

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: INJURY & VIOLENCE PREVENTION COMMITTEE MEETING
HEARD BEFORE: KAREN SHIPMAN
CHAIR, INJURY & VIOLENCE PREVENTION COMMITTEE

MAY 2, 2019

HARRISON ROOM
EMBASSY SUITES HOTEL
2925 EMERYWOOD PARKWAY
RICHMOND, VIRGINIA

3:00 P.M.

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1 APPEARANCES:

2 Karen Shipman, Presiding
3 Chair, Injury & Violence Committee

4 COMMITTEE MEMBERS:

5 Sara Beth Dinwiddie

6 Tim McKay

7 Corri Miller-Hobbs

8
9 VDH/OEMS STAFF:

10 Wanda Street

11
12 ALSO PRESENT:

13 Courtney Nunnally

14 David Edwards

15 Tanya Trevilian

16 Chantelle Hayes

17 Linda Watkins

18 Amy Vincent

19 Valeria Mitchell

20 Lauren Yerkes

21 Sid Bingley

22 Mike Garnett

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1 (The Injury and Violence Prevention
2 Committee meeting commenced at 3:00 p.m. A quorum
3 was not present and the Committee's agenda proceeded
4 as follows:)

5
6 MS. SHIPMAN: There are essentially
7 more units, and I apologize. At the last
8 meeting, I -- I did not realize that the
9 minutes would be done from the
10 transcription.

11 And I'm sure you don't want an
12 80-page documents of the conversation we had
13 for the last meeting. Although, interesting
14 reading.

15 So essentially, the minutes
16 that -- we discussed our positions and
17 organizations and where to draw from. So --
18 but --

19
20 MS. STREET: Karen.

21
22 MS. SHIPMAN: I'm sorry.

23
24 MS. STREET: If you really want to
25 see them, they're on the Virginia Regulatory

1 Townhall.

2
3 MS. SHIPMAN: No, I hate to kill so
4 many trees today. And so -- can we have --
5 have you looked at today's agenda? And do
6 we have a motion to approve today's agenda?

7
8 COMMITTEE MEMBER: I'll move.

9
10 MS. SHIPMAN: Second?

11
12 COMMITTEE MEMBER: Mike seconds.

13
14 MS. SHIPMAN: All in favor?

15
16 COMMITTEE MEMBERS: Aye.

17
18 MS. SHIPMAN: Since this is on the
19 -- the meeting's on the -- the TAG.

20
21 COMMITTEE MEMBER: Yes, it is.

22
23 MS. SHIPMAN: All right, good. All
24 right. So since our last meeting, we've
25 actually progressed very nicely. And --

1 hold on. Okay. These meetings are
2 recorded. I think we talked about that last
3 time. But just as a reminder, they are
4 recorded and we can't let things slide.

5 So make sure when you're
6 speaking to speak clearly. If I don't call
7 on you by name, when you start speaking --
8 if I don't call on you by name, just state
9 your name before you speak. And please try
10 to speak one at a time. All right.

11 So that was just something
12 else from last time I tried to follow. So
13 anyway, so since the last meeting, we've
14 actually progressed pretty nicely in filling
15 some of our spots.

16 Well actually -- let me --
17 before we do that, let's go around the room.
18 We have some new people in the room. Some
19 are invited liaisons.

20 And so I'd like to go around
21 the room and introduce ourselves again. And
22 this won't take terribly long. I'm Karen
23 Shipman. I'm the trauma outreach
24 coordinator at VCU Medical Center and the
25 Chair.

1 MS. DINWIDDIE: I'm Sara Beth
2 Dinwiddie. I'm the trauma outreach
3 coordinator at Carilion Roanoke Memorial.
4

5 MS. NUNNALLY: I'm Courtney
6 Nunnally. I don't really know if I'm
7 responsible for this. And I'm a liaison for
8 the State.
9

10 MS. SHIPMAN: Yeah. She's invited
11 to be a liaison for our opioid addiction
12 population.
13

14 MR. GARNETT: I've met EMS
15 educators. I'm on the Virginia EMS Council
16 and one of the EMS crossovers from
17 Pre-Hospital group.
18

19 MR. BINGLEY: Sid Bingley. I'm the
20 flight nurse with Carilion Clinic lifeguard.
21 And I am a crossover from Pre-Hospital with
22 Mike as well.
23

24 MR. EDWARDS: David Edwards. I'm
25 an EMS Children coordinator.

1 MS. TREVILIAN: Tanya Trevilian,
2 pediatric trauma program coordinator at
3 Carilion Children's in Roanoke.

4
5 MS. MITCHELL: Valeria Mitchell.
6 I'm -- I'm from the System Improvement
7 group. I'm just visiting. I don't know
8 what I'm doing.

9
10 MS. VINCENT: I'm Amy Vincent. I'm
11 the assistant director of injury and
12 violence prevention at VCU Health.

13
14 MS. YERKES: Lauren Yerkes. I'm
15 the injury and violence prevention
16 epidemiologist for the Virginia Department
17 of Health.

18
19 MS. HAYES: I'm Chantelle Hayes,
20 with injury prevention at Chippenham
21 Hospital.

22
23 MS. WATKINS: I'm Linda Watkins,
24 trauma outreach coordinator, Inova
25 Hospitals.

1 MR. MCKAY: Me?

2
3 MS. SHIPMAN: Mm-hmm.

4
5 MR. MCKAY: Tim McKay. I'm the
6 deputy fire chief of Chesterfield County
7 Fire and EMS. And I'm here as a crossover
8 from Pre-Hospital on the fire side.

