

**Trauma System Oversight & Management Committee
 Virginia Office of EMS
 Virginia Public Safety Training Center
 7093 Broad Neck Road
 Hanover, VA 23069
 September 7, 2017
 1:30 p.m.**

Members Present:	Members Absent:	Other Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Shawn Safford	Wayne Perry	Gary Brown
Andi Wright	Susan Watkins	Daniel Munn	Cam Crittenden
Lou Ann Miller	Lisa Wells	Ann Kuhn	Tim Erskine
Emory Altizer		Pier Ferguson	Wanda Street
Timothy "T. J". Novosel		Heather Davis	David Edwards
Scott Hickey		Paul Sharpe	George Lindbeck
Margaret Griffen		Stephanie Boese	
Sid Bingley		Tracey Lee	
J. Forrest Calland		Cathy Peterson	
Keith Stephenson		Sherry Stanley	
Michael Feldman		Kelley Rumsey	
		Amy Gulick	
		Sonia Cooper	
		Tanya Trevilian	
		Terral Goode	
		Melinda Myers	
		Kathy Butler	
		Jordan Estroff	
		Beth Broering	
		J. T. Ryan	
		Mark Day	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Aboutanos at 1:33 p.m.	
Approval of the Agenda:	A motion was made by Dr. T. J. Novosel to approve the agenda. The motion was seconded by Andi Wright. All committee members were in favor. The agenda was approved as submitted.	The agenda was approved as submitted.
Approval of minutes dated June 1, 2017:	A motion was made by Emory Altizer to approve the minutes dated June 1, 2017. The motion was seconded by Dr. J. Forrest Calland. All committee members were in favor. None opposed. The meeting minutes were approved as submitted.	The June minutes were approved as submitted.

Chair Report:	Dr. Aboutanos said that his report will include what we have been working on in the Trauma System Plan Task Force and the trauma funds in reaching out to various organizations who will help us into looking at the impact of the potential loss of the trauma funds. He will incorporate his comments on these and other topics as the meeting progresses.	
Trauma Performance Improvement Committee Update –Dr. Calland:	Dr. Calland reported that the TPIC has completed a quarterly report of injured patients to be submitted to the State Health Commissioner. Quarter 1 data will be reported at the end of Quarter 2, Quarter 2 data at the end of Quarter 3, and so on. Dr. Calland briefly described some of the graphs in the report. It gives a better judgement of whether patients are going to the right trauma center due to the acquisition of better data collection. TPIC has been collaborating with the Medical Direction Committee on the data and they are committed to continue doing that. They intend to provide Risk Adjusted Reports of Mortality by EMS Council Region as a long term goal by 2019. They have also discussed database linkage and are still working on that. The committee is very pleased with being able to obtain better data and more accurate reports.	
Trauma Program Managers Update – Andi Wright:	<p>Andi reported that the trauma program managers met yesterday and discussed trauma designation and verification visits. As you all know, this has been a very busy year for the Office of EMS. It was decided at the last meeting that we will make this a standing agenda item for Q & A for TPMs who have questions regarding how to best prepare and what to present during the opening conference. The group feels that it has been helpful. Andi congratulated everyone who was designated this year.</p> <p>Lou Ann Miller congratulated Andi on winning the Trauma Certified Registered Nurse (TCRN) Award. She will be presented with the award in St. Louis at the Emergency Nursing 2017 Conference later this month. She is the first in the country to receive this new award.</p>	
Trauma and Non-Trauma Center Updates:	<p><u>Reston Hospital Center – Mindy Carter:</u></p> <ul style="list-style-type: none"> • Currently preparing for site review on September 19th • New Trauma Educator/Injury Prevention Coordinator started in June. • Welcoming Dr. Samir Fahkry to the Reston Trauma Service starting in September. He will be replacing a departing member of the service. <p><u>Sentara Virginia Beach General Hospital – Mark Day:</u></p> <ol style="list-style-type: none"> 1. New underbody Bear Hugger blankets. <ol style="list-style-type: none"> a. The mattress covers are stocked in the trauma carts in 33-35. b. It is the expectation that they are placed on the bed prior to the ALPHA alert arrival. The hookup for blanket should always be at the foot of the patient. c. It is hooked up the same as the over patient blanket. It will be over the stretcher green sheet. So that when the patient goes to CT it won't be in the way. d. It should be used when the core temp is less than 95 degrees (RECTAL). Then can be turned off after the temp normalizes around 98 degrees (RECTAL) e. You should also use the continuous rectal probe thermometer when you are using the blanket. This allows you continuous access to the patients' core temp during resuscitation. 2. Continuous rectal thermometers <ol style="list-style-type: none"> a. The continuous rectal probe thermometer is found in the trauma carts in 33-35. b. It has two parts to it. The rectal probe itself and the cord that it plugs into. The cord is then plugged into the monitor cassette. c. It should be placed approximately 3inches into the rectum. Then taped to the gluteus. 	<p><u>Attention Trauma Program Managers – Please submit your trauma center updates to wanda.street@vdh.virginia.gov to be inserted here.</u></p>

