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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

2	<p>1 APPEARANCES</p> <p>2 COMMITTEE MEMBERS IN APPEARANCE:</p> <p>3 JEFFREY YOUNG, CHAIR</p> <p>4 SHELDON BARR, TRAUMA CENTER ADMINISTRATOR</p> <p>5 BETH BROERING, LEVEL I TRAUMA CENTER</p> <p>6 KELLY BROWN, LEVEL II TRAUMA CENTER</p> <p>7 DR. BRYAN COLLIER, LEVEL I TRAUMA CENTER</p> <p>8 SONIA COOPER, BURN CENTER</p> <p>9 PIER FERGUSON, NON-DESIGNATED HOSPITAL</p> <p>10 DR. TERRAL GOODE, LEVEL II TRAUMA CENTER</p> <p>11 TRACEY JEFFERS, LEVEL III TRAUMA CENTER</p> <p>12 CATHY PETERSON, PEDIATRIC TRAUMA CENTER</p> <p>13 DR. KEITH STEPHENSON, LEVEL III TRAUMA CENTER</p> <p>14 RICHARD SZYMZYK, PHC REP</p> <p>15</p> <p>16 OTHERS IN APPEARANCE</p> <p>17 VALERIE QUICK</p> <p>18 RON PASSMORE</p> <p>19 GEORGE LINDBECK</p> <p>20 MOHAMED ABBAMIN</p> <p>21 WILLIAM WEBER</p> <p>22 AMANDA TURNER</p> <p>23 ROBERT TEWEY</p> <p>24 AMANDA LORETI</p> <p>25 LORI STURT</p>	4
3	<p>1 VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD</p> <p>2 OFFICE OF EMERGENCY MEDICAL SERVICES</p> <p>3 ACUTE CARE COMMITTEE</p> <p>4 THURSDAY, MAY 05, 2022</p> <p>5 3:00 P.M.</p> <p>6 CHAIR YOUNG: Everybody, we can get</p> <p>7 started. It'll be a little casual. I can't even</p> <p>8 remember when the last meeting was. Did we get</p> <p>9 minutes of any kind?</p> <p>10 MS. CARTER: I don't have, do you</p> <p>11 have them in front of you because ...</p> <p>12 CHAIR YOUNG: No.</p> <p>13 MS. CARTER: I can't even pull them</p> <p>14 up right now.</p> <p>15 CHAIR YOUNG: Well, we can vote on</p> <p>16 to approve them anyway. So basically, what we</p> <p>17 have been working on, we've been working on these</p> <p>18 2 same things for nigh on 2 and a half years at</p> <p>19 this point, which was the trauma program managers</p> <p>20 working on revising the Commonwealth Designation</p> <p>21 Manual, part one. And that revision also entailed</p> <p>22 looking at the College of Surgeons' optimal</p> <p>23 resources document and looking at what kind of</p> <p>24 crosstalk there was between those two. And that</p> <p>25 is what percent done that first part?</p>	5
3	<p>1 MS. BROERING: I'll defer to Tracey</p> <p>2 as the newly elected leader of the Trauma Program</p> <p>3 Managers.</p> <p>4 CHAIR YOUNG: So, Tracey.</p> <p>5 MS. JEFFERS: The trauma</p> <p>6 designation manual, the trauma program, managers</p> <p>7 workgroup, we have actually, that one has come to</p> <p>8 completion. We've gone through everything and</p> <p>9 capability forms that we've also looked at as</p> <p>10 part of the designation. And those are going to</p> <p>11 be talked about today. We just received the burn.</p> <p>12 We have received peds and adults from their</p> <p>13 specialties also. I know that.</p> <p>14 CHAIR YOUNG: Okay. So this still</p> <p>15 has to go through the whole thing, right? Does</p> <p>16 this whole committee have to approve everything?</p> <p>17 MS. JEFFERS: This committee asked</p> <p>18 for the trauma program management group to do</p> <p>19 this task.</p> <p>20 CHAIR YOUNG: Right.</p> <p>21 MS. JEFFERS: Part of the task has</p> <p>22 been completed which would be the designation</p> <p>23 manual. So that would have to come back to this</p> <p>24 committee. And this committee would have to</p> <p>25 review and then it would go to the final of the</p>	5

<p style="text-align: right;">6</p> <p>1 Office of EMS.</p> <p>2 CHAIR YOUNG: So can that document</p> <p>3 be sent out? Or does it have to be reviewed,</p> <p>4 whatever their revised document can be sent to</p> <p>5 the committee?</p> <p>6 MS. JEFFERS: Yeah.</p> <p>7 CHAIR YOUNG: Because otherwise,</p> <p>8 it'd be impossible to look through the whole</p> <p>9 thing here, obviously.</p> <p>10 MS. CARTER: It could be sent to</p> <p>11 the committee. There is no issue that.</p> <p>12 CHAIR YOUNG: And, did you by any</p> <p>13 chance highlight those areas that changed?</p> <p>14 Is there at least a track change?</p> <p>15 Copy?</p> <p>16 MS. JEFFERS: We put one to a close</p> <p>17 together, but it's significant to change.</p> <p>18 CHAIR YOUNG: Well, I mean, let's</p> <p>19 say we discuss it next time as we discuss it, if</p> <p>20 you could then say, okay, go to this page, we</p> <p>21 change this, that's probably all we need. But I</p> <p>22 think people are going to have to look at it</p> <p>23 somewhat beforehand.</p> <p>24 MS. JEFFERS: Okay. We can send it</p> <p>25 out to this group without a problem. For God's</p>	<p style="text-align: right;">8</p> <p>1 document. And then compare those two standards</p> <p>2 that include process measures that are nuances of</p> <p>3 the new ACS standards for all levels and say, "Do</p> <p>4 we need to make modifications to what we</p> <p>5 suggested?" Because if we don't, then we're going</p> <p>6 to be years behind the national standard.</p> <p>7 CHAIR YOUNG: Right. So we're not</p> <p>8 going to send this past this committee until we</p> <p>9 do that. Correct? We shouldn't. I mean,</p> <p>10 otherwise. Yeah. Okay. So what we can say is next</p> <p>11 time at the minutes, next time we have this</p> <p>12 meeting, I would say that should be pretty much</p> <p>13 the meeting. Then, we'll have this set out</p> <p>14 beforehand. We'll discuss what it is such that at</p> <p>15 the end, so you're not going to be, "Well, it's 3</p> <p>16 months," right? Do you think you'd have some</p> <p>17 opportunity to see the crosswalk with the new</p> <p>18 optimal dock by 3 months from now? Or I could try</p> <p>19 and do it too, between the 2 of us, hopefully, we</p> <p>20 can.</p> <p>21 MS. BROERING: It may actually be</p> <p>22 helpful to have a fresh set of eyes.</p> <p>23 CHAIR YOUNG: Okay, well, the,</p> <p>24 that's pretty fresh to me at this point, but I'll</p> <p>25 look at it. I'll try to figure it out. Okay. So</p>