9
10 MS. STREET: Wanda Street, Office
11 of EMS.

12
13 MS. MILLER-HOBBS: Corri Miller-
14 Hobbs, Safe Kids Virginia program
15 coordinator at Children's Hospital of
16 Richmond at VCU.

17
18 MS. SHIPMAN: Okay. So we've done
19 a pretty good job of filling our slots. I'm
20 going to pass around the sheet for our
21 seated positions. And welcome, Lauren.
22 Nice of you to join us.

23
24 MS. YERKES: Thank you for having
25 me.

1 MS. SHIPMAN: I had not met Laurent
2 before today. She is going to be seated
3 epidemiologist for the Committee. So we do
4 not have a quorum here today, but -- so we
5 won't -- will not be able to take any votes.

6 But if you look down the list,
7 we are still short someone from the judicial
8 system. We are still short someone from a
9 community advocacy group. And where'd
10 Valeria go? I had a question for her.

11 And obviously, the chief
12 medical examiner. And we do have some ideas
13 in each of these. It's just a matter of
14 getting them filled. So looking down the
15 list, Donna Cantrell.

16 I have her as tentative. She
17 is from Department of Aging and Rehab
18 Services. She mainly works with the TBI
19 population, but was very interested in
20 joining.

21 And if we have a situation
22 that requires something other than aging and
23 TBI, then she would bring in appropriate
24 people to help with that project. I still
25 -- I do have Lauren as tentative, but I see

1 that she is not tentative. So I will change
2 that. Scott Shanhan [phonetic] from the
3 State Police has accepted our invitation,
4 but was not able to make it today. Debbie
5 Bell, she's outreach with the Office of
6 Attorney General in the Roanoke area, and
7 also was not able to make it today.

8 Tracey White with the State
9 Public School System. Julie Garner, she is
10 the citizen who started Project Yellow
11 Light. Chantelle actually recommended her,
12 and she is delightful.

13 Her son was killed in a car
14 crash by a distracted driver, I think about
15 six years ago. It's been a little bit. And
16 she started Project Yellow Light, which is a
17 scholarship program for high school students
18 to submit billboard spots, video spots and
19 radio spots who combat distracted driving.

20 And they award scholarships
21 for that. I thought it was -- when I met
22 with her, you know, she -- she also had the
23 same thought that I think a lot of people
24 are having is that, well, I'm one person.
25 And I'm -- you know, my -- this is my

1 wheelhouse is car crashes, you know. And I
2 said, but look what you created from that?
3 And that's what we want to bring to the
4 group is the creativity and the ideas.

5 And yeah, we may have a
6 project that we talk about head injury, but
7 yet, you still may have ideas. And so she
8 -- she understood. She's very helpful.

9 And interestingly enough,
10 Tracey White is celebrating her mother's
11 90th birthday in New York this weekend. And
12 Julie is celebrating her mother's 90th
13 birthday in Atlanta.

14 So that's why they're not
15 here. I thought, what are the odds of that?
16 So Office of Chief Medical Examiner is still
17 blank or empty. And then we have our
18 crossovers from the Pre-Hospital Committee.

19 So we're -- I think we're
20 moving right along. I'm actually really
21 excited. I think we're going to have a good
22 group. Again, our liaisons -- the people
23 that are invited bring the ideas. We still
24 want to grow that group. So if there's
25 anyone that you can think of. And so you,

1 the community advocacy group, the Urban
2 League. Pretty active in the Hampton Roads
3 area.

4
5 MS. MITCHELL: Yeah, it is.

6
7 MS. SHIPMAN: Do you have a contact
8 with them, or --

9
10 MS. MITCHELL: I can reach out to
11 them.

12
13 MS. SHIPMAN: Okay. I was thinking
14 that if you knew someone in particular or --

15
16 MS. MITCHELL: Not someone in
17 particular. So you -- are you interested in
18 getting someone from Urban League to be part
19 of this?

20
21 MS. SHIPMAN: Yeah. Or the
22 community advocacy group.

23
24 MS. MITCHELL: Yeah, I can -- I can
25 --

1 MS. SHIPMAN: Yeah, for a seated
2 position.

3
4 MS. MITCHELL: Yeah, okay.

5
6 MS. SHIPMAN: That'd be great.

7
8 MS. MITCHELL: Okay. I'll work on
9 that.

10
11 MS. SHIPMAN: Okay. Thanks,
12 Valeria.

13
14 MS. MITCHELL: Mm-hmm.

15
16 MS. SHIPMAN: Okay. So again,
17 moving right along. And we're going to have
18 a constant list of our needs.

19
20 COMMITTEE MEMBER: I have one
21 question. I just thought of --

22
23 MS. SHIPMAN: Of who?

24
25 COMMITTEE MEMBER: RVA league per

1 se, for space --

2
3 MS. SHIPMAN: No.

4
5 COMMITTEE MEMBER: -- for the
6 community -- for the -- as far as they come
7 about violence and stuff.

8
9 MS. SHIPMAN: Okay. And they're
10 local here.

11
12 COMMITTEE MEMBER: Yeah. RVA -- I
13 have a contact for them.

14
15 MS. SHIPMAN: Okay. All right.
16 Yeah, they'd be a great -- great asset.

17
18 COMMITTEE MEMBER: Okay. She
19 knows them, too.

20
21 MS. SHIPMAN: Okay. All right.

22
23 COMMITTEE MEMBER: They'd be a
24 great liaison.

