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VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD
OFFICE OF EMERGENCY MEDICAL SERVICES

POST ACUTE CARE COMMITTEE MEETING

THURSDAY, MAY 05, 2022
1:00 P.M.

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

APPEARANCES

- 1
- 2 BETH BROERING, CHAIR
- 3 MINDY CARTER, OEMS
- 4 LAUREN CARTER-SMITH
- 5 CHARLES DILLARD
- 6 RENEE GARRETT
- 7 HEATHER ASTHAGIRI, UVA
- 8 JAMES GIEBFRIED, AMERICAN PHYSICAL THERAPY
- 9 ASSOCIATION OF VIRGINIA
- 10 CHRIS MILLER, DARS
- 11 ANNE MCDONNELL, BRAIN INJURY ASSOCIATION OF
- 12 VIRGINIA
- 13 PATRICIA DAVIS, INOVA
- 14 LORI STURT, SOUTHSIDE MEDICAL CENTER
- 15 TRACEY JEFFERS, RESTON HOSPITAL
- 16 PAULA FERRADA, INOVA
- 17 AMANDA TURNER, CENTRAL HEALTH
- 18 KATHY BUTLER
- 19 ROBERT TEWEY, ESO
- 20 JENNIFER WILSON
- 21 AMANDA LORETI, CENTRAL SHENANDOAH
- 22 TANYA TREVILIAN
- 23 KATHLEEN HARDESTY, SENTARA
- 24 LACEY WATFORD, SENTARA NORFOLK GENERAL
- 25 JESSICA ROSNER, OEMS

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JAY HOLDREN, VCU
CHAD BLOSSER, OEMS



1 **VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD**

2 **OFFICE OF EMERGENCY MEDICAL SERVICES**

3 **POST ACUTE CARE COMMITTEE MEETING**

4 **THURSDAY, MAY 05, 2022**

5 **1:00 P.M.**

6 **CHAIR BROERING:** Okay, good
7 afternoon everybody.

8 Thank you all for taking time out
9 of your day to come down and travel many of you
10 from longer distances, and I know that there's,
11 there's been traffic and stuff. I'd like to
12 welcome everybody to the first meeting of the
13 Post Acute Committee in a very, very long time,
14 and I am assuming the role as chair of the
15 committee. I'm Beth Broering and I'm the Trauma
16 and Burn Program Manager from VC Medical Center
17 in Richmond, Virginia.

18 I think as we get started, a
19 couple of pieces of housekeeping, there are
20 microphones at a couple of places that are
21 strategically positioned around the table. Mindy
22 and the team asked that we do not touch those
23 microphones so that they can record the minutes
24 and then in order to be able to accurately record
25 the minutes if you are going to speak, if you

1 would just say your name before you make your
2 comments or ask questions so that as they
3 contribute to the minutes or or record the
4 minutes for the next time that they're able to
5 keep track of who has said what.

6 I am going to pass around a sign
7 in sheet, and I think what I said in the email to
8 a few of you is typical of my behavior style. If
9 nothing more than that is, I just jumped and took
10 a leap of faith that I knew what I was doing,
11 which probably was not completely accurate and
12 when a number of individuals that were previously
13 on the computer, on the committee responded and
14 said that they had either left their positions
15 and recommended new individuals or were no longer
16 with your organization. And, and and I also said
17 is there anybody else do you think we should have
18 on this committee? I got a lot of names and
19 suggestions and so I just took the liberty of
20 saying would you like to be on this committee?
21 And many of you who are here today said yes, that
22 would be great. So there's, but then I got that,
23 I sort of got my hands slapped and said you have
24 to vote on these people first.

25 So, what I'd like to do is I'd

1 like to have everyone go around the room and
2 introduce yourself, and please say if you are a
3 prior committee member and the, and the agency or
4 group that you are representing, and if you are
5 new and somewhat replacing an individual who you
6 are and and sort of what we intend that role to
7 be so that we can then figure out where we need
8 to fill in gaps as we keep moving forward. So,
9 Mindy.

10 **MS. CARTER:** Mindy Carter with
11 Office of EMS.

12 **MR. BLOSSER:** Chad Blosser, staff
13 liaison for this committee for today, Office of
14 EMS.

15 **DR. GIEBFRIED:** Dr. Jim Giebfried,
16 Associations with the American Physical Therapy
17 Association of Virginia. My previous commitments
18 to here, I've also been staff liaison for the
19 Acute Care Committee.

20 **MR. HOLDREN:** My name is Jay
21 Holdren. I'm a Senior Director for Post Acute
22 Care at the VCU Office building.

23 **(WHEREUPON, papers shuffling.)**

24 **MR. HOLDREN:** I am a proposed
25 member of the committee replacing Nathan Sizemore

1 who was my predecessor at VCU College.

2 **CHAIR BROERING:** All right.

3 **DR. ASTHAGIRI:** My name is
4 Heather Asthagiri, and I work at UVA.

5 **MS. ROSNER:** I'm Jessica Rosner.
6 I am the Epidemiology Program Manager for the
7 Office of the EMS.

8 **MS. HARDESTY:** I'm Kathleen
9 Hardesty. I am the Assistant Director for Acute
10 Physical Rehab for Sentara, representing patient
11 rehab.

12 **MS. WATFORD:** And I'm Lacey
13 Watford. I'm the rehab manager at Sentara
14 Norfolk General for patient and acute rehab. I
15 would be a new member ...

16 **CHAIR BROERING:** Get up here.

17 **MS. WATFORD:** ... okay, and
18 replacing Shereen Davis.

19 **CHAIR BROERING:** Okay, you can
20 come, you can come to the table. It's not
21 special.

22 **MS. WATFORD:** Okay.

23 **MS. CARTER:** I don't even have a
24 Davis on here.

25 **MS. LORETI:** Amanda Loreti,

1 Central Shenandoah Performance Improvement
2 Specialist.

3 **MS. WILSON:** Jennifer Wilson,
4 manager at ESO.