<p style="text-align: right;">7</p> <p>1 sake, do not reply all if you have a question or</p> <p>2 comment.</p> <p>3 CHAIR YOUNG: So that is part one</p> <p>4 of that task. Now, the new optimal resource</p> <p>5 document has come out. After that is done, do you</p> <p>6 want to then do a crosswalk with that before it</p> <p>7 goes up? We can't send it up and then send it up</p> <p>8 again later.</p> <p>9 MS. JEFFERS: That would be to the</p> <p>10 discretion of this committee. That's when it's</p> <p>11 just come out ...</p> <p>12 CHAIR YOUNG: I think what we could</p> <p>13 do is look at what you have. And some of us are</p> <p>14 getting to know the new document pretty well from</p> <p>15 the college. And we can just kind of get a</p> <p>16 spitball of what looks best. Is that okay, that</p> <p>17 we just kind of, because I don't think there are</p> <p>18 any monumental changes. I mean, a lot of them are</p> <p>19 IR and some other stuff.</p> <p>20 MS. BROERING: This is Beth</p> <p>21 Broering from the Trauma Level 1 representative.</p> <p>22 I think it behooves us to take the recommended</p> <p>23 standard changes the trauma program managers went</p> <p>24 through the recommendations, and then compare</p> <p>25 this to what I'm gonna call a draft final</p>	<p style="text-align: right;">9</p> <p>1 for the next meeting, pretty much the entire</p> <p>2 agenda is going to be reviewing the changes in</p> <p>3 the new designation manual and making</p> <p>4 recommendations. If we have to make new edits,</p> <p>5 we'll recommend those and if not, theoretically,</p> <p>6 it could be approved. I think we should try to</p> <p>7 get this comparison to the new optimal dock done</p> <p>8 at the next meeting. Otherwise, it'll be 9</p> <p>9 months, right? So there'll be another 3 months</p> <p>10 before we can do that, and then another 3 months</p> <p>11 before it could go up to the board, right? So</p> <p>12 it'd be 9 months. So we should probably try our</p> <p>13 best to take a shot at it next time.</p> <p>14 MS. CARTER: So, before we go any</p> <p>15 further, I just wanted to say that all these</p> <p>16 little devices on the table are recording</p> <p>17 devices. They are alive. Please announce your</p> <p>18 name before you speak and do not turn them off.</p> <p>19 The company will come in and turn those off at</p> <p>20 the end of the meeting.</p> <p>21 CHAIR YOUNG: All right.</p> <p>22 MS. JEFFERS: I asked the program</p> <p>23 managers. I did not want to speak for the</p> <p>24 committee commitment. I'm sorry, this is Tracey</p> <p>25 Jeffers, I currently am sitting at the level of 3</p>

<p style="text-align: right;">10</p> <p>1 representatives of this committee. And I am no 2 longer with a level 3, I'm now at a level 2. And 3 that's there that I can keep that seat. So we 4 will need a new member to be brought forward for 5 my level 3 position. 6 CHAIR YOUNG: But you will still be 7 the TPM? 8 MS. JEFFERS: I will be the TPM. 9 CHAIR YOUNG: Okay. So, do we have 10 a quorum? So the recommendation and has already 11 been asked is that Mark Dave from Virginia Beach 12 fills that spot? If we have a quorum, are there 13 any other nominations to fill the spot? Looks 14 like there are 7. 15 MS. CARTER: One. Two. Three. Four. 16 Five. Six, and you're seven? 17 CHAIR YOUNG: Okay. Does anyone 18 else have any other nominations for that Level 3 19 TPM spot? Okay, closing nominations. All in favor 20 of Mark Day being appointed? 21 COMMITTEE MEMBERS: Aye. 22 CHAIR YOUNG: Any opposed? 23 (WHEREUPON, no response.) 24 CHAIR YOUNG: All right? Give him 25 the congratulatory text. Make sure he comes to</p>	<p style="text-align: right;">12</p> <p>1 Chair of the committee. There is no official 2 Vice-Chair. Correct? 3 MS. CARTER: There was one recorded 4 but I don't think that he's ever been to a 5 meeting. So, yes, we can go on. 6 CHAIR YOUNG: Terral, are you 7 willing to? 8 DR. GOODE: Yes. 9 CHAIR YOUNG: Okay. Any other 10 nominations? All right. All in favor of Dr. Goode 11 being the Vice-Chair of this committee say aye. 12 COMMITTEE MEMBERS: Aye. 13 CHAIR YOUNG: Any opposed? Get 14 stuff done. All right. 15 MS. CARTER: That's what happens 16 when you have a quorum. 17 CHAIR YOUNG: So the next thing 18 that we have somewhat put on the backburner with 19 this designation manual dance has been the whole 20 question of the "dual verified centers" and what 21 we should do about that. So if people think we 22 can make some progress discussing that today, we 23 haven't discussed it in probably a year. Happy to 24 talk about it. Does anybody remember where we 25 were, we were really just spitballing at that</p>
<p style="text-align: right;">11</p> <p>1 the meetings. Alright. So we decided that that 2 will be the cornerstone of the next meeting. 3 We'll have the recommended changes beforehand. 4 And we'll hash it out at the next meeting. The 5 next thing that, yes, I'm sorry. 6 COMMITTEE MEMBER: If you're going 7 to send this out, does that mean that we just 8 review it, and then don't do anything with it 9 until, but I could still talk with like, who's 10 gonna send it out? I guess? What person could I 11 talk to? The person who actually sends out the 12 actual document, correct? 13 MS. CARTER: Tracey has taken on 14 the task of sending that out to the committee. 15 CHAIR YOUNG: And that's a 16 subgroup. 17 COMMITTEE MEMBER: I'll be able to 18 correspond with you? 19 MS. JEFFERS: Yes. 20 COMMITTEE MEMBER: Okay. 21 CHAIR YOUNG: Just don't hit reply 22 all. 23 MS. JEFFERS: Yeah. No "reply all." 24 CHAIR YOUNG: The next thing I just 25 wanted to bring up was making an official Vice-</p>	<p style="text-align: right;">13</p> <p>1 point? Correct? We're talking about whether it 2 could be a combined visit, we were talking about 3 whether it should be within a certain period and 4 several other TPM said having a state and an ACS 5 visit within a constrained amount of time could 6 be very, very difficult. It was very, very 7 difficult. And since you have a gestalt of what 8 the new designation manual is, will that make it 9 any easier? To have them close to get one? Okay. 10 So I'm not sure how much farther, 11 does anybody have proposals on how far we can go 12 with that? I know some of us in the ACS centers 13 would like to just have one visit, but that's 14 probably not going to happen. Does anyone have 15 any proposals on what to do? Terral? 16 DR. GOODE: For clarification. 17 When you say not close together, does that mean 18 that the state comes in very similar after ACS 19 comes? That's difficult for our combined visit in 20 general, doesn't seem feasible. 21 MS. JEFFERS: I think there were 2 22 questions on the table. One of those was can we 23 combine them? That was one question. And then the 24 other question is if you cannot do that, can we 25 make them close together?</p>