1 MS. SHIPMAN: Okay.

2

3 COMMITTEE MEMBER: Yeah, they would
4 be good.

5

6 MS. SHIPMAN: All right, perfect.
7 Well, outreach. Okay, great. Let's see.
8 So -- no we do not have a quorum, so we can
9 not elect a vice-chair. There is --
10 everyone knows the meeting schedule.

11 I think I tried to send it out
12 to as many people as I could. So our next
13 meeting is August -- what is it, 3rd and
14 4th?

15

16 MS. STREET: 1st and 2nd.

17

18 MS. SHIPMAN: I'm sorry?

19

20 MS. STREET: 1st and 2nd.

21

22 MS. SHIPMAN: August 1st and 2nd.
23 A Thursday-Friday, same time, 3:00 o'clock.
24 And it will be here. November meetings,
25 they'll be Norfolk during the EMS Symposium.

1 And I don't think -- our your dates set for
2 that day or you just know it's going to be
3 at the EMS Symposium?

4
5 MS. STREET: No, the dates are not
6 set.

7
8 MS. SHIPMAN: Okay. The dates are
9 not set, but we know it's going to be at the
10 EMS Symposium.

11
12 COMMITTEE MEMBER: It's 3:00.

13
14 MS. SHIPMAN: We're not -- we're
15 going to set it. 3:00 o'clock on Thursday.

16
17 COMMITTEE MEMBER: Yes.

18
19 MS. SHIPMAN: We will also have a
20 crossover member that will go to the Systems
21 Improvement Committee, and that will be Sara
22 Beth. So that's 8:00 to 10:00 on Friday
23 mornings. So before we move on, is there
24 any public comment at this time? Comments?
25 Make sure you state your name before you

1 start talking.

2
3 COMMITTEE MEMBER: We have to do a
4 whole new call.

5
6 MS. SHIPMAN: Okay. I'm going to
7 pass around some documents. One is the
8 goals and objectives of this committee,
9 okay? And the other one is -- a couple
10 years ago, we looked at benchmarks and
11 indicators.

12 And so it's a document that
13 shows how we graded ourselves as a state in
14 some of the benchmarks. We're either ones
15 or zeros, which essentially it talks about
16 having a network and having a database.

17 And we have lots of databases.
18 Sometimes they just don't talk to each
19 other. So I'm going to pass both of these
20 around because I think that's going to be
21 really helpful in steering us forward.

22 And essentially what I thought
23 we could do today is brain storm a little
24 bit about what databases are out there that
25 we draw from. Because I think there are

1 probably some that we're not aware of, some
2 that don't talk to each other.

3
4 COMMITTEE MEMBER: What specific
5 types of databases? For all injuries?

6
7 MS. SHIPMAN: For all injuries.
8 Yeah, for all injuries.

9
10 COMMITTEE MEMBER: So specific
11 injuries, but do include all.

12
13 MS. SHIPMAN: Yeah.

14
15 COMMITTEE MEMBER: So just any --
16 any kind of -- all inclusive, not all
17 inclusive.

18
19 MS. YERKES: I would say VDH.
20 Yeah, I would -- let's see the list first to
21 see what is being -- we have several. So we
22 have -- we have our main hospitalization
23 database which it comes from Virginia Health
24 Information, which is the premier agency
25 that gets all hospitalization -- simply

1 foreign by the way, talking. Because all
2 have hospitalization for any type of injury.
3 Includes length of stay, also the external
4 cost codes or diagnoses information for the
5 patient level.

6 You get that on a quarterly
7 basis from VHI. In addition, we also have
8 our Office of Vital Statistics data, which
9 we get daily, pretty much, that looks at
10 death based on any type of injury.

11 And that is also patient
12 level. Finally, the one that I am aware of
13 is that we do that, our Syndromic
14 surveillance database, also known as
15 Essence, which is basically emergency room
16 -- 100% of Virginia hospitals emergency
17 departments as well as about 19 urgent care
18 centers and 45 free-standing emergency
19 departments.

20 We get the chief complaints
21 data as well as diagnosis information on a
22 daily basis electronically. But that
23 doesn't exactly tell us, however, all the
24 time is that the chief complaint -- for
25 example -- could be, I cam in because I'm

1 feeling unwell or I hurt my head. And it
2 may or may not be like the -- the chief
3 complaint may not be the real reason why
4 they're seeking care at the emergency
5 department.

6 And then this being in the
7 same vein, the diagnosis from the physician
8 -- for example -- a patient comes in for
9 some injury. The diagnosis may come back as
10 clinical depression.

11 So you have to look at the
12 chief complaint, which is [unintelligible],
13 as well as the diagnosis to kind of see the
14 type of injury. But that is something
15 available to us that we use.

16
17 MS. SHIPMAN: Okay. All right. Is
18 anyone aware of any other databases
19 throughout the State or even just locally,
20 the -- that we could draw from or that we
21 would be able to use?

22
23 MS. MITCHELL: So many, many years
24 ago there used to be data that -- a database
25 that had traumatic brain injury. You know,

1 there's something that used to go to this
2 spinal head and spinal cord injury group.
3 We used to have to send -- you know, we
4 would send our information to the State as
5 trauma centers.

6 But we also had to send
7 information to this department in Virginia.
8 It's been a -- I mean, it's been like 30
9 years.

10 So I don't know if there still
11 is -- I don't know whether they get
12 information from our trauma database now and
13 that you don't send information directly to
14 them any more.

15
16 MS. SHIPMAN: Mm-hmm.

17
18 MS. MITCHELL: But I don't know if
19 they -- I don't know if that's part of --
20 that's been something else. So maybe --

21
22 MS. YERKES: It doesn't sound
23 familiar to me. But we do -- we have
24 hospitalization data. We see that
25 information on traumatic brain injuries.

