

Trauma Administrative and Governance Committee Meeting
Virginia Office of EMS
Embassy Suites
2925 Emerywood Parkway
Richmond, VA 23294
May 3, 2019
10:30 a.m.

Members:	Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Mindy Carter	Cam Crittenden
Mark Day	Paul Sharpe	Wanda Street
K. Scott Hickey	Valeria Mitchell	Tim Erskine
Shawn Safford	Melinda Myers	George Lindbeck
Susan Watkins	Susan Union	Narad Mishra
Joe Hilbert	Maureen McCusker	Jessica Rosner
Jeff Haynes	Jake O'Shea	Adam Harrell
Lou Ann Miller	Kelley Rumsey	
Morris Reece	Tracey Jeffers	
Mike Watkins	Pier Ferguson	
Jeff Young	R. Jason Ferguson	
	Tanya Trevilian	
	Kelly Brown	
	Sam Bartle	
	Shelly Arnold	
	Wayne Perry	
	Michael Feldman	
	Valerie Quick	
	Patrick Ashley	
	Julie Dime	
	Dreama Chandler	
	Macon Sizemore	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	Dr. Michel Aboutanos called the meeting to order at 10:35 a.m.	
Approval of February 8, 2019 meeting minutes:	A motion was made to approve the February 8, 2019 meeting minutes.	The minutes were approved as submitted.
Approval of today's agenda:	The draft agenda was approved.	The agenda was approved.

Chair's Report – Dr. Michel Aboutanos:

Trauma Administrative & Governance (TAG) Committee – Dr. Aboutanos

Dr. Aboutanos thanked everyone from the Office of EMS for moving this process forward. He also thanked everyone for being in attendance today and yesterday for the committee meetings. Later on the agenda, under the Virginia Trauma System, we will discuss the Unified Direction and Action Plan of the Trauma System Committees. We are currently still in Phase 1 of the trauma system plan. Each chair will report this afternoon at the EMS Advisory Board Committee meeting and if they are not present, Dr. Aboutanos will give the report. As discussed at the last meeting, we may need to meet more often in order to move quickly and stay cohesive with the plan. Tim and Cam will meet with the Chairs in June or July for a strategic meeting to ensure that the committee structure and plan are cohesive.

System Improvement Committee (SIC) – Dr. Shawn Safford

The SIC met this morning and reviewed the 1st quarter data. The committee is getting an understanding of how the trauma systems are being used and looking at the very basics of vital signs and GCS scores. In prior years this data was not being reported, but is now reported at over 90 percent. The 1st quarter report will be made available for the committee, since an electronic version was not available today. The committee also discussed their key missions of both education and support of the other committees. In addition, they discussed the quality measures they need to be looking at as they move forward. The SIC will provide reports to the other committees based on their needs and assessments. They are still looking at their membership and has four open positions. Maureen McCusker, an Industrial Psychologist, will be joining the committee. She will be assisting greatly with systems data.

Injury & Violence Prevention Committee (IVP) – Dr. Aboutanos (Karen Shipman was not present)

The IVP committee met yesterday but did not have a quorum so they could not work on any action items. They are still working to fill vacant seats on the committee.

Prehospital Care Committee (PCC) – Mike Watkins

The PCC met yesterday and discussed their goals and objectives, some of which have been passed on to other committees. The key thing that was discovered was that they need to identify the problems they need to solve and they need the data to see where the gaps are in prehospital care delivery for trauma patients. They have three openings on the committee they are working to fill: law enforcement, non-trauma center and citizen representatives.

Acute Care Committee (ACC) – Dr. Jeff Young

The ACC met yesterday and of the assignments of the committee, they decided to focus first on the designation criteria. They did a crosswalk between the national and the state designation criteria. The conclusion was there was a tremendous amount of similarities. At the next meeting, they will try to isolate either the exact criteria or general types of criteria that differ from the national standard. They also talked about justification for having different criteria. Moving forward with their criteria construction, they will look at the patient and not the center to determine whether the criteria should remain or be removed. They had a short discussion about the site visit tool and process. The committee discussed how to make the national and state visits easier for the centers rather than having to recreate documents every year and being in a constant preparation phase.