5 **MR. TEWEY:** Robert Tewey, Director
6 of Engineering, ESO.

7 **MR. TURNER:** Amanda Turner,
8 Central Health, Senior Director of Heart Disease
9 Services.

10 **DR. FERRADA:** Thank you. My name
11 is Paula Ferrada, and I am Assistant Chief for
12 Trauma and Surgery at Inova Health and I am the
13 current Chair of TAG.

14 **MR. JEFFERS:** Tracey Jeffers, I am
15 the Trauma Program Director at Reston, excuse me,
16 sorry, at Reston Hospital in Northern Virginia,
17 and I'm a visitor.

18 **MS. STURT:** I'm Lori Sturt, and
19 I'm from Southside Medical Center, and I'm the
20 trauma program manager interim for Tracey ...

21 **MS. DAVIS:** I'm Pat Davis. I'm
22 currently a guest and I am the director for rehab
23 for both Inova Mount Vernon and Inova Fairfax and
24 the charity program for Inova.

25 **MS. BUTLER:** Kathy Butler, Trauma

1 Program Manager at UVA and previous Chair of this
2 committee and visitor.

3 **MS. MILLER:** Chris Miller, rehab
4 services director for Department of Aging and
5 Rehabilitative Services. I've been on this
6 committee.

7 **MS. MCDONNELL:** Anne McDonnell,
8 the Executive Director of the Brain Injury
9 Association of Virginia, previous member of this
10 committee and representing this committee on the
11 System Improvement Committee.

12 **(WHEREUPON, laughter.)**

13 **CHAIR BROERING:** So, I think the
14 first question, help me out here Mindy.

15 **MS. CARTER:** I think since Dr.
16 Ferrada is here, and even though you may not have
17 a quorum, if you would like to ask Dr. Ferrada to
18 replace said members with other said members,
19 there she sits.

20 **CHAIR BROERING:** Dr. Ferrada ...

21 **MS. CARTER:** Because apparently
22 that's okay.

23 **CHAIR BROERING:** Dr. Ferrada, may
24 we replace said members with the prior said
25 members?

1 DR. FERRADA: It would be a
2 privilege and an honor.

3 CHAIR BROERING: Okay.

4 (WHEREUPON, laughter.)

5 CHAIR BROERING: Thank you.

6 MS. CARTER: See, she's so hard to
7 get along with.

8 CHAIR BROERING: Exactly. Okay, I
9 think the other question is to then review and
10 hopefully some of you have had the opportunity to
11 review the minutes. I will start to pass this
12 around and then I'll take a motion to approve the
13 minutes from February 6th of 2020 especially for
14 those of you who are new to the group.

15 MS. CARTER: Could we sort of for,
16 for record keeping purposes and so we know who
17 are going to be the new, who's replacing whom, if
18 we're already into that?

19 CHAIR BROERING: Sure you want to
20 jump to ...

21 MS. CARTER: Okay. Because you
22 were talking about the minutes, I was just going
23 to see if we could ...

24 CHAIR BROERING: Yeah.

25 MS. CARTER: ...vote on anything,

1 you know what I mean?

2 **CHAIR BROERING:** Yeah, that's
3 fine. So you want to ...

4 **MS. CARTER:** So we need to figure
5 out, like, who's, who's going to, who's been
6 joining your ...

7 **CHAIR BROERING:** Yeah, this is the
8 list that I printed out and then forgot, so, to
9 bring with me. All right, so we have Acute
10 Rehab. We have a Chair, we have Acute Rehab. We
11 have a Rehab Center Administration, that would be
12 you, Jay Holdren; Rehab Center Administration.
13 Case Manager and Social Services was Donna
14 Rotondo, and I think Pat, you were the individual
15 that we, that was suggested and you're coming as
16 a guest just to see for right now. Okay, Case
17 Management and Social Work for Acute Rehab was
18 Lisa Katzman, so that position is still vacant.
19 Anne, you're here as the Brain Injury Association
20 or the Brain Injury Council, is that right?

21 **MS. MCDONNELL:** Brain Injury
22 Association, yes, ma'am.

23 **CHAIR BROERING:** Yeah. Okay. We
24 need representation from the Virginia Aging and
25 Rehab Services.

1 **MS. MILLER:** That's me, Chris
2 Miller.

3 **CHAIR BROERING:** Chris Miller.
4 Okay. Thanks.

5 **MS. CARTER:** And where, and you're
6 from where?

7 **MS. MILLER:** DARS, Department of
8 Aging and Rehabilitation Services.

9 **MS. CARTER:** Okay great. Sorry.

10 **CHAIR BROERING:** Okay, Dr.
11 Giebfried is there. Lauren Carter-Smith is not
12 here.

13 **MS. MILLER:** She plans to
14 continue.

15 **CHAIR BROERING:** And she plans to
16 continue. That's right.

17 **MS. MILLER:** And she's with VOTA.

18 **CHAIR BROERING:** Yep. Okay.
19 Renee Garrett was from the Speech and Language
20 and Hearing of Virginia, and I think that she was
21 an individual, she is an individual that was not
22 able to continue, I'm pretty sure. I had marked
23 her off. And we did not hear from Dr. Dillard
24 from King's Daughters as a Pediatric Acute Rehab.

25 **MS. MILLER:** Let me see if I can

1 text him real quick.

2 **CHAIR BROERING:** Okay that was the
3 other outstanding, and then Lacey, you're
4 replacing Emily Jones, is that right?

5 **MS. WATFORD:** No, Shereen Davis.

6 **CHAIR BROERING:** Shereen Davis.

7 **MS. CARTER:** There's no Davis on
8 here.

9 **MS. WATFORD:** I didn't think that
10 was supposed to come up here. I was just
11 listening.

12 **CHAIR BROERING:** And, Lacey what is
13 your role?

14 **MS. WATFORD:** I'm the Rehab
15 Manager for Sentara Norfolk General Hospital.
16 Kathleen Hardesty is the Regional Director.

