The coordinators also discussed ICD-10 and having a two-day ICD-10 trauma specific training session. The cost is $300 per person with a minimum of 20 people. Ms. Wright discussed checking with Michelle Pomfrey to see what her company can provide. Ms. Broering will send out the information from the Texas organization. Would the State be willing to host the course? Staff offered the use of OEMS to hold the course, but VDH funding of CME is generally not supported.	**Ms. Wright will reach out to Michelle Pomfrey for more information about an ICD-10 course.**
Committee Composition Discussion:	The Chair (Dr. Malhotra), Dr. Calland, and staff met prior to this meeting to discuss how to move forward. The Chair requested no formal action be taken during this meeting. Dr. Calland shared that there are two generally accepted approaches. One being a large committee which will not exclude opinions or points of view. A large group also provides for grass root support. A second approach is a smaller committee consisting of 10 to 15 individuals who may be more efficient for conducting business, but less grass roots support. . Dr. Malhotra submitted the following two ideas for committee composition: <u>Option 1 (12 Members)</u> 1 Pre-hospital Representative 1 ED Representative 3 Physicians (a Level I, II, III) 3 Program Managers (a Level 1, II, III) 1 Post Hospital Care/Rehabilitation Rep 1 Patient/Citizen Representative 1 VHHA Rep 1 Chair <u>Option 2 (11 Members)</u> 1 Pre-hospital Representative 1 ED Representative 5 Members representing 5 regions (Level I) 1 Post Hospital Care/Rehabilitation Rep 1 Patient/Citizen Representative 1 VHHA Rep 1 Chair Option 1 is a non-geographic composition. Option 2 is more of a regional or geographical approach. Mr. Mabry feels that the way the meeting is facilitated, as opposed to the composition of the meeting, determines its efficiency. Everyone here is very passionate about what they do and sometimes gets sidetracked, but he feels that the committee should remain the same. Dr. Weireter asked if there is a real problem or a perceived problem with this group. Staff stated that at a recent meeting a fairly new member to the committee accused the committee of not following procedures or adhering to the *Code of Virginia* and this put the VDH/OEMS in an awkward position. Staff presented a list of concerns with the committee structure and processes and how they to do not meet the Code of Virginia, the bylaws of the EMS Advisory Board, nor follow Roberts' Rules of Order during the December 2013 meeting followed by the issues in writing after the meeting. The EMS Advisory Board executive committee has also been briefed on the concerns of the VDH/OEMS. There was discussion with individual members expressing their opinions on the structure. **MOTION: Dr. Weireter motioned that there be a small group to look at the committee composition and conduct of the meeting and make a recommendation at the next meeting. The small group should be 3 to 5 members. Dr. Calland and Dr. Malhotra will create a small group. Ms. Wright seconded the motion. No committee members opposed or abstained.**	**The Chair and Dr. Calland to establish a small group to make recommendations on the committee composition.**
Proposed Trauma	The trauma coordinators presented the following proposed the following edits:	

DRAFT

Designation Manual:	Page 10 – Trauma Registrar – Remove the last line from the definition beginning with "Frequently, this person also oversees…" Page 17 – The dates are incorrect; should be the same dates as on page 46. Page 27 – 2.25/"The trauma service shall have an additional FTE dedicated to the trauma service…" trauma service should be changed to trauma program. Page 27 - 2.25/"The trauma service shall have an additional FTE dedicated to the trauma service…" after discussion the Level III requirement was maintained as non-critical. Page 27 - 2.26/"The trauma registrar shall be a minimum of one full FTE…" The committee determined this should be one-half FTE for Level IIIs. Page 32 – 5.4/ "Designated trauma centers cannot exceed a maximum diversion time of five percent." Ms. Wright requested this entire line item be removed. After clarification, the committee decided to leave the criterion as proposed. Page 32 - 5.5/"The trauma center shall avoid diverting burn patients… The committee determined this should be critical only for Level IB. Page 43 – 8.20 Which discusses the need for ED physicians to hold some type of board certification was discussed at length. As also determined during the 12/5/2013 meeting, this criterion was kept as written in the draft. Page 49 – 9.22 & 9.23 which addresses state audit filters was discussed in detail. Each audit filter recommendation was reviewed with several recommendations including: • In place of death reviews insert morbidity, mortality, and complication and classify as anticipated or unanticipated with or without opportunity for improvement. • Tiered response – need to edit to appropriate response. • OR Team response and Surgeon arrival in OR time determined remain included. • Radiology related filters were determined to be left in after much discussion. • Add transfers to 9.22 and 9.23. • Remove the word "pediatric" from the first line of 9.23. Melissa Hall, special needs workgroup leader, stated that in the December meetings, some of the discussion was centered on pediatric trauma center levels such as Level I and II Pediatric Centers. The EMS for Children Committee representative had shared that the EMSC committee passed a motion to recommend a single level pediatric trauma center. During the 12/5/2013 the committee agreed to only utilize a single level of pediatric designation The committee as a whole agreed that only one level of pediatric trauma center was necessary. The discussion lead to adding language that stated: "All Level I Centers have to meet specific criteria to be able to provide initial care for pediatric patients …" After prolonged discussion about pediatric designation and clarification the following motions was made. **MOTION: A motion was made by Dr. Weireter to adopt a separate and distinct pediatric designation criteria and process which is separate from the general designation process. Melissa Hall seconded the motion.** **All in favor = 8** **Opposed = 3** **Abstentions = 5** The special needs workgroup was tasked with reversing the consolidation of pediatric criteria into the level I criteria and create a new draft with pediatric criteria separate from the current Level I, II, and III. Staff reminded the committee that	**Note: 2.25-trauma service is used throughout the document, so service is being maintained by OEMS.**

