VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD
OFFICE OF EMERGENCY MEDICAL SERVICES

TRAUMA ADMINISTRATION AND GOVERNANCE

FRIDAY, MAY 06, 2022
8:00 A.M.

EMBASSY SUITES BY HILTON RICHMOND
2925 EMORYWOOD PARKWAY
RICHMOND, VIRGINIA 23294

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APPEARANCES

DR. PAULA FERRADA, CHAIR
DR. JAY COLLINS
BETH BROERING, VCU MEDICAL CENTER
JEFFREY HAYNES, VCU HEALTH CHILDREN'S HOSPITAL
DR. SCOTT HICKEY
JOE HILBERT
TRACEY JEFFERS, TRAUMA CHAIR FOR PROGRAM MANAGERS
MATTHEW MARRY, VIRGINIA HOSPITAL AND HEALTH CARE ASSOCIATION
MORRIS REECE
STANLEY KUREK, CHIPPENHAM HOSPITAL
MIKE WATKINS, GOOCHLAND FIRE AND RESCUE
SUSAN WATKINS
JEFFREY YOUNG
MINDY CARTER, OEMS
MARK DAY, SENTARA VIRGINIA BEACH GENERAL
TANYA TREVILIAN, CARILION HOSPITAL
WHITNEY PIERCE, CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS
TIMOTHY KENNEDY, HENRICO DOCTORS - FOREST
ROBERT TEWEY, ESO
DALLAS A. TAYLOR, HCA HEALTH CARE DIVISION
DIANA JEWETT, CHIPPENHAM HOSPITAL
GREG NEIMAN, VCU HEALTH

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DAVIS GAMMON, VHHA
JOSH ORZEL, LEWISGALE MEDICAL CENTER
CHRISTOPHER MONTERA, ESO
JENNY WILSON, ESO
PIER FERGUSON, ODEMSA
LORI STURT, TRAUMA PROGRAM MANAGER INTERN
ADAM HARRELL, OEMS
GARY R. BROWN, OEMS
WAYNE PERRY, RAPPAHANNOCK EMS COUNCIL
AMANDA TURNER, CENTRAL HEALTH
DAVID BOGE, LYNCHBURG GENERAL
WILLIAM WEBER, LYNCHBURG GENERAL
KELSEY RIDEOUT, RAPPAHANNOCK EMS COUNCIL
CHARLES FEIRING, SHENANDOAH EMS COUNCIL

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CHAIR FERRADA: Okay, everybody. Good morning. Thank you, Dave, for the microphones. Can you hear me in the back? Good. My name is Paula Ferrada. I'm the Division Chief for Trauma and Acute Care Surgery for the Inova Healthcare System and I have the pleasure and the honor to be the tagged Chair as well. We are going to start with the introductions before we start with the minutes and agenda.

MS. CARTER: Mindy Carter, Office of the EMS.

MR. KUREK: I am Stan Kurek, I am the Trauma Director at Chippenham Hospital and the newly appointed Systems Improvement Committee Chair.

MR. WATKINS: Mike Watkins, I'm the Deputy Chief of Goochland County Fire-Rescue and the Chair of the Pre-Hospital Care Committee.

MR. HAYNES: I'm Jeff Haynes, Pediatric Trauma Medical Director at VCU Health

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Children's Hospital of Richmond.

MS. BROERING: Beth Broering, the Trauma Program and Burn Program Manager of the VCU Medical Center in Richmond and the Chair of the Post-Acute Committee.

MS. JEFFERS: Tracey Jeffers, I'm the Trauma Chair for the Program Managers and I'm also the Trauma Program Director at Reston.

MR. MARRY: Matthew Marry, Director of Emergency Preparedness, Virginia Hospital & Healthcare Association.

CHAIR FERRADA: May we start with the back?

MR. KENNEDY: Tim Kennedy. Trauma Program Director at Henrico Doctor's Forest.

MR. TEWEY: Robert Tewey, Director of Engineering in ESO.

MS. JEWETT: Diana Jewett, Trauma Program Director at Chippenham.

MR. TAYLOR: Dallas Taylor, Vice President, Trauma Services at HCA Healthcare Division.

MS. PIERCE: Whitney Pierce, Trauma Program Manager at Children's Hospital of The King's Daughters.

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MS. TREVILIAN: Tanya Trevilian, Trauma Program Manager at Carilion Children's, Roanoke.
MR. DAY: Mark Day, Trauma Program Manager at Sentara Virginia Beach General.
MR. GAMMON: Davis Gammon, Policy and Legislative Director at VHHA.
MR. NEIMAN: Greg Neiman, EMS Liaison for VCU Health.
MR. ORZEL: Josh Orzel, Trauma Program Director at LewisGale Medical Center.
MS. WILSON: Jennifer Wilson, Project Manager at ESO.
MR. MONTERA: Chris Montera from the ESO.
MS. FERGUSON: Pier Ferguson, ODEMSA.
MS. STURT: Lori Sturt, Medical Center Trauma Program Manager Intern.
MR. HARRELL: Adam Harrell, Office of the EMS
MR. BROWN: Gary Brown, Office of the EMS
MR. PERRY: Wayne Perry, Rappahannock EMS Council.

