

**Trauma System Plan Task Force Meeting
 Virginia Office of EMS
 Hampton Inn & Suites/Homewood Suites
 700 E. Main Street
 Richmond, VA 23219
 December 1, 2016
 11:00 a.m.**

Members Present:	Members Absent:	Other Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Sid Bingley	Heather Davis	Cam Crittenden
Timothy "T. J." Novosel	Tom Ryan	Mindy Carter	Dwight Crews
Lou Ann Miller	Marilyn McLeod	Cathy Peterson	Lenice Sudds
Maggie Griffen	J. Forrest Calland	Beth Broering	Wanda Street
Emory Altizer		Dallas Taylor	
Keith Stephenson		Amy Gulick	
Valeria Mitchell		Tiffany Lord	
Anne Mills Hunt		Stephanie Boese	
Morris Reece		Kathy Butler	
John Hyslop		Joanie Steil	
Michael Feldman		Pier Ferguson	
R. Macon Sizemore		Ann Kuhn	
Scott Hickey		Diamond Walton	
Anne Zehner		Mark Day	
Andi Wright		Karen Shipman	
Shawn Safford		Lisa Wooten	
Lisa Wells		Tanya Trevilian	
		Terral Goode	
		Jeff Haynes	
		Kelly Brown	
		Paul Sharpe	
		Tracey Lee	
		Nancy Malhotra	
		Bryan Collier	
		Tracey White	
		Melinda Myers	
		Linda Watkins	
		Dan Freeman	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
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Call to order:	The meeting was called to order by Dr. Aboutanos at 11:09 a.m.	
Introductions:	No introductions were made. Dr. Aboutanos explained that the groups have previously been working in silos and now the groups will begin to come together. He wants to apologize to the workgroup members for not getting them to use the templates sooner. Now that it is being utilized the workgroups can better outline their plans and goals. The Task Force has asked Gary Critzer for a little more time to prepare an outline to be submitted to the Health Commissioner.	
Review and Approval of September 1, 2016 minutes:	A motion was made to approve the minutes dated September 1, 2016. The minutes were approved as submitted.	The minutes were approved as submitted.
Administrative Workgroup Update:	<p>Andi Wright stated that the Administrative Workgroup met this morning and is making good progress. They have completed the mission, vision, values and code of conduct statement. The mission and vision statements have already been approved by the Trauma System Plan Task Force. The values and code of conduct statements will be reviewed and approved today if acceptable. The workgroup continues to work on their summary and will collaborate with other workgroups for other aspects of their portion of the plan. They are also working on the justification statement for the Trauma System Plan based on ACS recommendations.</p> <p>The Task Force reviewed the values and the code of conduct which was distributed. Anne Zehner suggested changing “Efficiency” to “Efficient” and “Safety” to “Safe”. Also remove the underline under Collaboration.</p> <p>A motion was made to accept the Values and Code of Conduct with the suggested typographical changes. The motion was moved by R. Macon Sizemore and seconded by Dr. Griffen. All Task Force committee members were in favor of the motion. None opposed the motion. The motion passed.</p>	
Injury Prevention Workgroup Update:	<p>Diamond Walton stated that the workgroup has had a couple of meetings and re-evaluated their process. They have created an outline for their section of the plan. They have also submitted their financial needs to the administrative group. Their outline includes data needs, needs assessment, personnel needs, as well as the process for creating a plan as well as who is involved.</p> <p>Since Diamond is going to have a baby, she would like to nominate Karen Shipman as the new chair of the Injury Prevention Workgroup. Karen will continue to work with Lisa Wooten. Dr. Aboutanos has suggested that the workgroup continue to work on their plan and go to the next step of what they plan to implement in the next year or five years.</p>	
Prehospital Workgroup Update:	Dallas Taylor reported that the workgroup met on November 10 during the EMS symposium. They worked on the HRSA template and scored it. They need to go back and complete their score justification and also give the financial needs piece to the Administrative workgroup. Dr. Aboutanos said he appreciates all their hard work on this. Andi asked about any challenges in the scoring process. Dallas said that in the scoring not everyone agreed. Some of the challenges stemmed also from having resources in parts of the state and none in other parts of the state, so how do you justify that? Dr. Aboutanos said this is an awesome point.	
Acute Definitive Care Workgroup Update:	Heather Davis thanked Dr. Aboutanos for the guidance document that was sent out and the extension. The workgroup met on November 3 for six hours and this morning for two. They focused their attention on the HRSA assessment by going through the individual benchmarks and deciding which ones are applicable to acute definitive care and scoring them appropriately. They found it a little difficult to decipher some of the language. They have them all scored and are now going back to fill in justifications and objectives. They have not addressed the financial needs yet, this is next on their agenda when they meet in January. Heather asked about teleconferencing. Cam stated that we have attempted WebEx and teleconferencing and it did not work. We are actively trying to transition our website to WordPress, once on this format, we can have our own pages to communicate and do work. Dr. Griffen mentioned using Google Drive to	

