VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD
OFFICE OF EMERGENCY MEDICAL SERVICES

TRAUMA ADMINISTRATION AND GOVERNANCE

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

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1 **APPEARANCES**

2 DR. PAULA FERRADA, CHAIR

3 DR. JAY COLLINS

4 BETH BROERING, VCU MEDICAL CENTER

5 JEFFREY HAYNES, VCU HEALTH CHILDREN'S HOSPITAL

6 DR. SCOTT HICKEY

7 JOE HILBERT

8 TRACEY JEFFERS, TRAUMA CHAIR FOR PROGRAM MANAGERS

9 MATTHEW MARRY, VIRGINIA HOSPITAL AND HEALTH CARE

10 ASSOCIATION

11 MORRIS REECE

12 STANLEY KUREK, CHIPPENHAM HOSPITAL

13 MIKE WATKINS, GOOCHLAND FIRE AND RESCUE

14 SUSAN WATKINS

15 JEFFREY YOUNG

16 MINDY CARTER, OEMS

17 MARK DAY, SENTARA VIRGINIA BEACH GENERAL

18 TANYA TREVILIAN, CARILION HOSPITAL

19 WHITNEY PIERCE, CHILDREN'S HOSPITAL OF THE KING'S

20 DAUGHTERS

21 TIMOTHY KENNEDY, HENRICO DOCTORS - FOREST

22 ROBERT TEWEY, ESO

23 DALLAS A. TAYLOR, HCA HEALTH CARE DIVISION

24 DIANA JEWETT, CHIPPENHAM HOSPITAL

25 GREG NEIMAN, VCU HEALTH

1 DAVIS GAMMON, VHHA
2 JOSH ORZEL, LEWISGALE MEDICAL CENTER
3 CHRISTOPHER MONTERA, ESO
4 JENNY WILSON, ESO
5 PIER FERGUSON, ODEMSA
6 LORI STURT, TRAUMA PROGRAM MANAGER INTERN
7 ADAM HARRELL, OEMS
8 GARY R. BROWN, OEMS
9 WAYNE PERRY, RAPPAHANNOCK EMS COUNCIL
10 AMANDA TURNER, CENTRAL HEALTH
11 DAVID BOGE, LYNCHBURG GENERAL
12 WILLIAM WEBER, LYNCHBURG GENERAL
13 KELSEY RIDEOUT, RAPPAHANNOCK EMS COUNCIL
14 CHARLES FEIRING, SHENANDOAH EMS COUNCIL
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4 **FRIDAY, MAY 06, 2022**
5 **8:00 A.M.**
6 **CHAIR FERRADA:** Okay, everybody.
7 Good morning. Thank you, Dave, for the
8 microphones. Can you hear me in the back? Good.
9 My name is Paula Ferrada. I'm the Division Chief
10 for Trauma and Acute Care Surgery for the Inova
11 Healthcare System and I have the pleasure and the
12 honor to be the tagged Chair as well. We are
13 going to start with the introductions before we
14 start with the minutes and agenda.
15 **MS. CARTER:** Mindy Carter, Office
16 of the EMS.
17 **MR. KUREK:** I am Stan Kurek, I am
18 the Trauma Director at Chippenham Hospital and
19 the newly appointed Systems Improvement Committee
20 Chair.
21 **MR. WATKINS:** Mike Watkins, I'm the
22 Deputy Chief of Goochland County Fire-Rescue and
23 the Chair of the Pre-Hospital Care Committee.
24 **MR. HAYNES:** I'm Jeff Haynes,
25 Pediatric Trauma Medical Director at VCU Health

1 Children's Hospital of Richmond.
2 **MS. BROERING:** Beth Broering, the
3 Trauma Program and Burn Program Manager of the
4 VCU Medical Center in Richmond and the Chair of
5 the Post-Acute Committee.
6 **MS. JEFFERS:** Tracey Jeffers, I'm
7 the Trauma Chair for the Program Managers and I'm
8 also the Trauma Program Director at Reston.
9 **MR. MARRY:** Matthew Marry, Director
10 of Emergency Preparedness, Virginia Hospital &
11 Healthcare Association.
12 **CHAIR FERRADA:** May we start with
13 the back?
14 **MR. KENNEDY:** Tim Kennedy. Trauma
15 Program Director at Henrico Doctor's Forest.
16 **MR. TEWEY:** Robert Tewey, Director
17 of Engineering in ESO.
18 **MS. JEWETT:** Diana Jewett, Trauma
19 Program Director at Chippenham.
20 **MR. TAYLOR:** Dallas Taylor, Vice
21 President, Trauma Services at HCA Healthcare
22 Division.
23 **MS. PIERCE:** Whitney Pierce, Trauma
24 Program Manager at Children's Hospital of The
25 King's Daughters.

1 **MS. TREVILIAN:** Tanya Trevilian,
2 Trauma Program Manager at Carilion Children's,
3 Roanoke.
4 **MR. DAY:** Mark Day, Trauma Program
5 Manager at Sentara Virginia Beach General.
6 **MR. GAMMON:** Davis Gammon, Policy
7 and Legislative Director at VHHA.
8 **MR. NEIMAN:** Greg Neiman, EMS
9 Liaison for VCU Health.
10 **MR. ORZEL:** Josh Orzel, Trauma
11 Program Director at LewisGale Medical Center.
12 **MS. WILSON:** Jennifer Wilson,
13 Project Manager at ESO.
14 **MR. MONTERA:** Chris Montera from
15 the ESO.
16 **MS. FERGUSON:** Pier Ferguson,
17 ODEMSA.
18 **MS. STURT:** Lori Sturt, Medical
19 Center Trauma Program Manager Intern.
20 **MR. HARRELL:** Adam Harrell, Office
21 of the EMS
22 **MR. BROWN:** Gary Brown, Office of
23 the EMS
24 **MR. PERRY:** Wayne Perry,
25 Rappahannock EMS Council.