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MS. TURNER: I'm Amanda Turner, Senior Director for Central Health.
MR. BOGE: David Boge, Trauma Co-Director of Lynchburg General.
MR. WEBER: William Weber, Trauma Medical Director of Lynchburg General.
MS. RIDEOUT: Kelsey Rideout, Rappahannock EMS Council.
MR. FEIRING: Charles Feiring from Central Shenandoah EMS Council.
CHAIR FERRADA: Thank you everybody for volunteering your time and for being here today, and doing this important work for the State. Do we have enough people to approve the minutes?
MS. BROERING: No.
CHAIR FERRADA: We don't have a quorum to approve the minutes. I hope that next time we meet, we will. But we should be able to approve the agenda.
MS. BROERING: Yes.
CHAIR FERRADA: Do you have a minute to look at the agenda and see if you want to add or remove anything? And that entertain a motion to approve?

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MR. MARRY: Second.
CHAIR FERRADA: Okay. So moved. Let's move to the Chair's Report in terms of the Trauma Administrative and Governance Committee. We met in February and we did not have a quorum to approve minutes or to approve much, but we discussed the procedures moving forward in naming people volunteers for empty seats in the Chairs of Committees and with doing the Committees, I had the opportunity to do that during this meeting. So, I hope that in the near future we'll have a quorum to continue to do this important work. System Improvement Committee Report?
MR. KUREK: Thank you, Paula. We had a nice introductory meeting, we did not have quorum either so we cannot re-approve prior minutes or the agenda. But we have a lot of good discussions about repopulating the Committee which is the next big step. So, all the representatives from the various committees and the 15-person structure will hopefully be filled by the next time we meet. We also have goals and objectives that were determined back in the last time that the committee met was in February of 2020. They kind of wanted to write the goals and

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objectives and everybody agreed that it's a good place to continue with.
We had a couple of reports from the various committees. We had a great discussion about ESL and data integration and how we can move forward with the state. So, I was excited to learn about that. And we also want to read the Quarterly Report and I think it's a great document and I am excited that the document still exists and is still been pretty populated. Hopefully, once our committee gets up and running, we'll be able to review the data and give it back up to everybody. So I think I conclude my report. Thank you.
CHAIR FERRADA: Thank you, Dr. Kurek. Injury and Violence Prevention Committee?
MS. CARTER: Cory is not here.
CHAIR FERRADA: So, we're not gonna have a report for that. Pre-hospital Care Committee?
MR. WATKINS: Good morning. Mike Watkins from Pre-hospital Care. My committee met in the previous quarter and we did not meet this time after discussing for the last time. We really evaluated what we're doing, trying to

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understand and we want to come back to this committee to make sure we have a clear set of guidance moving forward.

The Pre-hospital Care Committee meets, and all of them meet regionally on a routine basis. So, coming together to State level was a little, I'm not going to say counterproductive, but EMS and pre-hospital staff is the very regional focus. If I could review our goals, because we're trying to have all of our goals met, essentially. And that's kind of the way, we kind of discussed it in the meeting is that we look at what was set in front of the Pre-hospital Care Committee that all those things have been met. So we either need a new set of goals or some identification.

Goal 1 was to develop and implement the minimum set of statewide trauma treatment protocols. This was actually owned by the state medical direction committee, they had this in process for protocols but EJNCR sets their own. So the regions and each agency is going to determine if there's trauma treatment protocols and I believe Dr., she said that the National Trauma Triage guidelines are getting

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ready to change as well. So until that comes out, we really would have to audible to that.

Goal 2, establish minimum statewide destination guidelines for state triage to accept the trauma triage. I kind of already mentioned that for both the adult and pediatric population, once that is published again, we can incorporate and reevaluate that. But most of the time, those regional assets are kind of making that determination. And the reality is from a government-based EMS agency, if you are a small rural, government-based, or third-service for volunteer agency, you're going to go to your closest hospital, no matter what. Whether it's a pedia patient or adult patient, your area is of the state that actually legislates their, from leaving the area. So, that requires a transfer of agreement of some kind. So, that was Goal 2.

Goal 3, help resources of ground critical care transport; Virginia Office of EMS outlines in the critical care scope of practice provides a look for agencies who may choose to provide that. That was approved at the GAB lab during the past week and that's already been set forward as to what we can do. Again, it is

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probably worth looking at some of those to determine which ones are trauma-focused, I know that broad product administration is one of the red dot scopes of practice things and that's a specific item based on a specific agency. There are probably some varying units do that, that's really a purview there, for example.

Support programs or recruitment and retention of EMS providers, this is a part of the Virginia Office of EMS workforce, it's not really in the committee's scope. It is a significant problem of creating and retaining those career and volunteer personnel throughout the state. It echoes and mirrors the nursing shortage. And it's a problem that doesn't have a very clear solution, but they're all working on that, in that committee. And it probably needs to stay in the workforce development committee and not be a part of the Trauma Services because it is a global issue and not necessarily a trauma issue.

Straight to the language in the Virginia code to update safe transportation toward the back aim.

