VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD
OFFICE OF EMERGENCY MEDICAL SERVICES

ACUTE CARE COMMITTEE

THURSDAY, MAY 05, 2022
3:00 P.M.

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

APPEARANCES

COMMITTEE MEMBERS IN APPEARANCE:

JEFFREY YOUNG, CHAIR

SHELDON BARR, TRAUMA CENTER ADMINISTRATOR

BETH BROERING, LEVEL I TRAUMA CENTER

KELLY BROWN, LEVEL II TRAUMA CENTER

DR. BRYAN COLLIER, LEVEL I TRAUMA CENTER

SONIA COOPER, BURN CENTER

PIER FERGUSON, NON-DESIGNATED HOSPITAL

DR. TERRAL GOODE, LEVEL II TRAUMA CENTER

TRACEY JEFFERS, LEVEL III TRAUMA CENTER

CATHY PETERSON, PEDIATRIC TRAUMA CENTER

DR. KEITH STEPHENSON, LEVEL III TRAUMA CENTER

RICHARD SZYMCZYK, PHC REP

OTHERS IN APPEARANCE

VALERIE QUICK

RON PASSMORE

GEORGE LINDBECK

MOHAMED ABBAMIN

WILLIAM WEBER

AMANDA TURNER

ROBERT TEWEY

AMANDA LORETI

LORI STURT

JOSH ORZEL

DALLAS TAYLOR

TIMOTHY KENNEDY

KATHY BUTLER

CHRIS MONTERA

WHITNEY PIERCE

JAMES GIEBFRIED

MINDY CARTER

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3:00 P.M.

CHAIR YOUNG: Everybody, we can get started. It'll be a little casual. I can't even remember when the last meeting was. Did we get minutes of any kind?

MS. CARTER: I don't have, do you have them in front of you because ...

CHAIR YOUNG: No.

MS. CARTER: I can't even pull them up right now.

CHAIR YOUNG: Well, we can vote on to approve them anyway. So basically, what we have been working on, we've been working on these 2 same things for nigh on 2 and a half years at this point, which was the trauma program managers working on revising the Commonwealth Designation Manual, part one. And that revision also entailed looking at the College of Surgeons' optimal resources document and looking at what kind of crosstalk there was between those two. And that is what percent done that first part?

MS. BROERING: I'll defer to Tracey as the newly elected leader of the Trauma Program Managers.

CHAIR YOUNG: So, Tracey.

MS. JEFFERS: The trauma designation manual, the trauma program, managers workgroup, we have actually, that one has come to completion. We've gone through everything and capability forms that we've also looked at as part of the designation. And those are going to be talked about today. We just received the burn. We have received peds and adults from their specialties also. I know that.

CHAIR YOUNG: Okay. So this still has to go through the whole thing, right? Does this whole committee have to approve everything?

MS. JEFFERS: This committee asked for the trauma program management group to do this task.

CHAIR YOUNG: Right.

MS. JEFFERS: Part of the task has been completed which would be the designation manual. So that would have to come back to this committee. And this committee would have to review and then it would go to the final of the

Office of EMS.

CHAIR YOUNG: So can that document be sent out? Or does it have to be reviewed, whatever their revised document can be sent to the committee?

MS. JEFFERS: Yeah.

CHAIR YOUNG: Because otherwise, it'd be impossible to look through the whole thing here, obviously.

MS. CARTER: It could be sent to the committee. There is no issue that.

CHAIR YOUNG: And, did you by any chance highlight those areas that changed?

Is there at least a track change? Copy?

MS. JEFFERS: We put one to a close together, but it's significant to change.

CHAIR YOUNG: Well, I mean, let's say we discuss it next time as we discuss it, if you could then say, okay, go to this page, we change this, that's probably all we need. But I think people are going to have to look at it somewhat beforehand.

MS. JEFFERS: Okay. We can send it out to this group without a problem. For God's

sake, do not reply all if you have a question or comment.

CHAIR YOUNG: So that is part one of that task. Now, the new optimal resource document has come out. After that is done, do you want to then do a crosswalk with that before it goes up? We can't send it up and then send it up again later.

MS. JEFFERS: That would be to the discretion of this committee. That's when it's just come out ...

CHAIR YOUNG: I think what we could do is look at what you have. And some of us are getting to know the new document pretty well from the college. And we can just kind of get a spitball of what looks best. Is that okay, that we just kind of, because I don't think there are any monumental changes. I mean, a lot of them are IR and some other stuff.

MS. BROERING: This is Beth Broering from the Trauma Level 1 representative. I think it behooves us to take the recommended standard changes the trauma program managers went through the recommendations, and then compare this to what I'm gonna call a draft final

document. And then compare those two standards that include process measures that are nuances of the new ACS standards for all levels and say, "Do we need to make modifications to what we suggested?" Because if we don't, then we're going to be years behind the national standard.

CHAIR YOUNG: Right. So we're not going to send this past this committee until we do that. Correct? We shouldn't. I mean, otherwise. Yeah. Okay. So what we can say is next time at the minutes, next time we have this meeting, I would say that should be pretty much the meeting. Then, we'll have this set out beforehand. We'll discuss what it is such that at the end, so you're not going to be, "Well, it's 3 months," right? Do you think you'd have some opportunity to see the crosswalk with the new optimal dock by 3 months from now? Or I could try and do it too, between the 2 of us, hopefully, we can.