<p style="text-align: right;">14</p> <p>1 CHAIR YOUNG: And I think people 2 said they'd rather combine. 3 MS. JEFFERS: With being combined, 4 I think that goes back to the office of BMS, and 5 their decision so that if you're not spinning 6 your wheels and wasting your time or not going, 7 sorry this is Tracey, maybe we go to Gary. 8 CHAIRMAN YOUNG: To what? Go to 9 what? 10 MS. JEFFERS: Go to Gary. And say 11 what are the probability possibility of this 12 occurring, so that this committee could then 13 embark on the task, other than that. 14 CHAIR YOUNG: So having done a lot 15 of state visits on a college visit, I think the 16 main difficulty is the chart poll, right? College 17 is not going to adopt the state's chart poll 18 requirements. But if the state could adopt the 19 method by which the college does it, I don't 20 think there's a whole lot, I just kind of been 21 visiting Colorado and visiting other states. 22 Basically, New York, New Jersey, Pennsylvania, 23 North Carolina, Colorado, and Florida, all have 24 an OEMS rep that is with the team. So the Office 25 of EMS is with the college team. They attend all</p>	<p style="text-align: right;">16</p> <p>1 population and that their data or their PI 2 process, etcetera. So what does that look like? 3 What does good look like for the state for a 4 hospital that also has gone through ACS 5 verification? And how do we meet that in the 6 middle to make it efficient and effective for the 7 hospital and hospital personnel to be able to 8 meet those needs? 9 CHAIR YOUNG: Yeah, I think the 10 biggest, well, the first thing is to ask Gary. 11 Second, the biggest obstacle is really seeing 12 what needs to be seen, what is really markedly 13 different between the two. And as far as my 14 memory, the chart poll is markedly different. 15 Because you only poll 25 charts for the college. 16 MS. CARTER: And the ACS is also 17 doing a virtual review versus us doing an in- 18 person review and I don't think that we really 19 have any, there's been no intentionality on the 20 part of the office to even consider virtual 21 reviews at this point. 22 CHAIR YOUNG: It was a smaller area 23 to cover. No, that's a good point. I'm not sure 24 that could be combined. If that's the case. 25 MS. BROERING: Well, I mean, the</p>
<p style="text-align: right;">15</p> <p>1 the meetings together. And often, they will have 2 their separate criteria on a separate sheet. 3 And they have the ACS Senior 4 Reviewer affirm that they've met all the state 5 criteria. So I'm just saying ways it's done in 6 other states. And that is the most common. Well, 7 the most common way is they just accept the ACSs. 8 But it is known in other places that you have 9 both teams there, you do your best to try to make 10 it so there's as much overlap as possible. And 11 then there's a discussion between the OEMs. And 12 it is possible in certain states that they would 13 not meet state criteria, or ACS or vice versa, 14 I've seen that happen. So I go with what you're 15 saying. Let's ask Gary what's possible. 16 MS. JEFFERS: Yeah. 17 CHAIR YOUNG: If it is possible to 18 somehow figure out a method to combine them, then 19 the committee can work on the process to combine 20 them. 21 MS. BROERING: I think the question 22 was what does good look like that is optimal for 23 the state to ensure that a hospital has met the 24 standard or the minimum standards that are in 25 place to provide optimal trauma care for their</p>	<p style="text-align: right;">17</p> <p>1 review is a process, it's a process of validating 2 the Physical Review, whether it's virtual or in- 3 person, and only a process is being done to 4 validate the standards are being met. And care is 5 being provided in the best way. And that's the 6 methodology virtual versus in-person or whatever. 7 I guess the question is, are the standards being 8 met? And how can they be verified? And how can 9 that be verified in the best way that does not 10 put a huge burden on the trauma center? 11 CHAIR YOUNG: All right, so 12 let's... 13 MS. BROERING: Because right now, 14 for those Trauma Centers, who are both ACS and 15 state designated or verified, regardless of what 16 level, the burden is on the personnel of the 17 trauma center to do the work, right? I mean, it's 18 incredibly... 19 CHAIR YOUNG: So the first step 20 might be to make sure that we just don't have two 21 completely different manuals, which it sounds 22 like we probably do not, correct? So, there are 23 lots of ideas on how to do it. If we stick with 24 face-to-face in the state, the college doesn't 25 care. So the state visits usually only take 7, or</p>

<p style="text-align: right;">18</p> <p>1 8 hours in general anyway if that. As long as the 2 chart poll was the same, and you kind of did your 3 best to not have to do all kinds of different 4 things with paperwork, the state could have a 5 face-to-face the day before the college. I would 6 be perfectly willing to have that as long as it 7 wasn't two completely separate amounts of work 8 that you had to put together, the state could 9 come in person the day before the college could 10 do it virtually. The day and a half after it 11 would still only be probably 48 hours. It's a 12 half-day on one, a full day, and then a half-day. 13 So that would address several other things. We 14 just don't want to do that if the state is going 15 to require a whole different amount of work. 16 MS. BROERING: Well, there is that 17 onus, I mean, again, somebody else speak up, 18 please. 19 MS. CARTER: This is Beth 20 speaking. 21 MS. BROERING: They are completely 22 separate applications and the amount of work and 23 the data poll for the ACS application and the 24 types of data that are submitted for an ACS 25 application. And then what is submitted for the</p>	<p style="text-align: right;">20</p> <p>1 driven by being on this side of things now, in 2 terms of the amount of time that we have to 3 actually go do a review and the number of people 4 that we are able to take realistically to do it. 5 Right now I am very frequently going back to the 6 Trauma Program Managers and asking for additional 7 documents that are not currently included in that 8 listing of documents that we're supposed to 9 review. And to be blunt with you, as you 10 mentioned 6 or 7 hours, is almost an impossible 11 thing to do. There's an awful lot of work that 12 goes in on my part before we ever go to review to 13 make sure... 14 CHAIR YOUNG: No, but the actual 15 in-person review, you start in the morning and 16 you go home by 3:30. 17 MS. CARTER: Yeah, but what I'm 18 seeing is the application itself, I do have plans 19 to modify that to some degree to make sure that 20 we can fit that, that we get more documentation 21 on the front end in some respects. 22 CHAIR YOUNG: Yes. 23 COMMITTEE MEMBER: So, to your 24 knowledge, other states who have decided that 25 they want to align with ACS, have there been</p>