1 That does come in to us.

2
3 MS. MITCHELL: Right. So you get
4 information from -- oh. Can I -- can I talk
5 --

6
7 MS. SHIPMAN: Yes.

8
9 MS. MITCHELL: I mean, it's going
10 around the room. I realize I'm not supposed
11 to be here. So -- so we -- as trauma
12 centers, we submit information to the State.

13 And then the ED's send
14 information as well, so I wonder are we
15 sending duplicate information, information
16 on the same patients?

17
18 COMMITTEE MEMBER: That's a good
19 question.

20
21 COMMITTEE MEMBER: Trauma registry.
22 The trauma registry information.

23
24 MS. SHIPMAN: Goes to them. It --
25

1 COMMITTEE MEMBER: It goes to EM --
2 Office of EMS.

3
4 MS. MITCHELL: So -- but if the ED
5 sends information on the patients because
6 the patient that we send -- our patients
7 that have gone through the ED. So the ED
8 may be sending information on the same
9 patients that we're sending information on.

10
11 COMMITTEE MEMBER: No. There are a
12 lot of intertwines there.

13
14 MS. MITCHELL: Yeah. So when you
15 start counting numbers, that's -- I'm
16 concerned that your numbers may be inflated
17 because you were talking about E3 at the
18 time because --

19
20 COMMITTEE MEMBER: There's also the
21 EMS registry, as we mentioned.

22
23 MS. SHIPMAN: Yeah. So we really
24 --

1 COMMITTEE MEMBER: There's a -- you
2 said there's an EMS registry like that?

3
4 MS. YERKES: This is Lauren again.
5 We also got data, of course, from the Office
6 of the Chief Medical Examiner. They are a
7 part of VDH, but they have a separate data
8 system.

9 One is violent death
10 reporting. And then there is also SUDORS.
11 I can't tell you the -- what the acronym
12 stands for.

13 But it's primarily focused on
14 overdose -- drug overdose data. It includes
15 very detailed information on -- on that type
16 of injury or death.

17
18 MS. SHIPMAN: Okay.

19
20 MS. MILLER-HOBBS: This is Corri.
21 The Highway Safety Office has the data
22 related to traffic safety, including
23 pedestrian.

24
25 COMMITTEE MEMBER: Is that called

1 Codes?

2
3 MS. YERKES: It is now called Codes
4 -- it's now called TREDs. T-R-E-D-S. And
5 that database is readily available. I mean,
6 not completely available.

7 But to public dissemination,
8 you can go online and build your own
9 interactive report and look at how many
10 pedestrian injuries or deaths occurred by
11 motor vehicle traffic accident, alcohol-
12 related, those sorts of things.

13 And then you can also pinpoint
14 where the accidents occurred on the map. So
15 Virginia Tech worked closely with DMV on
16 developing that system. So you can look
17 down to the street level and see where the
18 accident occurred.

19
20 MS. SHIPMAN: Thank you.

21
22 MS. YERKES: Mm-hmm.

23
24 MS. SHIPMAN: Any other office
25 ideas?

1 MS. STREET: Karen.

2
3 MS. SHIPMAN: Mm-hmm.

4
5 COMMITTEE MEMBER: You sure they
6 [unintelligible]?

7
8 MS. WATKINS: This is Linda. You
9 know, I've only been to -- into this
10 particular -- because it should be used. So
11 I don't know all of the different ones that
12 Virginia Department of Transportation also
13 has very -- or VDOT -- also has a lot of
14 information on accidents and injuries that
15 occur for motor vehicles.

16 But they come from a different
17 perspective, of course. They come from more
18 -- instead of a health-related focus, it's
19 more an engineering.

20 How they can change the
21 engineering pieces of road traffic safety to
22 reduce injuries for motor vehicles. So they
23 do get that -- they do get information on
24 what occurred.

1 MS. SHIPMAN: Okay, good. Yeah,
2 keep thinking about databases. I'm sure
3 we're going to find some that, again, we're
4 not aware of that -- and you know, the thing
5 is, too, with the databases is all the --
6 they're probably reporting a lot of the same
7 data, just in a different way, too.

8 So finding what's going to be
9 helpful to us in -- as we move along with
10 what projects to -- to tackle and what to --
11 to address.

12 The other thing I thought
13 might be helpful -- and this is kind of --
14 this is bigger than, I think, the databases
15 is thinking about the different
16 organizations that are out there that first
17 are -- special -- are looking at injury
18 prevention, but they're more specialized.

19 And I know that sounds a big
20 task, but I think it's still going to be
21 helpful for us to kind of brain storm and
22 kind of put those down on papers.

23 But we know, one, do we have
24 the right people at the table? But also,
25 when we're moving along with -- when we're

1 looking at initiatives that are taking place
2 across the State, who is doing what? And I
3 think that's -- that's part of our -- our
4 mission is to figure out who's doing what
5 across the State. And bringing them --
6 bringing all these initiatives together.

7 Not necessarily that we have
8 to have a statewide initiative for
9 everything, but just making sure that people
10 throughout the State know what's going on.

11 So I'm going to ask that you
12 kind of just throw out there some of the
13 organizations that you that are -- that are
14 doing injury prevention.

15 And of course, what I'm
16 thinking about is Drive Smart. I think
17 everybody's probably dealing with them.

18
19 COMMITTEE MEMBER:

20 [unintelligible].
21

22 COMMITTEE MEMBER: To be considered
23 those agencies that offer driving -- driver
24 improvement classes is that -- you know,
25 like AAA has a class that they teach you

1 about safe driving. AARP has those safe
2 driving courses for seniors.