17 **(WHEREUPON, laughter.)**

18 **CHAIR BROERING:** No, no, no, no,
19 you, everybody can stay where they're at. It
20 doesn't matter where you sit.

21 **MS. CARTER:** If you need to do
22 further work on this you can.

23 **CHAIR BROERING:** We can do further
24 work.

25 **MS. CARTER:** Yeah.

1 **CHAIR BROERING:** Okay. I know
2 Emily's gone, we need to replace that.

3 **MS. CARTER:** Yellow there.

4 **CHAIR BROERING:** Yeah I know.
5 Okay, so that's going to be Jay.

6 **MS. CARTER:** Jay who?

7 **CHAIR BROERING:** Holdren.

8 **MS. CARTER:** Okay.

9 **CHAIR BROERING:** All right.
10 Okay.

11 **MS. CARTER:** Anything we can talk
12 about.

13 **CHAIR BROERING:** Yeah we can do
14 that. All right, so let's go back to, sorry
15 about that. Let's go back to the minutes from
16 February the 6th 2020 and give everyone the
17 opportunity to review the minutes and, and then
18 I'll take a motion to approve them.

19 **(WHEREUPON, Committee Members reviewed the**
20 **meeting minutes referred to.)**

21 **MS. CARTER:** Does that give us a
22 quorum?

23 **CHAIR BROERING:** I think it does.
24 1, two, three, four, five, six, seven, eight,
25 seven out of, I think we have enough; seven out

1 of 10.

2 **MS. CARTER:** That's quorum.

3 **CHAIR BROERING:** Yep.

4 **MS. CARTER:** Woo-hoo, we have one
5 meeting with a quorum. We're just so happy, I'm
6 sorry, this is Mindy, I'm being a bad girl. We
7 now have a quorum. So, that's good.

8 **CHAIR BROERING:** Do I get extra
9 points for that?

10 **MS. CARTER:** Yeah, I think you're
11 one of the few.

12 **(WHEREUPON, Committee Members reviewed the**
13 **meeting minutes previously mentioned.)**

14 **MS. CARTER:** We can entertain a
15 motion, if necessary.

16 **CHAIR BROERING:** Hmm?

17 **MS. CARTER:** We can entertain a
18 motion, if necessary.

19 **CHAIR BROERING:** Okay. Yes. All
20 right. Thank you. All right, so, we have a
21 motion to approve from Chris, for Christine
22 miller and a second from Doctor, tell me how you
23 say your last name.

24 **DR. ASTHAGIRI:** Asthagiri.

25 **CHAIR BROERING:** Asthagiri.

1 **CHAIR BROERING:** Okay.

2 **DR. ASTHAGIRI:** You can call me
3 Heather.

4 **CHAIR BROERING:** All right. From
5 Dr. Heather. Thank you. So is there any other
6 questions or comments and if there's no
7 dissension, we'll take those motions as approved?

8 **(WHEREUPON, no response.)**

9 **CHAIR BROERING:** Great, thank you.
10 If we can go ahead then and just review the
11 agenda. And if there's any suggested changes,
12 I'll take open, I'll take suggestions. And
13 otherwise, if we could have a motion to approve
14 the agenda.

15 **MS. MCDONNELL:** Motion to approve.

16 **CHAIR BROERING:** From Anne, is
17 that right?

18 **MS. MCDONNELL:** Yes.

19 **CHAIR BROERING:** All right. And a
20 motion to second, or second from Dr. Asthagiri.
21 So great, thank you very much.

22 So, the first item of business is
23 the Chair's report, and other than to say I'm
24 very appreciative that we're now able to meet in
25 person again and keep this committee moving

1 forward and really the development of our trauma
2 system, I don't have a lot to report. I know that
3 there was a lot of work that was done by this
4 committee in the past in 2018 and '19, especially
5 with the development or the beginning assembly of
6 a list of resources for post acute care that I
7 would like to discuss further in this meeting.
8 And, oh I do have, if we can put on the list
9 before we end the meeting, I will need a
10 representation, no we need a acute care committee
11 liaison for this meeting.

12 **MS. CARTER:** Yes.

13 **CHAIR BROERING:** That's what we're
14 missing. It's the opposite. We have the liaisons
15 out, we needed one coming back in, that's what we
16 need.

17 Okay. So I think the first item
18 of business to talk about is the review of the
19 PACT membership and the need for additional
20 members. So I'm going to let Mindy sort of read
21 out where we've got positions that were listed
22 and then the discussion of, sort of changes to
23 that or augmentation and then people to fill
24 vacant positions.

25 **MS. CARTER:** So if I'm reading,

1 this one's, this one's vacant?

2 **CHAIR BROERING:** Yep.

3 **MS. CARTER:** And these two are
4 vacant?

5 **CHAIR BROERING:** Yep.

6 **MS. CARTER:** Okay so it looks like
7 with that movement, we have a case manager social
8 work at an acute rehab, a position open. We also
9 have the speech language and hearing association
10 position open. We also have a sniff position
11 open and as well as a cross member from the Acute
12 Care Committee open.

13 I think that, do you want to just
14 sort of discuss like how we could change that?

15 **CHAIR BROERING:** Yeah.

16 **MS. CARTER:** So we can't, the
17 composition of the committee can be changed. This
18 is not set in stone; if you feel that you're
19 going to get better participation from
20 potentially people from other sectors or you feel
21 that you need people from other sectors, you're
22 able to do that. The only difference is that we
23 want to try to keep it to close to the same
24 number probably in terms of the number of
25 members, and then if you wanted to you know

1 eliminate, eliminate a member or add a new
2 position, the way to do that would be to go to
3 the executive committee of the board just to get
4 approval of that, and then you're good to go to
5 to set that in motion.

6 **CHAIR BROERING:** All right.

7 **MS. MCDONNELL:** Ma'am?

8 **CHAIR BROERING:** Yes.

