

**Virginia Department of Health Advisory Board
Virginia Office of Emergency Medical Services
Acute Care Committee
Embassy Suites, 2925 Emerywood pkwy, Henrico VA
November 16, 2023
3:00 p.m.**

Members Present:	Position	OEMS Staff:	Others:
Dr. Terral Goode	Chair	Mindy Carter	Autumn Davis
Tracey Taylor	Level II TPM/Co-Chair	Daisy Banta	Gina Wuertzer
Beth Broering	Level I TPM/TMD		Doris Warner
Dan Freeman	Level I TPM/TMD		Britney Ewers
Sarah Beth Dinwiddie	Level II TPM /TMD		Courtney Caton
Whitney Pierce	Ped TC TPM/TMD		Alistair Capewell
Tiffany Lord	Burn Center		Justin Nelson
Wayne Perry	Pre-Hospital Committee Cross Over		Valerie Quick
Dr. James Giebfried	Post-Acute Care Committee Cross Over		Jordan Tyczka
Sherry Haga	Level III TPM/TMD		Melinda Myers
Dr. Rahil Dharia	Level III TMD/TPM		Micheal FaJohn
			Diana Jewett
			Courtney Rodriguez
			Zac Chrisley
			Kellie Lavine

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order, a. Approval of today's agenda b. Approval of minutes	Co-Chair Taylor calls the meeting to order. She is subbing in for Chair Dr. Goode. Inroductions are made. There is a quorum.	None. Informational.
II. Chair's report	Ms. Taylor reviews the current committee roster. The listing is as follows:	Whitney Pierce has been voted into

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	<p>Level 1- Beth Broering (TPM) and Dan Freeman (TPM) Level 2- Tracey Taylor (TPM) and Sarah Beth Dinwiddie (TPM) Level 3- Sherry Haga (TPM) pending vote Level 3- Dr. DHaria (TMD) Pediatric seat- Whitney Pierce (pending committee vote) Non-designated- Donna Hurst Pre-Hospital- Wayne Perry Post-Acute Care- Dr. Giebfried</p> <p>Ms. Taylor requests a vote for Whitney Pierce for the Pediatric seat. Mr. Freeman motions and Mr. Perry seconds. Ms. Taylor asks for nominations for the Level 3 TPM seat. Tiffany Lord recommends Sherry Haga from New River. Ms. Broering motions and Whitney Pierce seconds.</p> <p>Ms. Taylor briefs that the committee that there is a workgroup designated to work on the data dictionary meeting that Friday after the GAB.</p>	<p>the Pediatric membership seat. Sherry Haga has been voted into the Level 3 TPM/TMD seat.</p>
<p>III. Unfinished business</p>	<p>Ms. Taylor addresses the “interfacility transfer” document being edited by the workgroup. The edits proposed were for the shock index to remain, but defined, and language changed to state, “should” consider for transfer. Continuation work on the document will take place in February 2024 meetings.</p> <p>Mr. Freeman asks if there is still a need for ERP crossover and if so, he volunteers. (No evidence of a formal vote was made at this time.)</p> <p>Dr. Dharia opens the discussion of specialties for clarification. He speaks to a circumstance of a patient transported to a trauma center and needs a hand specialist. How is the state handling it if the hospital does not have that specialist in the acute setting. Ms. Carter informs him, only Level 1 needs to have it and it would be best to transfer the patient for definitive care. Dr. Dharia asks if the hand service is at a lower service if it would negatively impact a review. Ms. Carter informs him it may be looked into, but it would not be a negative mark unless the there is a bypassing of a center which has that specialty. Ms. Taylor reminds Dr. Dharia, it would need to be adequately demonstrated in the PI and justified as to why you are transferring that patient.</p> <p>Dr. Giebfried and Ms. Taylor discuss an article concerning detrimental Emergency Department outcomes. It is noted in that study, the ED physician remained responsible for the patients, even after receiving admission orders, as long as they were in the ED. It argues this may be a better model to decrease adverse patient outcomes.</p>	<p>None. Informational.</p>
<p>IV. New Business</p>	<p>Ms. Taylor goes on to ask the committee what they feel the new goal should be, especially a long-term one. She has reviewed archived minutes and from 2016 and retrieved the original covets. Part of that document reflects that the committee “is a representative for the Acute Care component of the trauma system should be familiar with the care of trauma victims and hospitals, both trauma centers and non-designated hospitals from arrival to the ED until discharge”. She constructed a list of ways they have</p>	<p>TPM group tasked with constructing a list of data points to request trauma reports with.</p>

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	<p>improved upon this, citing trauma activations, patient care guidelines, ICU, OR utilizations, and transfers. She discusses the topic of critical care transport and how to ensure those means of transfer are meeting acceptable standards for care of the critical patient en route. Multiple members discuss the topic and Ms. Taylor says that there may need to be a group which identifies which data points may need to be assessed to address if patients are being transferred appropriately and in a timely manner. Ms. Carter informs the committee that the OEMS must request data reports from ESO at this time.</p> <p>Ms. Taylor asks Ms. Broering which data points she has found useful in running state reports. Ms. Broering says she was looking for discharge by age range and primary diagnosis of TBI and where the patient went after discharge. She recommends assessing the injury related mortality rate in the state per center level and transfer factors. It is discussed that this may difficult due to non-designated centers not submitting AIS or ISS.</p> <p>Ms. Wuertzer brings up that the definition from the state for transfer is the order time (transfer order), not the actual discharge times. She recommends the actual discharge date and time of patient be added to the data dictionary.</p> <p>Ms. Taylor again states that she is constructing a list of data points that she will try and request reports for. There is a list another committee member presents to her that has been constructed in the past, and she acknowledges it is a good starting point. Mr. Freeman motions to have the TPMs start the data point recommendation list. A committee member seconds and a recommendation is made to involve the Systems Improvement Committee for interdisciplinary input. The committee is in agreement.</p>	
V. Adjournment	Ms. Taylor requests a motion to adjourn. Ms. Pierce motions and Mr. Freeman seconds.	None. Informational.

Respectfully submitted by Ashley Camper and Mindy Carter