MS. BROERING: It may actually be helpful to have a fresh set of eyes.

CHAIR YOUNG: Okay, well, the, that's pretty fresh to me at this point, but I'll look at it. I'll try to figure it out. Okay. So

for the next meeting, pretty much the entire agenda is going to be reviewing the changes in the new designation manual and making recommendations. If we have to make new edits, we'll recommend those and if not, theoretically, it could be approved. I think we should try to get this comparison to the new optimal dock done at the next meeting. Otherwise, it'll be 9 months, right? So there'll be another 3 months before we can do that, and then another 3 months before it could go up to the board, right? So it'd be 9 months. So we should probably try our best to take a shot at it next time.

MS. CARTER: So, before we go any further, I just wanted to say that all these little devices on the table are recording devices. They are alive. Please announce your name before you speak and do not turn them off. The company will come in and turn those off at the end of the meeting.

CHAIR YOUNG: All right.

MS. JEFFERS: I asked the program managers. I did not want to speak for the committee commitment. I'm sorry, this is Tracey Jeffers, I currently am sitting at the level of 3

representatives of this committee. And I am no longer with a level 3, I'm now at a level 2. And that's there that I can keep that seat. So we will need a new member to be brought forward for my level 3 position.

CHAIR YOUNG: But you will still be the TPM?

MS. JEFFERS: I will be the TPM.

CHAIR YOUNG: Okay. So, do we have a quorum? So the recommendation and has already been asked is that Mark Dave from Virginia Beach fills that spot? If we have a quorum, are there any other nominations to fill the spot? Looks like there are 7.

MS. CARTER: One. Two. Three. Four. Five. Six, and you're seven?

CHAIR YOUNG: Okay. Does anyone else have any other nominations for that Level 3 TPM spot? Okay, closing nominations. All in favor of Mark Day being appointed?

COMMITTEE MEMBERS: Aye.

CHAIR YOUNG: Any opposed?

(WHEREUPON, no response.)

CHAIR YOUNG: All right? Give him the congratulatory text. Make sure he comes to

the meetings. Alright. So we decided that that will be the cornerstone of the next meeting. We'll have the recommended changes beforehand. And we'll hash it out at the next meeting. The next thing that, yes, I'm sorry.

COMMITTEE MEMBER: If you're going to send this out, does that mean that we just review it, and then don't do anything with it until, but I could still talk with like, who's gonna send it out? I guess? What person could I talk to? The person who actually sends out the actual document, correct?

MS. CARTER: Tracey has taken on the task of sending that out to the committee.

CHAIR YOUNG: And that's a subgroup.

COMMITTEE MEMBER: I'll be able to correspond with you?

MS. JEFFERS: Yes.

COMMITTEE MEMBER: Okay.

CHAIR YOUNG: Just don't hit reply all.

MS. JEFFERS: Yeah. No "reply all."

CHAIR YOUNG: The next thing I just wanted to bring up was making an official Vice-

Chair of the committee. There is no official Vice-Chair. Correct?

MS. CARTER: There was one recorded but I don't think that he's ever been to a meeting. So, yes, we can go on.

CHAIR YOUNG: Terral, are you willing to?

DR. GOODE: Yes.

CHAIR YOUNG: Okay. Any other nominations? All right. All in favor of Dr. Goode being the Vice-Chair of this committee say aye.

COMMITTEE MEMBERS: Aye.

CHAIR YOUNG: Any opposed? Get stuff done. All right.

MS. CARTER: That's what happens when you have a quorum.

CHAIR YOUNG: So the next thing that we have somewhat put on the backburner with this designation manual dance has been the whole question of the "dual verified centers" and what we should do about that. So if people think we can make some progress discussing that today, we haven't discussed it in probably a year. Happy to talk about it. Does anybody remember where we were, we were really just spitballing at that

point? Correct? We're talking about whether it could be a combined visit, we were talking about whether it should be within a certain period and several other TPM said having a state and an ACS visit within a constrained amount of time could be very, very difficult. It was very, very difficult. And since you have a gestalt of what the new designation manual is, will that make it any easier? To have them close to get one? Okay.

So I'm not sure how much farther, does anybody have proposals on how far we can go with that? I know some of us in the ACS centers would like to just have one visit, but that's probably not going to happen. Does anyone have any proposals on what to do? Terral?

DR. GOODE: For clarification. When you say not close together, does that mean that the state comes in very similar after ACS comes? That's difficult for our combined visit in general, doesn't seem feasible.

MS. JEFFERS: I think there were 2 questions on the table. One of those was can we combine them? That was one question. And then the other question is if you cannot do that, can we make them close together?

CHAIR YOUNG: And I think people said they'd rather combine.

MS. JEFFERS: With being combined, I think that goes back to the office of BMS, and their decision so that if you're not spinning your wheels and wasting your time or not going, sorry this is Tracey, maybe we go to Gary.