9 **MS. MCDONNELL:** I just got a text
10 back from Dr. Dillard. He is planning to
11 continue, he could not be here today.

12 **CHAIR BROERING:** Okay great. So
13 we have representation from Acute Pediatric
14 Rehab.

15 **MS. MCDONNELL:** Yes.

16 **CHAIR BROERING:** Okay. I think
17 the one thing we absolutely need is
18 representation from our skilled nursing
19 facilities. And I'm not sure, I'd love to have
20 some discussion or suggestions on how best to
21 fill that void because such a large portion of
22 our patients actually go to what I call sub acute
23 rehab or skilled nursing facilities for rehab
24 services.

25 **MS. MCDONNELL:** I think Keith Hare

1 might be able to help suggest somebody, Keith is
2 with ...

3 **MR. HOLDREN:** Yeah. VHCA.

4 **MS. MCDONNELL:** Yeah, because I
5 was going to say Virginia Healthcare and Hospital
6 but that's not it, that's Sean Connaughton.

7 **MR. HOLDREN:** Yeah.

8 **MS. MCDONNELL:** But Keith might be
9 able to help us locate someone.

10 **MR. HOLDREN:** Yeah, I'm a member
11 of VHCA, I could reach to Keith, or a member
12 organizations, that's the assembly for all the,
13 our state and commonwealth; it's Jay Holdren
14 speaking.

15 **CHAIR BROERING:** Okay, so you
16 would be so just to clarify, you would be
17 reaching out to Keith to identify an individual
18 to participate on this committee or for Keith to
19 participate on the committee or one or either of
20 those?

21 **MR. HOLDREN:** I think it would be
22 more appropriate; he's not an operator. He's the
23 CEO of the Association.

24 **CHAIR BROERING:** Okay.

25 **MR. HOLDREN:** Someone who's ...

1 **CHAIR BROERING:** Within that.

2 **MR. HOLDREN:** ...straighter in a
3 facility in the Commonwealth, would be most
4 appropriate to recommend.

5 **CHAIR BROERING:** Okay. And what
6 is his last name again?

7 **MR. HOLDREN:** H-A-R-E.

8 **CHAIR BROERING:** Okay. Yeah if you
9 guys know him well and have that relationship
10 that can have the conversation, I'm happy to be
11 looped into that, but I think that would be great
12 to have that conversation and help us identify
13 that.

14 **MR. HOLDREN:** Well, I'll write to
15 him and cc you.

16 **CHIAR BROERING:** Okay, that's
17 perfect. And then the second, the second
18 position that is open, existing position that was
19 open was a representation from the Speech and
20 Language and Hearing Association of Virginia.

21 **MS. MCDONNELL:** I've got some
22 contacts. This is ...

23 **MS. CARTER:** Oh, that'd be good.

24 **MS. MCDONNELL:** I can start
25 digging around.

1 **CHAIR BROERING:** So Jay's going to
2 take care of the SNF with Keith and then Anne
3 you're gonna take care of reaching out for the
4 speech and language.

5 **MS. MCDONNELL:** Yeah. I may rope
6 Lauren into it ...

7 **CHAIR BROERING:** That's fine.

8 **MS. CARTER:** This is Mindy. Where
9 is the sign in sheet?

10 **MEETING ATTENDEE:** I have it. I
11 haven't signed in.

12 **MS. CARTER:** Sorry.

13 **CHAIR BROERING:** We can get a
14 liaison for the Acute Care Committee this
15 afternoon at that meeting at three o'clock, and
16 then I think we will have this filled pending
17 Pat, your assessment of how you might be able to
18 contribute in place of Lisa, is that right?

19 **MS. DAVIS:** Can you help explain
20 to me the difference between what Donna Rotonda
21 was doing and what Lisa was doing because I'm
22 kind of ...

23 **CHAIR BROERING:** Yeah Don, yeah,
24 that's, yeah ...

25 **MS. DAVIS:** I'm not social work,

1 I'm an RN.

2 **CHAIR BROERING:** So Donna was the
3 social worker and representing the role as the
4 trauma center representation and then Lisa was
5 more from the acute rehab side or, and from case
6 management. So I think honestly...

7 **MS. DAVIS:** I tend to be more
8 toward Donna, even though I have 15 years in
9 Fairfax, but I think it sounds more appropriate
10 for me to be where since I direct the rehab, the
11 case managers for the rehab.

12 **CHAIR BROERING:** The, the case
13 managers at Inova's rehab.

14 **MS. DAVIS:** Both of them.

15 **CHAIR BROERING:** Versus Inova as
16 the hospital or both.

17 **MS. DAVIS:** I don't have the
18 pieces to consult there anymore on complex cases.

19 **CHAIR BROERING:** So I, so maybe
20 Pat you might actually fit Lisa's role as the
21 acute rehab case management social work
22 representation instead of Donna.

23 **MS. DAVIS:** Right.

24 **MS. CARTER:** So ...

25 **CHAIR BROERING:** Just put Pat

1 there as a tentative and then yellow out Donna.
2 So then the last, the last role, the last
3 existing vacancy would potentially be a role
4 would be a liaison or representation from the
5 trauma centers, social worker case management
6 from the acute side of the trauma centers to, to
7 this. So we could take some suggestions for
8 that.

9 **MS. MCDONNELL:** I know a social
10 worker at Carilion.

11 **CHAIR BROERING:** Okay.

12 **MS. MCDONNELL:** I could read out
13 to her.

14 **CHAIR BROERING:** Yeah. I think to
15 have somebody from the western, southwestern part
16 of the state like that would be really great
17 because I think we need that, that expertise and
18 that, that perspective. Okay, so those are the
19 that fills the existing positions or the role, so
20 from the trauma center perspective, both adult
21 and pediatric acute rehab representation from
22 speech occupation, occupational and speech
23 therapy and then the skilled nursing facilities;
24 are there other disciplines or organizations that
25 we feel would be a valuable contributor to this

1 committee? And I'm actually going to need your
2 expertise because I truly don't have the
3 experience or the perspective of what is truly
4 post acute that may be beneficial.

