


**Trauma System Oversight & Management Committee**  
**OEMS, 1041 Technology Park Drive**  
**Glen Allen, VA**  
**December 3, 2015**  
**11:00 a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Other Attendees:</b>	<b>OEMS Staff:</b>
Michel Aboutanos, Chair		Amanda Turner	Robin Pearce
J. Forrest Calland		Valeria Mitchell	Wanda Street
Lou Ann Miller		Bryan Collier	George Lindbeck
Maggie Griffen		Heather Davis	David Edwards
Keith Stephenson		John Hyslop	Gary Brown
Sid Bingley		Allen Williamson	Paul Sharpe
Shawn Safford		Beth Broering	
Emory Altizer		Beth Johnson	
Michael Feldman		Kelley Rumsey	
Scott Hickey		Sherry Mosteller	
T. J. Novosel		Daniel Munn	
Andi Wright		Raymond Makhoul	
Melissa Hall		April Brown	
		Lindley Abernathy	
		Melinda Myers	
		Courtney Cole Rapp	
		Tracey Lee	
		Anne Mills	
		Kathy Butler	
		Lisa Wells	
		Greg Stanford	
		Tiffany Lord	
		Morris Reece	
		J. T. Ryan	
		Dallas Taylor	
		James Gould	
		Sonia Cooper	
		Jeff Haynes	

<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. Aboutanos at 11:03 a.m.	
<b>Approval of the Agenda:</b>	<b>A motion was made by Forrest Calland to amend the agenda by adding “New Business” before “Public Comment” on the agenda. The motion was seconded by T. J. Novosel.</b>	<b>The agenda was approved as amended.</b>

<b>Approval of minutes dated June 4, 2015:</b>	<b>A motion was made by Emory Altizer to approve the minutes of June 4, 2015. The motion was seconded by Dr. Feldman. All committee members were in favor. None opposed. The June 4 meeting minutes were approved as submitted.</b>	<b>The June minutes were approved as submitted.</b>
<b>Chair Report:</b>	Dr. Aboutanos reminded everyone that the ACS Trauma System Consultation Report includes recommendations. Are these recommendations true to who we are and are they going to be effective for the system? He gave a brief snapshot of a sentence on page 9 about developing a strategy for a vision and mission for the trauma system. We will go over this in detail under the OEMS update. He also pointed out that there are two vacant positions on the committee that still needs to be filled: Citizen Rep and Hospital Rep (Non-trauma Center).	
<b>Trauma Performance Improvement Committee Update – Dr. Calland:</b>	<p>The PI committee has been very active and has had monthly conference calls. The committee has affirmed that they will prepare an annual report to the Health Commissioner annually in January. We are a little behind in this due to changes in membership and the availability of the data specialist. The 2014 data report will be shared with the committee in January and plans are to get it to the Health Commissioner by March. The committee is committed to getting reports to the EMS Regional Councils on their performance according to the State Trauma Triage guidelines. Also, the committee would like to see emails generated on the basis of VPHIB reports for individual patients.</p> <p>The PI committee needs the proper membership in order to complete these tasks. There are some recommendations from the PI committee of whom they feel should be members. It currently is made up of two Level I medical directors, two Level II medical directors, the Level III position was vacant, three program managers from each of the three Levels, the chair of the TSO &amp; M and the Chair of the PI committee which is Forrest. They are proposing to have a 12 member committee plus a chair to include: 6 members from the Level I – III trauma centers (1 medical director and program manager from each), 1 Medical Direction Committee Chair, 1 EMS Regional Council Rep, 1 Burn Rep, 1 Pediatric Rep, 1 Non- Trauma Center Rep, 1 Citizen Rep and the Chair. Also a Rehab Representative was recommended. The By-Laws state that subcommittee should be no more than ten voting members. Approval needs to be obtained from the Executive Committee of the Advisory Board.</p> <p>There is a great need for data linkage. Dr. Calland also spoke about the possibility of Rehabs having Levels similar to Trauma Centers. The committee thinks that this is a great idea.</p>	
<b>Trauma Nurse Coordinators Report:</b>	<p>Andi reported that the Trauma Nurse Coordinators met on yesterday and had some robust discussions on several topics. Paul gave them an overview of the Hospital Hub. The landscape of the Commonwealth is changing over the next year or two due to adding new trauma centers. This adds to the need for more site reviewers. We are using a new Manual which went into effect in March of 2015 and we should review the criteria to ensure that everything is accurate. It was suggested that a yearly workshop be held to prepare site reviewers for the task. Robin is willing to facilitate and provide a certificate of completion of the workshop.</p> <p><b>Andi made a motion to have an annual workshop to prepare and train trauma site reviewers. The motion was seconded by Lou Ann Miller.</b> T.J. Novosel asked about who will come up with the content and the content experts for the workshop. He feels that plans and concrete arrangements need to be established before making a motion to hold the workshop. <b>Andi rescinded her original motion.</b></p> <p>Andi stated that the Trauma Program Managers will bring back the details of the proposed workshop to the March meeting. The details will include content, content experts, lodging and lunch arrangements, etc. Forrest requested that the process of training the reviewers should mirror the ACS reviewer guidelines and could be a distance learning module.</p>	