CHAIRMAN YOUNG: To what? Go to what?

MS. JEFFERS: Go to Gary. And say what are the probability possibility of this occurring, so that this committee could then embark on the task, other than that.

CHAIR YOUNG: So having done a lot of state visits on a college visit, I think the main difficulty is the chart poll, right? College is not going to adopt the state's chart poll requirements. But if the state could adopt the method by which the college does it, I don't think there's a whole lot, I just kind of been visiting Colorado and visiting other states. Basically, New York, New Jersey, Pennsylvania, North Carolina, Colorado, and Florida, all have an OEMS rep that is with the team. So the Office of EMS is with the college team. They attend all

the meetings together. And often, they will have their separate criteria on a separate sheet.

And they have the ACS Senior Reviewer affirm that they've met all the state criteria. So I'm just saying ways it's done in other states. And that is the most common. Well, the most common way is they just accept the ACSs. But it is known in other places that you have both teams there, you do your best to try to make it so there's as much overlap as possible. And then there's a discussion between the OEMs. And it is possible in certain states that they would not meet state criteria, or ACS or vice versa, I've seen that happen. So I go with what you're saying. Let's ask Gary what's possible.

MS. JEFFERS: Yeah.

CHAIR YOUNG: If it is possible to somehow figure out a method to combine them, then the committee can work on the process to combine them.

MS. BROERING: I think the question was what does good look like that is optimal for the state to ensure that a hospital has met the standard or the minimum standards that are in place to provide optimal trauma care for their

population and that their data or their PI process, etcetera. So what does that look like? What does good look like for the state for a hospital that also has gone through ACS verification? And how do we meet that in the middle to make it efficient and effective for the hospital and hospital personnel to be able to meet those needs?

CHAIR YOUNG: Yeah, I think the biggest, well, the first thing is to ask Gary. Second, the biggest obstacle is really seeing what needs to be seen, what is really markedly different between the two. And as far as my memory, the chart poll is markedly different. Because you only poll 25 charts for the college.

MS. CARTER: And the ACS is also doing a virtual review versus us doing an in-person review and I don't think that we really have any, there's been no intentionality on the part of the office to even consider virtual reviews at this point.

CHAIR YOUNG: It was a smaller area to cover. No, that's a good point. I'm not sure that could be combined. If that's the case.

MS. BROERING: Well, I mean, the

review is a process, it's a process of validating the Physical Review, whether it's virtual or in-person, and only a process is being done to validate the standards are being met. And care is being provided in the best way. And that's the methodology virtual versus in-person or whatever. I guess the question is, are the standards being met? And how can they be verified? And how can that be verified in the best way that does not put a huge burden on the trauma center?

CHAIR YOUNG: All right, so let's...

MS. BROERING: Because right now, for those Trauma Centers, who are both ACS and state designated or verified, regardless of what level, the burden is on the personnel of the trauma center to do the work, right? I mean, it's incredibly...

CHAIR YOUNG: So the first step might be to make sure that we just don't have two completely different manuals, which it sounds like we probably do not, correct? So, there are lots of ideas on how to do it. If we stick with face-to-face in the state, the college doesn't care. So the state visits usually only take 7, or

8 hours in general anyway if that. As long as the chart poll was the same, and you kind of did your best to not have to do all kinds of different things with paperwork, the state could have a face-to-face the day before the college. I would be perfectly willing to have that as long as it wasn't two completely separate amounts of work that you had to put together, the state could come in person the day before the college could do it virtually. The day and a half after it would still only be probably 48 hours. It's a half-day on one, a full day, and then a half-day. So that would address several other things. We just don't want to do that if the state is going to require a whole different amount of work.

MS. BROERING: Well, there is that onus, I mean, again, somebody else speak up, please.

MS. CARTER: This is Beth speaking.

MS. BROERING: They are completely separate applications and the amount of work and the data poll for the ACS application and the types of data that are submitted for an ACS application. And then what is submitted for the

state is quite different as well. There are aspects of the state application like the question describing your trauma service structure and describing your coverage of attending surgeons and staff. You can copy and paste that kind of question or answer some of those questions or describe your injury prevention. But there are very unique data aspects for college...

CHAIR YOUNG: Is the state designation manual application codified in the, is the application codified in the designation manual?

MS. BROERING: No.

CHAIR YOUNG: So we could change the application?

MS. BROERING: You can change the application.

CHAIR YOUNG: So there are several steps here. I guess step one, I would imagine being what we're going to...

MS. BROERING: I mean, I'm speaking, I'm probably speaking.

CHAIR YOUNG: Is it true?

MS. CARTER: I actually have plans to revise part of that application. And that is

driven by being on this side of things now, in terms of the amount of time that we have to actually go do a review and the number of people that we are able to take realistically to do it. Right now I am very frequently going back to the Trauma Program Managers and asking for additional documents that are not currently included in that listing of documents that we're supposed to review. And to be blunt with you, as you mentioned 6 or 7 hours, is almost an impossible thing to do. There's an awful lot of work that goes in on my part before we ever go to review to make sure...

CHAIR YOUNG: No, but the actual in-person review, you start in the morning and you go home by 3:30.