1 **MS. TURNER:** I'm Amanda Turner,
2 Senior Director for Central Health.
3 **MR. BOGE:** David Boge, Trauma Co-
4 Director of Lynchburg General.
5 **MR. WEBER:** William Weber, Trauma
6 Medical Director of Lynchburg General.
7 **MS. RIDEOUT:** Kelsey Rideout,
8 Rappahannock EMS Council.
9 **MR. FEIRING:** Charles Feiring from
10 Central Shenandoah EMS Council.
11 **CHAIR FERRADA:** Thank you everybody
12 for volunteering your time and for being here
13 today, and doing this important work for the
14 State. Do we have enough people to approve the
15 minutes?
16 **MS. BROERING:** No.
17 **CHAIR FERRADA:** We don't have a
18 quorum to approve the minutes. I hope that next
19 time we meet, we will. But we should be able to
20 approve the agenda.
21 **MS. BROERING:** Yes.
22 **CHAIR FERRADA:** Do you have a
23 minute to look at the agenda and see if you want
24 to add or remove anything? And that entertain a
25 motion to approve?

1 **MR. MARRY:** Second.
2 **CHAIR FERRADA:** Okay. So moved.
3 Let's move to the Chair's Report in terms of the
4 Trauma Administrative and Governance Committee.
5 We met in February and we did not have a quorum
6 to approve minutes or to approve much, but we
7 discussed the procedures moving forward in naming
8 people volunteers for empty seats in the Chairs
9 of Committees and with doing the Committees, I
10 had the opportunity to do that during this
11 meeting. So, I hope that in the near future we'll
12 have a quorum to continue to do this important
13 work. System Improvement Committee Report?
14 **MR. KUREK:** Thank you, Paula. We
15 had a nice introductory meeting, we did not have
16 quorum either so we cannot re-approve prior
17 minutes or the agenda. But we have a lot of good
18 discussions about repopulating the Committee
19 which is the next big step. So, all the
20 representatives from the various committees and
21 the 15-person structure will hopefully be filled
22 by the next time we meet. We also have goals and
23 objectives that were determined back in the last
24 time that the committee met was in February of
25 2020. They kind of wanted to write the goals and

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

1 understand and we want to come back to this
2 committee to make sure we have a clear set of
3 guidance moving forward.
4 The Pre-hospital Care Committee
5 meets, and all of them meet regionally on a
6 routine basis. So, coming together to State level
7 was a little, I'm not going to say
8 counterproductive, but EMS and pre-hospital staff
9 is the very regional focus. If I could review our
10 goals, because we're trying to have all of our
11 goals met, essentially. And that's kind of the
12 way, we kind of discussed it in the meeting is
13 that we look at what was set in front of the Pre-
14 hospital Care Committee that all those things
15 have been met. So we either need a new set of
16 goals or some identification.
17 Goal 1 was to develop and
18 implement the minimum set of statewide trauma
19 treatment protocols. This was actually owned by
20 the state medical direction committee, they had
21 this in process for protocols but EJNCR sets
22 their own. So the regions and each agency is
23 going to determine if there's trauma treatment
24 protocols and I believe Dr., she said that the
25 National Trauma Triage guidelines are getting

1 ready to change as well. So until that comes out,
2 we really would have to audible to that.
3 Goal 2, establish minimum
4 statewide destination guidelines for state triage
5 to accept the trauma triage. I kind of already
6 mentioned that for both the adult and pediatric
7 population, once that is published again, we can
8 incorporate and reevaluate that. But most of the
9 time, those regional assets are kind of making
10 that determination. And the reality is from a
11 government-based EMS agency, if you are a small
12 rural, government-based, or third-service for
13 volunteer agency, you're going to go to your
14 closest hospital, no matter what. Whether it's a
15 pedia patient or adult patient, your area is of
16 the state that actually legislates their, from
17 leaving the area. So, that requires a transfer of
18 agreement of some kind. So, that was Goal 2.
19 Goal 3, help resources of ground
20 critical care transport; Virginia Office of EMS
21 outlines in the critical care scope of practice
22 provides a look for agencies who may choose to
23 provide that. That was approved at the GAB lab
24 during the past week and that's already been set
25 forward as to what we can do. Again, it is

1 probably worth looking at some of those to
2 determine which ones are trauma-focused, I know
3 that broad product administration is one of the
4 red dot scopes of practice things and that's a
5 specific item based on a specific agency. There
6 are probably some varying units do that, that's
7 really a purview there, for example.
8 Support programs or recruitment
9 and retention of EMS providers, this is a part of
10 the Virginia Office of EMS workforce, it's not
11 really in the committee's scope. It is a
12 significant problem of creating and retaining
13 those career and volunteer personnel throughout
14 the state. It echoes and mirrors the nursing
15 shortage. And it's a problem that doesn't have a
16 very clear solution, but they're all working on
17 that, in that committee. And it probably needs to
18 stay in the workforce development committee and
19 not be a part of the Trauma Services because it
20 is a global issue and not necessarily a trauma
21 issue.
22 Straight to the language in the
23 Virginia code to update safe transportation
24 toward the back aim.
25 This has already been moved