This has already been moved

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forward in the regulations. Again, it came out of medical direction and EMS for children, not these committees. EMSC really pushed for all agencies to have mechanisms to safely transport children at the back of the ambulance. I would say the biggest issue we have with the trauma side of that is if most kids aren't going to get the proper-fitting seat collar, no matter what you do. The collars that the EMS uses for it is pretty inadequate but that's something that is being moved forward in the code.

Those are the five goals that were listed in the COVAX plan. Most of those have been either met, achieved or belonged in another committee. We do have some vacancies, but there are several, couple of folks that asked to step out of the committee, so we are working to fill that. We have two Vice-Chair, that's kind of, everyone. And we're still trying to find a trauma survivor or a private citizen representative and I think that's a problem with all the committees.

CHAIR FERRADA: Correct.

MR. WATKINS: So, we did not meet this go around because we have a pretty productive meeting last time and we want to add

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some goals forward to bring the group back together. That concludes my report.

CHAIR FERRADA: Thank you so much for the report. Maybe we can talk more of aligning how we can move things forward.

MS. BROERING: This is Beth Broering. Can I ask a question related to that? Two things, actually. The first one is, I know that many of treatment protocols are regionally based or regionally approved but, and maybe these hazards are already happening. Is there any review or alignment of protocols across regions? So, if there is a region that has, let's say, protocol X for the treatment of, I don't know, chest trauma, I'm making this up. Is that a line across different regions or there are vast variations and would that be an objective that this committee, that your committee could take on with some key protocols?

MR. WATKINS: I think if we had data on it, we could probably address it. But I think, most of the regions adopt protocols that are more or less in line. I don't see any great variation from region to region. I will tell you, for example, TGEM has an open fracture protocol

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for antibiotics, and some of those are out there. Is that something that we want to implement? I still think that that's still really regional dependent and it really matters on your receiving facility. TXA is another example, some places like TXA and someplace don't like TXA. I don't think that we can really do that on a state level, but from a BOS standpoint, I think it's pretty standardized. And again, a lot of it goes back to the triage and destination guidelines.

Traumas, airway breathing circulation, bleed control, pain control, and getting to the hospital. There's not a lot of, I don't, and I would defer at anybody in the audience who knows any great difference but I don't think there are tremendous regional differences other than some of those nuances that I've mentioned. And I don't think we could re-implement that at the state level. That differs on Medical Directors on things like TXA, things like that.

MS. BROERING: The second question I have is, and I just kind of missed what you said, because I knew it has certainly been a topic of concern and discussion multiple times

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that the ODEMSA is in the Central Virginia Region. And that is the guidelines related to what is critical care paramedics. I heard you say, clarify for me, is that there have been guidelines approved by GAB?

MR. WATKINS: It was approved, there's a scope of practice and scope of formulary document that's all now on the EMS webpage. It outlines skills procedures that are above the standard that has been, I guess national standard, well product administration, I'd rather say, because it's innovation, innovation pediatrics. Those we're all things that are considered above skill and those are endorsed by the medical directors at the agency rather. And the State's going to require that the Medical Directors would specifically endorse letters. Which requires that they must have documented training on that and some of that is going to depend on the type of agency. An ambul service that does critical care, will do one thing a 911 agency will do something probably different.

MR. KUREK: Can I ask a follow-up question on that, Paula?

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CHAIR FERRADA: Sure.

MR. KUREK: One of the things that we we're looking at pre-COVID is not only pre-hospital triage, but maybe then transfer specific injuries in children to a higher level of care across the state. So that transcends the regional thing, the regional EMS councils. So to address that, should that be then addressed if we pick it up in the future, in a Pre-hospital Care Committee, or is that more of a System Improvement Committee? Skate as a whole, commonwealth as a whole, trying to address that and maybe that goes with the best question too if it's something like TXA. Is that the bailiwick of EMS, the pre-hospital committee, and the System Improvement Committee, one or the other, should we talk, help me with your organization, I don't think I get that.

CHAIR FERRADA: Yes, I see Adam raising his hand.

MR. HARRELL: My recommendation for that, to the committee, would be to start with system improvement as part of the report that was mentioned earlier to review the data aspect. So with the epidemiology clerks and the data folks

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that sit on that committee to make recommendations like yours for review research and inclusion in some of the already existing reporting mechanisms. And then, as that is reviewed through the said committee, it could filter down for operationalizing or further review and discussion in subsequent committees. So those are the two areas you brought up, there are definitely things that could be reviewed with EMS epidemiology staff, as part of the reports that are produced for the said committee.

CHAIR FERRADA: I think that's a great suggestion and I believe that you have a seat open for somebody in pediatrics?

MR. HAYNES: We do and I think Goal 4 of that committee was to help with integration of guidelines development. I think we got a good TXA and children's ...

CHAIR FERRADA: So, Doctor Haynes will be a great voluntary for...

MR. HARRELL: Yes, we're going to talk afterward. I didn't know that you are the new chair and I'm happy to help with that on the System Improvement Committee. Thank you.

CHAIR FERRADA: Great.

