

**Acute Care Committee**  
**Virginia Office of Emergency Medical Services**  
**Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294**  
**August 1, 2019**  
**3:00 p.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
<b>Jeff Young, Chair</b>	Bryan Collier	Tim Erskine	Susan Union
<b>Sheldon Barr</b>	Sonia Cooper	Cam Crittenden	Emory Altizer
<b>Beth Broering</b>	Keith Stephenson		Mindy Carter
<b>Kelly Brown</b>	Richard Szymczyk		Kelley Rumsey
<b>Pier Ferguson</b>			Dallas Taylor
<b>Terral Goode</b>			Dan Freeman
<b>Tracey Jeffers</b>			Valerie Quick
<b>Cathy Peterson</b>			Kate Challis
			Charles (Chad) Dillard
			Chris Parker
			Kathy Butler
			Michel Aboutanos

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Call to order, Welcome &amp; Introductions:</b>	<p>The meeting was called to order at 3 p.m. Everyone around the room introduced themselves.</p> <ul style="list-style-type: none"> <li>a. Approval of previous meeting minutes – Transcript has been posted on the Virginia Regulatory Town Hall.</li> <li>b. Approval of today’s agenda – Approved by consensus</li> </ul> <p>Before starting the meeting, Dr. Aboutanos summarized the Leadership Planning Session that was held in June. He stated that all of the committees should be aligned as to where are we now, where we want to be, the process of getting there and the timeline to get there. He wants each committee to never lose sight of the mission and vision of the Trauma System Plan. Most of the committees are focusing on data so we need to look at what we need the data for, data we currently have, what additional data do we need to get and what is the timeline to get the data. In addition, at the planning session, there was discussion about quality metrics and a 5-year plan. Year one will be a concentration of the data needed. Dr. Aboutanos also explained what is expected years 2 through 5. The first report will be released in December. Each committee will work with the System Improvement Committee on the data.</p>	
<b>II. Discussion of priorities moving forward after Advisory Board action:</b>	<p>The CME recommendations were approved by the Advisory Board. The next project is under objective 1.2 Evaluate for concurrent visit between state and ACS. Beth Broering stated that at the last meeting a crosswalk was done between the State trauma designation and the ACS designation processes. She described the work that was done in working through the crosswalk. Dr. Goode asked are we looking at something bigger than just the manual. Dr. Young stated that we are looking at the hospitals that the Commonwealth designates as a trauma center, that they provide the care that they are expected to</p>	

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	<p>provide at that level. The main work of the committee is to make sure that our designation of hospitals is not capricious and relates to making a difference in patient care. It has been shown that designation improves patient outcomes. The next issue is the idea of patients who benefit the most from getting to a designated trauma center in a timely manner with ATLS being done correctly. Tim stated that this will not be done in isolation. It will be a collaborative effort to include all interested stakeholders. Dr. Young stated that the next plan of action is to gather some data and analyze it. Beth Broering stated that after the last meeting she thought about the EMSC structure at Tennessee, which is a framework for hospitals to say we have and provide these capabilities at Level 5 (or whatever the level). This provided the framework for the rural community hospitals or the emergency care centers to say that these are the resources that we have to provide patient care. When stating what they provide, those resources are expected at each level. Beth is opening the conversation that we set the framework for Virginia based on the care provided for the patient versus this is what trauma centers do. The committee continued the discussion, which included ACS designation levels, the basic level emergency protocols that should be provided (ATLS, basic resuscitation, basic airway management), stroke framework, and funding. Cam suggested developing relationships with the non-designated hospitals and inviting them to the meetings. Dr. Young stated that he agrees but it would help to have a framework. Dr. Aboutanos asked if we have data to support this. We should make a list of the data that we have and what are we missing. Cam stated that OEMS will run some data reports for the next meeting to let everyone see what we have. Dr. Young asked to see a report on patients that died and transferred from non-designated hospitals.</p> <p>The committee discussed the data reports of interest to this committee which are:</p> <ol style="list-style-type: none"> <li>a. Outcomes of patients that went to non-designated centers and also deaths and transfers from non-designated centers also add Level III</li> <li>b. Mechanism of injury by age – pediatrics and geriatrics with baseline vitals, ISS, GCS, where injury occurred (city, county, etc.)</li> <li>c. ED length of stay</li> <li>d. The percentage of trauma patients entered into the state registry admitted by each hospital</li> <li>e. Baseline physiologic data on arrival</li> <li>f. Transport mode</li> <li>g. Destination</li> <li>h. Patients transferred in to the hospitals/trauma centers who did not necessarily needed to go to a trauma center</li> </ol> <p>After the break, Tim presented how to get to the data dictionary to show the minimum data that is captured for each patient. The committee continued to discuss the data that they would like to see in the report.</p>	
<b>III. Public Comment Period:</b>	None.	
<b>IV. Unfinished Business:</b>	<ol style="list-style-type: none"> <li>a. Discussion of comparison of current standards to ACS Optimal Resources <ol style="list-style-type: none"> <li>i. Creation of action plan</li> </ol> </li> </ol>	

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	Dr. Young stated that he does not want the committee to lose momentum on examining the ACS criteria and the trauma designation manual criteria, but he does not feel that the committee has to review every single difference. The workgroup is working on it and will give their recommendation on the process.	
<b>V. New Business:</b>	It was requested that the committee to perform a questionnaire to gain an inventory of what the non-designated hospitals think. Beth stated that we could take the WHO criteria and modify to our needs. Beth and Dr. Aboutanos will bring this information to the next meeting.	<b>Beth and Dr. Aboutanos will bring WHO information to the next meeting.</b>
<b>VI. Adjournment</b>	<b>NEXT MEETING:</b> Tuesday, November 5, 2019 at 3 p.m. in Norfolk, VA. More information will be sent with the exact location. The meeting adjourned at approximately 4:40 p.m.	

Respectfully submitted by:  
Wanda L. Street  
Executive Secretary

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