<p style="text-align: right;">19</p> <p>1 state is quite different as well. There are 2 aspects of the state application like the 3 question describing your trauma service structure 4 and describing your coverage of attending 5 surgeons and staff. You can copy and paste that 6 kind of question or answer some of those 7 questions or describe your injury prevention. But 8 there are very unique data aspects for college... 9 CHAIR YOUNG: Is the state 10 designation manual application codified in the, 11 is the application codified in the designation 12 manual? 13 MS. BROERING: No. 14 CHAIR YOUNG: So we could change 15 the application? 16 MS. BROERING: You can change the 17 application. 18 CHAIR YOUNG: So there are several 19 steps here. I guess step one, I would imagine 20 being what we're going to... 21 MS. BROERING: I mean, I'm 22 speaking, I'm probably speaking. 23 CHAIR YOUNG: Is it true? 24 MS. CARTER: I actually have plans 25 to revise part of that application. And that is</p>	<p style="text-align: right;">21</p> <p>1 other states who have had a representative from 2 ACS to help to guide this unification process? 3 'Cause, there's somebody on that side who has 4 seen this happen. 5 CHAIR YOUNG: The only state that 6 is completely outside ACS now is Pennsylvania. 7 Ohio does both. But I've visited 25 states. So 8 most states do not have better or anyone, is 9 anyone else aware of this completely parallel 10 process? I'm not aware of it anywhere else. 11 MS. BROERING: There may be others 12 and it may be different today. But if I recall 13 correctly, in some of the original conversations, 14 4 or 5 years ago, even. At the time of the Trauma 15 System Assessment, when the college was here for 16 the Trauma Systems Assessment, there was a 17 discussion about North Carolina being an example 18 that we could benchmark against where there are 19 big state and ACS level centers that have 20 somewhat of a combined visit. 21 CHAIR YOUNG: Yeah, so the way 22 North Carolina works is the EMS Medical Director 23 for the state, the Trauma Medical Director, who 24 has always been Mike Thomas, and the nurse 25 administrator, for them come to the visit with</p>

<p style="text-align: right;">22</p> <p>1 the college team. They sit in a separate room, 2 and they review those documents that are specific 3 to Carolina. And I believe they just provide kind 4 of a checklist, but the college report is the 5 report that goes in. But that's exactly what we 6 were saying. That whole team goes, they do their 7 own examination. We just would have to do our 8 best to make sure those two examinations are not 9 wildly different, because there's really no 10 reason for them to be wildly different. I mean, 11 there are 400 trauma centers verified by the ACS. 12 I know people feel strongly that 13 we have certain things that we want to preserve 14 in the Virginia system, the college system is 15 pretty well put together. And the way that they 16 do the manuals, we've had this conversation 17 before. So, we're not going to get rid of the 18 Commonwealth system. I would think figuring out a 19 way that we can decrease the amount of work for 20 the centers would be best. I mean, the other is 21 just to make sure that they're off cycle. But 22 that's even worse because then you're preparing 23 for a visit every 18 months. Well, let other 24 people talk. 25 It just seems to me that bending</p>	<p style="text-align: right;">24</p> <p>1 maybe not a lot we're doing quite this way. If 2 that's the case, are we trying to blaze this 3 trail? And really, there's an easier way to do 4 it. 5 CHAIR YOUNG: Yeah, I mean, the one 6 thing that we've said from the beginning is we 7 would not require, there are states, Illinois, a 8 bunch of states require you to be visited by the 9 ACS. I don't think we would ever do that. I don't 10 think that's what the Commonwealth would want. 11 And if the center doesn't want the ACS coming, 12 they should be perfect. So we still have to 13 preserve some sort of state site visiting 14 process, because not everybody's going to do the 15 ACS, right? So that's number one. I don't know. 16 Correct me if I'm wrong, but I think it's 17 unlikely Virginia would just put into their code 18 like the other states have that the ACS has their 19 verification system. So bearing that in mind, we 20 would have to have a separate parallel ability to 21 do site visits independent of the ACS, right? But 22 as we've seen over the past 10 years, that number 23 of places has dropped smaller and smaller, as 24 most places have gotten all the level ones or ACS 25 now. And I don't know how many of the level twos.</p>
<p style="text-align: right;">23</p> <p>1 over backward to try to preserve two completely 2 independent systems is not consistent with what 3 the rest of the country is doing. If we want to 4 live free and die and just say that's what we're 5 going to do here, that's fine, but it's not 6 consistent with what the rest of the country is 7 doing. And I think we would have to show that 8 there's value for us being one of the few states 9 in the country that doesn't do it that way. 10 COMMITTEE MEMBER: Yeah, I think a 11 lot of it makes a lot of sense. There's a lot of 12 aspiration for centers who want to do with that 13 to give both verifications. No, as you say, do it 14 in an off-cycle way, that's terrible. 15 CHAIR YOUNG: That's worse. 16 COMMITTEE MEMBER: I can't, I want 17 to throw myself on the track or something. I 18 would need to have it so that it is, very much 19 like you said, it's either a day, three-day 20 combined day visit. And if there's a path 21 forward, it's already been forged. If it's 22 somebody who already blazed this trail, I think 23 maybe our time is better served to not the kind 24 of reinvent the wheel again and see how is this 25 successfully implemented. Yes. Your point is that</p>	<p style="text-align: right;">25</p> <p>1 MS. CARTER: Not all. 2 COMMITTEE MEMBER: No, not all of 3 them. 4 CHAIR YOUNG: They're getting 5 visited this, which one? 6 COMMITTEE MEMBER: Norfolk General. 7 CHAIR YOUNG: I thought they just 8 got visited. 9 MS. CARTER: No. They, no. 10 CHAIR YOUNG: Okay, we won't talk 11 about it. Anyway, so I think, number one, we 12 still have to preserve some part of the 13 Commonwealth site visit system, because number 14 one, not everybody's gonna want to have the ACS 15 come in. Number 2 is simple, I think. We should 16 look at what really brings value that needs to be 17 continued to be preserved in the Commonwealth 18 system that is not just bringing extra work 19 without bringing value. 20 COMMITTEE MEMBER: That was my next 21 question you brought up that was very interesting 22 is that there are certain aspects of the current 23 Commonwealth system that people really care a lot 24 about. I don't know that that's something that's 25 really well-publicized. Is that something that</p>