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MR. WATKINS: Just to add to the critical care aspect of it. A lot of that also ties into medical side of things. It's not just trauma. Plus, those things are more comprehensive, so defining critical care transport is not just trauma, and most, I'll be honest, most trauma patients are not critical care transports. They're getting there quickly versus somebody who needs A-lines and ventilators and things like that. But that's common, you're head-injured trauma patient community hospitals will need a vent and sedation, that's that critical care piece of it that would be both trauma and medical side if that makes sense.

CHAIR FERRADA: Yes. Thank you so much for that.

MR. KUREK: Can I ask one more question? I'm sorry, since we're in a quorum.

CHAIR FERRADA: Yes. No. No. No. Please. Yes, it's fine.

MR. KUREK: Back to the data question, I remember when we were meeting in Norfolk around the time of the symposium, pre-COVID, we were all presented, for the second time, wonderful data are broken down into adult,

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pediatric, by region level, of injury, etc. and I've not seen that since. I don't know where is that and if that comes up in the agendas. I was thinking about it if that can be recreated, wonderful.

CHAIR FERRADA: That's part of the Systems Committee that we reviewed yesterday. The problem is that we have not been able to approve any of that because we have not have quorums since COVID. So, the fact that you're going to be helping in the committee is wonderful because we need to fill those seats and then hopefully, next time around that we'll quorum, then we'll have that report.

MR. KUREK: Yes. Great.

MR. WATKINS: We actually produced all the reports during COVID it's just that we have not published them because they have not been reviewed during COVID. So, we want it reviewed by the appropriate committees before we release those. But for that, those reports do exist and we do have that continued from the last one that you saw.

CHAIR FERRADA: Right.

MR. KUREK: Wonderful. Thank you.

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CHAIR FERRADA: Which are extremely helpful, I completely agree. Acute Care Committee. Dr. Young is sick, but he sent me, hopefully not with COVID, but he sent me, they've met yesterday, and they have a very productive meeting. Dr. Goode is not here either. He's the Vice-Chair but he also agreed with the report. They're working in revising and updating the Designation Manual. The plan was to wait until the new ACS Manual was published to complete that.

There's a small workgroup that is now taking the extensive TPM work to compare their standards to the new ACS standards and hoping to create some commonality. And they discussed the options for centers designated by the American College of Surgeons and the Commonwealth. And several methods were discussed with Mr. Gary Brown, so please make comments. And basically, they were debriefed an effort to check if there's a possibility in adapting the site business process to minimize duplication. I remember we discussed it last time, but I don't know, Gary, if you want to add anything else to that?

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MR. BROWN: If there's anything, I'd say it. Thank you.
CHAIR FERRADA: Okay. So they're still working on that. They met, and it was productive. They are one of the committees that I think they have their chairs filled and they did have quorum yesterday.
MS. CARTER: A couple of them.
CHAIR FERRADA: Yeah. Post-Acute Committee.
MS. BROERING: Thank you, Dr. Ferrada. This is Beth Broering as the Chair of the Post Acute Committee. We did have a quorum and we actually, fortunately, have a majority of the seats and representation for the different divisions or groups that had been identified previously to have representation of those groups. There was an identification that we'd likely need a representation for ELF hacks. For home health agencies we're actually have a call this afternoon with the Executive Director of Home Health Agencies Organization, I guess that's the word, to hopefully identify a liaison from that group.
We had a brief discussion about

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the number of beds in the Commonwealth. And that report was produced prior to COVID, back in 2019. And so, the need to sort of update that and take a look at it and make sure that we review that. And then, looking at sort of, hopefully, for the next time, developing some short-term goals and some longer-term items. And hopefully then, requesting some potential data from the State to look at some of our outcomes.
I did make a suggestion or offered a suggestion to the committee that we consider what data elements may be necessary for trauma centers to collect this part of potential post-acute or as a way to tend post-acute care for patients. I do know some states, I'm just going to use the examples, some states actually collect discharge filmscores. I don't know if there's value in that or not, but I think that's something that we can consider as we move forward. Thank you.
CHAIR FERRADA: Thank you for your hard work. Emergency Preparedness and Response Committee.
MS. CARTER: So, this committee did not meet. This time, Dr. Feldman had a prior

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commitment for both days. So, he chose not to have the committee meet this time.
CHAIR FERRADA: But we're going to arrange for them to meet, maybe before we meet again.
MS. CARTER: I will have to discuss that with him, yes.
CHAIR FERRADA: Yes. I'm going to strongly encourage him to meet before we meet again.
MS. CARTER: Okay.
CHAIR FERRADA: Trauma Fund Update.
MR. HARRELL: So, the trauma fund, as far as payments go this year, all payments have been made. There were a couple of I call them paperwork issues that were outside of OEMS that I know mediation, fiscal worked with those facilities. As of this point, what I've been told is all payments have been delivered. As far as updating, anything from legislation, I have to defer to other folks. But as of right now, we don't have a budget so I can't necessarily speak to that with the budget still being in limbo.
CHAIR FERRADA: Okay. Thank you.
MR. GAMMON: I'm going to give an

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update on the legislative side. So, colleagues of mine have spoken with the Senate finance staff on the Trauma Fund and the update from the Senate finance staff is they've looked at the account and it's showing that it is adequately funded for this year. So, that is this point, based on your update so I will encourage you to talk with them and compare on that.
MR. HARRELL: We'd give them that data every year and this is one of those areas that we fight with them because this fund, just like all the EMS money is a non-reversing fund. So, at the end of the fiscal year, the balance that's in there rolls to the next. The money that we payout is always a year behind, because of the manner it's collected. We do that so that there's always a sufficient amount. We have to return money if somebody, you know, if there's an issue with like, if they challenge every state, for example. So, my driver's license was suspended, I paid to have it reinstated but I have appealed the reason that it was suspended in the first place. If they win that appeal, then we have to give them their money back. Same thing with the DUI money because they go with it. So that's

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always one of the biggest reasons we pulled over for a year...

