System Improvement Committee Meeting Virginia Office of Emergency Medical Services Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294 August 2, 2019 8:00 a.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Shawn Safford, Chair	Ann Kuhn	Cam Crittenden	Kathy Butler
Valeria Mitchell	Maureen MCusker	Jessica Rosner	Dan Freeman
Sarah Beth Dinwiddie	Anne McDonnell	Narad Mishra	Cathy Peterson
Anna Newcomb	Greg Neiman		Valerie Quick
Robin Pearce	Michelle Pomphrey		Mike Watkins
Sherry Stanley			
Anne McDonnell			

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
I. Call to order, Welcome & Introductions:	The meeting was called to order at 8 a.m. There is no quorum; therefore, this is an informational meeting only. a. Approval of previous meeting minutes The meeting transcript has been posted on the Virginia Regulatory Town Hall. b. Approval of today's agenda	
II. Chair Report:	No report at this time.	
III. Trauma System Committee Updates:	 a. Trauma Administrative & Governance Committee – Dr. Aboutanos 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. Also, 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. Dr. Safford asked for clarification on how often the committee will meet. The committee discussed data and that each committee will research data repositories. They also discussed the role of this committee. b. Injury and Violence Prevention Committee – Sarah Beth Dinwiddie The IVP committee discussed several different databases that are available and ultimately decided to utilize the trauma registry in addition to the vital records death reports that capture prehospital deaths as well as what is coming into the hospital to recognize the injury patterns 	

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
	and locations throughout the state. Valeria added that the trauma center could also be used for injury and discharge data. They also discussed data on deaths that do not come to the hospitals.	
	c. Prehospital Care Committee – Sherry Stanley The PCC discussed data quality and the barriers and challenges of collecting good data within the EMS system. While reviewing the quarterly report, the committee asked Cam and the team for improvement in pediatric weight tracking. In addition, one piece of data that was missing from the report was the patient treated by ground unit and transferred via helicopter data. They also wanted to include in the report pediatric trauma alerts transported to a pediatric center and quality improvement surrounding TDIs with less than 90% when transported to a trauma center based on the national guidelines for EMS. Mike included that they discussed peds being less than 15 years of age and wanted trauma alert data on the other young adults as well.	
	d. Acute Care Committee – Cathy Peterson The ACC discussion was very similar to the prehospital committees' in that the same type of data has been requested of Cam and her staff. Cathy feels that the committees' data requests will be overlapping. Dr. Safford agreed but we can pull out which data is needed for each committee and marry them together.	
	e. Post-Acute Care Committee – Anne McDonnell The PAC discussed seven data elements related to outcomes – discharge dispositions, readmissions to acute care or emergency departments, facility based events, admission and discharge diagnosis, levels of function, payer source and whether or not individuals returned to work or school. We reviewed each to determine which of these we needed to place our focus. We looked at the functional independence measure (FIM). We also had a conversation about just focusing on outcomes from acute outpatient rehabs because it would be easier to align data. They discussed the CMS care tool as a possible data source, a small microstudy of CHKD peds, and long-term outcome data for patients treated at VCU with brain injuries. The also discussed how to tie some of this to standards of care.	
	f. Emergency Preparedness and Response Committee This committee is occurring simultaneously with this one. Tim Erskine stated that they are going through a leadership change and started over at square one.	
IV. Public Comment Period:	None.	
V. Unfinished Business:	a. Review of NQF Criteria	
VI. New Business:	The NQF report has been sent out a few times. There was no additional discussion on this. a. Review discussions from TSC Chairs' Planning Sessions No discussion on this.	
	b. Identify collaborating members to other sections No discussion on this.	

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
	 c. Review current data from OEMS Epidemiology Narad stated that the majority of the report has been focused on prehospital data. The next goal is to map those patients who did not go to a trauma center who met the step or step 2 criteria to see what the outcomes were. The committee discussed the accuracy of the data and other data concerns. Mike Watkins had a presentation to show how data is entered in his patient reporting system and how certain types of data is missed such as treat and transfer data. There is nowhere to enter it. He went through the system and discussed falls and other data elements. 	
VIII. Adjournment	NEXT MEETING: Wednesday, November 6, 2019 at 8 a.m. in Norfolk, VA. More information will	
	be sent with the exact location.	
	The meeting adjourned at approximately 9:34 a.m.	

Respectfully submitted by: Wanda L. Street Executive Secretary