

**Virginia Department of Health Advisory Board  
Virginia Office of Emergency Medical Services  
Post-Acute Care Committee  
Embassy Suites, 2925 Emerywood Parkway, Henrico VA 23294  
November 16, 2023  
1:00 p.m.**

<b>Members Present:</b>	<b>Position:</b>	<b>Attendees:</b>	<b>OEMS:</b>
<b>Beth Broering</b>	Chair	Brittney Ewers	Ashley Camper
<b>Anne McDonnell *</b>	Citizen	Cara March	
<b>Christine Miller</b>	VDH Aging and Rehab Svcs	Monica Jackson	
<b>Dr. James Giebfried</b>	Va. Physical Therapy Association	Amy Green	
<b>Lauren Carter-Smith</b>	SHAV	Courtney Caton	
<b>David Debiasi</b>	Brain Injury Council	Echoe Edmond	
<b>Dr. Charles Dillard</b>	Pediatric	Dan Freeman	
<b>Lacey Waterford</b>	Acute Rehabs	Afton Jamerson	
<b>Daniel Klyce</b>	Traumatic Brain Injury Model System		
<b>Dr. Justin Weppner</b>			
<b>Valeria Mitchell</b>	Hospital IP Coordinator		
<b>Dr. Heather Asthagiri</b>	Rehab Physician		
<b>*Vice Chair</b>			

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Call to order</b>	Chair Broering calls the meeting to order at 13:03. Introductions are made. There is quorum. Ms. McDonnell motions to approve minutes and agenda and Ms. Mitchell seconds.	<b>None. Informational.</b>
<b>II. Comprehensive system status</b>	Chair Broering asks Ms. McDonnell, Mr. Klyce and Dr. Weppner to brief the committee on their findings of the post-acute care system overview. Mr. Klyce displays a presentation for the committee, picturing pathways of the trauma patient from acute to post-acute care. These pathways are not set and may be used flexibly according to the patients needs. It illustrates how it is difficult to track outcomes	<b>None. Informational.</b>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>for the trauma patient through post-acute care. Mr. Klyce includes factors which can affect the pathway, to include social support, family factors, and patient abilities.</p> <p>There is ongoing conversation by multiple parties about how to collect this post-acute outcomes data and if there are any data standards that could be recommended to the Systems Improvement Committee and VDH. Ms. Broering discusses which of these data points should be nominated to be included in the data dictionary to help track outcomes. The issue of establishing a patient identifier for tracking the data points is brought up by Dr. Weppner.</p> <p>Ms. Mitchell discusses the issues with follow up with patients and family. Often phone numbers and addresses change and follow up by mail is outdated. It's also discussed that patient tracking could be possibly done by SSN, however many patients are reluctant to give this information out.</p> <p>Mr. Klyce brings up a pilot program which collects outcomes via follow up emails. Dr. Asthagiri states there was a list created of items that the committee decided on for outcomes tracking. Ms. Broering acknowledges and says she will try to track down that document.</p> <p>Dr. Weppner brings up the example of the UPMC Pittsburgh ICU having a follow up clinic for discharged ICU patients. It may serve as a good pilot example. Ms. Broering brings up data collected by insurance companies and Medicare, what channels would be needed to request collecting it and how to link it. Dr. Weppner also addresses goal 2.1, standards of acute care. He asks if the committee can possibly do any work on standard recommendations? Ms. Broering acknowledges that would be a topic appropriate for committee attention.</p> <p>Ms. Broering summarizes that there may need to be more discussion and a lot of work done on what a pilot may look like for patient tracking through post-acute care. Mr. Klyce says he may be able to help on the fleshing out what would be a plan for the pilot. Dr. Weppner says he would like to assist with drafting post-acute care standards.</p>	
<b>III. Public comment</b>	None.	
<b>IV. Adjournment</b>	Ms. Broering adjourns the meeting at 14:02.	

Respectfully submitted by Ashley Camper and Mindy Carter