MS. CARTER: It's always a year behind.

MR. HARRELL:... and we have to give it back if they win the appeal. I explained this to Senate Finance every year, and explain to them that the money that's in there is not this year. They always look at it from the standpoint of every other governmental account that it's going to be spent by the end of this year. And if that's the case, that would be funded. What's been collected this fiscal year, is actually next year's payment. And I provided them the trended data, the same thing we produced for the trauma fund reviews for commissioner's office to show where there has been this downward trend as all the hospitals had seen and what they receive.

So the part that, it's always disturbing to me and we did a heated discussion with their staff when they used the term "adequately funded", I always ask them "What are you comparing that to?" Because none of the data that we give them provides an adequate comparison to what's going to be paid out to the trauma

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centers in the Commonwealth for the next year around. So, I'm at a loss, those folks, they tend to look at it like it's an area of the governmental account, and what's in there is going to be paid out by the end of the year. And no matter how insurance and trauma policy, the legislation, everything, that this is non-reverting. And I can't seem to get through to it.

MR. GAMMON: That's incredibly helpful. We had similar discussions with them on other budget items, and it doesn't really seem to get through. So, we'll take that information back to them. The good news is that I think for year two, there does seem to be, to continue to put new money into the trauma fund. So we'll continue to keep you updated on that. But then on the broader budget update, we do seem to get much closer, I think, hopefully, in the next coming weeks, to actually having a budget done. Budget is, that's the budget office. Thank you for that information.

MS. BROERING: I have to clarify the budget or question for both Adam and, I'm sorry.

MR. GAMMON: Davis.

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MS. BROERING: Davis. I believe, my understanding, our understanding that I heard earlier was that we were attempting to have a line item in the budget, that would be a fixed-line item. And the original number was quite large. And I think that it was decreased down and I want to say I heard the 5 million number that would be in there as a fixed-line item in the budget. And then on top of that would be this rolling pot as you described, Adam, that we are constantly fighting for. So if there's anything that you can provide to us as the trauma centers, and I know that we are working closely. I know we are working closely with Kara, our legislative liaison. But if there are things that we can do, either individually or again, messaging that should be sent out, can you give us that guidance? I know we fight it over here, but...

MR. HARRELL: VHHA may be able to speak more of this than I can. When it comes to budgetary line items, we don't really get pinged on those. We get pinged on if there's code changes and so forth.

MS. BROERING: Right.

MR. HARRELL: We do monitor it and

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we do forward it up to our chain of command when we see things that are alarming to us. But from our perspective, we don't actively get to engage in that and sometimes the information we get is after the fact. Like an advocate, I do speak to Senate Finance, House Appropriations, every general assembly cycle and provide them the same reports that I provide to you all and to the commissioner's office to say, this is utilization, this is the downward trend and the cost of the business in the Commonwealth is going up. So we got to be able to compensate for that in a fund that shows, historically, a steady decline in funding. So outside of that, I don't have as much insight, especially in the Senate finance until I ask those questions.

MR. GAMMON: From an advocacy standpoint, the one thing that I think maybe, probably it just has to become a priority for the General Assembly members. And I think to this point, it just probably hasn't been. And it's been this back and forth with Senate Finance staff. And I think with the current staff, frankly, it's a hard row to hoe. And it just kind of have to be direct conversations with members

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and working with your local elected officials. And I think looking at this group, there's a broad representation of localities and I think having conversations with elected officials and building that broad base as support long term. Maybe we'll get that dedicated long-term sustainable funding.

MR. HARRELL: I like to account with a little bit what you said, in a lightweight. After this General Assembly, we had two budget amendments for the trauma center fund, and both passed unanimously on the Senate budget amendment on the Senate side and the budget amendment on the house side. But where it stalls is when it gets to the appropriations on the Senate Finance Committee. So, they will both support ...

MS. CARTER: It's amazing it passed unanimously on both sides.

MR. HARRELL: That's where it hits the roadblock. It stalled, actually, among the staff to those committees. That's where the problem lies.

CHAIR FERRADA: If there's any opportunity for advocacy, I think any of us will

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be, including myself, thrilled to have conversations about anything that we can do to help and move forward. Any other legislative issues that we need to report? That's it? That was it?

MS. CARTER: That's all they had.

CHAIR FERRADA: Okay, trauma fund update. We already talked about that. Trauma Program Management report.