1 forward in the regulations. Again, it came out of
2 medical direction and EMS for children, not these
3 committees. EMSC really pushed for all agencies
4 to have mechanisms to safely transport children
5 at the back of the ambulance. I would say the
6 biggest issue we have with the trauma side of
7 that is if most kids aren't going to get the
8 proper-fitting seat collar, no matter what you
9 do. The collars that the EMS uses for it is
10 pretty inadequate but that's something that is
11 being moved forward in the code.
12 Those are the five goals that were
13 listed in the COVAX plan. Most of those have been
14 either met, achieved or belonged in another
15 committee. We do have some vacancies, but there
16 are several, couple of folks that asked to step
17 out of the committee, so we are working to fill
18 that. We have two Vice-Chair, that's kind of,
19 everyone. And we're still trying to find a trauma
20 survivor or a private citizen representative and
21 I think that's a problem with all the committees.
22 **CHAIR FERRADA:** Correct.
23 **MR. WATKINS:** So, we did not meet
24 this go around because we have a pretty
25 productive meeting last time and we want to add

1 some goals forward to bring the group back
2 together. That concludes my report.
3 **CHAIR FERRADA:** Thank you so much
4 for the report. Maybe we can talk more of
5 aligning how we can move things forward.
6 **MS. BROERING:** This is Beth
7 Broering. Can I ask a question related to that?
8 Two things, actually. The first one is, I know
9 that many of treatment protocols are regionally
10 based or regionally approved but, and maybe these
11 hazards are already happening. Is there any
12 review or alignment of protocols across regions?
13 So, if there is a region that has, let's say,
14 protocol X for the treatment of, I don't know,
15 chest trauma, I'm making this up. Is that a line
16 across different regions or there are vast
17 variations and would that be an objective that
18 this committee, that your committee could take on
19 with some key protocols?
20 **MR. WATKINS:** I think if we had
21 data on it, we could probably address it. But I
22 think, most of the regions adopt protocols that
23 are more or less in line. I don't see any great
24 variation from region to region. I will tell you,
25 for example, TGEM has an open fracture protocol

1 for antibiotics, and some of those are out there.
2 Is that something that we want to implement? I
3 still think that that's still really regional
4 dependent and it really matters on your receiving
5 facility. TXA is another example, some places
6 like TXA and someplace don't like TXA. I don't
7 think that we can really do that on a state
8 level, but from a BOS standpoint, I think it's
9 pretty standardized. And again, a lot of it goes
10 back to the triage and destination guidelines.
11 Traumas, airway breathing
12 circulation, bleed control, pain control, and
13 getting to the hospital. There's not a lot of, I
14 don't, and I would defer at anybody in the
15 audience who knows any great difference but I
16 don't think there are tremendous regional
17 differences other than some of those nuances that
18 I've mentioned. And I don't think we could re-
19 implement that at the state level. That differs
20 on Medical Directors on things like TXA, things
21 like that.
22 **MS. BROERING:** The second question
23 I have is, and I just kind of missed what you
24 said, because I knew it has certainly been a
25 topic of concern and discussion multiple times

1 that the ODEMSA is in the Central Virginia
2 Region. And that is the guidelines related to
3 what is critical care paramedics. I heard you
4 say, clarify for me, is that there have been
5 guidelines approved by GAB?
6 **MR. WATKINS:** It was approved,
7 there's a scope of practice and scope of
8 formulary document that's all now on the EMS
9 webpage. It outlines skills procedures that are
10 above the standard that has been, I guess
11 national standard, well product administration,
12 I'd rather say, because it's innovation,
13 innovation pediatrics. Those we're all things
14 that are considered above skill and those are
15 endorsed by the medical directors at the agency
16 rather. And the State's going to require that the
17 Medical Directors would specifically endorse
18 letters. Which requires that they must have
19 documented training on that and some of that is
20 going to depend on the type of agency. An ambul
21 service that does critical care, will do one
22 thing a 911 agency will do something probably
23 different.
24 **MR. KUREK:** Can I ask a follow-up
25 question on that, Paula?

1 **CHAIR FERRADA:** Sure.
2 **MR. KUREK:** One of the things that
3 we we're looking at pre-COVID is not only pre-
4 hospital triage, but maybe then transfer specific
5 injuries in children to a higher level of care
6 across the state. So that transcends the regional
7 thing, the regional EMS councils. So to address
8 that, should that be then addressed if we pick it
9 up in the future, in a Pre-hospital Care
10 Committee, or is that more of a System
11 Improvement Committee? Skate as a whole,
12 commonwealth as a whole, trying to address that
13 and maybe that goes with the best question too if
14 it's something like TXA. Is that the bailiwick of
15 EMS, the pre-hospital committee, and the System
16 Improvement Committee, one or the other, should
17 we talk, help me with your organization, I don't
18 think I get that.
19 **CHAIR FERRADA:** Yes, I see Adam
20 raising his hand.
21 **MR. HARRELL:** My recommendation for
22 that, to the committee, would be to start with
23 system improvement as part of the report that was
24 mentioned earlier to review the data aspect. So
25 with the epidemiology clerks and the data folks

1 that sit on that committee to make
2 recommendations like yours for review research
3 and inclusion in some of the already existing
4 reporting mechanisms. And then, as that is
5 reviewed through the said committee, it could
6 filter down for operationalizing or further
7 review and discussion in subsequent committees.
8 So those are the two areas you brought up, there
9 are definitely things that could be reviewed with
10 EMS epidemiology staff, as part of the reports
11 that are produced for the said committee.
12 **CHAIR FERRADA:** I think that's a
13 great suggestion and I believe that you have a
14 seat open for somebody in pediatrics?
15 **MR. HAYNES:** We do and I think Goal
16 4 of that committee was to help with integration
17 of guidelines development. I think we got a good
18 TXA and children's ...
19 **CHAIR FERRADA:** So, Doctor Haynes
20 will be a great voluntary for...
21 **MR. HARRELL:** Yes, we're going to
22 talk afterward. I didn't know that you are the
23 new chair and I'm happy to help with that on the
24 System Improvement Committee. Thank you.
25 **CHAIR FERRADA:** Great.