5 **MS. DAVIS:** I do have one
6 question. How far post acute are you looking at?
7 Are you looking at potentially agencies, home
8 health agencies that speak to rehab in the home?

9 **MS. CARTER:** Good idea.

10 **CHAIR BROERING:** Yeah, I think
11 that that's actually a great perspective because
12 there's certainly a large component of our
13 patient population that may spend short periods
14 of time in an acute setting but may receive all
15 of their services in a home health setting.

16 **MS. CARTER:** There's room to add
17 without taking anybody out.

18 **MS. MCDONNELL:** Do you have an
19 LTACs on the acute care. Do you know?

20 **CHAIR BROERING:** We do not.

21 **MS. MCDONNELL:** I don't know if
22 it's appropriate here or there, but LTACs I think
23 are something beyond ...

24 **MR. HOLDREN:** Well, I was going to
25 agree with the comments. This is Jay Holdren in

1 regard to home health services, stepped down,
2 well, SNF, ERF, LTAC, hospital, you know, common
3 destination augmenting skilled services in the
4 home are durable medical equipment providers,
5 DME. So you know, again, this could go pretty far
6 down the rabbit hole, but ...

7 **MS. MCDONNELL:** Well, there's a
8 network of state funded brain injury programs
9 about contracting services for resource
10 coordination from day programs to adult pediatric
11 case management. So some of these folks are
12 working with people who are 10, 20 years past
13 their brain injury.

14 **CHAIR BROERING:** Yeah.

15 **MS. MCDONNELL:** So again, you
16 know, sort of the rabbit hole caution, I don't
17 know how far out detailed you want ...

18 **CHAIR BROERING:** Yeah. And I
19 think to, these are really great points. I think
20 to speak to Pat's original question about how far
21 post acute, you know, do we want to go? I think
22 in the, in the short term, this is my opinion, in
23 the short term of just getting this group
24 reinvigorated and moving forward, maybe we look
25 at what that what that short term is of

1 discharged to say the first year of care that
2 would be required and what type of things we're
3 looking at to help improve the system.

4 And then if we get some structure
5 around that, we can look at that, you three,
6 five, 10 year type of, especially from a data
7 perspective as we start to look for what our data
8 needs and things like that are.

9 You know, if for those of you who
10 are new to the committee, I know one of the
11 things that we did do prior to the hiatus was we
12 we actually just tried to get a list of who
13 provides rehab services because we didn't even
14 know who provided or how these rehab services are
15 in the state to even get us started so that, I
16 don't know, I'm just throwing that idea or that
17 thought process out.

18 **DR. GIEBFRIED:** This is Jim
19 Giebfried. Yeah, I concur. I think we really
20 need to have an idea of how far out and it also
21 depends on what kind of disability we're talking
22 about.

23 **CHAIR BROERING:** Sure.

24 **DR. GIEBFRIED:** Just developing and
25 finding long COVID and how long that's involved

1 and cognitive and physical and cardiac issues.
2 We look at strokes, how far out you're going to
3 get the most return and care? How far out if you
4 go with the spinal cord; how far out do you go
5 with cerebral palsy or head trauma? All those
6 vary somewhat with the diagnosis, but all those
7 emulate into other things, like medical
8 equipment, those are going to change with an
9 individual as you progress out, whether it's a
10 child or an adult in the care that you're going
11 to need, as well as new things that may be
12 appropriate in EMS as far as equipment that would
13 do better for some of the things that we're
14 seeing more readily.

15 Also raised the question in the
16 past we've had the military be present; they came
17 as visitors and offered input. One of the areas
18 concern in the past was the air show down in
19 Norfolk, and that runs about, the estimate is
20 about 4,000 people. You can have a crash into the
21 crowd. How are you going to manage that type of
22 thing, different type of event. So, I think it's
23 important that we have your how long out, and
24 that we have as much varied group. I support a
25 social worker being in here and I support a

1 speech pathologist being in here because we've
2 seen the cognitive issues and how much more they
3 taken over the role of treating dementia with
4 patients, with Parkinson's to go into dementia,
5 all those things. And then the falls related
6 with the Parkinson's, so you have the trauma
7 therapy. So it's a, really a complex and it's
8 great that we have a group here that relates to
9 really what we're trying to provide out in the
10 community.

11 I state one other thing too from
12 previous, we found that in the southwest, one of
13 the issues was with hospitalization needs and we
14 have these but sometimes people have to go across
15 state lines to get the services that they needed.
16 Or how did we manage if people were being
17 discharged because we looked at some of the
18 numbers of people being discharged and we said
19 geez, this is just too low, we know there should
20 be more people into rehab or into a SNF and they
21 may have gone out of state. We, therefore,
22 didn't get some of the recordings of that, but we
23 should have had some recordings in the
24 transportation of the individual, how they were
25 transported or where they were transported to.

1 We lost some of the records regarding those
2 individuals. So, a lot that we did and a lot
3 more questions, and what would be interesting to
4 me in being part of the group was that the more I
5 learned, the more I realize, the less I do.

6 **CHAIR BROERING:** Yeah.

7 **DR. GIEBFRIED:** Oh, the group does
8 not end, if it continues.

9 **CHAIR BROERING:** Right.

10 **MS. MILLER:** I agree with what was
11 said, and I think for that reason, I like the
12 approach that you're proposing; we have to start
13 looking more immediate after, and then as the
14 group develops and furthers its goals, we can
15 expand that out. Coming from DARS I always think
16 about Voc-rehab. I do think home health is
17 relevant in the short term. I would be glad to
18 help find someone there, especially if there's a
19 place in the state, you mentioned before we
20 started talking about when Anne offered to help
21 the western, the western part of the state, if
22 there's a part of the state that also could use a
23 representation, I can look for home, home health
24 representative in that part of the state.