One of the main differences that Dr. Young and the committee noticed was nursing education. The committee also discussed the trauma designation manual. Dr. Aboutanos would like the trauma designation manual to be moved to the System Improvement Committee and start looking at the report from the registry. He wants to start looking at the data from the registry and work with the epidemiologist at OEMS.

Strategic meeting in June or July with the TSC Chairs.

	<p>Dr. Young recommends establishing a workgroup consisting of the Acute Care, SIC, Prehospital and data staff to work on the designation manual. He also suggested trauma registry staff involvement as well for data validity. Dr. Aboutanos would like to discuss this further at the June or July meeting. The Trauma Triage Plan was also mentioned and should also be reviewed. Dr. Jeff Haynes and the committee discussed the pediatric trauma triage process challenges.</p> <p>Post-Acute Care Committee (PAC) – Macon Sizemore (Dr. Maggie Griffen was not present) The PAC committee met yesterday and we have had excellent participation from all of our committee members representing different levels of care and different rehabilitation disciplines. The committee now has an acute care liaison representative, Dr. Chad Dillard. At the meeting yesterday, PAC focused on data elements and patient descriptors related to inpatient rehab, long-term care, and nursing home facilities. The committee discussed how Medicare, CMS is driving a lot of post-acute bundling for payment services and patient care descriptor outcomes. They focused on identifying data sources and what elements we would want to know for patients who are in those facilities. At the next meeting, they will focus on the data elements for pediatric patients as well as those coming from outpatient facilities such as home health agencies or therapy centers, etc.</p> <p>Dr. Safford would like each committee to bring lists of identifiable data sources in order to create a repository of data resources.</p> <p>Emergency Preparedness & Response Committee (EPR) – Mark Day The EPR committee met this morning and we discussed pediatric capabilities, which included pediatric drills and pediatric capabilities assessments for the hospitals. The last assessment was done in 2016 and the next one will be 2020. They also discussed what the facilities have available in regard to equipment, consumables and training for pediatric patients. The committee also talked about burn and pediatric critical care telemedicine. They discussed each hospitals’ disaster planning and disaster drills and managing the drill all the way through and not just the ER. The committee also discussed inclusion and management of blood products into the drill.</p> <p>Dr. Aboutanos asked how many facilities were using whole blood. Lou Ann responded by saying that they were starting to. Dr. Young discussed his experience from the August 12 event of last year in Charlottesville. The TAG committee also discussed disaster drill planning and lessons learned. They discovered that communications is typically a major issue.</p>	<p>Each TSC is asked to bring lists of identifiable data sources to the chair of SIC, Dr. Safford.</p>
<p>Virginia Trauma System – Dr. Michel Aboutanos:</p>	<p>a. TSC Unified Direction and Action Plan Dr. Aboutanos stated that we have worked hard to culminate a Trauma System Plan, now how do we make the plan actionable? How do we prevent disconnections in each committee of the plan? Where are we? What are the top priorities for each committee on a system level? Can we achieve deliverables at the end of one or two years? For example, what is killing Virginians? How does this look like from a pre-injury and injury and violence prevention aspect? How does this look like from a prehospital aspect? What is the data, education, training, compliance, etc.? Then you move into the interface with the hospital, then the post-acute.</p> <p>Per Dr. Safford, the National Quality Forum is a data driven organization to identify measurements of quality and figures out ways of reporting that. The EMS Compass was based on the findings of this group. A presentation was shown of the work that the National Quality Forum does. This document provides a menu of important guidance that we can use in each of our committees.</p>	
<p>Trauma Program Manager’s Report – Lou Ann Miller:</p>	<p>Lou Ann reported that the Trauma Program Managers met on March 6 and will be meeting quarterly, basically, at the same time as previous meetings. They will meet March, June, September and December. They discussed trauma site reviews and are mentoring program managers who have not been through them. They also discussed using EMR versus paper</p>	