1 **MR. WATKINS:** Just to add to the
2 critical care aspect of it. A lot of that also
3 ties into medical side of things. It's not just
4 trauma. Plus, those things are more
5 comprehensive, so defining critical care
6 transport is not just trauma, and most, I'll be
7 honest, most trauma patients are not critical
8 care transports. They're getting there quickly
9 versus somebody who needs A-lines and ventilators
10 and things like that. But that's common, you're
11 head-injured trauma patient community hospitals
12 will need a vent and sedation, that's that
13 critical care piece of it that would be both
14 trauma and medical side if that makes sense.
15 **CHAIR FERRADA:** Yes. Thank you so
16 much for that.
17 **MR. KUREK:** Can I ask one more
18 question? I'm sorry, since we're in a quorum.
19 **CHAIR FERRADA:** Yes. No. No. No.
20 Please. Yes, it's fine.
21 **MR. KUREK:** Back to the data
22 question, I remember when we were meeting in
23 Norfolk around the time of the symposium, pre-
24 COVID, we were all presented, for the second
25 time, wonderful data are broken down into adult,

1 pediatric, by region level, of injury, etc. and
2 I've not seen that since. I don't know where is
3 that and if that comes up in the agendas. I was
4 thinking about it if that can be recreated,
5 wonderful.
6 **CHAIR FERRADA:** That's part of the
7 Systems Committee that we reviewed yesterday. The
8 problem is that we have not been able to approve
9 any of that because we have not have quorums
10 since COVID. So, the fact that you're going to be
11 helping in the committee is wonderful because we
12 need to fill those seats and then hopefully, next
13 time around that we'll quorum, then we'll have
14 that report.
15 **MR. KUREK:** Yes. Great.
16 **MR. WATKINS:** We actually produced
17 all the reports during COVID it's just that we
18 have not published them because they have not
19 been reviewed during COVID. So, we want it
20 reviewed by the appropriate committees before we
21 release those. But for that, those reports do
22 exist and we do have that continued from the last
23 one that you saw.
24 **CHAIR FERRADA:** Right.
25 **MR. KUREK:** Wonderful. Thank you.

1 **CHAIR FERRADA:** Which are extremely
2 helpful, I completely agree. Acute Care
3 Committee. Dr. Young is sick, but he sent me,
4 hopefully not with COVID, but he sent me, they've
5 met yesterday, and they have a very productive
6 meeting. Dr. Goode is not here either. He's the
7 Vice-Chair but he also agreed with the report.
8 They're working in revising and updating the
9 Designation Manual. The plan was to wait until
10 the new ACS Manual was published to complete
11 that.
12 There's a small workgroup that is
13 now taking the extensive TPM work to compare
14 their standards to the new ACS standards and
15 hoping to create some commonality. And they
16 discussed the options for centers designated by
17 the American College of Surgeons and the
18 Commonwealth. And several methods were discussed
19 with Mr. Gary Brown, so please make comments. And
20 basically, they were debriefed an effort to check
21 if there's a possibility in adapting the site
22 business process to minimize duplication. I
23 remember we discussed it last time, but I don't
24 know, Gary, if you want to add anything else to
25 that?

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

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

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

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

1 always one of the biggest reasons we pulled over
2 for a year...
3 **MS. CARTER:** It's always a year
4 behind.
5 **MR. HARRELL:**... and we have to
6 give it back if they win the appeal. I explained
7 this to Senate Finance every year, and explain to
8 them that the money that's in there is not this
9 year. They always look at it from the standpoint
10 of every other governmental account that it's
11 going to be spent by the end of this year. And if
12 that's the case, that would be funded. What's
13 been collected this fiscal year, is actually next
14 year's payment. And I provided them the trended
15 data, the same thing we produced for the trauma
16 fund reviews for commissioner's office to show
17 where there has been this downward trend as all
18 the hospitals had seen and what they receive.
19 So the part that, it's always
20 disturbing to me and we did a heated discussion
21 with their staff when they used the term
22 "adequately funded", I always ask them "What are
23 you comparing that to?" Because none of the data
24 that we give them provides an adequate comparison
25 to what's going to be paid out to the trauma

1 centers in the Commonwealth for the next year
2 around. So, I'm at a loss, those folks, they tend
3 to look at it like it's an area of the
4 governmental account, and what's in there is
5 going to be paid out by the end of the year. And
6 no matter how insurance and trauma policy, the
7 legislation, everything, that this is non-
8 reverting. And I can't seem to get through to it.
9 **MR. GAMMON:** That's incredibly
10 helpful. We had similar discussions with them on
11 other budget items, and it doesn't really seem to
12 get through. So, we'll take that information back
13 to them. The good news is that I think for year
14 two, there does seem to be, to continue to put
15 new money into the trauma fund. So we'll continue
16 to keep you updated on that. But then on the
17 broader budget update, we do seem to get much
18 closer, I think, hopefully, in the next coming
19 weeks, to actually having a budget done. Budget
20 is, that's the budget office. Thank you for that
21 information.
22 **MS. BROERING:** I have to clarify
23 the budget or question for both Adam and, I'm
24 sorry.
25 **MR. GAMMON:** Davis.