MS. CARTER: Yeah, but what I'm seeing is the application itself, I do have plans to modify that to some degree to make sure that we can fit that, that we get more documentation on the front end in some respects.

CHAIR YOUNG: Yes.

COMMITTEE MEMBER: So, to your knowledge, other states who have decided that they want to align with ACS, have there been

other states who have had a representative from ACS to help to guide this unification process? 'Cause, there's somebody on that side who has seen this happen.

CHAIR YOUNG: The only state that is completely outside ACS now is Pennsylvania. Ohio does both. But I've visited 25 states. So most states do not have better or anyone, is anyone else aware of this completely parallel process? I'm not aware of it anywhere else.

MS. BROERING: There may be others and it may be different today. But if I recall correctly, in some of the original conversations, 4 or 5 years ago, even. At the time of the Trauma System Assessment, when the college was here for the Trauma Systems Assessment, there was a discussion about North Carolina being an example that we could benchmark against where there are big state and ACS level centers that have somewhat of a combined visit.

CHAIR YOUNG: Yeah, so the way North Carolina works is the EMS Medical Director for the state, the Trauma Medical Director, who has always been Mike Thomas, and the nurse administrator, for them come to the visit with

the college team. They sit in a separate room, and they review those documents that are specific to Carolina. And I believe they just provide kind of a checklist, but the college report is the report that goes in. But that's exactly what we were saying. That whole team goes, they do their own examination. We just would have to do our best to make sure those two examinations are not wildly different, because there's really no reason for them to be wildly different. I mean, there are 400 trauma centers verified by the ACS.

I know people feel strongly that we have certain things that we want to preserve in the Virginia system, the college system is pretty well put together. And the way that they do the manuals, we've had this conversation before. So, we're not going to get rid of the Commonwealth system. I would think figuring out a way that we can decrease the amount of work for the centers would be best. I mean, the other is just to make sure that they're off cycle. But that's even worse because then you're preparing for a visit every 18 months. Well, let other people talk.

It just seems to me that bending

over backward to try to preserve two completely independent systems is not consistent with what the rest of the country is doing. If we want to live free and die and just say that's what we're going to do here, that's fine, but it's not consistent with what the rest of the country is doing. And I think we would have to show that there's value for us being one of the few states in the country that doesn't do it that way.

COMMITTEE MEMBER: Yeah, I think a lot of it makes a lot of sense. There's a lot of aspiration for centers who want to do with that to give both verifications. No, as you say, do it in an off-cycle way, that's terrible.

CHAIR YOUNG: That's worse.

COMMITTEE MEMBER: I can't, I want to throw myself on the track or something. I would need to have it so that it is, very much like you said, it's either a day, three-day combined day visit. And if there's a path forward, it's already been forged. If it's somebody who already blazed this trail, I think maybe our time is better served to not the kind of reinvent the wheel again and see how is this successfully implemented. Yes. Your point is that

maybe not a lot we're doing quite this way. If that's the case, are we trying to blaze this trail? And really, there's an easier way to do it.

CHAIR YOUNG: Yeah, I mean, the one thing that we've said from the beginning is we would not require, there are states, Illinois, a bunch of states require you to be visited by the ACS. I don't think we would ever do that. I don't think that's what the Commonwealth would want. And if the center doesn't want the ACS coming, they should be perfect. So we still have to preserve some sort of state site visiting process, because not everybody's going to do the ACS, right? So that's number one. I don't know. Correct me if I'm wrong, but I think it's unlikely Virginia would just put into their code like the other states have that the ACS has their verification system. So bearing that in mind, we would have to have a separate parallel ability to do site visits independent of the ACS, right? But as we've seen over the past 10 years, that number of places has dropped smaller and smaller, as most places have gotten all the level ones or ACS now. And I don't know how many of the level twos.

MS. CARTER: Not all.

COMMITTEE MEMBER: No, not all of them.

CHAIR YOUNG: They're getting visited this, which one?

COMMITTEE MEMBER: Norfolk General.

CHAIR YOUNG: I thought they just got visited.

MS. CARTER: No. They, no.

CHAIR YOUNG: Okay, we won't talk about it. Anyway, so I think, number one, we still have to preserve some part of the Commonwealth site visit system, because number one, not everybody's gonna want to have the ACS come in. Number 2 is simple, I think. We should look at what really brings value that needs to be continued to be preserved in the Commonwealth system that is not just bringing extra work without bringing value.

COMMITTEE MEMBER: That was my next question you brought up that was very interesting is that there are certain aspects of the current Commonwealth system that people really care a lot about. I don't know that that's something that's really well-publicized. Is that something that

only people in the know, know? Or what? It would be nice to have that somehow so that, if it is something that can be preserved that doesn't negatively impact the ACS sytem, then it can remain in that and it wouldn't be an issue versus something that is contradictory to what ACS is doing. And so how do we have to align those particular line items to fit the ACS model. You're right, I think to do that, you're gonna be well-positioned to move forward much more successfully.