26	<p>1 only people in the know, know? Or what? It would 2 be nice to have that somehow so that, if it is 3 something that can be preserved that doesn't 4 negatively impact the ACS sytem, then it can 5 remain in that and it wouldn't be an issue versus 6 something that is contradictory to what ACS is 7 doing. And so how do we have to align those 8 particular line items to fit the ACS model. 9 You're right, I think to do that, you're gonna be 10 well-positioned to move forward much more 11 successfully. 12 CHAIR YOUNG: Yeah, and we want to 13 appreciate the work of TPM because this has been 14 a completely moving target as to what we're going 15 to do here. Made worse by the fact that we have 16 met twice in 3 years. But what I remember from 17 the conversations around this room was nursing 18 education was a big difference. And that's easy 19 to preserve. I think if they see a senator is 20 like if you said okay, we'll make you do that. 21 That sounds great. I mean Nursing Education was 22 the thing that was, CME was a big difference and 23 we changed that. I don't want to put anyone on 24 the spot, that's the one thing that struck me 25 that was people consistently brought up that the</p>	28	<p>1 least I can speak for myself, but others can 2 speak up. It is incredibly difficult on a day-to- 3 day basis for program managers to say, to group 4 some individuals, whether it's nurses or 5 physicians, or hospital administration. "Well, we 6 have to do this, but then we have to do this." 7 Well, who do you have to do what for? And then 8 so, CME was one of them, especially if you are in 9 an opposite cycle. Like, I have been, until I'm 10 more closely aligned now. But it's like, we have 11 to meet for this, we have to do this for this. 12 And then, you're constantly bantering people for 13 additional documents. You're asking for a 14 neurosurgeon, you're asking for this, you're 15 asking for a different report. 16 So, in being a good steward to our 17 Trauma Center and then the people that we work 18 with on a day-to-day basis and that 19 organizational leaders and administrators across 20 the visions of departments and services, you want 21 to be able to have clear communication, you want 22 to have accurate communication and you want to 23 make it so that it's easy for your teams to be 24 able to meet those standards as well. Because 25 they're the ones that are meeting the standards,</p>
27	<p>1 requirements for nursing education were higher in 2 the commonwealth, right? And wanted to preserve 3 that. All right, so the people, this is a 4 conversation we've had before. Do people have 5 suggestions of what we should do? Yes. 6 MR. TAYLOR: This is Dallas Taylor. 7 I would probably just make sure that the state 8 has no issue with the virtual piece that Beth 9 alludes to. There are some big differences in 10 how we refer to ACS versus the state. That 11 virtual view, the tour and all that, and how good 12 the charts. Make sure that's what we meet, and 13 how they want to do the charts. 14 CHAIR YOUNG: Yeah, I think they 15 were saying they would never want a virtual. 16 MR. TAYLOR: But about the chart 17 review, so like are we saying that when the HCS 18 reviewers review the charts and whatever feedback 19 they had, they would go along with that or... 20 CHAIR YOUNG: I think that one has 21 to be figured out. 22 MR. TAYLOR: Yeah. 23 MS. BROERING: I think the 24 challenge, and, I'm sorry, I interrupted you 25 Kathy, so go ahead. I think the challenge, at</p>	29	<p>1 not you, not me. I'm just the messenger a lot of 2 times, and then, the messenger of, saying can you 3 provide me this, whether it's staffing ratios, or 4 CME, or reports to IR, whatever that is, you're 5 the messenger and you're helping them, helping 6 the center. 7 And so, the more those messages 8 can be timely consistent and then, because 9 there's reporting for lots of other things, like 10 scrubs and other things, so we want to be good 11 stewards of that for our hospitals. And that's 12 what I think a lot, that's to me what I'm asking 13 for is let's make it work so that we're not 14 individually working very hard twice... 15 CHAIR YOUNG: And that would be 16 okay if there's a lot of value in it. But we have 17 determined there's a lot of value in it. 18 MS. BROERING: Right. 19 COMMITTEE MEMBER: And also, as you 20 said about the inconsistency, it does, it eludes 21 credibility quite often if you say we need to do 22 this, and then I come back 3 or 4 months later, 23 I'm like, "I thought I need to do this but... 24 CHAIR YOUNG: That works very very 25 poorly to do that.</p>

<p style="text-align: right;">30</p> <p>1 MS. BROERING: Yeah.</p> <p>2 CHAIR YOUNG: Let's see, what would</p> <p>3 be the possibility that we could present the</p> <p>4 advisory board with a total package? Like a total</p> <p>5 package of not only a revised designation manual</p> <p>6 but an administrative document and site visits to</p> <p>7 get voted on all at once</p> <p>8 MS. CARTER: It's a lot of</p> <p>9 information and does consider that ultimately,</p> <p>10 even if it goes to the GAB, the final decisions</p> <p>11 are with the Office of EMS, which is an advisory</p> <p>12 committee as they are.</p> <p>13 CHAIR YOUNG: So that's why we'd</p> <p>14 have to talk to Gary.</p> <p>15 MS. CARTER: Yes.</p> <p>16 CHAIR YOUNG: So circling back, I</p> <p>17 think at our next meeting, I think we have to</p> <p>18 have a truly no BS assessment of what is the</p> <p>19 critical differences between what is expected to</p> <p>20 be the revised, Commonwealth document and the</p> <p>21 current optimal resource documents. I think we</p> <p>22 might be surprised that there aren't that many</p> <p>23 differences. And then a lot of it is</p> <p>24 administrative. A lot of it is the way the</p> <p>25 application is set up. And a lot of it is the way</p>	<p style="text-align: right;">32</p> <p>1 that we just wouldn't have that in the state</p> <p>2 part, that would just be an extra thing.</p> <p>3 If you didn't want to be ACS</p> <p>4 verified, you could just do what the state</p> <p>5 requires. Most of us are both. I mean, you're</p> <p>6 never gonna have the state circumvent the ACS. So</p> <p>7 if there's some of that quality data poll, now</p> <p>8 you do know also the ACS, none of those are</p> <p>9 criteria. There are no criteria for 80% femur</p> <p>10 fracture within 24 hours. There are no criteria</p> <p>11 for antibiotics within an hour. You can't fail</p> <p>12 that. So it's just information. Which is just</p> <p>13 another way we could say it. Cathy, do you have</p> <p>14 anything?</p> <p>15 MS. PETERSON: In addition, a</p> <p>16 process that if you were ACS center, that even</p> <p>17 went through the head and abbreviated on-site</p> <p>18 state, nailed the areas. And so if you're not</p> <p>19 ACS, you don't think that because we have another</p> <p>20 area that's very different, just the PI area,</p> <p>21 because we, from a state, wanted to utilize their</p> <p>22 state data to drive PI needs within our state,</p> <p>23 but we've really honestly never really gotten</p> <p>24 there yet.</p> <p>25 CHAIR YOUNG: And T quips a million</p>