1 **MS. BROERING:** Davis. I believe, my
2 understanding, our understanding that I heard
3 earlier was that we were attempting to have a
4 line item in the budget, that would be a fixed-
5 line item. And the original number was quite
6 large. And I think that it was decreased down and
7 I want to say I heard the 5 million number that
8 would be in there as a fixed-line item in the
9 budget. And then on top of that would be this
10 rolling pot as you described, Adam, that we are
11 constantly fighting for. So if there's anything
12 that you can provide to us as the trauma centers,
13 and I know that we are working closely. I know we
14 are working closely with Kara, our legislative
15 liaison. But if there are things that we can do,
16 either individually or again, messaging that
17 should be sent out, can you give us that
18 guidance? I know we fight it over here, but...
19 **MR. HARRELL:** VHHA may be able to
20 speak more of this than I can. When it comes to
21 budgetary line items, we don't really get pinged
22 on those. We get pinged on if there's code
23 changes and so forth.
24 **MS. BROERING:** Right.
25 **MR. HARRELL:** We do monitor it and

1 we do forward it up to our chain of command when
2 we see things that are alarming to us. But from
3 our perspective, we don't actively get to engage
4 in that and sometimes the information we get is
5 after the fact. Like an advocate, I do speak to
6 Senate Finance, House Appropriations, every
7 general assembly cycle and provide them the same
8 reports that I provide to you all and to the
9 commissioner's office to say, this is
10 utilization, this is the downward trend and the
11 cost of the business in the Commonwealth is going
12 up. So we got to be able to compensate for that
13 in a fund that shows, historically, a steady
14 decline in funding. So outside of that, I don't
15 have as much insight, especially in the Senate
16 finance until I ask those questions.
17 **MR. GAMMON:** From an advocacy
18 standpoint, the one thing that I think maybe,
19 probably it just has to become a priority for the
20 General Assembly members. And I think to this
21 point, it just probably hasn't been. And it's
22 been this back and forth with Senate Finance
23 staff. And I think with the current staff,
24 frankly, it's a hard row to hoe. And it just kind
25 of have to be direct conversations with members

1 and working with your local elected officials.
2 And I think looking at this group, there's a
3 broad representation of localities and I think
4 having conversations with elected officials and
5 building that broad base as support long term.
6 Maybe we'll get that dedicated long-term
7 sustainable funding.
8 **MR. HARRELL:** I like to account
9 with a little bit what you said, in a
10 lightweight. After this General Assembly, we had
11 two budget amendments for the trauma center fund,
12 and both passed unanimously on the Senate budget
13 amendment on the Senate side and the budget
14 amendment on the house side. But where it stalls
15 is when it gets to the appropriations on the
16 Senate Finance Committee. So, they will both
17 support ...
18 **MS. CARTER:** It's amazing it passed
19 unanimously on both sides.
20 **MR. HARRELL:** That's where it hits
21 the roadblock. It stalled, actually, among the
22 staff to those committees. That's where the
23 problem lies.
24 **CHAIR FERRADA:** If there's any
25 opportunity for advocacy, I think any of us will

1 be, including myself, thrilled to have
2 conversations about anything that we can do to
3 help and move forward. Any other legislative
4 issues that we need to report? That's it? That
5 was it?
6 **MS. CARTER:** That's all they had.
7 **CHAIR FERRADA:** Okay, trauma fund
8 update. We already talked about that. Trauma
9 Program Management report.
10 **MS. JEFFERS:** Good morning. The
11 Trauma Program Managers met yesterday from 4:30
12 to 6:15ish. We were tasked, as a workgroup, we
13 are tasked with certain agendas and proposals to
14 send that to whatever committee asked us. So, the
15 Office of EMS in conjunction with ESO and in
16 regards to the Virginia State Registry, we were
17 asked to review and report proposals for
18 DataField, state-mandated versus NTDB, to
19 evaluate what data help support our trauma
20 patients in the Commonwealth. That was assigned
21 to a workgroup outside of our trauma program
22 manager workgroup. And that was represented by
23 each level designated and also we included a
24 registrar within that group since they are the
25 content experts on the registry. And they were

1 given a deadline for that for May 31st. That was
2 the deadline that was set as a whole group and we
3 broke it out to a subgroup that will have that
4 done by May 31st. And they have support from ESO,
5 Robert has preciously agreed to help with those
6 data fields.
7 The other project that we were
8 tasked with, approximately 2 years ago, was the
9 TPM workgroup was tasked with reviewing the
10 trauma designation manual. We have been through
11 the trauma designation manual, we have made
12 change proposals to the designation criteria to
13 include the manual and the capability forms. That
14 was tasked by the Acute Care Committee. And we
15 have decided as a group that we are not ready to
16 send that up to them. We will have that ready to
17 be set up to the Acute Care Committee by the next
18 meeting. So, our workgroup was put together for
19 that. Each individual level was tasked with
20 reviewing their designation criteria, along with
21 any ACS-verified institutions, but also do a
22 crosswalk/gap analysis of the ACS grade book
23 since that is now out and ready to be reviewed
24 between each criterion. And then that proposal
25 will be brought up again to the Office of EMS and

1 the Acute Care Committee.
2 So, we have set a deadline for
3 that and we decided that that would be June, we
4 are going to meet in June. And June 3rd, Friday,
5 we were going to have a WebEx on that and discuss
6 where we are and if we needed more time. And we
7 would have that proposal ready to go up to the
8 Acute Care Committee by next meeting. That pretty
9 much took up most of our time. And our support
10 systems for that, of course, our chairs for the
11 Acute Care Committee, which will be Dr. Young and
12 Dr. Boge, who's the Vice-Chair.
13 **CHAIR FERRADA:** That's wonderful.
14 Thank you so much for your hard work. Any
15 questions for the Trauma Program managers? Thank
16 you. The Virginia American College of Surgeons
17 COT report. Dr. Butano has met past weekend
18 during the chapter. We discussed with Dr. Kurek
19 and Dr. Leshley the lack of diversity and lack of
20 participation. And I think one of the strategies
21 moving forward that was discussed during that
22 meeting is since the American College of Surgeons
23 has no limitations in how many vice-chairs you
24 have is having a vice-chair for each at least
25 level one trauma center that we have in Virginia,