CHAIR YOUNG: Yeah, and we want to appreciate the work of TPM because this has been a completely moving target as to what we're going to do here. Made worse by the fact that we have met twice in 3 years. But what I remember from the conversations around this room was nursing education was a big difference. And that's easy to preserve. I think if they see a senator is like if you said okay, we'll make you do that. That sounds great. I mean Nursing Education was the thing that was, CME was a big difference and we changed that. I don't want to put anyone on the spot, that's the one thing that struck me that was people consistently brought up that the

requirements for nursing education were higher in the commonwealth, right? And wanted to preserve that. All right, so the people, this is a conversation we've had before. Do people have suggestions of what we should do? Yes.

MR. TAYLOR: This is Dallas Taylor. I would probably just make sure that the state has no issue with the virtual piece that Beth alludes to. There are some big differences in how we refer to ACS versus the state. That virtual view, the tour and all that, and how good the charts. Make sure that's what we meet, and how they want to do the charts.

CHAIR YOUNG: Yeah, I think they were saying they would never want a virtual.

MR. TAYLOR: But about the chart review, so like are we saying that when the HCS reviewers review the charts and whatever feedback they had, they would go along with that or...

CHAIR YOUNG: I think that one has to be figured out.

MR. TAYLOR: Yeah.

MS. BROERING: I think the challenge, and, I'm sorry, I interrupted you Kathy, so go ahead. I think the challenge, at

least I can speak for myself, but others can speak up. It is incredibly difficult on a day-to-day basis for program managers to say, to group some individuals, whether it's nurses or physicians, or hospital administration. "Well, we have to do this, but then we have to do this." Well, who do you have to do what for? And then so, CME was one of them, especially if you are in an opposite cycle. Like, I have been, until I'm more closely aligned now. But it's like, we have to meet for this, we have to do this for this. And then, you're constantly bantering people for additional documents. You're asking for a neurosurgeon, you're asking for this, you're asking for a different report.

So, in being a good steward to our Trauma Center and then the people that we work with on a day-to-day basis and that organizational leaders and administrators across the visions of departments and services, you want to be able to have clear communication, you want to have accurate communication and you want to make it so that it's easy for your teams to be able to meet those standards as well. Because they're the ones that are meeting the standards,

not you, not me. I'm just the messenger a lot of times, and then, the messenger of, saying can you provide me this, whether it's staffing ratios, or CME, or reports to IR, whatever that is, you're the messenger and you're helping them, helping the center.

And so, the more those messages can be timely consistent and then, because there's reporting for lots of other things, like scrubs and other things, so we want to be good stewards of that for our hospitals. And that's what I think a lot, that's to me what I'm asking for is let's make it work so that we're not individually working very hard twice...

CHAIR YOUNG: And that would be okay if there's a lot of value in it. But we have determined there's a lot of value in it.

MS. BROERING: Right.

COMMITTEE MEMBER: And also, as you said about the inconsistency, it does, it eludes credibility quite often if you say we need to do this, and then I come back 3 or 4 months later, I'm like, "I thought I need to do this but...

CHAIR YOUNG: That works very very poorly to do that.

MS. BROERING: Yeah.

CHAIR YOUNG: Let's see, what would be the possibility that we could present the advisory board with a total package? Like a total package of not only a revised designation manual but an administrative document and site visits to get voted on all at once

MS. CARTER: It's a lot of information and does consider that ultimately, even if it goes to the GAB, the final decisions are with the Office of EMS, which is an advisory committee as they are.

CHAIR YOUNG: So that's why we'd have to talk to Gary.

MS. CARTER: Yes.

CHAIR YOUNG: So circling back, I think at our next meeting, I think we have to have a truly no BS assessment of what is the critical differences between what is expected to be the revised, Commonwealth document and the current optimal resource documents. I think we might be surprised that there aren't that many differences. And then a lot of it is administrative. A lot of it is the way the application is set up. And a lot of it is the way

the documents are put together and the way the charts are put together. And if that is the only difference, that does not seem to me to be a sufficient reason to not try to create some synergy between the 2 processes. So can we try to do that? If you send me the document, I'm happy to go through the chapters and look at what the differences are.

MR. TAYLOR: This is Dallas. I'll tell you, there are some service line differences that the ACS requires you to have versus what ...

CHAIR YOUNG: Like which?

MR. TAYLOR: Like your level twos, for example, State Bar and ACS, for example, and there's a lot of stuff on that.

CHAIR YOUNG: Yeah, I think stuff like that's easy.

MR. TAYLOR: But then there's a quality matrix that ACS looks at, the states make you look at ACS. That's the main thing. There is some quality stuff that's stated in front.

CHAIR YOUNG: Oh, you mean time antibiotic administration time to femur fracture excision? Yeah. So if that's all the differences there are, I would think that's surmountable,

that we just wouldn't have that in the state part, that would just be an extra thing.

If you didn't want to be ACS verified, you could just do what the state requires. Most of us are both. I mean, you're never gonna have the state circumvent the ACS. So if there's some of that quality data poll, now you do know also the ACS, none of those are criteria. There are no criteria for 80% femur fracture within 24 hours. There are no criteria for antibiotics within an hour. You can't fail that. So it's just information. Which is just another way we could say it. Cathy, do you have anything?