<p style="text-align: right;">31</p> <p>1 the documents are put together and the way the</p> <p>2 charts are put together. And if that is the only</p> <p>3 difference, that does not seem to me to be a</p> <p>4 sufficient reason to not try to create some</p> <p>5 synergy between the 2 processes. So can we try to</p> <p>6 do that? If you send me the document, I'm happy</p> <p>7 to go through the chapters and look at what the</p> <p>8 differences are.</p> <p>9 MR. TAYLOR: This is Dallas. I'll</p> <p>10 tell you, there are some service line differences</p> <p>11 that the ACS requires you to have versus what ...</p> <p>12 CHAIR YOUNG: Like which?</p> <p>13 MR. TAYLOR: Like your level twos,</p> <p>14 for example, State Bar and ACS, for example, and</p> <p>15 there's a lot of stuff on that.</p> <p>16 CHAIR YOUNG: Yeah, I think stuff</p> <p>17 like that's easy.</p> <p>18 MR. TAYLOR: But then there's a</p> <p>19 quality matrix that ACS looks at, the states make</p> <p>20 you look at ACS. That's the main thing. There is</p> <p>21 some quality stuff that's stated in front.</p> <p>22 CHAIR YOUNG: Oh, you mean time</p> <p>23 antibiotic administration time to femur fracture</p> <p>24 excision? Yeah. So if that's all the differences</p> <p>25 there are, I would think that's surmountable,</p>	<p style="text-align: right;">33</p> <p>1 times more advanced.</p> <p>2 MS. PETERSON: And so I think</p> <p>3 personally, I think the area that's the most</p> <p>4 robust with the state stamina, or the nursing</p> <p>5 education piece, other than that, I don't think</p> <p>6 there's a huge difference.</p> <p>7 CHAIR YOUNG: I mean, what you just</p> <p>8 said is how I imagined it would look that we</p> <p>9 would for those places that want to do the state</p> <p>10 would have the state for those places want to do</p> <p>11 both, they would go through their ACs process,</p> <p>12 and there would be an additional process in</p> <p>13 person or whatever, to go over those things and</p> <p>14 that we're different. And make sure that those</p> <p>15 are verified.</p> <p>16 COMMITTEE MEMBER: I mean, I think,</p> <p>17 from a workflow standpoint would be advantageous.</p> <p>18 I mean, I know that COVID's kind of thrown a</p> <p>19 monkey wrench backlog, and create opportunities</p> <p>20 to come to do full state visit to each one of</p> <p>21 these centers. It's already a huge mountain to</p> <p>22 climb as it is, now being able to decrease some</p> <p>23 of that would be raised.</p> <p>24 CHAIR YOUNG: I don't know who</p> <p>25 either knows the ACS process very well. But I</p>

<p style="text-align: right;">34</p> <p>1 think the PRQ application process is much easier 2 and much more straightforward. And so I think 3 we'd have to be open to looking at the 4 application process for the state and preserving 5 what needs to be preserved, but not stubbornly 6 keeping stuff in there, just because it's been in 7 there for 10 years.</p> <p>8 MS. BROERING: Yeah, I think I 9 mean, I think the one thing that Mindy alluded to 10 is we the capabilities, the standards are one 11 thing, do you meet the standards, and then the 12 interpretive guidance of how do you look at a 13 center to meet that standard? And maybe some 14 additional tweaking to that. I mean, I think the 15 trauma program managers with the work teams or 16 groups did a great job with that. I think my 17 suggestion would be the capabilities document and 18 the actual application for the state is sort of 19 the combination of what ACS PRQ is. So, somebody 20 else please chime in, besides me.</p> <p>21 CHAIR YOUNG: No, I think it is 22 ...</p> <p>23 MS. BROERING: So I think, again, 24 one more step is to work closely to align that 25 information so that the burden is removed from</p>	<p style="text-align: right;">36</p> <p>1 understand all these rules.</p> <p>2 MS. CARTER: I'm not the thought 3 police.</p> <p>4 CHAIR YOUNG: So why don't you send 5 out what you have, like your final draft of what 6 the revisions are. And I will take it from there, 7 or if anybody wants to help me, I have the 8 Gradebook at home. And I'll try to go through it 9 section by section and see what the differences 10 are. And then we'd have to deal with the 11 application. I'm sorry, Tracey.</p> <p>12 COMMITTEE MEMBER: Oh, I was gonna 13 ask if you were going to ask for some others to 14 help with, like, how would you, and we can talk 15 about it offline if you want, but how would you 16 divide up that work?</p> <p>17 MS. JEFFERS: So that's...</p> <p>18 CHAIR YOUNG: I would just divide 19 the book in half.</p> <p>20 MS. JEFFERS: This is Tracey 21 Jeffers, by the way. The trauma program managers 22 will meet at 4:30. We are the group that has 23 painstakingly gone through this manual, and 24 meetings and I looked at both. When we first 25 started, we compared ACS to the current manual</p>
<p style="text-align: right;">35</p> <p>1 the trauma program managers and those individuals 2 that are having to write the applications and get 3 the information or write a report. So the more we 4 can align, the easier it becomes for the center 5 to do the work to meet those, to meet and be 6 successful, and help the reviewers be really 7 successful and happy with what is provided to 8 them. I'm comfortable with that.</p> <p>9 CHAIR YOUNG: I don't know how many 10 people who are uncomfortable with the college 11 process actually know the college process, have 12 actually gone through a PRQ or seen what the 13 output of a PRQ looks like. So, I'm happy to 14 provide that. I'm happy to provide our PRQ. And 15 people can look at it and like, "Oh, wow, there's 16 really nothing more that we need in this. There 17 may be more in it than we need regarding the 18 metrics, but those metrics aren't horrible to 19 know how many femur fractures you're fixing in 24 20 hours, et cetera. All right, so first of all, am 21 I allowed to talk to Gary outside of this 22 meeting?</p> <p>23 MS. CARTER: You can talk to 24 anybody you like outside this meeting.</p> <p>25 CHAIR YOUNG: I still don't</p>	<p style="text-align: right;">37</p> <p>1 that we had. And we decided we needed to change 2 our manuals that we did that work, then we looked 3 at all the paperwork and went with [in 4 capabilities. And so all of those things have 5 been talked about, looked at, changed over. But I 6 don't think we've looked at it as a whole. And to 7 have just gotten the gray book to live our lives 8 by, so I think we need some time with that. And 9 to kind of absorb that. So I think handing over a 10 document that we think might be a good thing, I 11 don't think that that's going to move in one in 12 this group, or it's gonna get anything done any 13 faster.</p> <p>14 CHAIR YOUNG: So that's another 3 15 months?</p> <p>16 MS. JEFFERS: The trauma program 17 managers have worked on this. I would like to 18 defer to that meeting. So that we can hash these 19 things out on how we should present this, we 20 would love to have you as of 4:30 here, if you 21 can attend with us. And we can work as a 22 workgroup and separate into some workgroups so 23 that we're not attacking each other with our 24 people. So I would defer that. And also, before 25 we do all of this work once again, we have</p>

