

**Trauma System Plan Task Force Meeting
 Virginia Office of EMS
 The Perimeter Center
 9960 Mayland Drive
 Henrico, VA 23233
 March 3, 2016
 11:00 a.m.**

Members Present:	Members Absent:	Other Attendees:	OEMS Staff:
Michel Aboutanos, Chair	Shawn Safford	Tiffany Lord	Robin Pearce
J. Forrest Calland	Keith Stephenson	Christopher Lindsay	Wanda Street
Lou Ann Miller		Paul Sharpe	George Lindbeck
Maggie Griffen		Allen Williamson	David Edwards
Sid Bingley		Beth Broering	Gary Brown
Emory Altizer		Laura Evans	Scott Winston
Michael Feldman		Kelley Rumsey	Dwight Crews
Scott Hickey		Sherry Mosteller Stanley	
T. J. Novosel		Rebecca Edwards	
Andi Wright		April Brown	
Melissa Hall		Dallas Taylor	
Anne Zehner		Melinda Myers	
R. Macon Sizemore		Tracey Lee	
Valeria Mitchell		Kathy Butler	
Anne Mills		Lisa Wells	
Tom Ryan		Mitchell Farber	
Morris Reece		Stephanie Boese	
John Hyslop		Pier Ferguson	
Marilyn McLeod		Amy Gulick	
		Heather Davis	
		Diamond Walton	
		Mark Day	
		Gary Critzer	
		Amanda Turner	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Aboutanos at 11:06 a.m.	
Introductions:	Everyone around the table introduced themselves.	

	<p>Dr. Aboutanos stated that he is very impressed by everyone’s dedication to this process. It is very important to accomplish this. The objective is to have every workgroup give a brief summary of what they have worked on thus far. He realizes that everyone’s time is valuable and that it may be difficult to meet with the restraints of teleconferencing. Dr. Aboutanos asked Paul Sharpe to share suggestions on the best ways to accomplish the work in each workgroup. Paul Sharpe suggested having more frequent meetings or giving each member of the workgroup an assignment to come back to the meeting more prepared. There has also been discussion about a Google group. The Chairs will have to make sure the workgroups work efficiently. Valeria Mitchell mentioned having a two-day retreat in Virginia Beach as was held in the past for the completion of the Trauma Manual. Paul stated that this was covered in the past through a grant from HRSA. Gary said that this may be an option that will need further discussion. He will work with Dr. Aboutanos and the chairs to form a plan to see how feasible this is.</p> <p>Dr. Ryan asked each of the workgroup chairs to limit their updates to 8 minutes. If there are any burning issues that need to be addressed, please mention that, but we won’t have a lot of time to address it.</p>	
Review and Approval of February 11, 2016 minutes:	A motion was made to approve the minutes dated February 11, 2016. The minutes were approved as submitted.	The minutes were approved as submitted.
Update of the Administrative Workgroup:	<p>Andi Wright stated that the Administrative workgroup is responsible for system development and planning, leadership and finance. They also agreed that a retreat would be very productive. They reviewed the vision and mission that was discussed in February and found that they serve the needs of the task force. The workgroup then looked at the values. The workgroup voted to establish the values according to the Institute of Medicine as follows: patient-centered, safety, efficient, effective, equitable, and timely. They also discussed a code of conduct to include compassion, transparency, accountability, honesty, respectful communication and collaboration. At the next meeting they will define the values and the code of conduct. These will be embodied in their paper. The final thing was to look at some of the priority recommendations from the ACS. They also need to know how things work in the Commonwealth. Tasks will be assigned to the workgroup members to bring back to the next meeting.</p>	
Update of the Injury Prevention Workgroup:	<p>Melissa Hall stated that they discovered today that several years ago the Commonwealth of Virginia had an Injury Prevention Committee that included DMV, NHTSA and Hospitals and it is no longer active. There are some historical documents that may be of value such as an Injury Prevention Plan and some of the previous members from the group may want to join us in this effort. They will start with a needs assessment utilizing several community members and develop an injury plan across the state. Dr. Aboutanos stated that the committee should focus on the various aspects of injury prevention.</p>	
Update of the Pre-hospital Workgroup:	<p>Dallas Taylor reported that they have established the members of the workgroup and identified more stakeholders and ad hoc members that may be asked to participate as needed. The workgroup has made plans to meet monthly for an all-day meeting potentially on April 14th. The next meeting will include gathering data for trauma triage, identify the challenges of the regional councils, and establish the resources that they have. They also want to develop unified statewide protocols. Robin stated that she has all the regional protocols in her office. They also want to look at ground critical care transport resources in all areas. Dr. Aboutanos encouraged the workgroup to look at how this fits into the overall Trauma System Plan. Dr. Calland suggested making sure that the trauma system plan is consistent with the CDC guidelines.</p>	
Update of the Acute Definitive Care Workgroup:	<p>Heather Davis reported that there were seven members present today with two co-chairs. They are looking to expand with two more members from the Western and Tidewater regions. They will be meeting monthly on the first Thursday of the month. Heather is very open to having a retreat. Discussion was held about the recommendation to place the trauma center designation criteria into administrative rule. They felt that should be addressed by the TSO&M committee. The workgroup prioritized the recommendations and have been given assignments on ways to assess the recommendations and will bring back to the next meeting.</p>	