MS. PETERSON: In addition, a process that if you were ACS center, that even went through the head and abbreviated on-site state, nailed the areas. And so if you're not ACS, you don't think that because we have another area that's very different, just the PI area, because we, from a state, wanted to utilize their state data to drive PI needs within our state, but we've really honestly never really gotten there yet.

CHAIR YOUNG: And T quips a million

times more advanced.

MS. PETERSON: And so I think personally, I think the area that's the most robust with the state stamina, or the nursing education piece, other than that, I don't think there's a huge difference.

CHAIR YOUNG: I mean, what you just said is how I imagined it would look that we would for those places that want to do the state would have the state for those places want to do both, they would go through their ACs process, and there would be an additional process in person or whatever, to go over those things and that we're different. And make sure that those are verified.

COMMITTEE MEMBER: I mean, I think, from a workflow standpoint would be advantageous. I mean, I know that COVID's kind of thrown a monkey wrench backlog, and create opportunities to come to do full state visit to each one of these centers. It's already a huge mountain to climb as it is, now being able to decrease some of that would be raised.

CHAIR YOUNG: I don't know who either knows the ACS process very well. But I

think the PRQ application process is much easier and much more straightforward. And so I think we'd have to be open to looking at the application process for the state and preserving what needs to be preserved, but not stubbornly keeping stuff in there, just because it's been in there for 10 years.

MS. BROERING: Yeah, I think I mean, I think the one thing that Mindy alluded to is we the capabilities, the standards are one thing, do you meet the standards, and then the interpretive guidance of how do you look at a center to meet that standard? And maybe some additional tweaking to that. I mean, I think the trauma program managers with the work teams or groups did a great job with that. I think my suggestion would be the capabilities document and the actual application for the state is sort of the combination of what ACS PRQ is. So, somebody else please chime in, besides me.

CHAIR YOUNG: No, I think it is ...

MS. BROERING: So I think, again, one more step is to work closely to align that information so that the burden is removed from

the trauma program managers and those individuals that are having to write the applications and get the information or write a report. So the more we can align, the easier it becomes for the center to do the work to meet those, to meet and be successful, and help the reviewers be really successful and happy with what is provided to them. I'm comfortable with that.

CHAIR YOUNG: I don't know how many people who are uncomfortable with the college process actually know the college process, have actually gone through a PRQ or seen what the output of a PRQ looks like. So, I'm happy to provide that. I'm happy to provide our PRQ. And people can look at it and like, "Oh, wow, there's really nothing more that we need in this. There may be more in it than we need regarding the metrics, but those metrics aren't horrible to know how many femur fractures you're fixing in 24 hours, et cetera. All right, so first of all, am I allowed to talk to Gary outside of this meeting?

MS. CARTER: You can talk to anybody you like outside this meeting.

CHAIR YOUNG: I still don't

understand all these rules.

MS. CARTER: I'm not the thought police.

CHAIR YOUNG: So why don't you send out what you have, like your final draft of what the revisions are. And I will take it from there, or if anybody wants to help me, I have the Gradebook at home. And I'll try to go through it section by section and see what the differences are. And then we'd have to deal with the application. I'm sorry, Tracey.

COMMITTEE MEMBER: Oh, I was gonna ask if you were going to ask for some others to help with, like, how would you, and we can talk about it offline if you want, but how would you divide up that work?

MS. JEFFERS: So that's...

CHAIR YOUNG: I would just divide the book in half.

MS. JEFFERS: This is Tracey Jeffers, by the way. The trauma program managers will meet at 4:30. We are the group that has painstakingly gone through this manual, and meetings and I looked at both. When we first started, we compared ACS to the current manual

that we had. And we decided we needed to change our manuals that we did that work, then we looked at all the paperwork and went with [in capabilities. And so all of those things have been talked about, looked at, changed over. But I don't think we've looked at it as a whole. And to have just gotten the gray book to live our lives by, so I think we need some time with that. And to kind of absorb that. So I think handing over a document that we think might be a good thing, I don't think that that's going to move in one in this group, or it's gonna get anything done any faster.

CHAIR YOUNG: So that's another 3 months?

MS. JEFFERS: The trauma program managers have worked on this. I would like to defer to that meeting. So that we can hash these things out on how we should present this, we would love to have you as of 4:30 here, if you can attend with us. And we can work as a workgroup and separate into some workgroups so that we're not attacking each other with our people. So I would defer that. And also, before we do all of this work once again, we have

earnest and honest conversations with the Office of EMS, so that we understand why-

CHAIR YOUNG: Well, I will talk to them about what is possible. But the concept of sunk costs, if things that we worked on 3 years ago simply are not optimal and not relevant now, they should be discarded. Even if they took a whole lot of work, and we really appreciate that work. But that's the way it works.

MS. JEFFERS: Well, I think the designation manual along with all the company documents definitely needs to be looked at and worked over. And we have definitely given its due diligence. So I think that's something that...

CHAIR YOUNG: So you all may decide that we can see a draft and you may all decide we can't see a draft.

MS. JEFFERS: You can see the draft. I'm plugging the information ...

MS. CARTER: That's the definition of a draft.

