Trauma System Oversight & Management Committee Meeting
Thursday, March 3, 2016 at 1:30 p.m.

The Perimeter Center
9960 Mayland Drive
Suite 201, Boardroom 3
Henrico, Virginia 23233

Vision – The Trauma System Oversight and Management Committee will collaborate to support a statewide inclusive trauma system through evaluation, planning, and performance improvement.

Mission – To advise the Virginia Department of Health, Office of Emergency Medical Services with maintaining an inclusive system that ensures when the severity and incidence of trauma cannot be decreased, that all injured person within the Commonwealth have rapid access to optimal, equitable, efficient specialized trauma care to prevent further disability utilizing a public health approach.

Core Objectives

Advise the Virginia Department of Health, Office of Emergency Medical Services on matters relating to:

1. Maintaining a process for designation of hospitals as trauma centers (§ 32.1-111.3:A.10)
2. Maintaining a statewide pre-hospital and inter-hospital trauma triage plan (§ 32.1-111.3:19.B)
3. Maintaining a performance improvement process that supports the trauma center designation process, trauma triage plan, and improves trauma care throughout and Virginia. (§ 32.1-111.3:B.3)

(The Vision, Mission, and Core Objectives were created during the process to revise the August 13, 2010 EMS Advisory Board Bylaws)

I. Call Meeting to Order 1:30 pm

II. Approval of the Agenda <Action Item>

III. Approval of the December 3, 2015 Minutes <Action Item>

IV. Chair – Report –

V. Performance Improvement Committee Update (Dr. Calland)

A. Vote on proposed membership changes to TPIC committee <Action Item>

VI. Trauma Nurse Coordinators Report (Ms. Wright)

VII. Trauma Center Updates- please submit electronically to be distributed at the meeting

VIII. Injury and Violence Prevention subcommittee (Ms. Hall)

IX. Trauma System Plan Task Force update (Dr. Aboutanos/Dr. Ryan)

X. VA COT committee update (Dr. Calland)

XI. Medical Direction committee update (Dr. McLeod)

XII. Trauma Registrar update (Brittany Matheny)

XIII. OEMS Update (Robin Pearce)

A. Approval of potential site reviewers

XIV. New Business

A. Transfers of Pediatric patients to non-trauma designated pediatric hospitals- Dr, Novosel, Valeria Mitchel, Mark Day, Lou Ann Miller

B. Request for additional required reportable diagnosis code to the VSTR- Shaken baby T74.4 – Ms.Goodall, Ms. Cantrell, Ms. Baggini

XV. Public Comment

XVI. Adjourn

"In the spirit of Collegiality and Professionalism, please be mindful of any information obtained and shared in the meeting that could be sensitive to an individual or an institution." (2014, VSSTF)

2016 Meeting Schedule (Save the Date)
Full Committee Meetings:

- Thursday, June 2, 2016
- Thursday, September 1, 2016
- Thursday, December 1, 2016

Informational Links:

TSO&MC Past Minutes (search "trauma system")
Trauma Center Fund
Trauma Center Criteria Revision Wiki page
EMS Regulations (revised 10/2012)

- Section 390 – Destination to specialty care centers
- Section 1140 – Provision of Patient Care Documentation
- Section 2680 – Regional Trauma Triage Plan

Committee Composition:

Seat/Representing	Named Member	Affiliation	Term Ends
Chair (EMS Advisory Board Member)	Michel Aboutanos	VCU Health System	n/a
Level I Designated Trauma Center	Dr. Forest Calland	UVA	Sept. 2016
Level I Designated Trauma Center	Dr. T.J. Novosel	Sentara Norfolk General	Sept. 2016
Level I Designated Trauma Center	Dr. Margaret Griffen	Inova Fairfax	Sept. 2016
Level I Designated Trauma Center (TPM)	Andi Wright	Carilion Roanoke Memorial	Sept. 2016

Level I Designated Trauma Center (Burn Surg.)	Dr. Michael Feldman	VCU Health System	Sept. 2016
Level II Designated Trauma Center	Lou Ann Miller	Riverside Regional	Sept. 2017*
Level II Designated Trauma Center	Melissa Hall	Mary Washington Hospital	Sept. 2016
Level III Designated Trauma Center	Dr. Keith Stephenson	Carilion New River Valley	June 2017
Level III Designated Trauma Center	Emory Altizer	HCA - Montgomery Regional	Sept. 2017*
Hospital (non-trauma center)	Vacant		
Citizen rep. (consumer/trauma survivor)	Vacant		*
Emergency Physician	Dr. Scott Hickey	ACEP	April 2017
EMS provider representative (non-specific affiliation)	Sid Bingley	Carilion, Blacksburg RS	Sept 2016
Pediatric surgeon	Dr. Safford	Carilion Roanoke Memorial	Sept. 2016

* Denotes Initial 3 yr Term

State EMS Plan

Regional Council Trauma Relate Contract Language:

3. Regional Trauma Program –

a. **Regional Trauma Committee:**

(1) The regional trauma triage committee shall represent participants from aspects of the EMS response. The active committee composition shall include, but not be limited to:

(a) A member of each designated trauma center's trauma program within the region, if there are no designated trauma centers within the region then a member of the regions primary level I or II designated trauma center shall be substituted.