1 we have many. So, that's under consideration and
2 we are working also with the current president of
3 the American College of Surgeons, Virginia
4 Chapter. Dr. Megan Tracy is an expert in advocacy
5 and very involved in having equal representation
6 in how to make the COT Virginia a little bit more
7 involved. Yeah.
8 **MR. KUREK:** Yes, and with the
9 representation from the various trauma centers,
10 we also discussed that they opened up their
11 trauma program directors and any trauma staff
12 could join the COT. So there's going to be a push
13 to send that information out to everybody as well
14 as getting the list of all the trauma surgeons in
15 the state to try to get them involved. We
16 literally had 4 people in our meeting and in
17 Texas we had 150. In Florida, we had a couple of
18 hundred. So, we're really trying to make a big
19 push to get involvement.
20 **CHAIR FERRADA:** Yes, a 100%.
21 **MR. KUREK:** Yes, so they're going
22 to continue to focus on resident paper
23 competition as well. But getting that committee
24 populated is important.
25 **CHAIR FERRADA:** Yes. And if you

1 know of anybody that wants to volunteer their
2 time and efforts, please contact us and contact
3 Dr. Aboutanos. We'll make the best joint effort
4 to get more representation. EMS report?
5 **COMMITTEE MEMBER:** They stepped
6 out.
7 **MS. BROERING:** Dr. Ferrada and Dr.
8 Kurek, can you at least get the dates of those,
9 all the meetings, and how to get involved to
10 Tracey for the trauma program managers? I think
11 some of that is as much of a lack of information
12 and awareness as it is. Some of it is probably a
13 time or knowing that they can't do.
14 **CHAIR FERRADA:** Yes.
15 **MR. KUREK:** Yes, sure. I'll readch
16 out to Dr. Aboutanos. Yep, we'll get that on the
17 agenda.
18 **CHAIR FERRADA:** There is no, so,
19 when there's a paper competition, it doesn't have
20 to be limited to residency. If there are nurses
21 or trauma managers or anything that you want to
22 put up for the COT, that's welcome and
23 encouraged. Yes.
24 **MS. CARTER:** EMS report?
25 **CHAIR FERRADA:** Yeah.

1 **MS. CARTER:** So, some of my
2 colleagues have stepped out of the room to go to
3 another meeting. I can tell you as far as my own
4 division, I do have a Trauma Critical Care
5 Manager position currently posted. If you know
6 people who may be interested, it is still open
7 for another 2 weeks. It'll close in 2 weeks
8 potentially. We also are hiring a contractor. I
9 don't know how many of you are aware of this,
10 it's a little bit confusing. Wanda was our
11 primary clerical support for the division. And
12 she also supported other divisions. And before
13 she ended up taking an extended leave for
14 multiple reasons, she was actually promoted to
15 the Executive Secretary of the Office.
16 So, she actually, and she has
17 never been backfilled. So, we are currently
18 looking at a contract position to backfill her
19 duties and responsibilities, so we're working on
20 that now. The other piece that was sort of
21 groundbreaking yesterday was that the
22 commissioner, as of July 1st, has ordered that
23 all Virginia Department of Health employees will
24 go back to the office 5 days a week, full time,
25 starting July 1st. So, even though there have

1 been meetings that have continued on-site and in-
2 person, and that's become more frequent over the
3 last couple of months or so, we will all be in
4 the office 5 days a week starting July 1st. And
5 that's all I have.
6 **CHAIR FERRADA:** Thank you so much.
7 Any questions? Okay. This is the time for the
8 public comment period. There are no comments? I
9 appreciate everybody's time and if you have any
10 desire to participate with any of our committees,
11 or with the COT, or if there's anything that we
12 can do, we actually appreciate and greatly in
13 support for the time that you're willing to
14 invest in moving these projects forward. New
15 business?
16 **MR. WATKINS:** I guess so. Can we
17 get an update on how the reporting system is
18 working as far as getting information? Like Dr.,
19 I was looking at a quarterly report from back in
20 April 2019, or second quarter 2019, that's the
21 last time we saw any of that data related to
22 trauma. And I think that was just a very useful
23 because it was packaged in about 6 or 7 pages and
24 was able to be digested. I've sent a sample to
25 Mindy. I'm just trying to get an understanding of

1 where that information is. I know that it's a
2 regional level, we've specifically looked at
3 trauma destination, we've looked at trauma on
4 rest. These are things we do feel could be
5 expanded to the state level but if we don't have
6 the data to look at, it's hard to really discuss.
7 **MS. CARTER:** So, as Adam alluded to
8 earlier, those reports apparently have been
9 continuing throughout the whole pandemic. So, the
10 reports are there, but I think it typically gets
11 approved through the Systems Committee first. And
12 we have not had a quorum and yesterday, we
13 basically did not have anybody to vote on that.
14 So, it would become available after they approve
15 for it for the general, whoever wants to consume
16 that report. So, the reports are there as that's
17 packaged previously. Now if you want something
18 different, that's a different story.
19 **MR. WATKINS:** I think those would
20 be great, but that it's kind of counterproductive
21 if we're waiting on a quorum for a committee to
22 release some of that information. Data is data.
23 **CHAIR FERRADA:** Right.
24 **MR. WATKINS:** It really doesn't
25 need approval. Unless you have something that