MS. JEFFERS: ... right now.

CHAIR YOUNG: Whatever most recent document is on their computer.

MS. BROERING: I agree with what

Tracey says and I said it before. The trauma program managers worked incredibly hard over the last year to kind of go standard by standard to say, does this make sense? Should it be updated? How should it be changed? And I think we were thoughtful and methodical. We have not said okay, what we said should be there compared to what the grade book says. And we all said from the very beginning because we talked about it several times, on multiple occasions during the meetings, we're going to have to see what the gray book says. It could be subject to change once the gray book comes out, you know, this standard may have to change or be augmented. So I do think that we are, we should do that. But the standards and the process are two different things, two completely separate things, they are very interconnected. But meeting the standards is one thing, and the process of verifying that we meet standards is another and that's where I have to make sure that we're sort of separating that to a certain extent that how do we do a process in the state, and then these are the standards. So I don't think that we should mix them up until...

CHAIR YOUNG: This is Jeff.

Unfortunately, it's somewhat algorithmic, because if the two sets of standards are going to be wildly different, there's probably not any reason to go any farther with doing anything about the process. So I think the first thing is to see, are they reasonably similar, and I'll ask Gary what is within his comfort zone of what we could do? Oh, look, who's here. I may talk to you in 10 minutes if I can. And so like, if they're reasonably similar, but we've preserved what we want from the Commonwealth if that's the case, and I think we can pursue the process, right? Do you do we all think that we'd have to have the entire designation manual up through all of the levels before we even talked about the process?

MS. JEFFERS: For that task to work for the trauma program manager workgroup. So at any point, you wanted to see where we were, or are we staying with the documents we've been working on? They're yours to look at? That's not a problem at all. So I mean, I will send you what we have so that you have an idea of what's been said and done, I don't think that we have any problem with that as a group. Because this committee asked for it.

CHAIR YOUNG: I guess. So. I'm just getting a little confused. So then what was the concern that you brought up? That just we don't interpret it as being in its final form?

MS. JEFFERS: The concern is it's not ready to hand over the state, because the gray book came out ...

CHAIR YOUNG: Okay. No, I don't think anybody thought that was the case.

MS. JEFFERS: Now. As I said, you tasked us with that anytime this committee, anyone else really wanted to see those documents that were available, or that weren't conveyed?

CHAIR YOUNG: Well, we don't really have a Dropbox site.

MS. JEFFERS: You can E-mail directly.

CHAIR YOUNG: But there was some time in the past three years that we did do it, we put it on the screen. And we went through a variety of things. And that's where I got the nursing education bug in my head and that's when we determined CME.

COMMITTEE MEMBER: For the Gradebook. I guess I'm not expecting it to be

changed in bold in the book, but there's an update that explains the differenc is between the old and new.

CHAIR YOUNG: No, I got it. I can give it to you. It's an education session that the VRC puts out.

COMMITTEE MEMBER: That way you don't need to comb the whole book.

CHAIR YOUNG: Right. But that's the difference between the old optimal resources and the new optimal resources, not the difference between theirs and the optimal resource?

MS. PETERSON: We're most concerned about our conflicting areas on the same topic.

CHAIR YOUNG: Right. That should only be preserved if there's a really good reason.

MS. PETERSON: ... we in essence have done that because we've done that, we just didn't have the grade book. What's the next plan? Yeah, the grade book came out.

CHAIR YOUNG: So you guys just want to do that. I mean, I'm happy to just say I'm happy to help. Terrell is happy to help. But do

you want that just to be the next step of what you do now that you can get the Gradebook off the web whenever you want? Okay.

(WHEREUPON, simultaneous talking.)

CHAIR YOUNG: So if that somehow gets done between now and the next meeting, and you feel comfortable sending it to the committee after you've done that part, then you can send it. If not, we can just discuss it in the next meeting.

MS. JEFFERS: I feel very confident about what we have done.

CHAIR YOUNG: Okay.

MS. JEFFERS: We meet monthly and sometimes every two weeks to get this done.

CHAIR YOUNG: Okay. I think we've beaten that enough. So then, really, the only other thing on the agenda was the combining of the visits for dually verified centers, and I have to talk to Gary Brown about what's possible. But from the committee if I'm not misinterpreting them, one thing we don't want is a site visit by someone every 18 months, right? That would be sub-optimal. And we would want as best we can that the preparation for both visits there could

certainly be different, but they should try to be as synergistic as possible. And that we have to preserve a genuine designation system because everybody will want to be in the ACS. So all of that infrastructure still needs to be in place. I just want to say about the application. I did a site visit in Florida. They have a 1500-page Trauma Center document that they put together. It has pictures of every room in it. And it was the dumbest thing I've ever seen.

So we just don't need to go down that rabbit hole. I mean, I think we could take a real honest look at what the documents are required in the grade book, like what documents are not required in the grade book that the state would require, and just not perpetuate something that may be incredibly difficult for you to deal with. And asking for more papers and asking more stuff. The other thing that several of us would gladly be able to share privately is the way the administrative documents are set up for the college because they are very prescriptive about what needs to be in each folder. And that may address many of your concerns.