(b) The committee shall also include representatives from the non-trauma designated hospitals from throughout the region.

(c) An EMS operational medical director

(d) EMS providers from each of the following: an air medical agency, fire based service, career, and volunteer services from throughout the region.

b. **Triennial Major Trauma Triage Plan Update**: All Regional Trauma Triage Plans underwent a triennial major update in 2010 fiscal year, and will undergo a major update in the 2013 fiscal year. Revising the Trauma Triage Plan shall not replace the requirement to perform trauma performance improvement. If the Regional Trauma Triage Plan was not updated in 2010, then the major update shall be completed in the 2013fiscal year as follows:

(1) The triennial major update shall follow the 2009 version of the Commonwealth's Pre-hospital and Inter-hospital State Trauma Triage Plan and include the following as appendices to reflect the capabilities of the Regional EMS System:

(2) A "field triage decision scheme" based on the state field decision scheme that assists individual EMS providers with transport destination decision making guidance.

(a) the field triage decision scheme shall be included within the trauma section of the Regional Medical Protocols applicable to all levels of EMS certification

(b) A definition of a trauma patient

(c) Prehospital physiologic, anatomic, mechanism of injury, and special consideration criteria (previously titled Trauma Patient Transport & Transfer Criteria)

(d) Medevac utilization for trauma

(e) Trauma center descriptions (names, location, level of designation.

(f) Description of each level of Virginia Trauma Center Designation

(3) The revised Trauma Triage Plan shall be submitted to OEMS with the second quarterly deliverables. Regional Trauma Triage Plans will be reviewed by OEMS and presented to the Trauma System Oversight and Management Committee at its March meeting for approval. Approved plans and protocols will be required to be posted and notifications made as listed in item 5 below.

(a) The CONTRACTOR shall notify all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area that the trauma triage plan has been revised and post the revised triage plan and revised trauma medical protocol conspicuously on the regional council's website. The CONTRACTOR will make a copy of either revised document available upon request in either printed, floppy disks, or CD forms. This information shall be included in narrative form in the second quarterly report.

(4) Annual Review/Maintenance of Trauma Triage Plans - The CONTRACTOR shall maintain and revise as needed to reflect current practice the Regional Trauma Triage Plan on an annual basis and provide OEMS with an updated Regional Trauma Triage Plan electronically in its second quarterly report.

(5) For the purposes of the Trauma Triage Plan, maintaining the Trauma Triage Plan is defined as posting the plan on the council's web page, providing copies on an as requested basis, providing educational assistance as requested and providing minor updates on an as needed basis. An example of minor changes includes demographic changes, such as a new hospital, closing of an EMS agency, or changes to services offered by agencies or facilities.

c. **Trauma Performance Improvement Program** - also referred to as Quality Assurance, Quality Improvement, and Quality Management. **(**QA/QI/QM).

(1) The CONTRACTOR shall maintain and revise as needed to reflect current practice, a region wide Trauma Performance Improvement Plan (TPIP) in compliance with the "Pre-hospital and Inter-hospital State Trauma Triage Plan, September 2005" for trauma related EMS responses, as developed during the FY07 contract period. The plan/revised plan that will be used throughout the contract period and the first quarter of the next contract period shall be submitted to OEMS no later than October 31st of the contract year and be demonstrable of the PI process that is currently being used, and shall be used throughout the contract year, with proof of review and approval of the plan by the CONTRACTOR'S Board of Directors reflected in board minutes submitted.. If revisions have been made to the plan being submitted to OEMS, the revisions that have been made shall be made clear by the CONTRACTOR to OEMS. The Trauma PIP shall include, but not be limited to the following:

(2) An outline of an organized TPI program to examine the care of pre-hospital patients. The plan shall include a demonstrable process that is capable of on continuously:

(a) Monitoring/assessing adherence to regional EMS trauma patient care protocols

(b) Monitoring/assessing (not enforcing) compliance with state and regional trauma triage plans

(c) Monitoring/assessing trauma system issues

(d) Identification of the educational needs of EMS providers in the region

(e) Identification of methods demonstrable of the trauma PI process that is currently being used, and shall be used throughout the contract year to resolve issues identified through the trauma PI process (trauma patient care and trauma system issues).

(f) The CONTRACTOR shall include in each of its quarterly reports to OEMS how identified trauma performance issues shall be, or have been, resolved or improved, i.e. protocol revision, educational opportunity, awareness campaign etc.

(3) The CONTRACTOR shall provide a schedule and topic for a quarterly, region wide, trauma PI project to be conducted by the CONTRACTOR and individual EMS agencies.