- d. The reason for this, the continuous reading allows you to know at a glance what the patient's core temp is. It helps you avoid hypothermia and coagulopathy.
3. New Massive transfusion order set
 - a. The new and improved massive transfusion order set is out!
 - b. It only has massive transfusion and TXA in it! You can no longer request uncrossed blood products from this order set.
 - c. When ordering massive transfusion, call the blood bank to alert them that you are ordering... Then follow up with the order.
 - d. You will get 5:5:1 every 15 minutes until you tell them to stop.
4. Alpha alert expectations for 2017
 - a. Patients that are trauma alerted should have the room setup prior to the patient arrival
 - b. There should be a dedicated Trauma Control RN (that is the nurse doing the charting and talking to the surgeon/ED Dr regarding the total care of the patient.
 - c. They should have two 18G IVs placed if they are an ALPHA. This is the least amount placed. They can and should have an 8.5F trauma introducer placed if they are having blood products.
 - d. Initial VS should include; B/P, HR, Resp, Rectal temp, SPO2, and capnography should be placed if the patient is intubated.
 - e. I/O must be annotated. This is very important for the care of the Alpha alerted patients.
5. Trauma patient registration pilot
 - a. The pilot will run for two weeks starting the 20th. Not run on the weekend.
 - b. We will try very hard to register the trauma patient using their ID. The registration clerks have already been trained and ready to do this. If the patient is a critical Alpha then you can use the TP number. But every effort to identify these patients needs to be done. This will allow the patients old chart to be used giving the physician the ability to see old x-rays and labs.
6. Installed and trained on TEG
7. Put together a "tourniquets and quick clot dressings response bag" for the ED
8. Updated the ED annual education into two parts
 - a. Didactic lectures on:
 - i. Massive transfusion
 - ii. Auto transfusion
 - iii. Three tier trauma alert policy
 - iv. Tourniquet training on 1.CAT 2. SWAT-T 3. SAM junctional tourniquet
 - v. Update on the trauma transfer centers role in trauma transfer
 - b. Hands on return demonstration on:
 - i. All three types of tourniquets
 - ii. Pleur-evac setup with auto transfusion device
 - iii. Setup of the Ranger rapid infuser
 - c. Simulation training at Sentara sim center
9. SVBGH performed a table top exercise for active shooter
10. Initial planning meeting for live active shooter drill
11. Performed a live active shooter drill
12. Updated and instituted Trauma Services practice guidelines

