

Pre-Hospital Work Group
The Perimeter Center, 9960 Mayland Drive Suite 201 Henrico, Virginia
March 3, 2016
0900 - 1100

Members Present:	Members Absent:	Ad-Hoc Members Present:	OEMS Staff	Others Present:
Sherry Stanley, Co-Chair	Dr. Carol Bernier	Dr. Raymond Makhoul	David Edwards	
Dallas Taylor, Co-Chair	Ron Passmore	Lisa Wells		
Sid Bingley	Dr. Jeffery Haynes			
Dr. Marilyn McLeod				
Dr. T.J. Novosel				
Brad Taylor				

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dallas Taylor at 0901. He explained that this is an open and public meeting.	
Welcome and Introductions:	Everyone went around the room and introduced themselves to the group including their background and facility affiliation.	
Overview of Charge	Members present were provided with copies of the agenda and the ACS pre-hospital recommendations from the ACS Trauma System Consultation Report (pages 47 – 54). Members took time to read over the recommendations and then discussed how to best work on the recommendations. Ground rules were set with the over-arching rule that regardless of what facility/agency we are affiliated with, we are here to act in the best interest of the injured patients in the Commonwealth of Virginia. The group agreed. Group also discussed the regulations surrounding state public meetings, and the use of email and phone conference lines. State regulation document provided to the group.	
Develop a Work Group Structure, Process, and	The group discussed who we needed to have as ad hoc members as well as consideration for differences in career squads versus volunteer and hybrid agencies. The group discussed that minimal standards are the	

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Expectations	minimum requirements that an agency has to meet, but they do not prevent agencies from setting their requirements higher based on their resources and OMD expectations. The group also discussed that our group is charged with making recommendations in regards to practice, protocols, and trauma triage. The group also identified potential educational needs that may arise as a result of the discussion and recommendations of this group as well as allocation of resources for the recommended education.	
Establish Work Group Responsibilities and Tasks	The workgroup size was established as nine voting members including the two co-chairs. The group identified the need for ad-hoc representation from HEMS, EMS for Children, Pediatric Trauma, and each of the eleven EMS councils. Dallas has obtained the contact information of the EMS Council Directors along with the regional PI Coordinators for each EMS council to contact as further discussion is required from the council representation.	Dallas to follow up with the group about EMS council representation as the agenda identifies a need for their involvement.
Prioritize Tasks	<p>The group discussed each recommendation at length and it was determined that these recommendations are a large under taking and will require a lot of work and input from multiple resources. The group determined that the recommendation surrounding the language in 12VAC5-31-860 (48) related to transport of children in the back of ambulances should be the simplest of all the recommendations. The group also discussed the trauma triage criteria, and statewide treatment protocols for adult, pediatric, and geriatric patients. Dr. Novosel discussed a need for information and fact finding for this group before the group could really proceed. A need for the aforementioned Virginia Code, current treatment protocols for each EMS region, and the current trauma triage plans for each region as well as the state plan are needed by the group for review prior to the next meeting in order to begin prioritizing the tasks and recommendations. David will pull the Virginia Code as well as the NHTSA Best Practice Recommendations for Safe Transportation of Children in Emergency Ground Ambulances. Sherry and Dr. McLeod will work together to pull all of the current protocols per region together and provide a single document with all the similarities to the group at the next meeting. Sherry will pull all of the trauma triage plans and provide links to each one for the group. The group also asked to review pre-hospital plans from other states such as West Virginia, Tennessee, North Carolina, Maryland, Kentucky, Pennsylvania, Maryland, and Ohio. Sherry will provide the links for these plans as well.</p> <p>Blue Ridge EMS Council Trauma Triage Plan http://blueridge.vaems.org/index.php?option=com_docman&task=doc_download&gid=304&Itemid=</p> <p>Central Shenandoah EMS Council Trauma Triage Plan http://www.csems.org/download/corporate/regional_planning/Trauma%20Triage%20-%20FY2015.pdf</p> <p>Lord Fairfax EMS Council Trauma Triage Plan http://lfems.vaems.org/index.php?option=com_content&view=article&id=71:regional-trauma-triage-plan&catid=5:policies-a-plans&Itemid=15</p> <p>Northern Virginia EMS Council Trauma Triage Plan http://www.northern.vaems.org/index.php?option=com_docman&task=doc_download&gid=332&Itemid=</p>	David to pull the Virginia Code and the NHTSA documents Sherry and Dr. McLeod to work together on the regional protocols and compile a single document for the group to review. Sherry will provide links to the group for trauma triage plans for the EMS regions as well as the state plans.

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	<p>Old Dominion EMS Alliance Trauma Triage Plan http://odemsa.vaems.org/index.php?option=com_docman&task=doc_download&gid=906&Itemid=101</p> <p>Peninsulas EMS Council Trauma Triage Plan http://peninsulas.vaems.org/regional-resources/2015-12-20-14-55-55/trauma-triage-plan/file</p> <p>Rappahannock EMS Council Trauma Triage Plan https://remscouncil.org/wp-content/uploads/2014/05/012016-Trauma-Triage-Plan-FINAL-021716.pdf</p> <p>Southwest Virginia EMS Council Trauma Triage Plan http://southwest.vaems.org/index.php?option=com_docman&task=doc_download&gid=450&Itemid=58</p> <p>Thomas Jefferson EMS Council Trauma Triage Plan http://www.tjems.org/s/TJEMS-Trauma-Triage-Plan-2014-2015-m6o7.pdf</p> <p>Tidewater EMS Council Trauma Triage Plan http://tidewaterems.org/performance-improve-mainmenu-112/tems-triage-plans/tems-trauma-triage-plan-2012/file</p> <p>Western Virginia EMS Council Trauma Triage Plan http://www.wvems.org/staff-admin/docman-submission/miscellaneous/1028-trauma-triage-plan-wvems-2015-adopted-rev-1</p> <p>Virginia Trauma Triage Plan https://www.vdh.virginia.gov/OEMS/Files_page/trauma/StatewideTraumaTriagePlan.pdf</p>	
Division of Responsibilities/Timeline (establish a meeting schedule)	<p>The meeting schedule was set for each month on the second Thursday of the month from 1000 – 1700. Except March, June, September, and December when the meetings will coincide with the TSO & MC meetings. Location to be determined. Dallas will reach out to the OEMS for meeting space and communicate with the group.</p>	
Public Comment	<p>Dr. McLeod reported that the concerns she has heard from ground EMS staff are related to the development of the statewide protocols. EMS members are concerned that they will be told to scale back on their protocols and function at the minimum level. As the group discussed above, input from the EMS councils will be valuable in the development of these protocols. Dallas voiced concern about the destination criteria in the CDC Trauma Triage Algorithm. These concerns are supported, by the release of the CDC MMWR 1/13/12 Report, which discusses the need to adjust the CDC Trauma Triage Algorithm document to fit individual state and regional plans. The group discussed looking at the document and making recommendations with special consideration of addressing the geographical and resource challenges across the state as a whole. Group recognized that many considerations and discussions have</p>	

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	to be taken in account with all stakeholders involved before documents are put into place.	
Adjourn	The next meeting will be April 14, 2016 at 1000. Location to be determined. The goals of the next meeting will be a review of the information compiled and prioritization of tasks and establishment of a working timeline. The meeting was adjourned at 1100.	

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