

Post-Acute Care Committee
Virginia Office of Emergency Medical Services
Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294
February 6, 2020
1:00 p.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Margaret Griffen, Chair	Beth Broering	Paul Fleenor	Tanya Trevilian
Heather Asthagiri	Emily Jones	Ron Passmore	Valerie Quick
Charles Dillard	Anne McDonnell	Katie Hodges	Reggie Middlebrooks
James Giebfried	Lisa Katzman	Tim Erskine	Kathleen Hardesty
Renee Garrett			Shereen Davis
Lauren Carter-Smith			Beth Adams
Donna Rotondo			Michael Aboutanos
Macon Sizemore			Rachel Bailey
Chris Miller			Melissa Mannello
			Dan Freeman

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order, Welcome & Introductions:	The meeting was called to order at 1 p.m. Everyone around the room introduced themselves. a. Approval of previous meeting minutes – The November meeting minutes were approved as submitted. b. Approval of today’s agenda – Approved by consensus.	
II. Chair Report:	No report.	
III. Feedback from Committee Member Crossovers:	Crossover feedback was given from each of the committee representatives present.	
IV. Comprehensive listing of regional rehab and post-discharge facility resources:	Copies were distributed of the comprehensive listing of Skilled Nursing Facilities (SNiFs) and the Inpatient Rehab Facilities (IRFs). There are 28 IRFs and 867 beds. There are 287 SNiFs and 32,574 beds in Virginia. Dr. Griffen stated that this is very helpful in identifying the facilities. At the last meeting Dr. Dillard was asked to get a list of pediatric rehab facilities and he gave an update on those facilities. He will send this information electronically to Dr. Griffen. Dr. Aboutanos asked how many of these facilities see trauma patients. It is believed that they all do. Ultimately, the goal is to follow the patient from pre-hospital all the way through rehab. Per Dr. Griffen, are going to have to make rehab a required reporting through a legislative mandate. James Giebfried suggested looking deeper into the SNiFs to get a breakdown of the bed usage. He questions how many of the beds are used for traumatic issues. Some may be used for orthopedic issues. Dr. Griffen stated that they are not required to report much information, so it is hard to get the information. VPCI data may be a source. Dr. Griffen stated that we can get the facility they were sent	

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	<p>to, but not the bed information. Tim stated that the next version of the data dictionary will include codes and the IRF so we can tell where they went. There is already a code for home or home with services.</p> <p>This committee will request discharge data and percentages from all hospitals, trauma and non-trauma. Tim will send the trauma registry data dictionary to the committee. He will send the draft of the July 1 implementation to show the new fields that will be collected. Dr. Aboutanos stated that there are two steps: 1) what needs to be collected, 2) quarterly report. The committee will work with Tim in getting the data needed but will also let the System Improvement Committee know what they are asking for. Dr. Griffen wants the percentage of time the required discharge data is reported. The draft report will be sent to the committee members prior to the May meeting.</p>	
<p>V. Finalize desired PAC information metrics:</p>	<p>The committee discussed getting pediatric discharge data. We cannot finalize the information metrics until we can see what data we can obtain.</p> <p>Data request results from the Office of EMS were reviewed. It shows that 5.1% (6,879 patients) of the 134,439 patients were discharged to an IRF. Dr. Griffen stated that this percentage seems really low. She also stated that the data may be skewed because there are more male trauma patients than female.</p> <p>A question to get an answer for is what are the general barriers to getting people into rehab facilities? The committee also wants to know how the results compare on a heat map. They also want to know the trauma center levels of the patients discharged to rehab. The committee wants the same type of data of patients not discharged to rehab.</p>	
<p>VI. Discussion of development of trauma center standards for post-acute discharge facilities:</p>	<p>The main standard for some rehab facilities is mostly Medicare. The committee discussed the standards of the ACS and CMS requirements. Dr. Griffen appointed committee members to get facility requirements for IRFs and adult and pediatric SNiF and IRF requirements for the patient. The members will bring this information to the next meeting.</p> <p>Ron Passmore, Office of EMS Regulation and Compliance Division Manager, introduced himself and Paul Flenor, Field Supervisor, who will be the new Office of EMS staff person for this committee. Katie Hodges will be recording the minutes and taking notes. Dr. Griffen and Dr. Aboutanos thanked them for being there.</p>	
<p>VII. Public Comment Period:</p>	<p>None.</p>	
<p>VIII. Adjournment</p>	<p>NEXT MEETING: Thursday, May 7, 2020 at 1 p.m. at the Embassy Suites, Richmond, VA.</p> <p>The meeting adjourned at approximately 2:42 p.m.</p>	

Respectfully submitted by:
Wanda L. Street
Executive Secretary