25 **CHAIR BROERING:** Okay, that would

1 be great Chris, that would, and do you prefer
2 Chris or Christine or doesn't matter?

3 **MS. MILLER:** Chris.

4 **CHAIR BROERING:** Okay, great
5 Chris. Okay, and then the other, the other
6 suggestion was LTACs, and again, I'm somewhat
7 limited in my knowledge and awareness LATCs
8 except what is in the immediate vicinity here in
9 Richmond, and so I would love, and I don't even
10 know, someone can probably help me out, is there
11 a governing body of LTACs that, that, or for
12 LTACs? I'm going to look at you, Jay, because
13 you're, you're my only source of knowledge for
14 this.

15 **MR. HOLDREN:** That's a good
16 question.

17 **CHAIR BROERING:** Versus acute care
18 versus SNF or where do they fall?

19 **MR. HOLDREN:** At this point, I'm
20 looking at my friend here from UVA who owns ...

21 **(WHEREUPON, laughter.)**

22 **DR. ASTHAGIRI:** There are several
23 LTACs in the state, but I don't know if there's,
24 I'm sorry, this is Heather Asthagiri, governing
25 body for them; I'm sure there's something. I can

1 ask.

2 **CHAIR BROERING:** Okay. That would
3 be great.

4 **DR. ASTHAGIRI:** My only other
5 suggestion for the first time period after trauma
6 would be Voc-rehab, and I think that that's
7 represented in DARs. The DAR representative can
8 probably.

9 **MS. MILLER:** Yeah, I can ask the
10 liaison or I can find someone.

11 **CHAIR BROERING:** Well I think
12 that, I think the question is can they, can, what
13 do these, what do these roles or organizations,
14 these disciplines, how can they help contribute
15 to the greater good of this committee and to our
16 system? You know and if, if that's good, again,
17 as, as Mindy said we've got some limitations in
18 group size but I think that if there's
19 distinctions between DARs and Voc-rehab et cetera
20 then I think that that could be an important
21 component of it. So, the more the merrier.

22 **MR. HOLDREN:** Well, this is Jay
23 Holdren, again, just something for us to probably
24 think about further down the line, and our
25 friends from Norfolk General are here, they have

1 started, and this is in the context of the
2 pandemic has had a few positive effects, one of
3 which has advanced the abilities of organizations
4 to deliver community-based in-home services. My
5 friends at Norfolk General started a hospital-run
6 program and we're lead that same thing at VCU,
7 and again, you, you're talking about skill,
8 rehabilitative care going into the home with
9 nurses, and the element of this, sending
10 providers into another setting, so a telemedicine
11 or virtual care enabled paradigm for rehab of
12 patients who experience trauma might be in a
13 different, or aspect that might be included at
14 some point down the line. Maybe, just, you know,
15 sort of the history of this group.

16 **DR. GIEBFRIED:** This is Jim
17 Giebfried, with the telehealth in home health,
18 telehealth was a turning point with physicians to
19 be able to get in because the clients couldn't
20 get it to them, or vice versa. But there is also
21 limitation in regard to rehabilitation. People
22 being paid through Medicare that that's under
23 COVID bill that went in and were only covered as
24 long as we're still considered COVID. So that,
25 that may stop, but the benefits of telehealth are

1 up there, and it really helped physicians seeing
2 the home situation, the home setting the client
3 is in, like come in and brought into the office
4 to deal with them right there, but you could miss
5 everything that is going on in the home and the
6 caregivers that may come, all the surroundings
7 and environment. So, home care is important.
8 Telehealth made a difference. Hopefully will be
9 continued and completely paid for by the
10 insurance company. Some of the privates have
11 made it more permanent. Medicare is still on the
12 line. And down the line I think that need with
13 the patient and giving out information to our
14 clients will make a difference. And the state
15 putting in their two cents into Washington, and
16 so, all the states represent themselves, all the
17 congressional delegation have offices out in
18 Washington D.C., to go lobby, so I think it's
19 important that many of the things that come out
20 of this committee, we need to have some sort of
21 needs which we can transfer, what we're making
22 that suggestions to the people who are in
23 Washington representing the state who then go and
24 meet with people and does those things. What may
25 be appropriate at the end of year that we put

1 things together and present in our legislative
2 body and address to them what are concerns are,
3 what are issues and what bills they may be able
4 to generate either in the House of Delegates or
5 in a Congressional sense, in Washington. So I
6 think there's a lot that we can do. I applaud
7 everybody who's here to try to dig in and help
8 out.

9 **CHAIR BROERING:** Yeah, I think we
10 got a lot to cover, we've got a lot to do. I
11 think lots of potential. So I'm hearing, again
12 the SNF, we've definitely got a liaison for
13 speech and language. You're going to reach out
14 to, Heather's going to reach out to the LTACs and
15 then Chris you're going to reach out identify
16 home health. Are there any other special
17 populations? And again, I don't want to like get
18 this into too much into the weeds of individual
19 diagnoses specifically. I know we have Dr.
20 Dillard as a liaison for pediatrics. But is
21 there any other aspect of pediatrics or a
22 specialty population that may be critically
23 important to this committee? Additional
24 pediatric resources or a pedi, pediatric social
25 worker? I don't, I don't know. Just, just

1 crossed my mind.

2 **MS. MCDONNELL:** Well, it depends.
3 There may be some benefit to adding a pediatric
4 social worker, but I wonder about you, the people
5 who are trying to get these kids back into
6 school, the transition back into school because
7 you know, there are hospital based programs,
8 Children's Hospital has one, so that's something
9 to consider. The other thing that I was going
10 to mention, which isn't related to special
11 population, this is Anne speaking, is that one of
12 the last conversations we had stopped was the
13 role that insurance plays in most acute care.
14 And I don't exactly know who the right person is,
15 some other health policy person. But you know
16 this this issue of insurance is growing
17 increasingly problematic with, Aetna denies
18 inpatient rehab right out of pocket since people
19 do a SNF, you know, see those outcomes getting
20 worse and worse and worse with people who have
21 brain injuries. What's happening at the same
22 time, their length of stay is going ...