MS. JEFFERS: Good morning. The Trauma Program Managers met yesterday from 4:30 to 6:15ish. We were tasked, as a workgroup, we are tasked with certain agendas and proposals to send that to whatever committee asked us. So, the Office of EMS in conjunction with ESO and in regards to the Virginia State Registry, we were asked to review and report proposals for DataField, state-mandated versus NTDB, to evaluate what data help support our trauma patients in the Commonwealth. That was assigned to a workgroup outside of our trauma program manager workgroup. And that was represented by each level designated and also we included a registrar within that group since they are the content experts on the registry. And they were

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given a deadline for that for May 31st. That was the deadline that was set as a whole group and we broke it out to a subgroup that will have that done by May 31st. And they have support from ESO, Robert has preciously agreed to help with those data fields.

The other project that we were tasked with, approximately 2 years ago, was the TPM workgroup was tasked with reviewing the trauma designation manual. We have been through the trauma designation manual, we have made change proposals to the designation criteria to include the manual and the capability forms. That was tasked by the Acute Care Committee. And we have decided as a group that we are not ready to send that up to them. We will have that ready to be set up to the Acute Care Committee by the next meeting. So, our workgroup was put together for that. Each individual level was tasked with reviewing their designation criteria, along with any ACS-verified institutions, but also do a crosswalk/gap analysis of the ACS grade book since that is now out and ready to be reviewed between each criterion. And then that proposal will be brought up again to the Office of EMS and

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the Acute Care Committee.

So, we have set a deadline for that and we decided that that would be June, we are going to meet in June. And June 3rd, Friday, we were going to have a WebEx on that and discuss where we are and if we needed more time. And we would have that proposal ready to go up to the Acute Care Committee by next meeting. That pretty much took up most of our time. And our support systems for that, of course, our chairs for the Acute Care Committee, which will be Dr. Young and Dr. Boge, who's the Vice-Chair.

CHAIR FERRADA: That's wonderful. Thank you so much for your hard work. Any questions for the Trauma Program managers? Thank you. The Virginia American College of Surgeons COT report. Dr. Butano has met past weekend during the chapter. We discussed with Dr. Kurek and Dr. Leshley the lack of diversity and lack of participation. And I think one of the strategies moving forward that was discussed during that meeting is since the American College of Surgeons has no limitations in how many vice-chairs you have is having a vice-chair for each at least level one trauma center that we have in Virginia,

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we have many. So, that's under consideration and we are working also with the current president of the American College of Surgeons, Virginia Chapter. Dr. Megan Tracy is an expert in advocacy and very involved in having equal representation in how to make the COT Virginia a little bit more involved. Yeah.

MR. KUREK: Yes, and with the representation from the various trauma centers, we also discussed that they opened up their trauma program directors and any trauma staff could join the COT. So there's going to be a push to send that information out to everybody as well as getting the list of all the trauma surgeons in the state to try to get them involved. We literally had 4 people in our meeting and in Texas we had 150. In Florida, we had a couple of hundred. So, we're really trying to make a big push to get involvement.

CHAIR FERRADA: Yes, a 100%.

MR. KUREK: Yes, so they're going to continue to focus on resident paper competition as well. But getting that committee populated is important.

CHAIR FERRADA: Yes. And if you

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know of anybody that wants to volunteer their time and efforts, please contact us and contact Dr. Aboutanos. We'll make the best joint effort to get more representation. EMS report?

COMMITTEE MEMBER: They stepped out.

MS. BROERING: Dr. Ferrada and Dr. Kurek, can you at least get the dates of those, all the meetings, and how to get involved to Tracey for the trauma program managers? I think some of that is as much of a lack of information and awareness as it is. Some of it is probably a time or knowing that they can't do.

CHAIR FERRADA: Yes.

MR. KUREK: Yes, sure. I'll readch out to Dr. Aboutanos. Yep, we'll get that on the agenda.

CHAIR FERRADA: There is no, so, when there's a paper competition, it doesn't have to be limited to residency. If there are nurses or trauma managers or anything that you want to put up for the COT, that's welcome and encouraged. Yes.

MS. CARTER: EMS report?

CHAIR FERRADA: Yeah.

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MS. CARTER: So, some of my colleagues have stepped out of the room to go to another meeting. I can tell you as far as my own division, I do have a Trauma Critical Care Manager position currently posted. If you know people who may be interested, it is still open for another 2 weeks. It'll close in 2 weeks potentially. We also are hiring a contractor. I don't know how many of you are aware of this, it's a little bit confusing. Wanda was our primary clerical support for the division. And she also supported other divisions. And before she ended up taking an extended leave for multiple reasons, she was actually promoted to the Executive Secretary of the Office.

So, she actually, and she has never been backfilled. So, we are currently looking at a contract position to backfill her duties and responsibilities, so we're working on that now. The other piece that was sort of groundbreaking yesterday was that the commissioner, as of July 1st, has ordered that all Virginia Department of Health employees will go back to the office 5 days a week, full time, starting July 1st. So, even though there have

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been meetings that have continued on-site and in-person, and that's become more frequent over the last couple of months or so, we will all be in the office 5 days a week starting July 1st. And that's all I have.