3
4 COMMITTEE MEMBER: Oh, yeah.

5
6 MS. SHIPMAN: Yeah.

7
8 MS. WATKINS: This is Linda. They
9 also do parking. So that's a senior -- they
10 assist seniors with getting in their car
11 differently.

12
13 COMMITTEE MEMBER: Getting in their
14 car?

15
16 MS. WATKINS: Yes.

17
18 COMMITTEE MEMBER: And who -- who
19 does this?

20
21 MS. SHIPMAN: AAA.

22
23 COMMITTEE MEMBER: AAA?

24
25 MS. WATKINS: That is Virginia

1 Grand Drivers program, AAA and AARP, I think
2 is a partner with them.

3
4 COMMITTEE MEMBER: Okay.

5
6 MS. MITCHELL: This is Valeria.
7 One of the things I think is important, as
8 you state, this list -- you know, to have --
9 you know, what people are doing.

10 Because as helpful as -- if
11 I'm thinking about doing something, it just
12 would be easier if I knew that you were also
13 doing it.

14 And I could reach out and --
15 you know, so we don't reinvent the wheel, we
16 can take something and replicate it as
17 opposed to spending our energy and trying to
18 create a unique program that has our name to
19 it when, you know, I could just implement
20 something that you've been doing that you're
21 willing to share.

22
23 MS. SHIPMAN: Mm-hmm.

24
25 MS. MITCHELL: So it's kind of nice

1 to have that -- that information somewhere
2 so you -- you know, know what these people
3 have to offer, who their contact people --
4 and really encourage people to -- that
5 encourages people to network --

6
7 MS. SHIPMAN: Mm-hmm.

8
9 MS. MITCHELL: -- and work
10 together.

11
12 MS. SHIPMAN: Absolutely.

13
14 MS. MILLER-HOBBS: This is Corri.
15 I think it really is -- I think we also just
16 have to make sure, as we're developing it,
17 that we're making sure that we're taking
18 into account that it's going to be very
19 fluid.

20
21 MS. SHIPMAN: Mm-hmm.

22
23 MS. MILLER-HOBBS: And you know,
24 some programs begin and are great. And
25 then, our access -- you know, aren't able to

1 survive, I should say. Not that they're --
2 you know, it's just whatever the reason.
3 And so then, whatever the -- the system and
4 the process for it, that we make sure that
5 we allow for the entry and exit --

6
7 MS. SHIPMAN: Mm-hmm.

8
9 MS. MILLER-HOBBS: -- well. And --
10 and for that notification to be made, so
11 that it really is time relevant.

12
13 MS. SHIPMAN: Mm-hmm.

14
15 MS. MILLER-HOBBS: I think in a
16 cluster of -- you know, it's going to be a
17 huge list if we're listing all. But I think
18 you have to go to -- at the statewide, but
19 also those local law enforcement and fire
20 that -- and that may just be a general topic
21 for right now or a general statement for
22 right now. And then tease out more of those
23 because so many of them are doing great
24 work. But as we figure out how we want to
25 list it out and --

1 MS. SHIPMAN: Yeah.

2

3 MS. MILLER-HOBBS: -- do we do it
4 out of regions.

5

6 MS. SHIPMAN: And I know -- this is
7 -- I know that there's a lot out there.
8 What is -- you all are doing something in
9 Chesterfield Fire with --

10

11 COMMITTEE MEMBER: Yeah.

12

13 COMMITTEE MEMBER: With the care
14 recovery?

15

16 MS. SHIPMAN: With the -- I'm
17 sorry?

18

19 COMMITTEE MEMBER: With the care
20 recovery?

21

22 MS. SHIPMAN: No. Aren't you all
23 doing something with the geriatric
24 population in Chesterfield Fire, about
25 making a --

1 MR. MCKAY: What -- what are you --
2 wait, sure. We're -- we're taking them to
3 the hospital in ever-increasing numbers. To
4 what are you referring specifically?

5
6 MS. SHIPMAN: All right, maybe a
7 falls prevention or a health survey or
8 something.

9
10 MR. MCKAY: Yeah, so a couple --
11 it's -- it's interesting because our -- the
12 trend in the fire service, of late, has been
13 -- you know, there's all kinds of data that
14 show that smoke alarms save lives.

15 And we -- we've gone around
16 and done smoke alarm campaigns for decades.
17 Much of what we do now is more community
18 based.

19
20 MS. SHIPMAN: Mm-hmm.

21
22 MR. MCKAY: And so we -- we look at
23 data within -- say a -- we have 20-some fire
24 stations in the county. And -- and we look
25 at the data specific to that fire station's

1 district and go, what's the problem in that
2 community. And in some cases, it's falls in
3 -- in an over 65 population.

4 In other places, it's kids not
5 wearing bicycle helmets or children grabbing
6 grandma's medicine because she's babysit --
7 whatever -- and -- and we find -- you know,
8 sometimes there's some commonalities in --
9 in adjoining neighborhoods.

10 Sometimes they're very
11 disparate in neighborhoods right next to
12 each other. And we try to tailor the -- the
13 risk production effort to what the specific
14 problem -- so we -- we try to make it as
15 data-driven as we can using local data.

16 But I -- one of those is, you
17 know, we've advocated for kind of trading
18 out the smoke alarm model to grab rails --

19
20 MS. SHIPMAN: Oh.

21
22 MR. MCKAY: -- in -- in the
23 bathroom to -- to kind of prevent those
24 falls. So maybe that's what you saw
25 somewhere.

