

Trauma System Oversight & Management Committee
OEMS, 1041 Technology Park Drive
Glen Allen, VA
March 5, 2015
11:00 a.m.

Members Present:	Members Absent:	Other Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Shawn Safford	Jeffrey Haynes	Paul Sharpe
J. Forrest Calland	Emory Altizer	Amanda Turner	Robin Pearce
Lou Ann Miller	Michael Feldman	Valeria Mitchell	Wanda Street
Melissa Hall	T. J. Novosel	C. Todd Borchers	George Lindbeck
Raymond Makhoul	Maggie Griffen	John Hyslop	Gary Brown
Andi Wright	Luis Eljaiek	Allen Williamson	David Edwards
	Sid Bingley	Beth Broering	
		Andrea Pozez	Present Via Teleconference:
		Scott Hickey	Gary Critzer
		Kelley Rumsey	Bruce Edwards
		Dr. David Trump	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Aboutanos at 11:05a.m.	
Approval of the Agenda:	A motion was made to approve today's agenda. The agenda could not be approved as there was no quorum.	The agenda could not be approved.
Approval of minutes dated December 4, 2014:	A motion was made to approve the December 4, 2014 minutes. The minutes could not be approved as there was no quorum. A suggestion was made to clarify the sentence on page 3 that began "Violence Prevention..." The sentence should read as follows: "The Chair suggested creating an injury and violence sub-committee. Staff recommended that it may benefit the sub-committee to have the VDH Injury and Violence Prevention Division involved." The sentence was incomplete as written.	The minutes could not be approved.
Chair Report:	Dr. Aboutanos stated that his report includes many of the topics of discussion to be held today. He is very excited about the work that is being performed by the Performance Improvement committee.	
Trauma Performance Improvement Committee Update – Dr. Calland:	The report was completed and submitted to the Commissioner with the incredible work done by Carol Pugh. The most striking thing about the data in the pre-hospital registry is that many of the run sheets contain no vital sign information, but the patient is going to the right level trauma center. A major focus from this point forward will be to give data and feedback on the likelihood of the individual agencies' rate of missing data, over the previous year (2014), that a given patient would have been taken to a trauma center who met Tier 1 criteria. Lou Ann Miller has volunteered her time and her region (Peninsula EMS) to receive the first of these reports in the coming 45 days. Dr. Calland sadly reported that Carol Pugh is retiring as of April 1. Her goal is to try to have all of the region reports completed by that time. With that being said, Dr. Calland would like to have the reports done on an annual basis.	

	<p>Future directions include whether or not real time feedback should be provided to the agencies; sending an automated email back saying that there is missing vital sign data on said run sheet. It is a way to encourage the agencies to carefully complete the run sheets for more accurate data. Or do we go to the hospital registries and do a statewide TQIP like initiative by risk adjusting the survival of individual patients in individual centers and provide the centers their risk adjusted mortality compared to their peers? Which would be preferable?</p>	
<p>Trauma Nurse Coordinators Report:</p>	<p>Andi Wright stated that now that the work is completed on the State Manual, their focus will be on geriatric trauma protocols and the State Trauma Triage Plan. The geriatric trauma is divided it into three different areas: 1) Pre-hospital, 2) Hospital stay and 3) Re-entry into the community/Rehab. Nancy Malhotra is the chair of this sub-committee and they have met twice already via conference calls.</p> <p>Lou Ann Miller added that four recommendations were made for geriatric field triage: 1) Blood pressure less than 110, 2) GCS (mental capacity), 3) Motor vehicle accident greater than 20 mph – mortality is greater, 4) single long bone fractures increases mortality rate. They also looked at inner hospital transfer and have a set of recommendations for that also. The State ACS would like to be involved in this project.</p> <p>Melissa Hall also gave a brief update on the SWOT Analysis of the current State Trauma Triage Plan. While reviewing the plan, they identified that there are two regions in Virginia that do not have a trauma center. They also noticed variations in each of the regional trauma triage plans. There is also no standardized approach to education across the state for pre-hospital providers as well as inter-hospital education on how we transfer patients. They will be looking for an ACS/COT representative to sit on the sub-committee as well as someone from the State PI committee with a data perspective.</p>	
<p>Trauma Center Updates:</p>	<p>The trauma centers are asked to submit their updates electronically prior to the meeting. See document below:</p> <p> Trauma Center Updates - March 5, 2</p> <p>Beth Broering, VCU – VCU is hosting a Trauma Symposium on March 18, 2015, the focus will be on disaster/mass casualty. Space is still available. Will also continue to hold TNCC, ATCN and ENPC courses. Please check the VCU Trauma Critical Care Education website for the dates. VCU also has one more registrar position to fill and are - revving up for the bike race.</p> <p>Lou Ann Miller, Riverside Regional Medical Center – The Hampton Roads Trauma Symposium is April 3 and their focus is Controversies in Trauma. They are also focusing on the use of TAG and TXA in trauma.</p>	
<p>OEMS Update – Robin Pearce:</p>	<p>A. Review of TSO&MC</p> <ol style="list-style-type: none"> 1. Vision 2. Mission 3. Core Objectives <p>Robin Pearce gave a brief orientation of what the Trauma System Oversight & Management Committee’s Vision, Mission and Core Objectives are via a PowerPoint presentation by explaining the VDH Governor’s EMS Advisory Board’s committee structure.</p>	

The Chair discussed having a representative from each of the advisory board committees come and share what they are currently working on. He wants to have at least two come and do a five minute discussion or presentation.