CHAIR FERRADA: Thank you so much. Any questions? Okay. This is the time for the public comment period. There are no comments? I appreciate everybody's time and if you have any desire to participate with any of our committees, or with the COT, or if there's anything that we can do, we actually appreciate and greatly in support for the time that you're willing to invest in moving these projects forward. New business?

MR. WATKINS: I guess so. Can we get an update on how the reporting system is working as far as getting information? Like Dr., I was looking at a quarterly report from back in April 2019, or second quarter 2019, that's the last time we saw any of that data related to trauma. And I think that was just a very useful because it was packaged in about 6 or 7 pages and was able to be digested. I've sent a sample to Mindy. I'm just trying to get an understanding of

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where that information is. I know that it's a regional level, we've specifically looked at trauma destination, we've looked at trauma on rest. These are things we do feel could be expanded to the state level but if we don't have the data to look at, it's hard to really discuss.

MS. CARTER: So, as Adam alluded to earlier, those reports apparently have been continuing throughout the whole pandemic. So, the reports are there, but I think it typically gets approved through the Systems Committee first. And we have not had a quorum and yesterday, we basically did not have anybody to vote on that. So, it would become available after they approve for it for the general, whoever wants to consume that report. So, the reports are there as that's packaged previously. Now if you want something different, that's a different story.

MR. WATKINS: I think those would be great, but that it's kind of counterproductive if we're waiting on a quorum for a committee to release some of that information. Data is data.

CHAIR FERRADA: Right.

MR. WATKINS: It really doesn't need approval. Unless you have something that

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you're really scared of, there's no need to approve it at the committee level. Again, you're still trying to restructure some of it. This committee or even the, I think that's something that, it's better to have a raw data to look at it than to have just-, I mean, we haven't seen anything since 2019. And our stuff, it's going to be important to identify any discrepancies, and CTSO folks stepped out, between those who have image trends and and those who have ESO. Because that is a continuing issue. My agency is not going to be moving to ESO, so there's going to be some discrepancies. And it's important, not just as trammel, to identify where our data discrepancies. And if we wait a year or 2 years, we're not going to ...

CHAIR FERRADA: Yes, it's not going to be relevant. So no, I think we both are in agreement. We are both also new to these committees and learning the processes. Let me talk to Gary and find out how can we fix that because I agree data is data. And at the end, we're here to serve our patients.

MR. KUREK: We had a long discussion about this yesterday. We're talking

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about repopulating this committee over the next month or two. Because we don't have a quorum, the chair is able to appoint those people. So, I think the part of that committee is data validation and making sure things that go out are agreed upon by everybody. So, I don't think it's going to hold it up anymore. I really think before our next meeting will be totally populated, the Office of EMS, the folks already have the data. They said they can give that to us any time. So, the next time we meet, in August, we should, is it August?

MS. CARTER: Yes.

MR. KUREK: I think we should hopefully have a brand new committee with that data to review at that next meeting to bring back to this meeting.

CHAIR FERRADA: Yes.

MR. KUREK: That's my goal.

CHAIR FERRADA: No, a 100%, yes.

MR. KUREK: It doesn't have to be reinventing the wheel.

MR. WATKINS: Do we have a list of those subcommittees that must go under my committee to populate over to several other

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committees?

MS. CARTER: So we do have...

MR. WATKINS: I don't have the final list of what that was.

MS. CARTER: So, we do have, and that's a good point to bring up. I do have a master list now. I can't really say that it has been well-maintained and there's obviously been a change in personnel. And so, because of the fact that we had to move some of these committees from the normal days that they occurred before, some of these committees are going to be concurrent. And it may be that some of that crossover personnel from the one committee to the other may have to change because you can't be in two or three places at the same time. So, I think that's something that the individual committees are going to have to go forward.

MR. WATKINS: I think that was a pretty significant issue because my committee is basically divided in between. We were in three or four different places at once. And that's functional. And I don't know who our system improvement is but I'll be glad to sit on the system. Represent Pre-hospital System

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Improvement.
CHAIR FERRADA: I agree. Yeah.
MR. KUREK: I was hoping it was you.
MR. WATKINS: Yeah.
MS. CARTER: I think what I wanted...
MR. WATKINS: No, I'm the chair so I...
MR. KUREK: The chair?
CHAIR FERRADA: Yes.
MR. KUREL: That's I think that's how it's done in the past, right?
CHAIR FERRADA: Yes.
MR. KUREK: So, you're either chair or a representative.
MR. WATKINS: I'll take a seat. I'll definitely make sure pre-hospital has a System Improvement right there.
CHAIR FERRADA: Yes, we appreciate your service. Thank you so much. Any other new business? Yes?
MR. KENNEDY: Tim Kennedy. I'm still trying to navigate the structure of all these committees, but in the event, we don't have