1 you're really scared of, there's no need to
2 approve it at the committee level. Again, you're
3 still trying to restructure some of it. This
4 committee or even the, I think that's something
5 that, it's better to have a raw data to look at
6 it than to have just-, I mean, we haven't seen
7 anything since 2019. And our stuff, it's going to
8 be important to identify any discrepancies, and
9 CTSO folks stepped out, between those who have
10 image trends and and those who have ESO. Because
11 that is a continuing issue. My agency is not
12 going to be moving to ESO, so there's going to be
13 some discrepancies. And it's important, not just
14 as trammel, to identify where our data
15 discrepancies. And if we wait a year or 2 years,
16 we're not going to ...
17 **CHAIR FERRADA:** Yes, it's not going
18 to be relevant. So no, I think we both are in
19 agreement. We are both also new to these
20 committees and learning the processes. Let me
21 talk to Gary and find out how can we fix that
22 because I agree data is data. And at the end,
23 we're here to serve our patients.
24 **MR. KUREK:** We had a long
25 discussion about this yesterday. We're talking

1 about repopulating this committee over the next
2 month or two. Because we don't have a quorum, the
3 chair is able to appoint those people. So, I
4 think the part of that committee is data
5 validation and making sure things that go out are
6 agreed upon by everybody. So, I don't think it's
7 going to hold it up anymore. I really think
8 before our next meeting will be totally
9 populated, the Office of EMS, the folks already
10 have the data. They said they can give that to us
11 any time. So, the next time we meet, in August,
12 we should, is it August?
13 **MS. CARTER:** Yes.
14 **MR. KUREK:** I think we should
15 hopefully have a brand new committee with that
16 data to review at that next meeting to bring back
17 to this meeting.
18 **CHAIR FERRADA:** Yes.
19 **MR. KUREK:** That's my goal.
20 **CHAIR FERRADA:** No, a 100%, yes.
21 **MR. KUREK:** It doesn't have to be
22 reinventing the wheel.
23 **MR. WATKINS:** Do we have a list of
24 those subcommittees that must go under my
25 committee to populate over to several other

1 committees?
2 **MS. CARTER:** So we do have...
3 **MR. WATKINS:** I don't have the
4 final list of what that was.
5 **MS. CARTER:** So, we do have, and
6 that's a good point to bring up. I do have a
7 master list now. I can't really say that it has
8 been well-maintained and there's obviously been a
9 change in personnel. And so, because of the fact
10 that we had to move some of these committees from
11 the normal days that they occurred before, some
12 of these committees are going to be concurrent.
13 And it may be that some of that crossover
14 personnel from the one committee to the other may
15 have to change because you can't be in two or
16 three places at the same time. So, I think that's
17 something that the individual committees are
18 going to have to go forward.
19 **MR. WATKINS:** I think that was a
20 pretty significant issue because my committee is
21 basically divided in between. We were in three or
22 four different places at once. And that's
23 functional. And I don't know who our system
24 improvement is but I'll be glad to sit on the
25 system. Represent Pre-hospital System

1 Improvement.
2 **CHAIR FERRADA:** I agree. Yeah.
3 **MR. KUREK:** I was hoping it was
4 you.
5 **MR. WATKINS:** Yeah.
6 **MS. CARTER:** I think what I
7 wanted...
8 **MR. WATKINS:** No, I'm the chair so
9 I...
10 **MR. KUREK:** The chair?
11 **CHAIR FERRADA:** Yes.
12 **MR. KUREL:** That's I think that's
13 how it's done in the past, right?
14 **CHAIR FERRADA:** Yes.
15 **MR. KUREK:** So, you're either chair
16 or a representative.
17 **MR. WATKINS:** I'll take a seat.
18 I'll definitely make sure pre-hospital has a
19 System Improvement right there.
20 **CHAIR FERRADA:** Yes, we appreciate
21 your service. Thank you so much. Any other new
22 business? Yes?
23 **MR. KENNEDY:** Tim Kennedy. I'm
24 still trying to navigate the structure of all
25 these committees, but in the event, we don't have

1 a quorum at our next meeting too, is it possible
2 for that approval to kind of go up the chain of
3 committees that might have a quorum at it?
4 **CHAIR FERRADA:** Can you repeat the
5 question? What is it that needs to be approved?
6 **MS. CARTER:** I'm not sure what he's
7 asking.
8 **CHAIR FERRADA:** Yes, rephrase it.
9 **MR. KENNEDY:** Is it possible if we
10 don't a quorum at the next Systems Improvement
11 Committee that if we had a quorum here, that it
12 could be approved here instead of through that
13 committee?
14 **CHAIR FERRADA:** What could be
15 approved?
16 **MR. KENNEDY:** The data.
17 **CHAIR FERRADA:** I don't know, but I
18 am 99.9% certain that we will have a quorum next
19 time.
20 **MR. KUREK:** I think the whole
21 purpose of this subcommittee is data validation.
22 Data and quality. And that's what the committee
23 was formed for. So, I think we'll have it solid
24 by that.
25 **MS. BROERING:** In response to those

