

Pre-Hospital Work Group Minutes
1041 Technology Park Drive, Glen Allen VA 23059
August 29, 2016
1000 – 1700

Members Present:	Members Absent:	Ad-Hoc Members Present:	OEMS Staff	Others Present:
Sherry Stanley, Co-Chair	Dr. Tania White			Kate Keller
Dallas Taylor, Co-Chair	Dr. Theresa Guines			Sam Bartle
Sid Bingley	Dr. Marilyn McLeod, Co-Chair			
Brad Taylor	Dr. T.J. Novosel			
Wayne Perry	Dr. Allen Yee			
Dr. Raymond Makhoul	Ron Passmore			
Dr. Jeffery Haynes				
Dr. Carol Bernier				
Dr. Reed Smith				

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Review of Minutes from June 2, 2016.	Minutes were reviewed by the group and approved.	None
Develop a Prehospital Outline per recommendations of the State ACS Taskforce Committee recommendations.	This meeting was devoted to developing an outline for areas that the Prehospital Workgroup would address in the development of the state trauma system in Virginia.	Action plan to be presented at the State ACS Taskforce meeting on September 1, 2016.

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p data-bbox="520 264 1226 310">I. Mission and Vision Statement</p> <ul data-bbox="520 358 1587 1260" style="list-style-type: none"> <li data-bbox="520 358 1587 500"> <p data-bbox="520 358 659 386">• Vision</p> <p data-bbox="564 394 1587 500">A safe and secure environment in Virginia for all—enhanced and facilitated by a functional, integrated and continuously improving pre-hospital trauma system.</p> <li data-bbox="520 542 1587 824"> <p data-bbox="520 542 676 570">• Mission</p> <p data-bbox="564 578 1587 824">To protect and improve the health and well-being of the citizens and visitors of the Commonwealth of Virginia who require Emergency Medical Services (EMS). This is accomplished through the administration of licensure requirements of EMS agencies, local medical oversight and the development of regulatory policies and procedures. This oversight promotes efficient program administration, education, safe care, treatment and transportation of the trauma patient.</p> <li data-bbox="520 867 1587 1260"> <p data-bbox="520 867 846 894">• Executive Summary</p> <p data-bbox="564 902 1587 1260">Virginia has a population of nearly eight million citizens residing within 136 cities and counties with a diversity of urban, suburban, rural, and super rural communities. The EMS system is comprised of 700 independent agencies, working in 11 regional councils with nearly 35,000 certified EMS providers and 200 Operational Medical Directors. Virginia is home to the first all-volunteer rescue squad (Roanoke Life Saving Crew, 1928) in the United States. The system consists of models including: volunteer, hybrid, career, fire based, hospital based, public utility, air medical, third party municipal agency, and commercial.</p> <p data-bbox="564 1295 1587 1458">Emergency Medical Services (EMS) has a strong historical presence with the diversity of paid and volunteer agencies within the Commonwealth of Virginia. The Virginia trauma system was created as an extension of the EMS system, and this historical structure has persisted over the years. EMS is the</p> 	

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	<p>critical link between the injury-producing event and definitive care at a trauma center. It is a complex system that not only transports patients, but also includes prevention and public access, preparedness, communications, education, EMS research, data collection, and performance improvement activities.</p> <p>II. Objectives:</p> <p>a) The Office of EMS shall have a <i>full time (salaried)</i> physician Medical Director who is familiar with, experienced in, and/or currently involved in pre-hospital care, or <i>EMS board certified</i> and whose qualifications are commensurate with his/her scope of responsibility in the EMS system.</p> <p>b) The Office of EMS shall have a <i>full time (salaried)</i> Trauma Systems Manager experienced in trauma systems development and management.</p> <p>c) The Office of EMS shall provide system quality improvement (QI) monitoring functions based on EMS and Trauma data.</p> <ul style="list-style-type: none"> ➤ <i>EMS Registry and Trauma Registry collaboration</i> ➤ <i>Develop performance indicators that have the capability to evaluate EMS system performance as it pertains to the trauma care system.</i> <p>d) The Office of EMS shall approve programs of continuing education. Continuing education programs often will be based on QI program findings.</p> <p>e) The Office of EMS shall provide pre-hospital providers scope of practice and formulary guidelines.</p> <p>f) <i>The Office of EMS shall ensure the state trauma plan will define minimum key elements for the development of agency / regional protocols involving:</i></p>	

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	<ul style="list-style-type: none"> ➤ <i>pre-hospital trauma patient triage (Pediatric / Geriatric / Adult)</i> ➤ <i>Trauma Patient Identification and patient transport and destination decisions</i> ➤ <i>Treatment</i> ➤ <i>requirement for safe transport of pediatric patients</i> <ul style="list-style-type: none"> ○ <i>These guidelines shall be modeled after level I and level II evidenced based population specific findings.</i> <p>g) The Office of EMS shall define the roles and responsibilities of regional EMS councils as neutral entities, providing regional resources. All regulatory compliance will continue to be enforced by the Virginia OEMS.</p> <p>h) Define the roles, responsibilities and reporting structure of OEMS Advisory Committees</p> <ul style="list-style-type: none"> ➤ Medical Direction Committee <ul style="list-style-type: none"> ○ <i>(Example) The goal of EMS medical direction is to provide an operational framework for all medical aspects of pre-hospital care such that there is professional accountability in the pre-hospital setting analogous to that in the more traditional settings of medical care.</i> ➤ Trauma System Oversight and Management Committee ➤ State Medevac Committee ➤ Training and Certification Committee ➤ Other <p>i) Recruitment and retention of EMS providers</p> <p>j) Inter-facility Transport</p> <ul style="list-style-type: none"> ➤ <i>Appropriate Resource Utilization (Ground vs. Air)</i> ➤ <i>Critical Care Transport Certification (?)</i> 	

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	k) Communication <ul style="list-style-type: none"> ➤ PSAP (E911) ➤ Dispatch Priorities (Emergency Medical Dispatch) ➤ Communication System Integration (Medical Control) l) Hospital Trauma Center Designation m) Hospital / EMS Collaboration: <ul style="list-style-type: none"> ➤ <i>There is clearly defined, cooperative, and ongoing relationship between the hospital trauma medical directors and agency / regional EMS medical directors</i> n) EMS Trauma Research o) EMS Funding <ul style="list-style-type: none"> ➤ Prioritized Rescue Squads Assistance Funds (Education / Equipment / Research) ➤ Medical Director support p) Public Trauma Education and Prevention	
PUBLIC COMMENT	None	
UNFINISHED BUSINESS	None	
NEW BUSINESS	None	
Adjournment	Meeting was adjourned at 1400. Next meeting TBD, following State ACS Task Force meeting.	