1 MS. SHIPMAN: Yeah, I -- I knew it
2 was something more than just local arms,
3 which we've all been doing for a long time.
4 So -- but that sound -- you actually sound
5 like you're doing on a smaller scale what we
6 want to do as this group on a statewide
7 scale.

8 So you're taking the data that
9 you're getting from your regions and
10 tailoring your care, your education. I
11 think everyone does smoke alarms. I wonder
12 if anybody from Burns --

13
14 MS. MILLER-HOBBS: Don't -- this is
15 Corri. Don't forget the Project Yellow
16 Light, either. We don't want to forget her.
17 Brain Injury Association of Virginia would
18 be another.

19
20 COMMITTEE MEMBER: I would also say
21 YMCA water safety.

22
23 MS. SHIPMAN: And the Spinal Cord
24 Association with the -- this act. Anything
25 else? I know there's more. But I know --

1 we should think about something you had.
2 How about what we're doing in the hospitals?

3
4 MS. YERKES: I mean, there's --
5 were you talking just organization?

6
7 MS. SHIPMAN: Well I mean, I'm
8 actually -- actually speaking about Virginia
9 GAP is what comes to mind.

10
11 MS. YERKES: I mean, we fill in at
12 hospital-based violence interventions. So I
13 mean, how do we treat people who come into
14 the hospital -- you know, people who come
15 into the hospital for gunshot wounds,
16 stabbings or assaults.

17 There's a national
18 organization that actually supports that as
19 well called National Hospital-Based Violence
20 Intervention Program, NNHVIP.

21 Whether it's hospitals across
22 the country, countless areas across the
23 country who are doing the same work. And
24 the nurse prevention aspect of it, too.

1 MS. SHIPMAN: Are any of our
2 hospitals doing a prevention -- like a
3 specific program or -- I know we all do
4 injury prevention. I -- I know that.

5 But is there a specific
6 population that you've been -- I know, you
7 know, I know -- Linda -- you do pretty much
8 everything.

9 So -- you're doing Matter of
10 Balance, you're doing, you know, all of
11 that. So anything specific that you want to
12 just bring up to the list?

13
14 MS. WATKINS: This is Linda. One
15 of our programs -- our safety programs is
16 our Reality Check Teen Driving Program. So
17 it's a parent and teen program that is
18 offered five times annually on a Saturday.

19 The teens come in and they do
20 a trauma simulation. And they talk to our
21 EMS professionals and they have a
22 presentation from our -- one of our trauma
23 doctors. While the teens are doing that,
24 then the parents are having a presentation
25 from one of our police community partners on

1 the graduated driver's license procedure, as
2 well as -- following that, there is a
3 presentation on how to talk to your kids
4 about drugs and alcohol.

5 Then they all come back
6 together. They have a short presentation on
7 how teens affects your car insurance. And
8 then we have survivor speakers. We have
9 two.

10 We have one that was injured
11 in a motor vehicle accident -- crash, excuse
12 me. No fault of his own. And then there is
13 a young man that killed a young lady three
14 days following her 18th birthday. So, a
15 very impactful program.

16
17 MS. SHIPMAN: All right.

18
19 COMMITTEE MEMBER: What is that
20 called?

21
22 MS. WATKINS: Reality Check. And
23 the reason that we do the two different
24 survivors is because we want the teens to
25 know that at any given moment, making the

1 wrong decision you could be on either end of
2 -- of that.

3
4 COMMITTEE MEMBER: Mm-hmm.

5
6 MS. WATKINS: So we get a lot of
7 good feedback from that. We also go into
8 the high schools and we take our survivor
9 speakers to the high school as well.

10
11 MS. SHIPMAN: Good.

12
13 MS. MILLER-HOBBS: This is Corri.
14 VDOT is the lead for Safe Routes to School,
15 programs for pedestrian safety.

16
17 COMMITTEE MEMBER: They said it
18 well.

19
20 MS. MILLER-HOBBS: Mm-hmm. Which
21 also lumps in with bicycle safety. And I
22 think that there are many agencies across
23 the State involved in the child and senior
24 safety.

1 MS. SHIPMAN: I like that aspect.

2
3 MS. MILLER-HOBBS: Okay. It's like
4 a specific program.

5
6 MR. BINGLEY: This is Sid. We --
7 at Carilion, we had a -- it was probably
8 about two years ago. We made a big push
9 with a distracted driving campaign.

10 And we had a presentation that
11 we were trying to get as many of the high
12 schools in our area -- in our service area,
13 which is fairly large -- as we could. And
14 that went over well.

15 I'm not really sure why we
16 kind of fell off on it. But it -- I mean,
17 it's still a program that's active if
18 somebody requested it. You know, it -- you
19 know, it's something we could probably
20 really share.

21 But we had a lot of -- a lot
22 of components to that. And it had -- had
23 some pretty powerful images in a video.
24 That's true -- you know, a child safety day
25 or something.

1 MS. VINCENT: This is Amy. We --
2 I mean, we have other programs, since
3 joining the GAP, too. I think it would be
4 applicable -- they're along the same lines.

5 Things like our GR-ACY program
6 which looks at substance use and abuse. And
7 maybe we should get started. But it -- it's
8 a three-week program that mostly for our
9 young people and adults.

10 There's two different facts
11 and then different realities of what would
12 happen if they continue down this path. You
13 know, what -- what happens if they don't
14 start making different decisions by
15 themselves.

16 So they move to the ED and
17 they spend an evening in the trauma bay.
18 And on Friday evening, they go to the rehab
19 unit. They also go to the STICU [phonetic]
20 and observe patients up there as well.