	<p><b>A. Trauma Triage Task Force</b></p> <p>Melissa reported that the Trauma Triage Task Force just completed the review of the entire Trauma Triage Plan. She is listening to all of the recorded meeting minutes to get caught up. The next step is to present it to Dr. Aboutanos and the Trauma Nurse Coordinators for review before submitting to this committee for approval. Dr. Calland stated that he is concerned about the absence of a trauma surgeon on the task force. He also voiced concern about the way the triage is currently set up. Lou Ann stated that all of his concerns were discussed.</p>	
<b>Trauma Center Updates:</b>	<p>The trauma centers are asked to please submit their updates electronically prior to the meeting for distribution. See the attachment below for the updates:</p> <p> Trauma Center Updates 12-15.pdf</p>	
<b>OEMS Update – Robin Pearce:</b>	<p><b>A. ACS State Wide Survey Results</b>  <a href="http://www.vdh.state.va.us/OEMS/Files_Page/trauma/ACSVirginiaTSCReport2015.pdf">http://www.vdh.state.va.us/OEMS/Files_Page/trauma/ACSVirginiaTSCReport2015.pdf</a></p> <p>Robin wants the committee to review each recommendation and prioritize each of them according to whether it needs to be addressed over the next year, two years, three to five years, or whether it needs to be addressed at all. List who is responsible for it and any comments that pertain to the recommendation.</p> <p>Dr. Aboutanos would like the stakeholders who are not present to go through the process also; particularly if they attended the ACS Trauma Consultation Visit. He wants them to be able to provide their feedback as well.</p> <p>Dr. Aboutanos feels that this process should have been vetted and a mutual decision should have been agreed upon about the best way to approach this. Until today, there has been no discussion about the report. He feels that the committee is not prepared to prioritize these recommendations yet.</p> <p><b>A motion was made by Dr. Calland to table the prioritization activity and instead have a discussion today about the report's findings. The motion was seconded by Dr. Safford. Motion passed.</b></p> <p><b>Dr. Calland made a motion that Robin will present the key findings of the ACS report's executive summary and then a discussion is held upon which the findings are approved or prioritized. The motion was seconded by Dr. Novosel. Motion passed.</b></p> <p>The committee went through the Priority Recommendations on pages 11 and 12 of the executive summary and held a lively question answer session about each of the recommendations. There was also some discussion about a JLARC study. The last one was conducted in 2004.</p> <p>The committee came to the consensus that other stakeholders should be included in the process of reviewing and prioritizing the recommendations. A mass email of the ACS Survey Results will be sent out to all the stakeholders to give them an opportunity to review each recommendation, prioritize each of them and add comments. Ensure that a deadline is provided for receiving the responses. Two weeks should be enough time to receive the responses. Robin will send it out as soon as possible.</p> <p>Dr. Aboutanos proposed holding a meeting in January after the responses have been received. He asked about having</p>	<p><b>Robin will send out a mass email to stakeholders for feedback on the ACS Survey Results.</b></p>

	<p>someone come and do a strategic plan for this. Robin stated that a bidding process would need to be done for this. This process will take a few months or so. Inviting someone to come and do a strategic plan is not an option to consider at this time.</p> <p>A TSO &amp; M strategic planning session was tentatively scheduled for January 13, 2016 from 8 a.m. to 5 p.m. Dr. Aboutanos will work with Robin on an agenda for the meeting.</p>	
<b>Injury &amp; Violence Prevention Sub-committee:</b>	<p>The Chair of the committee, Ann Jordan, has been on medical leave and Melissa Hall has stepped in during her absence. This sub-committee has been having a hard time getting together for meetings. They would like to be considered a task force so that teleconferences can be held. Robin cannot fit another committee meeting into her schedule.</p> <p><b>A motion was made by Dr. Griffen to allow the Injury &amp; Violence Prevention sub-committee be changed to a task force.</b> The motion was seconded by Dr. Hickey. All committee members were in favor of the motion.</p>	
<b>New Business:</b>	<p>Dr. Calland has two new items. 1) The committee has agreed that there needs to be a better connection between this committee and the Medical Direction committee. <b>Dr. Calland made a motion that a Medical Direction Committee Update is added to the agenda from this point forward. He will provide a brief update of what is going on at the Medical Direction Committee meetings. The motion was seconded by T.J. Novosel. All committee members were in favor.</b></p> <p>As his update, he reported that they are curious about the use of REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta) and how it will influence transport. There are some EMS Physicians who will be trained in this. More dialogue This includes inserting a balloon catheter through the groin into the aorta to occlude the aorta in a person who is experiencing hemorrhage below the diaphragm.</p> <p><b>2) Dr. Calland also made a motion that the Committee on Trauma (COT) be added to the agenda also. He will report on that committee as well. The motion was seconded by Dr. Griffin. All committee members were in favor.</b></p> <p>The COT update was given. The COT discussed what will happen if there is an expansion in the number of trauma centers in Virginia. They are interested in the effect on the well-being of the patients being treated. They recently undertook an informal study by using the Florida system to evaluate whether or not a new trauma center should be designated in certain geographic areas. This is a point system that is based on the number of injured patients that are treated in the region, the percentage of the population that has access to a trauma center within 45 minutes, whether or not they have letters of endorsement from local officials, etc. More information later on whether or not the Florida system is effective. He will present a one-page white paper at the next meeting.</p> <p>Dr. Calland also reported that there was recent concern about confidentiality of trauma center site visit reports. It was agreed that there needs to be strict confidentiality. There seems to be controversy about who needs the information within the Trauma System Oversight and Management group. Certainly everyone on the committee does not need access to this information; however, a select number of people should have access to the information. Should there be a small site visit review committee? This committee could review the trauma site review processes and make informed contributions to the trauma systems. Paul explained that no one is allowed access to the site visit reports or results. Any changes in this would have to go through the regulatory process.</p>	<p><b>Robin will add Medical Direction Committee Update to the agenda.</b></p> <p><b>Robin will add COT Update to the agenda.</b></p> <p><b>Dr. Calland will present a white paper on the Florida study at the next committee meeting in February.</b></p>
<b>Public Comment:</b>	None.	
<b>Adjournment:</b>	The meeting adjourned at approximately 3:00 p.m.	<b>2016 TSO &amp; MC Meeting Schedule:</b>

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