38	<p>1 earnest and honest conversations with the Office 2 of EMS, so that we understand why- 3 CHAIR YOUNG: Well, I will talk to 4 them about what is possible. But the concept of 5 sunk costs, if things that we worked on 3 years 6 ago simply are not optimal and not relevant now, 7 they should be discarded. Even if they took a 8 whole lot of work, and we really appreciate that 9 work. But that's the way it works. 10 MS. JEFFERS: Well, I think the 11 designation manual along with all the company 12 documents definitely needs to be looked at and 13 worked over. And we have definitely given its due 14 diligence. So I think that's something that... 15 CHAIR YOUNG: So you all may decide 16 that we can see a draft and you may all decide we 17 can't see a draft. 18 MS. JEFFERS: You can see the 19 draft. I'm plugging the information ... 20 MS. CARTER: That's the definition 21 of a draft. 22 MS. JEFFERS: ... right now. 23 CHAIR YOUNG: Whatever most recent 24 document is on their computer. 25 MS. BROERING: I agree with what</p>	40
39	<p>1 Tracey says and I said it before. The trauma 2 program managers worked incredibly hard over the 3 last year to kind of go standard by standard to 4 say, does this make sense? Should it be updated? 5 How should it be changed? And I think we were 6 thoughtful and methodical. We have not said okay, 7 what we said should be there compared to what the 8 grade book says. And we all said from the very 9 beginning because we talked about it several 10 times, on multiple occasions during the meetings, 11 we're going to have to see what the gray book 12 says. It could be subject to change once the gray 13 book comes out, you know, this standard may have 14 to change or be augmented. So I do think that we 15 are, we should do that. But the standards and the 16 process are two different things, two completely 17 separate things, they are very interconnected. 18 But meeting the standards is one thing, and the 19 process of verifying that we meet standards is 20 another and that's where I have to make sure that 21 we're sort of separating that to a certain extent 22 that how do we do a process in the state, and 23 then these are the standards. So I don't think 24 that we should mix them up until... 25 CHAIR YOUNG: This is Jeff.</p>	41

<p style="text-align: right;">42</p> <p>1 changed in bold in the book, but there's an 2 update that explains the differenc is between the 3 old and new. 4 CHAIR YOUNG: No, I got it. I can 5 give it to you. It's an education session that 6 the VRC puts out. 7 COMMITTEE MEMBER: That way you 8 don't need to comb the whole book. 9 CHAIR YOUNG: Right. But that's the 10 difference between the old optimal resources and 11 the new optimal resources, not the difference 12 between theirs and the optimal resource? 13 MS. PETERSON: We're most 14 concerned about our conflicting areas on the same 15 topic. 16 CHAIR YOUNG: Right. That should 17 only be preserved if there's a really good 18 reason. 19 MS. PETERSON: ... we in essence 20 have done that because we've done that, we just 21 didn't have the grade book. What's the next plan? 22 Yeah, the grade book came out. 23 CHAIR YOUNG: So you guys just want 24 to do that. I mean, I'm happy to just say I'm 25 happy to help. Terrell is happy to help. But do</p>	<p style="text-align: right;">44</p> <p>1 certainly be different, but they should try to be 2 as synergistic as possible. And that we have to 3 preserve a genuine designation system because 4 everybody will want to be in the ACS. So all of 5 that infrastructure still needs to be in place. I 6 just want to say about the application. I did a 7 site visit in Florida. They have a 1500-page 8 Trauma Center document that they put together. It 9 has pictures of every room in it. And it was the 10 dumbest thing I've ever seen. 11 So we just don't need to go down 12 that rabbit hole. I mean, I think we could take a 13 real honest look at what the documents are 14 required in the grade book, like what documents 15 are not required in the grade book that the state 16 would require, and just not perpetuate something 17 that may be incredibly difficult for you to deal 18 with. And asking for more papers and asking more 19 stuff. The other thing that several of us would 20 gladly be able to share privately is the way the 21 administrative documents are set up for the 22 college because they are very prescriptive about 23 what needs to be in each folder. And that may 24 address many of your concerns. 25 So I think there's still a little</p>
<p style="text-align: right;">43</p> <p>1 you want that just to be the next step of what 2 you do now that you can get the Gradebook off the 3 web whenever you want? Okay. 4 (WHEREUPON, simultaneous talking.) 5 CHAIR YOUNG: So if that somehow 6 gets done between now and the next meeting, and 7 you feel comfortable sending it to the committee 8 after you've done that part, then you can send 9 it. If not, we can just discuss it in the next 10 meeting. 11 MS. JEFFERS: I feel very confident 12 about what we have done. 13 CHAIR YOUNG: Okay. 14 MS. JEFFERS: We meet monthly and 15 sometimes every two weeks to get this done. 16 CHAIR YOUNG: Okay. I think we've 17 beaten that enough. So then, really, the only 18 other thing on the agenda was the combining of 19 the visits for dually verified centers, and I 20 have to talk to Gary Brown about what's possible. 21 But from the committee if I'm not misinterpreting 22 them, one thing we don't want is a site visit by 23 someone every 18 months, right? That would be 24 sub-optimal. And we would want as best we can 25 that the preparation for both visits there could</p>	<p style="text-align: right;">45</p> <p>1 bit of a knowledge gap between what's in the two 2 ACS process and what's now in the upcoming 3 Virginia process. So I think we just need to 4 close that gap. And then we can move on. Anything 5 else on that? 15 minutes. Anybody? All right. New 6 business. Please don't bring anything up. No, I'm 7 just kidding. Any new business? Did we vote on 8 everybody. So Mark Day, we voted on Vice-Chair. 9 All right. Was there anything else? One other 10 thing? 11 MS. CARTER: Well, there are still 12 a couple of gaps there. So we're gonna have to 13 identify just some replacements. 14 CHAIR YOUNG: Was that the other 15 one that we had to? The pediatrics? Or did we 16 settle it? 17 MS. CARTER: We haven't settled 18 pediatrics. And that's okay. We can wait till 19 next time to do that. 20 CHAIR YOUNG: No. Well, I mean, 21 we'd haven't asked anybody if they want to do it 22 yet. Right? 23 MS. CARTER: I think there's also 24 the other thing that we need to talk about is, 25 that it doesn't have to be the day but at some</p>