21 These come in and do a session
22 on, you know, interacting with law
23 enforcement and what their perspective is.
24 Most of it is court-mandated, so they have
25 to complete it. But it's open to anybody to

1 join. We also have a program called Project
2 IMPACT, which is -- it sounds like a
3 combination of the things that you guys are
4 both talking about.

5 We go out to high schools and
6 we talk about distracted driving. It could
7 be driving under the influence. Really
8 these are sort of trauma injury that could
9 effect a high school population.

10 It -- it tends to be
11 distracted driving and driving under the
12 influence that we focus on. But we do a
13 crash and -- and we bring in a car that, you
14 know, EMS and fire will then beat up.

15 And we recreate the scene.
16 Patient usually dies, the student dies and
17 then we recreate the trauma scene on the
18 inside.

19 And then we have survivor
20 comments and they tell their story of what
21 it's been like to survive something that was
22 life-altering. That's -- that's a couple of
23 your main -- the Virginia GAP, which is
24 prevention and intervention in youth
25 violence. And then our substance use and

1 distracted driving program. And then we
2 have a domestic violence program as well
3 that is more intervention.

4
5 MS. SHIPMAN: What do you think --

6
7 COMMITTEE MEMBER: I'll support
8 water safety.

9
10 MS. SHIPMAN: Uh-huh.

11
12 COMMITTEE MEMBER: So the program
13 that you want, do you still want it? I'll
14 support safety.

15
16 MS. SHIPMAN: Uh-huh.

17
18 MS. DINWIDDIE: So the program that
19 you wanted, do you still wanted? Paddle
20 safety.

21
22 MS. SHIPMAN: Canoe and water sport
23 safety.

24
25 MS. DINWIDDIE: It's prototyped to

1 the American Canoe Association, pretty
2 bridged together. It can teach you how to
3 stay safe on the rivers.

4
5 (Background noise and voices.)

6
7 MS. SHIPMAN: All right. Well,
8 just keep kind of thinking of organizations
9 that know or do anything, but we may need
10 more specific organizations. I know it's
11 going to probably be a larger list.

12 But it would be kind of nice
13 to know -- I think it's interesting to hear
14 what Inova's doing, what VCU's doing, what
15 Carilion's doing for distracted driving.

16 Kind of the same concept, but
17 different ideas. So I can see each of those
18 programs kind of collaborate or -- you know,
19 vetting ideas and putting the ideas
20 together. You said yours kind of went by
21 the wayside or --

22
23 MR. BINGLEY: I mean, it's still
24 available. It's just not -- I'm not really
25 sure why it hasn't had a bigger push.

1 MS. SHIPMAN: Mm-hmm.

2
3 MR. BINGLEY: We do public outreach
4 continuously over the course of the year.
5 And it's just one that's kind of fallen off.

6
7 MS. SHIPMAN: Mm-hmm.

8
9 MR. BINGLEY: Which makes me think
10 I should go back and try to push it again.
11 But I honestly don't know why it fell off.
12 We did -- we did a whole bunch of them in a
13 year.

14
15 MS. SHIPMAN: Maybe resources.

16
17 MR. BINGLEY: Could be, yeah. I --
18 well, I think part of it is EMS agencies
19 particularly, when they want something, they
20 want something. They get certain CE for or
21 whatever. They had haven't even met face to
22 face with us before doing it 15 times.

23
24 (Background noise and voices.)

1 MR. BINGLEY: So I don't know. It
2 -- yeah, it could be a money thing.

3
4 MS. SHIPMAN: I know -- I know
5 we've had some resource challenges at VCU
6 for IMPACT. So -- because those poor people
7 that -- their jobs sometimes.

8
9 MS. WATKINS: Well, this is Linda.
10 We have had a lot of success with the SADDD
11 club, students against destructive driving
12 decisions.

13
14 MS. SHIPMAN: Mm-hmm.

15
16 MS. WATKINS: We collaborated with
17 about five of them in the month of April for
18 distracted driving. So we have an assembly
19 and then we own a portable simulator --
20 distracted driving simulator.

21 And we take it out to the high
22 schools so during the lunch period, they can
23 come and try the goggles. They have drunk
24 and drugged goggles. And they can view sign
25 and the banner that's provided by one of our

1 community partners. And they can also do
2 the simulator. So that kind of gives them a
3 couple of stations --

4
5 MS. SHIPMAN: Mm-hmm.

6
7 MS. WATKINS: -- to do during
8 lunch. So they just kind of cycle through
9 during the lunch period. So usually at the
10 high school about three hours, and we're
11 done. But it makes a big impact and we get
12 a lot of people that are interested.

13
14 MS. SHIPMAN: And it's called
15 students against --

16
17 COMMITTEE MEMBER: Distracted
18 driving.

19
20 MS. WATKINS: Destructive driving
21 decisions. It used to be drunk -- students
22 against drunk driving.

23
24 COMMITTEE MEMBER: Oh, okay.

1 MS. SHIPMAN: Okay.

2

3 MS. WATKINS: But it changed --

4

5 MS. SHIPMAN: But it changed.

6

7 MS. WATKINS: -- to be more
8 encompassing.

9

10 COMMITTEE MEMBER: Rush to add
11 distracted drivers, too. Always.

12

13 COMMITTEE MEMBER: I'm guessing
14 they have.

15

16 MS. SHIPMAN: Is that still drunk
17 driving now? Will that change --

18

19 MS. WATKINS: Yeah.

20

21 MS. SHIPMAN: -- or is it still
22 drunk driving? All right. We don't have
23 any old business. So what we'd like to
24 do -- I know the next meeting is supposed to
25 be in August. What we'd like to do -- so I

1 feel like sometimes with what we want to do
2 and get done is a quarterly meeting probably
3 isn't going to be very sufficient. So --
4 but what I would like to do is schedule
5 another meeting, maybe in June. What's this
6 -- May something. Second?

