

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order:	Chair Watkins calls meeting to order at 1300. Introductions are made. There is a quorum.	None. Informational.
a. Approval of today's agenda	Chair Watkins requests a motion to approve the agenda. Dr. Yee motions and Mr. Bingley seconds.	Motion passes to approve agenda.
b. Recap previous meeting:	Chair Watkins informs the committee that the last meeting the critical care ground transport position was vacant and is now filled by Allister Capewell.	None. Informational.
II. Chair/TAG report	Chair Watkins informs the committee there is no new movement on the issue of TXA. Chair Watkins asks for commentary on NEMSIS v3.5 and the none is given. The trauma triage criteria have been approved by the advisory board. There have been discussions on data quality, and it is still to be reviewed in other committees.	None. Informational.
III. Unfinished Business a. Committee vacancies b. PI update	<p>a. Chair Watkins opens the topic of unfinished business. The last vacant position open is the 911 communications officer. Chair Watkins is still taking names for interested parties.</p> <p>b. PI update: Chair Watkins requests Ms. Vagts review the PI workgroup meeting with the committee. Ms. Vagts briefs the committee on the PI workgroup, saying they met yesterday and created a data dashboard with the 11 regions. They reviewed and placed the same filters to their registries to ensure they are looking at the similar data points. She adds that they were also able to export some data from the group.</p>	There is a vacancy for the 911 Communications Officer position.
IV. New Business: a. Data dashboard b. Pre-hospital Medication Documentation	<p>a. Chair Watkins asks for Ms. Banta to present the data dashboard. She shares her screen with the audience and demonstrates how to get to the dashboard. She explains how to find the published trauma triage reports and triage dashboard. She displays the filter categories and definitions. The status report is derived from 911 calls and treated and transport calls. There is information on incident analysis, and they may be searched and narrowed down via drop downs in the menu.</p> <p>Ms. Banta moves to the static report, quarter 2, 2023. She goes over definitions used to qualify for data inclusion, with the trauma patient case definition is listed. She demonstrates the same items of how to search, categorize and filter for data reference. She briefs and reviews the findings of the report.</p> <p>There is committee discussion centered around identifying if pediatric patients are going to the correct destination. There is under triage in pediatric patients according to the static report, thus eliciting the question of how many of those patients were transferred to a pediatric trauma center and it is not captured in the data set. It is still pending how the committee would recommend best means to collect this data.</p> <p>NEMSIS v 3.5 is discussed, and it is known some agencies are not prepared for it and the anticipated January 2024 launch is expected to be delayed. Chair Watkins asks for feedback, if vendors have expressed, they are prepared to do it. Thus, factors into the dashboard, as Step 1 and Step 2 criteria, are contingent on agencies making the transition to v3.5.</p> <p>b. Chair Watkins opens the floor to the discussion of drug documentation in data collection. He reviews that in District 15, from July 1-Sep 30, Fentanyl was administered a total of 187 times. This area includes Chesterfield, Henrico, Goochland,</p>	None. Informational.

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	<p>Hanover, and other large regions. He reports that his agency in Goochland has given Fentanyl 39 times in this period and Hanover reported 93 doses throughout that same timeline. This is only two regions from the data base, with others being larger and having busier EMS organizations. He believes based on the numbers there is a discrepancy between what agencies are reporting as administering versus what is being tracked in the larger data base.</p> <p>As another example, Narcan was reportedly given 189 times total. Richmond Ambulance Authority alone averages over 450 doses per year. He asks if anyone can give clarification on how this could be happening? A committee member offers that they are having issues with drop downs in charting and putting it in the narrative. Dr. Yee offers that either the reporting engine is flawed, or we are not measuring the same thing and perhaps sources of inclusion should be reviewed. It is discussed that there could be an issue with the count being the “patient receiving it” versus how many times repeat dosing is administered and documented. There are also issues with it possibly being documented in the chart narratives and not in drop down selections.</p> <p>Ms. Banta informs the committee that they are currently working on a language model to extrapolate medication names from narrative statements. When fully implemented this should assist in some of the discrepancies.</p>	
V. Public comment	The transition to NEMSIS v3.5 is brought up again with most agreeing their vendors are delayed in being ready for it.	None. Informational.
VI. Adjournment	Chair Watkins requests a motion to adjourn. Mr. Capewell motions and a committee member seconds. Meeting adjourned at 14:10.	None. Informational.
		Respectfully submitted by Ashley Camper and Mindy Carter