<p style="text-align: right;">46</p> <p>1 point, there are some folks who do have seats on 2 the current committee that has actually never 3 been to a meeting or have very sporadically even 4 before. 5 CHAIR YOUNG: Do we have any regs 6 about that at all? If you don't attend three 7 meetings in a row or something. 8 MS. CARTER: I don't think that's 9 in the bylaws, Gary, but I think we certainly 10 have the ability going forward to make those 11 changes. 12 CHAIR YOUNG: Okay. The other 13 spitball something, if you don't come to a 14 meeting for an entire year, you can be removed 15 from the committee. That's four meetings, right. 16 MR. BROWN: The Advisory Board 17 members, if you've missed two unexcused meetings 18 in a row, we would contact the organization that 19 you wish to represent on the board and notify 20 them of your absenteeism. And maybe it is up to 21 that organization what action they will take. 22 CHAIR YOUNG: Okay, what do people 23 think. I don't want to throw something out there. 24 What do people think is reasonable? Three 25 meetings in a row. We can't do 12 months, because</p>	<p style="text-align: right;">48</p> <p>1 to do is it needs to be across the board. 2 CHAIR YOUNG: Right. I thought the 3 ACC can make their own rules for the kickoff of 4 the committee. 5 MS. CARTER: I think that's 6 appropriate. 7 CHAIR YOUNG: Paul was probably 8 gonna lead that. 9 MS. QUICK: So I think if we could, 10 there certainly needs to be expectations and 11 accountability. And I think that is definitely 12 something that we looked at and that is going to 13 be something that we're going to ask each of the 14 individual committees to report back to us, and 15 understanding that COVID has been here having 16 messed up that the attendance apart from this 17 part for really from 2021 forward, going back and 18 looking to make sure that we are consistent. 19 CHAIR YOUNG: So can you tell me 20 functionally how that would work like would Paul 21 say it and then has to be voted on by the tag or 22 like how would that even work? 23 COMMITTEE MEMBER: Well, right now 24 they will continue to get the products or 25 suggestions from the [inaudible] to workgroups.</p>
<p style="text-align: right;">47</p> <p>1 COVID may come back again. So we'd have to say 2 four meetings or three meetings. 3 COMMITTEE MEMBER: I think three 4 meetings are reasonable. 5 CHAIR YOUNG: In a row or not? I 6 mean, after three in a row or three out of five 7 or something. 8 MS. CARTER: I think that's 9 something we can consider next time. After three 10 meetings, you've conducted three months' worth of 11 business and they haven't been there. And if 12 you're trying to preserve a quorum, I think that 13 we need to maybe think a little less than three. 14 CHAIR YOUNG: Okay. Go ahead Val. 15 Val Quick University of Virginia. 16 MS. QUICK: One of the things that 17 we've been tasked to do with the government 18 advisory board is we have a Bylaws Committee or 19 bylaws workgroup. And we have a compensation 20 workgroup. And one of the things that we actually 21 are looking at specifically are committee 22 members, but have they been there, what the 23 relevancy of each one of the committees are? Is 24 there any overlap? And how do we make it more 25 efficient? And I think that what we probably need</p>	<p style="text-align: right;">49</p> <p>1 Okay, that will come back to the executive 2 committee. Upon review, the executive committee 3 may take it back to the workgroups. 4 CHAIR YOUNG: Yeah, I mean, so it's 5 a little different on the board, because there's 6 no level three Trauma Center Group, kind of, we 7 can kick it back to. So it would probably have to 8 be your warned after X. And then if you miss the 9 next one. 10 MR. BROWN: As Valerie says, We 11 want to keep it consistent with the Fore Board 12 and the standard including something that came up 13 today and executive committees as well as 14 tomorrow for what is an electronic participation 15 policy. So in other words, allowing you to 16 participate electronically; however, the board 17 has to accept a policy first, so the department 18 of the state, and then each committee would have 19 to come up with their policy approved by the 20 board within the guidelines that are provided. 21 And there would be parameters. In other words, 22 let's say you have four meetings a year. It's not 23 to be that you can participate electronically 24 four times, and you can only do it two times. It 25 will be like, "Okay, in four meetings, you may</p>

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1 deal with over the participating group," one of
 2 those four electronically per year, which
 3 means...
 4 **CHAIR YOUNG:** Well, it sounds like
 5 you guys need to get that settled first.
 6 **MR. BROWN:** Yeah. Yes, there's a
 7 lot to be done. But we want to be very
 8 comprehensive in what we're doing.
 9 **CHAIR YOUNG:** So yeah, no, I agree.
 10 I thought it would have been a bridge too far for
 11 us to actually make that rule. But good. What
 12 else did you have? Alright, anything else? All
 13 right. Thank you all.
 14 **(WHEREUPON, the Meeting ended at 3:55 p.m.)**
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1 **CAPTION**
 2
 3 The foregoing matter was taken on the date, and at
 4 the time and place set out on the title page hereof.
 5
 6 It was requested that the matter be taken by the
 7 reporter and that the same be reduced to typewritten
 8 form.
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1 **CERTIFICATE OF REPORTER AND SECURE**
ENCRYPTED
 2 **SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT**
 3 I, **CHERYL R. LANE**, Notary Public, do hereby
 4 certify that the forgoing matter was reported by
 5 stenographic and/or mechanical means, that same was
 6 reduced to written form, that the transcript prepared
 7 by me or under my direction, is a true and accurate
 8 record of same to the best of my knowledge and
 9 ability; that there is no relation nor employment by
 10 any attorney or counsel employed by the parties
 11 hereto, nor financial or otherwise interest in the
 12 action filed or its outcome.
 13 This transcript and certificate have been
 14 digitally signed and securely delivered through our
 15 encryption server.
 16 **IN WITNESS HEREOF**, I have here unto set my hand
 17 this 12TH day of MAY, 2022.
 18
 19
 20
 21
 22 /s/ **CHERYL R. LANE**
 23 **COURT REPORTER / NOTARY**
 24 **NOTARY REGISTRATION NUMBER: 7864242**
 25 **MY COMMISSION EXPIRES: 05/31/2024**



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