

**Virginia Department of Health Advisory Board  
Virginia Office of Emergency Medical Services  
Post-Acute Care Committee  
Embassy Suites, 2925 Emerywood Pkwy, Henrico VA 23294  
February 2, 2023  
1:00 p.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
<b>Beth Broering, Chair</b>		Mohamed Abbamin	Charles Feiring
<b>Jay Holdren</b>		Jessica Rosner	Sam Brown
<b>Anne McDonnell</b>		Ashley Camper	Kim Klein
<b>Dr. James Giebfried</b>			Lara Taylor
<b>Lauren Carter-Smith</b>			Linda Harris
<b>Dr. Charles Dillard</b>			Tim Donahue
Lacey Watford			Wendy Clement
David Debiasi			Kevin Emory
Daniel Klyce			Lori Sturt
Kathleen Hardesty			Garrett Hall
Valeria Mitchell			Dr. Rahil Dharia
			Melinda Myers

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Call to order, a. Approval of today's agenda b. Recap of previous meeting</b>	<p>Chair Ms. Broering calls the meeting to order. Introductions are made. She acknowledges that attendance does not met quorum.</p> <p>a.) Due to lack of quorum, a formal vote on agenda or minutes is not taken and the meeting proceeds.</p> <p>b.) Ms. Broering recaps goals and objectives from previous meeting, as well as the ongoing issue of trying to collect data to better understand where patients are going after hospital discharge.</p>	<b>None. Informational.</b>
<b>II. Chairs Report</b>	Chair Broering introduces Daniel Klyce and asks him to go over work being done on model systems TBI projects.	<b>None. Informational.</b>
<b>III. Model System TBI overview</b>	Mr. Klyce begins by summarizing the background of the grant, explaining it is a competitive fund contingent on a center's performance in trauma and post-acute care services. There are roughly 20,000 participants contributing to the TBI Model Systems database, tracking item such as acute care,	<b>None. Informational.</b>

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	neurosurgical involvement, post-acute...etc.	
<b>IV. VCU Hospital to Home Program</b>	Chair Broering asks Mr. Holdren, from VCU post-acute care committee, to comment on the programs collection of data. Mr. Holdren explains collection is on a range due to how many options there are for patients when discharged. Typical data marks tracked are items associated with long term post trauma outcomes, such as pressure ulcers, falls, improvement from baseline and so on. He goes on to brief hospital to home programs and their ability to leverage technology to optimize patient care without hospital admission. Data points may be more reliable as they are reflective of outcomes in the patient’s home environment. Various outcomes they seek to measure are healthcare cost, quality, patient satisfaction, functional assessment, hospital readmissions and primary care. Mr. Holden entertains questions from committee. Afterwards Ms. Broering moves onto data discussion.	<b>None. Informational.</b>
<b>V. Disposition of discharge data.</b>	<p>Ms. Broering introduces Ms. Rosner and thanks her for gathering data for the past three years concerning patient disposition at discharge. Chair Broering begins by summarizing data for the group. Discharge dispositions were pulled by year then by trauma center level, with some dispositions left blank. It was added that this may be due to being discharged from the ED or having died in the ED. Chair Broering identified there are a low number of patients going to burn centers and expresses concern that it could be due to mislabeling as them going to acute-care centers. She also brings up data dictionary definition confusion in the events of children going to protective services, patients to home health/hospice, and law enforcement, siting them as examples for how the committees can identify points to clean up definitions.</p> <p>Dr. Giebfried inquired about military patients and homeless groups and how they are tracked. Chair Broering informed him that military patients are typically discharged to military facilities or bases and that data rests in their registrar databases. It is identified by a Naval Portsmouth rep that they too report to registry. Tracking of homeless patients is more complicated due to lack of dispositions and often go to “homeless self-care”. There is also discussion about how payments from Medicare and Medicaid have been adversely affecting patient dispositions and continuum of care.</p> <p>Chair Broering discusses with Ms. Rosner the desire to obtain data on patients discharged to rehab and skilled facilities outside the state. It is also discussed at length by the committee challenges with tracking patients post discharge from rehab facilities. As well, there are issues with patients that are known to be in facilities outside Virginia, due to lack of space, and thus paying much more for their care.</p>	<b>None. Informational.</b>
<b>VI. Public Comment</b>	Ms. Mitchell offers that it would be helpful to get full list of committee members and roles. Chair Broering agrees.	<b>None. Informational.</b>
<b>VII. Adjournment</b>	It is noted that next meetings will be held in May. Chair Broering thanks everyone and the meeting is adjourned at 14:30pm.	<b>Next quarterly meeting in May.</b>

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Respectfully submitted by Ashley Camper and Mindy Carter.