So I think there's still a little

bit of a knowledge gap between what's in the two ACS process and what's now in the upcoming Virginia process. So I think we just need to close that gap. And then we can move on. Anything else on that? 15 minutes. Anybody? All right. New business. Please don't bring anything up. No, I'm just kidding. Any new business? Did we vote on everybody. So Mark Day, we voted on Vice-Chair. All right. Was there anything else? One other thing?

MS. CARTER: Well, there are still a couple of gaps there. So we're gonna have to identify just some replacements.

CHAIR YOUNG: Was that the other one that we had to? The pediatrics? Or did we settle it?

MS. CARTER: We haven't settled pediatrics. And that's okay. We can wait till next time to do that.

CHAIR YOUNG: No. Well, I mean, we'd haven't asked anybody if they want to do it yet. Right?

MS. CARTER: I think there's also the other thing that we need to talk about is, that it doesn't have to be the day but at some

point, there are some folks who do have seats on the current committee that has actually never been to a meeting or have very sporadically even before.

CHAIR YOUNG: Do we have any regs about that at all? If you don't attend three meetings in a row or something.

MS. CARTER: I don't think that's in the bylaws, Gary, but I think we certainly have the ability going forward to make those changes.

CHAIR YOUNG: Okay. The other spitball something, if you don't come to a meeting for an entire year, you can be removed from the committee. That's four meetings, right.

MR. BROWN: The Advisory Board members, if you've missed two unexcused meetings in a row, we would contact the organization that you wish to represent on the board and notify them of your absenteeism. And maybe it is up to that organization what action they will take.

CHAIR YOUNG: Okay, what do people think. I don't want to throw something out there. What do people think is reasonable? Three meetings in a row. We can't do 12 months, because

COVID may come back again. So we'd have to say four meetings or three meetings.

COMMITTEE MEMBER: I think three meetings are reasonable.

CHAIR YOUNG: In a row or not? I mean, after three in a row or three out of five or something.

MS. CARTER: I think that's something we can consider next time. After three meetings, you've conducted three months' worth of business and they haven't been there. And if you're trying to preserve a quorum, I think that we need to maybe think a little less than three.

CHAIR YOUNG: Okay. Go ahead Val. Val Quick University of Virginia.

MS. QUICK: One of the things that we've been tasked to do with the government advisory board is we have a Bylaws Committee or bylaws workgroup. And we have a compensation workgroup. And one of the things that we actually are looking at specifically are committee members, but have they been there, what the relevancy of each one of the committees are? Is there any overlap? And how do we make it more efficient? And I think that what we probably need

to do is it needs to be across the board.

CHAIR YOUNG: Right. I thought the ACC can make their own rules for the kickoff of the committee.

MS. CARTER: I think that's appropriate.

CHAIR YOUNG: Paul was probably gonna lead that.

MS. QUICK: So I think if we could, there certainly needs to be expectations and accountability. And I think that is definitely something that we looked at and that is going to be something that we're going to ask each of the individual committees to report back to us, and understanding that COVID has been here having messed up that the attendance apart from this part for really from 2021 forward, going back and looking to make sure that we are consistent.

CHAIR YOUNG: So can you tell me functionally how that would work like would Paul say it and then has to be voted on by the tag or like how would that even work?

COMMITTEE MEMBER: Well, right now they will continue to get the products or suggestions from the [inaudible] to workgroups.

Okay, that will come back to the executive committee. Upon review, the executive committee may take it back to the workgroups.

CHAIR YOUNG: Yeah, I mean, so it's a little different on the board, because there's no level three Trauma Center Group, kind of, we can kick it back to. So it would probably have to be your warned after X. And then if you miss the next one.

MR. BROWN: As Valerie says, We want to keep it consistent with the Fore Board and the standard including something that came up today and executive committees as well as tomorrow for what is an electronic participation policy. So in other words, allowing you to participate electronically; however, the board has to accept a policy first, so the department of the state, and then each committee would have to come up with their policy approved by the board within the guidelines that are provided. And there would be parameters. In other words, let's say you have four meetings a year. It's not to be that you can participate electronically four times, and you can only do it two times. It will be like, "Okay, in four meetings, you may

deal with over the participating group," one of those four electronically per year, which means...

CHAIR YOUNG: Well, it sounds like you guys need to get that settled first.

MR. BROWN: Yeah. Yes, there's a lot to be done. But we want to be very comprehensive in what we're doing.

CHAIR YOUNG: So yeah, no, I agree. I thought it would have been a bridge too far for us to actually make that rule. But good. What else did you have? Alright, anything else? All right. Thank you all.

(WHEREUPON, the Meeting ended at 3:55 p.m.)

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 RENEE LANE**, Notary Public, do hereby certify that the foregoing 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.

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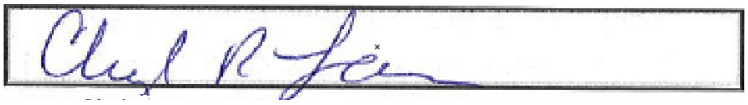

CHERYL RENEE LANE

Court Reporter / Notary

Notary Registration Number: 7864242

My Commission Expires: 05/31/2024

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