<p>Update of the Rehabilitation Workgroup:</p>	<p>Kathy Butler reported that Stephanie Boese and R. Macon Sizemore and 6 ad hoc members were present today. They reviewed some baseline documents that were placed on a Google drive which helped them become organized. They also focused on defining what rehabilitation is and Stephanie read the draft definition: “Rehabilitation is an interdisciplinary team of health care professionals concerned with diagnoses, evaluation and management of all patients’ physical and/or cognitizant impairment and disability. The goal of the rehab intervention is to allow the patient to return to the highest level of function, reducing physical and cognitizant disability whenever possible.” They also worked on a first draft of scope which was defined as post hospital discharge as an element that includes both inpatient and outpatient rehabilitative services to include rehabilitation specialists. They are working on specialty groups such as pediatrics, burn, geriatric and psychiatric. The objectives for the next meeting is to develop an outline of the plan with specific goals and objectives, then develop the next steps and timelines. Each meeting they will discuss different components of rehabilitation. Dr. Calland stated that the data group talked about one of the things that limits their ability to perform system evaluation and cost effectiveness analysis, is the ability to measure functional outcomes after discharge. This is an exciting opportunity to better assess this and become a leader in this area. Per Kathy, Dr. Griffen emphasized the importance of developing some type of data feeding system that the rehab facilities can feed into.</p> <p>Dr. Aboutanos stated that maybe there should be one Google Task Force folder that everyone can use instead of having separate Google folders. The question was raised as to how the public can access the Google folders. Robin stated that a link could be added into the minutes.</p>	
<p>Update of the Data/Education/ Research/System Evaluation Workgroup:</p>	<p>Valeria Mitchell reported that they had some lively discussion. The one thing that kept surfacing was the identification of human and technical resources needed. They discussed the need to have integration of the EMS data directly into the electronic medical record, ways to obtain functional data on patients discharged from trauma centers and having 3 and 6 month assessments, financial data to include costs and outcomes of care, risk adjusted benchmarking data between all trauma centers and TQIP state collaboration. They realized that there are some gaps related to injury prevention data (data is not collected on patients that are discharged from the emergency department). They discussed the use of technology to electronically download information into the State Registry, for example, use of the Hospital Hub. They discussed the benefit of having real time communication on EMS information for opportunities for improvement. They also discussed how they would meet and that’s why they came up with a two-day retreat. They also know that they have the right people at the table and will add some ad hoc members as needed. Dr. Aboutanos asked how they will handle each of the four aspects of their workgroup. Valeria explained that she and Melinda Myers (co-chair) will work together to have structure on the meeting agendas.</p>	
<p>Workgroup Meeting Logistics:</p>	<p>Dr. Aboutanos asked the workgroups what could be done to make their meetings more efficient. The responses included access to Wi-Fi, flip charts or eraser boards, and printing capability. He agreed that a retreat would be a great idea. But you must consider the day after to continue the work. Dr. Aboutanos also would like the workgroups to meet a minimum of once a month. All dates, agendas and meeting minutes of all the workgroup meetings would need to be sent to Wanda Street for posting on the Virginia Regulatory Town Hall and the Office of EMS website. Kathy Butler stated that the workgroup chairs should be sent copies of the rules about holding meetings, so they will know what they can and can’t do. Robin stated that these were sent out previously.</p> <p>A motion was made that the Task Force will continue to meet quarterly on the same day as the Trauma System Oversight & Management Committee meeting. The motion was moved by Dr. T. J. Novosel and seconded by Dr. Maggie Griffen. All committee members were in favor of the motion.</p> <p>A motion was made that the workgroups will meet at least once between the quarterly meetings and all meetings should be announced by sending the agendas to Wanda Street to be posted on the Virginia Regulatory Town Hall</p>	

	at least 10 days prior to the meeting. The motion was moved by Dr. Calland and seconded by Sid Bingley. All committee members were in favor of the motion.	
Unfinished Business:	<p>Disaster Management Dr. Aboutanos stated that another item for discussion is Disaster Preparedness. Should we add another workgroup or should this be added to the Pre-Hospital workgroup? What does the State of Virginia already have as far as Disaster Management or Preparedness? Morris Reece explained that there is a statewide Hospital Emergency Management Committee that represents six hospital regions. There are many resources in place such as the Virginia Department of Emergency Management. Mr. Reece stated that this is not just a pre-hospital function. At the last meeting this was briefly discussed and decided that it would be incorporated into all of the workgroups as needed. Dr. Griffen asked if someone could review what is available for the regions to get an idea of the scope of what the task force has to address. Dr. Aboutanos said that the question is where would this be addressed? Should it be a separate workgroup or should it be integrated in each of the existing workgroups? Dr. Aboutanos stated that it is almost needed in both situations. After a brief discussion, it was decided that another workgroup should be added to include subject matter experts. Mr. Reece said that the Hospital Emergency Management Committee meets the Wednesday before the TSO& MC meeting and would be a resource to obtain subject matter experts.</p> <p>Dr. Calland made a motion that the Hospital Emergency Management Committee will designate a set of individuals to form a Disaster Preparedness workgroup of the Trauma System Plan Task Force to help develop a plan in the other workgroups on the topics of Disaster Preparedness. The motion was seconded by Dr. Griffen. All committee members were in favor of the motion.</p>	
New Business:	None.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 12:28 p.m.	