	share documents like what Kathy created for the Rehabilitation workgroup. Kathy will explain how to create this over the lunch meeting today among the chairs and co-chairs.	
Post-Acute Care Rehabilitative Workgroup Update:	Kathy Butler reported that they have met monthly and are on draft version 3 of their plan soon to be version four. The workgroup focus is on assuring adequate rehab facilities for post-acute care Virginians. They have three sections assessment, policy development and assurance. The majority of their time has been on the assessment. At the last meeting, they had VHI and VHHA data representatives in attendance. They shared what data may be currently out there on post-acute care rehab. They hope to get a preliminary report from VHHA within the next month or so. Today they discussed specialty populations and pediatrics. They also looked at ACS recommendations such as the CARF (Commission of Accreditation of Rehabilitation Facilities) accreditation for rehab centers. Only three in the state currently have this accreditation. The next steps are to look at prioritization and justification. Kathy wonders if there is value in each workgroup putting together a one page summary or proposal statement that pulls it all together.	
Data/Education/ Research/System Evaluation Workgroup Update:	Valeria Mitchell reported that the updates and discussion this morning has been very helpful. One of the things that the workgroup realizes is that in order to develop a complete plan they have to know what the other workgroups need from them. She now has more clarity. The information from their first few meetings was inserted into the HRSA document. One of the things they would like to request is a list of data from the other workgroups which will help them in the development of their plan. Dr. Aboutanos explained that at the next meeting each group will present.	
Disaster Preparedness Workgroup Update:	Mark Day reported that the workgroup met for the first time on October 18. After reviewing the ACS document, the workgroup pulled together what they thought they needed to look at and who they needed to bring to the table. They felt that education was a big deal. The workgroup talked about strengthening relationships. In the ACS document, they talked about changing EMS and disaster regions. We know that's not going to happen. So we looked at how we can map it out and work with the disaster regions. The workgroup will meet again next month and they talked about collaboration, how the regional EMS and trauma centers collaborate and educate for disaster, how the state evaluates what the trauma centers should be educating on and how to find out what education they have already done. Dr. Aboutanos asked: How does disaster preparedness integrate into the whole system? He advised, before jumping into the function of education, to first define who we are within the trauma system. This is a key part. Secondly, move away from the old way of thinking of separating EMS and hospital; look at integration.	
Next Steps/Discussion:	<ol style="list-style-type: none"> 1) Everyone will complete HRSA document. 2) The next meeting will be more content oriented for each workgroup. 3) The Value and Code of Conduct Statements will be presented to the Trauma System Oversight & Management Committee. 	
Unfinished Business:	None.	
New Business:	None.	
Public Comment:	Dr. Griffen stated that it has almost been a year since we began this process and she is very proud of what we have accomplished so far. We have all given a lot of time and effort to work on this and the finished product will be well worth it. She thanked everyone for their hard work and commitment.	
Adjournment:	The meeting adjourned at approximately 12:12 p.m.	