	<p>13. Finished a two center change in the trauma patient registration process. Allowing for registering the trauma patient with their name and allows for the use of the existing MRN number, and access to their old charts and radiographs.</p> <p>14. Joined the national Level III TQIP group and received our first risk adjusted outcomes and benchmark reports.</p> <p><u>Chippenham Hospital - Heather Davis:</u></p> <ul style="list-style-type: none"> • ACS Level II Verification visit on August 7/8 with no deficiencies on preliminary report • Recruiting for Trauma Education and Injury Prevention Coordinator • Participating in collaborative TCAR course with VCU, HDH, and SRMC on Sept 13/14 • State re-designation due by January 2018 	
<p>Trauma System Plan Task Force Update – Dr. Michel Aboutanos:</p>	<p>Dr. Ryan gave an overview of the Trauma System Plan Task Force meeting this morning. The draft Trauma System Plan document of what each workgroup has been working on is being compiled into one document. The draft was reviewed this morning and the workgroups have to get their final revisions to the Office of EMS by the first week of November. In December, the task force will review the document for any further changes. It is the goal of the task force to have a finalized document at the March 2018 meeting.</p>	
<p>VA COT Committee Update – Dr. Calland:</p>	<p>Dr. Calland stated that on behalf of all the patients who we collectively serve, a deep debt of gratitude is owed to each and every one here. We are continuously improving the care of patients by getting them to the right centers, at the right time. COT is still discussing the trauma deserts such as the Southwest and the area around Danville. They are also discussing funding initiatives such as how to stabilize the trauma funds which has a real and credible threat. There is a Region III TQIP collaborative that has just formed with fourteen or fifteen members. For those who have just joined, meetings will be held in San Diego and at the TQIP conference in Chicago in November. The Region III report will be received in November. The Resident Paper Competition will be on November 4th in Richmond and for those submitting abstracts, they must be submitted to Dr. Calland by October 27.</p>	
<p>Medical Direction Committee Update – Dr. J. Forrest Calland:</p>	<p>The Medical Direction Committee needs more pre-hospital and non-trauma center perspectives working on this committee. They also need more individuals that come from an in-hospital treatment paradigm. There is very deep engagement over the challenge of obtaining complete sets of vital signs. In addition, there has finally been definitive action taken to limit the number of intermediate certifications in the Commonwealth. Those who are currently intermediate can remain as long as they keep up their CE. Only three states recognize intermediate, nationally it is becoming obsolete. There will be mechanisms for intermediates to move to paramedics.</p>	
<p>OEMS Update Gary Brown:</p>	<p>Gary Brown stated that the National Registry Board of Directors has on their agenda in November to act on a motion that the testing for intermediate will be dissolved in January 2020. Mr. Brown informed everyone that Gary Critzer, chair of the EMS Advisory Board, has been appointed by the Governor to be the EMS Representative on the State Board of Health. Today is his first meeting with the State Board of Health. The 38th Annual EMS Symposium will be held in Norfolk in November if interested in attending. It is largest EMS Symposium in the country with over 350 courses being taught over a 5-day period. We have a dedicated trauma track (40 classes) and a dedicated pediatric track (39 courses). Call for Presentations for 2018 is open to submit presentations to teach next year. Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) is in effect now with eleven state enactments. The first National Commission meeting will be held in Oklahoma City in October.</p> <p>Cam Crittenden stated that Dr. Levine has asked the TSO&MC to recognize the importance of injury prevention and the interaction with the community to improve community health. Dr. Levine has asked the committee to consider the potential reallocation of some of the trauma center funding to support more robust trauma prevention efforts.</p>	

Old/Unfinished Business:	None	
New Business:	Dr. Calland asked where the committee was in regard to the membership on this committee. At a previous meeting, it was discussed to keep the committee members as they are until the completion of the Trauma System Plan. Dr. Calland had a nominee for the non-trauma center representative - Scott Just of Augusta Medical Group. He is the Medical Director of Augusta County. Emory suggested someone from the Martinsville/Danville area since it is an under-served area. Dr. Lindbeck recommended the OMD for southwest. Andi stated that she had a contact in Martinsville that she will reach out to for a recommendation. Dr. Calland also asked for clarification about any membership changes that may occur due to the Trauma System Plan. Dr. Aboutanos stated that the Administrative Workgroup will or has put together a membership structure. Dr. Calland also stated that a rehab representative should be added as previously discussed. Andi reminded everyone that this committee has made some changes due to the ACS recommendations; Sid Bingley (Provider Rep) was added as well as a non-trauma rep and a citizen rep.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 2:25 p.m.	2017 TSO & MC Meeting Schedule: December 7

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