B. ACS statewide survey orientation

Robin Pearce presented a PowerPoint on the ACS requirements and stated that OEMS is still in contract negotiations. The Office has begun working on the PRQ. The attachment below entitled “ACS Section 1 – Assessment” lists all the questions that need to be answered and submitted to them two months in advance of the site visit.

Also, below is the list of documents that should be readily available upon their arrival. These documents should also be sent prior to their arrival per Robin. As we move forward, small groups may be formed to work on different questions. Within the next two weeks, a survey will be sent out via survey monkey to all the trauma centers in Virginia. Please complete and submit as soon as you can.



ACS Section 1 -
Assessment.pdf



ACS Documentation
Required.pdf

C. Indicators of Trauma System Development

D. Legislative Update

Robin Pearce updated everyone on the General Assembly Legislative items concerning trauma. The Emergency Contact legislation through DMV has gone to the Governor for approval. This is for adding an Emergency Contact to your DMV record and making this information available to law enforcement. The other legislation is for the designation of an individual other than the patient to receive information and instructions for hospital discharge procedures. This has also gone to the Governor for approval.

E. Other – Dr. David Trump

Dr. Trump gave an update on the status of the Virginia Trauma Center Designation Manual, which was submitted to the State Board of Health for review and possible approval at their March 19 meeting. It was decided by Dr. Trump and the Commissioner to allow the Board time to review the Manual. It will be on the agenda for approval at the June meeting. This allows the State Board of Health to make an informed decision without having the opportunity to review the document. He also stated that there were concerns about unaddressed issues and that the Commissioner had big concerns about the Commissioner granting exemptions and variances. Dr. Trump invited those interested to speak at the Board of Health meeting during the open comment period.

Bruce Edwards added that the Board had 9 new members within the past year to 14 months and the members want to know as much as possible about what they are voting on. Mr. Edwards also stated that we needed to remain a system and that we needed to stay within the process.

Dr. Trump also stated the report from the Performance Improvement Sub-Committee is great work and sets the stage with baseline data and the data that will be ongoing to show that we are working to improve performance across the system. Thanks for a great document.

<p>Positions on the TSO&MC:</p>	<p>Dr. Raymond Makhoul has recommended Dr. Scott Hickey to fill the vacant Emergency Physician (ACEP) position. Dr. Aboutanos has agreed that Dr. Hickey would be an asset to the committee and has appointed him to the position. His position is pending review by the State EMS Advisory Board Executive Committee.</p> <p>The committee was asked to give their opinion on who should fill the Citizen Representative on the committee. There were two candidates submitted: Nan McVey and Hattie Grimm. It was advised that they both do a short YouTube video, so that the committee can get a feel for who would be serve the committee. They should share a little bit about themselves and why they want to serve on the committee. Dr. Aboutanos also stated that we should look geographically, to have a more diverse committee structure. The committee is leaning towards Ms. Grimm for geographical reasons.</p> <p>Chippenham Hospital is becoming a Level II; there is a need to have another Level III representative. It was suggested that Keith Stephenson, from New River Valley, would be great on the committee. The position doesn't have to be filled by a physician; it could be a Nurse or Administrator, etc. Mark Day (VA Beach), Elton Mabry, and Emory Altizer were also mentioned as possible candidates. Dr. Aboutanos suggested that names be submitted at the next meeting after everyone has had a chance to discuss this with the individuals recommended.</p>	
<p>Injury & Violence Prevention Sub-committee:</p>	<p>The Chair has asked several people to join the Injury & Violence Prevention sub-committee. He asked Melissa Hall, Ann Jordan and Heather Davis from Chippenham. It was also suggested at the last meeting that Heather Board of VDH join the sub-committee. Melinda Myers of Northern Virginia was also recommended. The next step is to choose topics to effectively work on.</p> <p>Melissa Hall suggested inviting the Injury Prevention Specialists/Coordinators from several hospitals to see what they are working on.</p>	
<p>Public Comment:</p>	<p>None.</p>	
<p>Adjournment:</p>	<p>The meeting adjourned at approximately 2:12 p.m.</p>	<p>2015 TSO & MC Meeting Schedule: June 4, September 3, December 3</p>