7
8 COMMITTEE MEMBER: Second.

9
10 MS. SHIPMAN: Oh, it's May already.
11 Sometime in June. I think, Wanda, are we
12 allowed to send out a doodle poll to seated
13 members to see what a good date is? Or is
14 -- we can do that?

15
16 MS. STREET: Yeah.

17
18 MS. SHIPMAN: Okay. So I think I'm
19 going to do that with this -- with our --
20 with our seated members. Send a doodle poll
21 out and see what the best date is.

22 But then, of course, you all
23 -- the liaisons will all receive an
24 invitation. And what we'll do is -- the
25 homework will be databases and organizations

1 and having some ideas of where to go with
2 what we are finding out. Because again, we
3 -- we're kind of back to the beginning. I
4 won't go into all of that again.

5 But we're kind of back -- hold
6 that. You're being recorded. So we are
7 probably taking a few steps back and kind of
8 starting over.

9 So let's bring to that meeting
10 where we want to go, what we found out in
11 the meantime. Hopefully by then, our seated
12 members -- more of our seated members will
13 be able to attend.

14 And you can meet them and we
15 can meet them. There are some that I
16 haven't met. And have some -- I think -- I
17 just think that this Committee is just going
18 to be so big and broad that we're going to
19 have to have some direction and try to
20 narrow down a focus to begin with.

21 You know, we can certainly
22 choose the top three injuries for the State
23 and go with that. Or we can look at
24 something that may be -- isn't being
25 addressed as well as it should. We can go

1 that route, too, you know. It may not be a
2 top three injury, but it may be something
3 that's on the rise, you know.

4 So let's -- let's get in front
5 of it before it becomes a top three injury.
6 So just kind of keep those things in the
7 back of your mind.

8 So I will do that, I will send
9 out a doodle poll to our seated
10 representatives and -- for sometime in June.
11 And then you will all get an invitation for
12 that.

13 Any thoughts, please. I'm
14 open to suggestions, open to what you think
15 this committee should be. Open to it.

16
17 MS. MITCHELL: Valeria.

18
19 MS. SHIPMAN: Yeah.

20
21 MS. MITCHELL: One of the things I
22 think that will be really helpful is -- as
23 we move forward with intervention, we need
24 to figure out a way that we can evaluate the
25 effectiveness of all this stuff -- work

1 we've done. Because we've got all these
2 different groups and different programs.
3 But you really can't -- we can't say that it
4 makes a difference. I mean, I think it -- I
5 really believe that it does.

6 But you know, when you
7 starting to fund in our to even convince
8 your administration to put more money and
9 more dollars into injury prevention.

10 If we don't have some data to
11 show a difference, then the money goes where
12 -- where there's some support. So I think
13 that's the thing that really challenges us,
14 that's -- that have data that says, because
15 -- you know, we've done all this distracted
16 driving.

17 We should -- you know, it
18 makes a difference. So we follow this
19 group, but we've seen that they don't do
20 distracted driving or -- I mean, it's just
21 got to be a way to -- not really sure how to
22 do that. But I think -- I struggle with
23 that because when you're trying to spend
24 money on things or trying to get more money
25 to do more things, it's hard to get people

1 to -- you know, administrators to give you
2 money when you can't turn around and say,
3 look, this is what I --

4
5 MS. SHIPMAN: Mm-hmm.

6
7 MS. MITCHELL: -- I can tell you I
8 did 50 presentations and there were 200
9 people there. But --

10
11 MS. SHIPMAN: But -- but how does
12 it --

13
14 MS. MITCHELL: That they could've

15 --

16
17 MS. SHIPMAN: What was the outcome?

18
19 MS. MITCHELL: Yeah.

20
21 MS. SHIPMAN: I mean, how do you
22 capture that?

23
24 MS. MITCHELL: Yeah, how do you --
25 how do you do that? So people that -- and

1 it's probably people out there that have
2 done it and done that part of it well, you
3 know. If we could, you know, tap into that
4 and replicate that, it would be -- I think
5 it's going to be real important to have.

6
7 MS. SHIPMAN: Yep.

8
9 MS. MITCHELL: Get into that moving
10 forward.

11
12 MS. SHIPMAN: I agree. All right.
13 Well, if there's no other business, I'm
14 going to adjourn. Oh, I need to make a --
15 we need to have a motion to adjourn, right?

16
17 COMMITTEE MEMBER: I make a motion
18 to adjourn.

19
20 COMMITTEE MEMBER: I'll second
21 them.

22
23 MS. SHIPMAN: Okay. Meeting
24 adjourned.

1 (The Injury and Violence Prevention
2 Committee meeting concluded at approximately
3 3:45 p.m.
4
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CERTIFICATE OF THE COURT REPORTER

I, Debroah Carter, do hereby certify that I transcribed the foregoing INJURY & VIOLENCE PREVENTION COMMITTEE MEETING heard on May 3rd, 2019, from digital media, and that the foregoing is a full and complete transcript of the said committee meeting to the best of my ability.

Given under my hand this 9th day of June, 2019.



Debroah Carter, CMRS, CCR
Virginia Certified
Court Reporter

My certification expires June 30, 2020.