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a quorum at our next meeting too, is it possible for that approval to kind of go up the chain of committees that might have a quorum at it?
CHAIR FERRADA: Can you repeat the question? What is it that needs to be approved?
MS. CARTER: I'm not sure what he's asking.
CHAIR FERRADA: Yes, rephrase it.
MR. KENNEDY: Is it possible if we don't a quorum at the next Systems Improvement Committee that if we had a quorum here, that it could be approved here instead of through that committee?
CHAIR FERRADA: What could be approved?
MR. KENNEDY: The data.
CHAIR FERRADA: I don't know, but I am 99.9% certain that we will have a quorum next time.
MR. KUREK: I think the whole purpose of this subcommittee is data validation. Data and quality. And that's what the committee was formed for. So, I think we'll have it solid by that.
MS. BROERING: In response to those

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questions, and I know that some of the things that we're looking at a systems level is important and we have to go through the approval. I think what I am hearing, Mindy, that will be helpful is especially like, I'm going to use the example. Depths of PI committee specifically, we've waited and waited, especially since the transition and we've heard, "We can't pull data yet or we can't get it." So, I think what Mike is also alluding to is even at the depths of the regional committee, and PI committee, we'd like to be able to look at some of the things that we've done to. Pain management, again, trauma arrest. It doesn't necessarily have to be at the state level. Can we get that for ODEMSA? Or can the ODEMSA or PI committee ask for data or get data and use it within their PI?
MS. CARTER: Yes.
MS. BROERING: Okay. Because we have heard previously that we can't. So...
MS. CARTER: I believe that you can.
MS. BROERING: Okay.
MS. CARTER: And I think it just is a matter of requesting that data and the specific

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elements that you want and going forward with that.
MS. BROERING: Okay, so the tech, all right, and when I say we can't it's that it's not available because something about the technology or being able to build the reports or whatever. So, that's really helpful.
MS. CARTER: I think it's going to depend on the timeframe potentially, that you're looking at.
MS. BROERING: Yep.
MS CARTER: And the elements that you want.
MS. BROERING: Okay, perfect.
MS. CARTER: And we can help. I think it's helpful sometimes to have a discussion with the data folks and the epidemiology folks to sort of craft that to make that what you want.
MS. BROERING: That's super. Thanks.
MR. WATKINS: I guess the last thing, we contacted the other members of this committee to make sure they're continuing and identifying these, because I know there's a couple of things on here that I haven't seen for

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a while. I just want to make sure we keep that marks, I think.

CHAIR FERRADA: Yes, I contacted people to fill in all the empty chairs from the subcommittees. There's one person that we're still trying to find out somebody for a level 3. So, if you have any suggestions, and our citizen's seat is asked in many of the committees absent and that's something that I want to address with Gary, because even though we appreciate that, that participation is also keeping you from having a quorum when you don't have participation. But yes, the answer is yes. And hopefully, we'll have a quorum next time.

MR. WATKINS: I guess who's already separate? It was Dr. Scott taking all...

MS. CARTER: Joshua Easter. I think that's another thing going forward. Some people have moved out of state, some people are no longer interested in participating. Some people were members who actually never participated. So, I think that as we kind of get these things back together, it's the rebuilding year. I think that our big focus, it's getting the right people and getting them to the meetings. And so that's work

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to be done.

CHAIR FERRADA: Right.

MS. TREVILIAN: One question. Tanya Trevilian with Carilion Children's ESO. The question I have is that serving on a committee kind of also aligns with some other committees that I've actively participated on because there's limited participation in southwest Virginia. So, as much as I, again, I love to participate in additional ways with the trauma system. But EMSC is very important to me because again, there's no representative from my area on that committee that aligns with the Acute Care Committee which I know has advocacy for a pediatric representative. Is there any flexibility within the scheduling of the meetings so that there's not an overlap? For particular meetings, that these people would be kind of...

MS. CARTER: It was tough to get them all scheduled. When the GAB moved, it had bedrock effects in terms of that 3 hours, it made a huge difference. And because we wanted to have all of the subcommittee meetings meet before the GAB. Basically, squeezing them in there and getting the rooms here on site was a chore and it

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was a fight just to get the room. So, I think it's scheduled the way it is. If committees want to cooperatively get together the chairs and flip flop their times or something like that, I'm all for that. I'm going to be here all day. And some of you will be here all day. But other than them getting together and cooperatively changing their times, there's not much flexibility there. And you're welcome to do that. And I'm happy to help facilitate that if you want.

CHAIR FERRADA: Thank you. Thank you everybody for your time. We really appreciate it. We know that it's time you take away from your work and for your family and we're really appreciative for the time you volunteer and the hard work. And motion to adjourn?

MR. WATKINS: So move.

CHAIR FERRADA: So move.

(WHEREUPON, the Meeting was concluded at 8:50 a.m.)

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CAPTION

The foregoing matter was taken on the date, and at the time and place set out on the title page hereof.

It was requested that the matter be taken by the reporter and that the same be reduced to typewritten form.

CERTIFICATE OF REPORTER AND SECURE ENCRYPTED
SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT

I, **CHERYL R. LANE**, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome.

This transcript and certificate have been digitally signed and securely delivered through our encryption server.

IN WITNESS HEREOF, I have here unto set my hand this 13TH day of MAY, 2022.

/s/ CHERYL R. LANE
COURT REPORTER / NOTARY
NOTARY REGISTRATION NUMBER: 7864242
MY COMMISSION EXPIRES: 05/31/2024

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