(a) The CONTRACTOR shall aggregate the findings of the individual EMS agencies on a quarterly basis for use by the regions committees and reporting to the OEMS.

(b) The CONTRACTOR shall submit a copy of the schedule and topic distributed to all EMS agencies in the Region with the CONTRACTOR'S 2nd quarterly report to the OEMS.

(c) . The distribution list shall be submitted with the CONTRACTOR'S 2nd quarterly report.

(4) The CONTRACTOR shall have a PI based method for EMS agencies and hospitals to report significant events (compliments or criticisms of trauma cases) and untoward outcomes of trauma related EMS responses.

(a) The method actively being utilized by the CONTRACTOR shall provide a well known process for EMS agencies and hospitals, to report these events, a method of developing an action plan, and a method of resolving the event.

(b) The number of events and general description of issues reported shall be submitted as part of each of the CONTRACTOR'S quarterly report to the OEMS.

(c) The TPIP shall identify the active membership of the regional TPI committee, objectives of the committee and rules for participation in the meetings. The TPIP should allow for representatives of the OEMS to attend the TPI meetings as desired by OEMS.

(d) Attendance of the trauma PI committee shall constitute a quorum as defined by Robert's Rules.

(5) The CONTRACTOR shall hold, at a minimum, quarterly Trauma PI committee meetings to review the input from the EMS agencies and reported significant events. (separate and unique from the general EMS PI committee, individuals may sit on both committees as is appropriate) The committee shall identify needs based on review of trauma PI information received by the CONTRACTOR, plan a course of corrective action to resolve/improve the identified deficit and reassess the deficit to "close the loop" on issues. The items/deficits and the process used to correct them shall be reflected in the minutes of the meeting.

(a) The CONTRACTOR shall submit to the OEMS the agenda, minutes and attendance rosters for each TPI meeting held. The agenda, minutes, and attendance rosters shall be submitted on a quarterly basis as part of the CONTRACTOR'S quarterly report to the OEMS.

(b) The attendance roster shall contain the name, affiliation and e-mail address of the attendees

(c) The minutes of these meetings shall not contain patient or provider identifiers, but should reflect a general statement of items worked on by the committee.

(d) The meeting dates for the trauma PI committee shall be submitted to the OEMS, in advance, as part of each quarterly report to OEMS.

(e) The OEMS may perform random audits of agencies perception of the regions trauma PI process.

(6) The CONTRACTOR shall provide technical assistance to EMS agencies to assist them with complying with State EMS regulations (12 VAC 5-31-600) and *Code of Virginia* requirements (§ 32.111.3) related to trauma triage and trauma performance improvement. The names of agencies and the nature of assistance provided to those agencies shall be submitted by the CONTRACTOR as part of each quarterly report to the OEMS.

d. The CONTRACTOR shall actively encourage, not enforce, all EMS agencies within their region to meet state requirements and submit pre-hospital patient care data on a quarterly basis as required by the *Code of Virginia* (§ 32.116.1) and EMS Regulations 12 VAC 5-31-560. Each of the CONTRACTOR'S quarterly reports to the OEMS shall include language that describes how this contract item was achieved.

e. The CONTRACTOR shall maintain and revise as needed to reflect current practice, the TPI template, developed through the FY07 contract, that EMS agencies can use to establish or maintain their own PI programs for general trauma responses and include a method of reporting aggregate information to the regional council, for use by the regional council and its committees, and submission to the OEMS. The CONTRACTOR shall obtain approval from OEMS when completing the template. This shall occur within the 1st Quarter of the state fiscal year and shall be used for the following four quarters. The template should include at a minimum, but not be limited to:

(1) A schedule and topic for a trauma region wide PI project for each quarter. This schedule and topic shall be the same for all agencies participating in the regional PI process.

(2) A method for agencies to submit quarterly trauma PI project results to the regional trauma PI committee.

(3) A method for EMS Agencies and hospitals to report significant events to the regional PI Committee (The requirements of the trauma PI template may be coordinated with the requirements stated in the general EMS PI Program section of this contract. This shall not be interpreted as combining the two committees.)

f. The CONTRACTOR shall submit a copy of the trauma PI template and a copy of the distribution list used to send the document to all EMS agencies in the Region with the councils 2nd quarterly report to the OEMS. Distribution of the TPI plan shall occur after approval of the template by OEMS and no later than 14 days after the end of the 1st quarter of the state's fiscal year. Posting on the regional council's web site without notification to each agency or solely via mass e-mail distribution shall not fulfill this requirement.

g. The CONTRACTOR shall include in each of its quarterly reports to OEMS evidence of EMS agency involvement in the PI process, evidence in the process shall be aggregate numbers of the agencies actively involved in the PI process.

h. The CONTRACTOR shall be responsible for disseminating regional, jurisdictional, and agency level trauma triage performance improvement reports developed and provided by the OEMS and/or Trauma System Oversight and Management (TSO&MC). OEMS and/or the TSO&MC will limit reporting to not exceed quarterly.