DRAFT

	during the 12/5/2013 it chose to combine the criteria that it would cause four existing level I centers who do treat pediatric trauma patients to no longer be designated to do so and that there are trauma triage implications. The following motion was made. **MOTION: A motion was made by Dr. Weireter that there is a single level pediatric designation. The motion was seconded by Dr. Griffen.** **All in favor = 12** **Oppose = 0** **Abstentions = 4** **MOTION: Dr. Weireter made a motion that the special needs workgroup present a draft of the single level pediatric designation criteria for finalization and voting at the June 2014 meeting. The revised draft will be distributed three weeks prior to the meeting. Andi Wright seconded the motion. All members were in favor of the motion. The motion carried.** Allen Williamson of the Children's Hospital of the King's Daughters asked if there was a way for his hospital to apply for designation at this point. Staff advised that there is no current Level of designation available for a solely pediatric hospital. Lou Ann Miller asked where to send her pediatric trauma patients. She was advised by Dr. Calland to maintain the same practice pattern she always has. Staff advised that no official opinion could be made at this time. Melissa Hall requested there be a physician co-chair for the additional special needs workgroup efforts for pediatric designation. Ms. Hall also requested that a physician from Roanoke and Inova Fairfax be involved. Dr. Guins Ms. Wright and Melinda Myers agreed to serve on the special needs workgroup. The co-chair will be Dr. Leonard Weireter.	
Trauma Center Updates:	**Beth Broering, VCU Health System –** VCU is having its Rao R. Ivatury Trauma Symposium on April 30 at the Richmond Marriott, 500 East Broad Street, Richmond, VA. For more information call 827-1207. **Sherry Mosteller, New River Valley Medical Center –** New River Valley passed it survey in February. **Valeria Mitchell, Sentara Norfolk General Hospital –** Sentara Norfolk is having a Trauma Symposium October 16 & 17. More information will be forthcoming. **Raymond Makhoul, CJW Medical Center-Chippenham** – Chippenham has a new trauma registrar from Michigan. **LeAnna Harris of Sentara Virginia Beach General Hospital –** Mr. Mark Day is taking over for LeAnna effective March 24. On the clinical side they are adding a third tier to the activation criteria to include pediatrics, geriatrics, etc. They are also working diligently with the blood bank for an anticoagulation protocol. **Lisa Wells, Winchester Medical Center –** No report. **Elton Mabry, Southside Regional Medical Center –** No report.	

DRAFT

	Andi Wright, Carilion Roanoke Memorial Hospital – No report. **Dr. Maggie Griffen, INOVA Fairfax Hospital** – No report. **Lou Ann Miller, Riverside Regional Medical Center –** October 18 is the Trauma Symposium for rural trauma and Lou Ann is very excited about it. **Amanda Turner, Lynchburg General Hospital** – No report. **Melissa Hall, Mary Washington Hospital –** No report. **Forrest Calland, UVA Health System –** The burn center will have new leadership, new resources and new physical space, etc. Stand by for more information.	
Trauma Registrar Group Update:	No update. There was no registrars' meeting on March 5, 2014.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 2:30 p.m.	**2014 TSO & MC Meeting Schedule: June 5, September 4 and December 4**

DRAFT