	<p>patient charts: which do you use, which is better? They also discussed nursing education (TNCC, ACTN verification). The other thing they discussed was the trauma cloud, which all of the registry vendors are trying to push. They discussed whole blood for massive transfusions and Stop the Bleed.</p>	
<p>Trauma Fund Update – Julie Dime:</p>	<p>Julie of VHHA explained that during the General Assembly veto session, the trauma fund was mistakenly zeroed out for FY20. This was a big mistake and it was recognized as being so. It will be rectified in the Governor’s budget. VHHA has looked at the sustainability of the trauma fund and ensuring that there is no gap in FY20 funding. They are looking forward to working with the Governor’s office and VDH as the Governor prepares his caboose budget in December.</p> <p>The reason why this happened was the policy change in license suspension fine fees. She explained that they inadvertently zeroed out the funds for the reinstatement fees. Julie also explained what a caboose budget is. The Governor established a biennial budget. The caboose budget fills the gap for the second half of the biennial year before the new biennium starts. The caboose budget will replace the funding that was zeroed out.</p> <p>Dr. Aboutanos asked what does the Trauma System Committee or VDH need to do. Mr. Hilbert stated that we should reach out to the various stakeholder groups and trauma centers and identify the delegates and senators in your area and let them know how very important this is and how it will affect your facility. One of the problems here is the funding is coming from a source that many people view as somewhat inequitable. This is an issue that needs to be discussed. Per Julie, VHHA can help to communicate this with a sample letter or information piece that can be sent out. Julie stated that she can come up an action plan and have it to OEMS in a week or two. Dr. Young suggested that each trauma center should put together a one page summary of what the fund has done for their center since it started. Julie stated that she could put together a one-page document that has an explanation of the fund, when it began and each center’s allocation to ensure that the legislators are aware of the impact of this fund.</p>	<p>Stakeholder groups and trauma centers to reach out to delegates and senators about the trauma fund.</p> <p>Julie to provide action plan for OEMS.</p> <p>Each trauma center create one-page summary.</p> <p>Julie to create one-page document.</p>
<p>Legislative Report – Joe Hilbert:</p>	<p>a. Update on General Assembly as it relates to trauma systems Mr. Hilbert had nothing further to report.</p>	
<p>Citizen Representative Report – Susan Watkins:</p>	<p>Susan stated that now that the trauma committees have been established, she needs help and feedback on what needs to be addressed. We need to reach out and get involved so that more funds can become available. She didn’t think about trauma until it hit her family. She saw how all the different parts of the trauma system come together from beginning to end. If we can get more trauma patients/families involved and let them relay their experiences, this will help the trauma system improve where necessary and continue to provide excellent care across the state. She is open to suggestions and very honored to be here.</p> <p>Dr. Safford thanked Susan for being here. He asked if we had a Trauma Advocacy Group and Dr. Aboutanos stated that we are in the middle of forming it now.</p>	
<p>Office of EMS Report:</p>	<p>Cam stated that Jessica Rosner is the new epidemiologist who will work with Narad Mishra the other epidemiologist.</p> <p>Adam Harrell added that the EMS Symposium is November 6-10. This is the 40th Anniversary. Registration is not open yet, but the Office of EMS thanks everyone for submitting their proposals to teach courses.</p> <p>EMS Week is May 19-25 and EMS educational kits will be going out as well to support EMS Week activities.</p>	
<p>Public Comment:</p>	<p>None.</p>	

Unfinished Business:	Dr. Aboutanos stated that we did not have a financial representative for this committee, but have received one nominee, Jay Andrews, VP of Financial Policy of VHHA. He will reach out to Jay.	
New Business:		
Adjournment:	The meeting adjourned at approximately 12:08 p.m.	The next meeting will be held on August 2 at the Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294

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