23 **CHAIR BROERING:** Right.

24 **MS. MCDONNELL:** So I keep thinking
25 that's an angle that needs to be part of this.

1 We need to prove that an investment in post
2 acute acute care is in the best interest of
3 everybody.

4 **CHAIR BROERING:** Sure. Yeah, I
5 can't say more than that is it is critically
6 important and incredibly frustrating for those of
7 us on the acute side dealing with it, trying to
8 get patients placed in the right place. I don't
9 know, Mindy is a someone on the, like,
10 commissions? I don't ...

11 **MS. CARTER:** I'd have to explore
12 that further.

13 **CHAIR BROERING:** I don't ...

14 **COMMITTEE MEMBER:** Are you looking
15 for somebody to talk about the insurance? The
16 legislative type, because the AMRPA does that.
17 They're the ones out there gathering the data on
18 denials and how long it takes to get a referral
19 to go through. Actually, we went through all
20 that data last August. Yeah. But they, they
21 gathered all that data and they're actually
22 getting their results next Thursday. So, they,
23 they're always up more capital.

24 **CHAIR BROERING:** Let's leave that
25 in the parking lot about the insurance. But it

1 is, it is, I'll get on that bandwagon in a
2 heartbeat. Okay, so I think we've covered agenda
3 item number two or number three, kind of the
4 review of the membership and the potential needs
5 for additional members with a couple item, a
6 couple individuals reaching out for liaisons or
7 representation and hopefully we'll have that
8 formalized by the next meeting.

9 The second agenda item for
10 discussion is the review of the 2020 listing of
11 regional rehab and post discharge facility
12 resources. So Mindy, I'm going to ask you for
13 the help and, and really others on the committee,
14 as well because I do not have that report. Like.
15 I don't know if anybody ...

16 **COMMITTEE MEMBER:** At the February
17 meeting of 2020, I provided that list.

18 **CHAIR BROERING:** Okay.

19 **COMMITTEE MEMBER:** Urgent care and
20 para care, all of the state steps and the ERMS
21 throughout the state that's, you can pull that
22 off the website, yeah, CMS website.

23 **CHAIR BROERING:** Okay.

24 **COMMITTEE MEMBER:** Now, who is
25 still in business after COVID? I mean the list

1 would have to be refreshed.

2 **CHAIR BROERING:** Yeah. Yeah.

3 **COMMITTEE MEMBER:** But the list
4 that I gave to Old County Vets, they had, I guess
5 that's the way you slice and dice it, had the
6 addresses and, you know, whether they took
7 Medicaid, those types of things.

8 **DR. GIEBFRIED:** Point of
9 information.

10 **CHAIR BROERING:** Yeah.

11 **DR. GIEBFRIED:** You remember how
12 many, was it like 180 some odd?

13 **COMMITTEE MEMBER:** I found it in
14 the minutes.

15 **MR. HOLDREN:** It's in the minutes,
16 yeah.

17 **COMMITTEE MEMBER:** But I do have
18 the list. Let's see if I can ...

19 **MR. HOLDREN:** 28 ERFs and 287
20 SNFs.

21 **CHAIR BROERING:** Yeah.

22 **MR. HOLDREN:** It's number 4.

23 **CHAIR BROERING:** Right.

24 **MR. HOLDREN:** First paragraph.

25 **(WHEREUPON, Committee Members examined the**

1 **document referred to.)**

2 **DR. GIEBFRIED:** Just a follow up
3 to that, some of those were licensed and some
4 were without license; is that true?

5 **COMMITTEE MEMBER:** I believe they
6 were, these were all the licensed sellers.

7 **DR. GIEBFRIED:** They were all
8 licensed?

9 **CHAIR BROERING:** So I think what
10 I'd like to suggest that what we do is we get
11 that list and send it out to the committee for
12 review, for further review and I agree it's
13 really due for a refresh at this point because I
14 think the, the picture of all of these beds has
15 probably changed pretty significantly in, in many
16 areas. So, with some increases in and actually
17 some decreases, but uh someone will have to
18 refresh my memory because I actually joined the
19 Post Acute Committee later in its inception as a
20 represent as a representative from the Acute Care
21 Committee. What was the process that we, that
22 this committee took to collate that report, those
23 beds? How did we get that information?

24 **COMMITTEE MEMBER:** I just made
25 copies.

1 **CHAIR BROERING:** Well, I mean
2 where was it pulled from? Where were the sources

3 **COMMITTEE MEMBER:** It's off the
4 CMS website.

5 **CHAIR BROERING:** Off the CMS
6 website. So we can pull that and send it and get
7 it sent out. So let's get that sent out and and
8 we'll put that on the agenda for next for the
9 next meeting for further discussion. And then at
10 the last meeting there was a discussion of the
11 data standards, there was a beginning discussion
12 of data standards for post acute discharge. So
13 I'd like to bring that discussion back up, and I
14 think this is particularly important because the
15 Acute Care Committee and then the trauma program
16 managers in particular have spent really the last
17 year, year and a half working on reviewing the
18 prior, or the existing trauma standard
19 designation, or the trauma designation manual and
20 the associated standards and really kind of
21 taking a deep dive into those trauma standards.
22 And then we're kind of at the point I think of
23 looking at it and then beginning to bring it back
24 to the Acute Care Committee and other committees
25 for review. So I think one of the questions that

1 I'd like to bring up is are there things that,
2 that this committee would like to see included as
3 part of a designation, trauma center designation
4 process related to post acute care? So, if if a
5 hospital was going to undergo designation or
6 verification visits from the state office of EMS
7 to be a trauma center be re-verified as a trauma
8 center, are there aspects of post acute care that
9 we feel are important to have in place to be, to
10 meet as a trauma center? If that makes sense.

11 **MS. MCDONNELL:** Across all levels?