1 questions, and I know that some of the things
2 that we're looking at a systems level is
3 important and we have to go through the approval.
4 I think what I am hearing, Mindy, that will be
5 helpful is especially like, I'm going to use the
6 example. Depths of PI committee specifically,
7 we've waited and waited, especially since the
8 transition and we've heard, "We can't pull data
9 yet or we can't get it." So, I think what Mike is
10 also alluding to is even at the depths of the
11 regional committee, and PI committee, we'd like
12 to be able to look at some of the things that
13 we've done to. Pain management, again, trauma
14 arrest. It doesn't necessarily have to be at the
15 state level. Can we get that for ODEMSA? Or can
16 the ODEMSA or PI committee ask for data or get
17 data and use it within their PI?
18 **MS. CARTER:** Yes.
19 **MS. BROERING:** Okay. Because we
20 have heard previously that we can't. So...
21 **MS. CARTER:** I believe that you
22 can.
23 **MS. BROERING:** Okay.
24 **MS. CARTER:** And I think it just is
25 a matter of requesting that data and the specific

1 elements that you want and going forward with
2 that.
3 **MS. BROERING:** Okay, so the tech,
4 all right, and when I say we can't it's that it's
5 not available because something about the
6 technology or being able to build the reports or
7 whatever. So, that's really helpful.
8 **MS. CARTER:** I think it's going to
9 depend on the timeframe potentially, that you're
10 looking at.
11 **MS. BROERING:** Yep.
12 **MS CARTER:** And the elements that
13 you want.
14 **MS. BROERING:** Okay, perfect.
15 **MS. CARTER:** And we can help. I
16 think it's helpful sometimes to have a discussion
17 with the data folks and the epidemiology folks to
18 sort of craft that to make that what you want.
19 **MS. BROERING:** That's super.
20 Thanks.
21 **MR. WATKINS:** I guess the last
22 thing, we contacted the other members of this
23 committee to make sure they're continuing and
24 identifying these, because I know there's a
25 couple of things on here that I haven't seen for

1 a while. I just want to make sure we keep that
2 marks, I think.
3 **CHAIR FERRADA:** Yes, I contacted
4 people to fill in all the empty chairs from the
5 subcommittees. There's one person that we're
6 still trying to find out somebody for a level 3.
7 So, if you have any suggestions, and our
8 citizen's seat is asked in many of the committees
9 absent and that's something that I want to
10 address with Gary, because even though we
11 appreciate that, that participation is also
12 keeping you from having a quorum when you don't
13 have participation. But yes, the answer is yes.
14 And hopefully, we'll have a quorum next time.
15 **MR. WATKINS:** I guess who's already
16 separate? It was Dr. Scott taking all...
17 **MS. CARTER:** Joshua Easter. I think
18 that's another thing going forward. Some people
19 have moved out of state, some people are no
20 longer interested in participating. Some people
21 were members who actually never participated. So,
22 I think that as we kind of get these things back
23 together, it's the rebuilding year. I think that
24 our big focus, it's getting the right people and
25 getting them to the meetings. And so that's work

1 to be done.
2 **CHAIR FERRADA:** Right.
3 **MS. TREVILIAN:** One question. Tanya
4 Trevilian with Carilion Children's ESO. The
5 question I have is that serving on a committee
6 kind of also aligns with some other committees
7 that I've actively participated on because
8 there's limited participation in southwest
9 Virginia. So, as much as I, again, I love to
10 participate in additional ways with the trauma
11 system. But EMSC is very important to me because
12 again, there's no representative from my area on
13 that committee that aligns with the Acute Care
14 Committee which I know has advocacy for a
15 pediatric representative. Is there any
16 flexibility within the scheduling of the meetings
17 so that there's not an overlap? For particular
18 meetings, that these people would be kind of...
19 **MS. CARTER:** It was tough to get
20 them all scheduled. When the GAB moved, it had
21 bedrock effects in terms of that 3 hours, it made
22 a huge difference. And because we wanted to have
23 all of the subcommittee meetings meet before the
24 GAB. Basically, squeezing them in there and
25 getting the rooms here on site was a chore and it

1 was a fight just to get the room. So, I think
2 it's scheduled the way it is. If committees want
3 to cooperatively get together the chairs and flip
4 flop their times or something like that, I'm all
5 for that. I'm going to be here all day. And some
6 of you will be here all day. But other than them
7 getting together and cooperatively changing their
8 times, there's not much flexibility there. And
9 you're welcome to do that. And I'm happy to help
10 facilitate that if you want.
11 **CHAIR FERRADA:** Thank you. Thank
12 you everybody for your time. We really appreciate
13 it. We know that it's time you take away from
14 your work and for your family and we're really
15 appreciative for the time you volunteer and the
16 hard work. And motion to adjourn?
17 **MR. WATKINS:** So move.
18 **CHAIR FERRADA:** So move.
19 **(WHEREUPON, the Meeting was concluded at 8:50**
20 **a.m.)**
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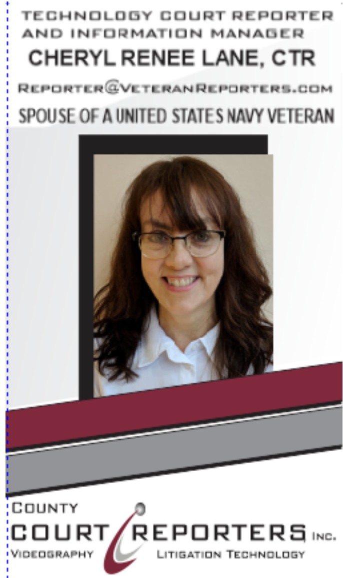

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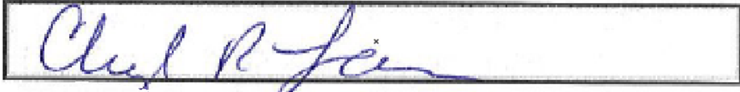

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22 Court Reporter / Notary
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adopt 14:22

adult 11:6 11:15 19:25

ADVISORY 4:1

advocacy 29:17 30:25 34:4 47:14

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afternoon 22:21

afterward 18:22

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