12 **CHAIR BROERING:** Well, it would be
13 across all levels or we would, we would grade
14 them according to the level of trauma center.
15 And there's a question from the, from the guests.

16 **MS. JEFFERS:** I'm sorry, this is
17 Tracey Jeffers, I was just wondering, you had
18 asked about patient population and designation
19 manuals. I haven't heard anything about burn
20 patients or rehab for burn patients and that
21 there's no one on your panel that represents
22 burn. So, you had asked about populations and
23 that just, and I just ...

24 **CHAIR BROERING:** That's a great
25 question. Thanks for bringing that up. You

1 would think that I would ask that question.

2 **MS. JEFFERS:** You've got a lot on
3 your mind today. It's okay.

4 **MS. CARTER:** That was Tracey
5 Jeffers, by the way.

6 **MS. JEFFERS:** I said my name.

7 **MS. CARTER:** Okay, just making
8 sure. Tracy Jeffers.

9 **(WHEREUPON, laughter.)**

10 **MS. CARTER:** In case we didn't
11 hear you back there.

12 **MS. JEFFERS:** Not Beth Broering.

13 **MS. MCDONNELL:** Beth, this is
14 Anne. I have a question. Do you know whether or
15 not any of the other states have trauma plans
16 that have those designations based on level of
17 trauma designation? I'd like to see those,
18 because I feel like ...

19 **CHAIR BROERING:** Yeah, that's a
20 really great question. I can speak specifically
21 to Pennsylvania because I, I review trauma
22 centers in Pennsylvania pretty regularly as a, as
23 a reviewer for the Pennsylvania trauma system and
24 they, to my knowledge, I have not ever said,
25 checked a box that said they have this in place

1 from a post acute. What they do have very, really
2 very clearly as a standard is that there is
3 evidence of the appropriate speech PT and OT
4 consultation and then an interdisciplinary rehab
5 plan for patients that meet that. So if you had
6 a patient with you know, a brain injury or spinal
7 cord injury or any type of injuries that there
8 was clear evidence that there was integration of
9 PT, OT and speech or physiatry and a, and a
10 discharge plan documented and that it made sense
11 for that patient's situation. So, but, but not
12 that the trauma center, well with the except,
13 with the exception of that, there's, that the
14 trauma center has related transfer agreements and
15 relationships with acute rehab for their patient
16 population. So that is it.

17 **MS. MCDONNELL:** Well, you know, I
18 mean I know individuals who have brain injuries
19 who had been admitted into neuro ICU and
20 discharged practically from neuro ICU, and, and,
21 discharged home. So the breadth of the
22 discharges from the level one, level two, and
23 level three hospital, sort of mind numbing.

24 **DR. GRIEBFRIED:** This is Jim
25 Giebfried. One of the issues that I've had was

1 that many of the surrogates who are up and
2 sending people to SNF facilities and discharge
3 directly from the hospital, the home-to-home care
4 because of the high risk infections. So, some of
5 that varies. I went back some of them previous
6 question that was asked regarding, there we had
7 an indication that there were 10 states that do
8 track acute hospitals for their trauma care and
9 patients.

10 **CHAIR BROERING:** Any other
11 thoughts about, I'm going to let you guys give
12 that some food for thought, as well, especially
13 since we're just getting started with this group.
14 I think I'm going to hold, I'm just, in the
15 interest of time that any desired data elements
16 for the state, I think we're too far into the
17 meeting. Any, any other comments, any
18 suggestions? Any thoughts on how we keep this
19 group moving forward?

20 **MS. CARTER:** Yeah, the membership.

21 **CHAIR BROERING:** Hm?

22 **MS. CARTER:** The members.

23 **CHAIR BROERING:** Yeah. First, get
24 the members and then we can, we can work. Okay,
25 well, I think if that is, unless others have

1 comments, suggestions. I think let's um wrap the
2 meeting up for today. Again, I appreciate
3 everyone's participation. Please, I should say
4 you can't shoot me an email because, or you can
5 do a one on one conversation, is that right?
6 Please give me the rules of, of communicating,
7 please give this committee the rules of
8 communication.

9 **MS. CARTER:** So Beth can send out
10 an email to all of you and you individually can
11 reply back to her if you get more than two people
12 on an email that constitutes a meeting under the
13 code of Virginia, and therefore we cannot do that
14 without announcing that in advance. So, and
15 opening it to the public, so basically when Beth
16 sends you an email, she's probably going to send
17 it with blind copy that way nobody can hit reply
18 all, because if you hit reply all that
19 constitutes a meeting. Okay? So, you know,
20 we're going to be the email police here
21 unfortunately and email her directly and you can
22 include me if you want, and we will facilitate
23 communication out to the whole group. So we stay
24 out of hot water with that.

25 **CHAIR BROERING:** And I'm a

1 pinnacle of hot water.

2 **MS. CARTER:** The other thing is
3 that something that, and this is Mindy, the other
4 thing that's in the works with the GAB that's
5 going to be voted on hopefully tomorrow because
6 it was tabled last time, there are a lot of
7 questions on whether or not we can have virtual
8 meetings when the state was under an emergency
9 order by the governor, we were temporarily
10 allowed to have virtual, virtual meetings. When
11 that emergency was lifted, we could no longer
12 have a virtual meetings, so there is a proposal
13 on the table that is actually quite limited in
14 terms of how many times you can do that and and
15 various things. I have seen the proposal. I
16 would not even come close to trying to explain it
17 to you at this point because it was pretty
18 complicated. So that is under consideration and
19 maybe by the time we meet the next time there
20 will be some ability to do that on rare
21 occasions.

22 **CHAIR BROERING:** Great, I hope
23 that moves forward. Okay, well then with that
24 being said, if there's no further comments or
25 questions for the group or any members that are

1 here as guests, we will wrap this meeting up and
2 call it a day. Thanks

3 **(WHEREUPON, the Meeting concluded at 1:55 p.m.)**

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