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VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD
OFFICE OF EMERGENCY MEDICAL SERVICES

SYSTEM IMPROVEMENT COMMITTEE

THURSDAY, MAY 05, 2022
10:00 A.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 STANLEY KUREK, CHAIRPERSON</p> <p>4 ANN KUHN</p> <p>5 MAUREEN MCCUSKER</p> <p>6 ANNE MCDONNELL, BRAIN INJURY ASSOCIATION OF</p> <p>7 VIRGINIA</p> <p>8 VALERIA MITCHELL</p> <p>9 ANNA NEWCOMB</p> <p>10 GREG NEIMAN, VCU HEALTH</p> <p>11 ROBIN PEARCE</p> <p>12 MICHELLE POMPHREY, UVA</p> <p>13 SHERRY STANLEY</p> <p>14</p> <p>15 GUESTS IN APPEARANCE</p> <p>16 MINDY CARTER, OEMS</p> <p>17 VALERIE QUICK, UVA</p> <p>18 MOHAMED ABBAMIN, OEMS</p> <p>19 DALLAS TAYLOR, HCA</p> <p>20 TIM KENNEDY, HENRICO DOCTORS HOSPITAL</p> <p>21 ADAM HARRELL, OEMS</p> <p>22 JESSICA ROSNER, OEMS</p> <p>23 TANYA TREVILIAN, CARILIAN CHILDREN'S</p> <p>24 JENNIFER WILSON, ESO</p> <p>25 CHRIS MONTERA, ESO</p>	4
3	<p>1 VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD</p> <p>2 OFFICE OF EMERGENCY MEDICAL SERVICES - SYSTEM</p> <p>3 IMPROVEMENT COMMITTEE MEETING</p> <p>4 THURSDAY, MAY 5, 2022</p> <p>5 10:00 A.M.</p> <p>6 CHAIR KUREK: Good morning,</p> <p>7 everybody. We'll get started for the sake of</p> <p>8 time. It sounds like we don't have a quorum</p> <p>9 here, so we won't be able to look, get approval</p> <p>10 of the last meeting's minutes or the, today's</p> <p>11 agenda. So I want to start off with some</p> <p>12 introductions. My name is Stan Kurek. I am the</p> <p>13 trauma medical director over at Chippenham. I've</p> <p>14 been involved with state-ran agencies and</p> <p>15 committees in the past, and Tennessee was very</p> <p>16 similar to Virginia, so I ran the data dictionary</p> <p>17 committee actually for the state of Tennessee, so</p> <p>18 it's kind of funny that Paula asked me to run</p> <p>19 this committee. So I've been around for a long</p> <p>20 time, twenty-two years, past president of East,</p> <p>21 which is a big large trauma organization that,</p> <p>22 spent a lot of time on various committees, so I'm</p> <p>23 excited. I've been here about two years now, so</p> <p>24 I'm excited to actually start participating with</p> <p>25 some of these processes to make the state</p>	5
3	<p>1 ROBERT TEWEY, ESO</p> <p>2 AMANDA LORETI, CSEMS</p> <p>3 JOSH ORZEL, LEWIS GALE</p> <p>4 AMANDA TURNER, CENTRA</p> <p>5 LORI STURT, SOUTHSIDE MEDICAL CENTER</p> <p>6 BETH BROERING, VCU MEDICAL CENTER</p> <p>7 PAULA FERRADA, INOVA</p> <p>8 TRACEY JEFFERS</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 stronger. We just had our American College of</p> <p>2 Surgeons meeting down in Williamsburg last week,</p> <p>3 and I was shocked that we only had three members</p> <p>4 there. I'm used to being in Texas, we'd have</p> <p>5 150; Florida, we'd have a couple hundred surgeons</p> <p>6 and program directors there, so I think we need</p> <p>7 to kind of revamp things a little bit for the</p> <p>8 state to move us forward. There are some great</p> <p>9 trauma centers here. There's great EMS agencies.</p> <p>10 There's great nurses and programs in the state,</p> <p>11 so it would be nice to kind of move us ahead.</p> <p>12 With that being said, I would like to go around</p> <p>13 the room just to get introductions from everybody</p> <p>14 so we know who you are. The folks that are</p> <p>15 recording this asked that if any time you speak,</p> <p>16 you say your name first because they're not</p> <p>17 actually in the room, so they're just going to be</p> <p>18 listening to this later on. So we'll start on</p> <p>19 the end?</p> <p>20 MR. NEIMAN: I'm Greg Neiman. I'm</p> <p>21 the EMS liaison for VCU Health, and I'm the</p> <p>22 educational representative.</p> <p>23 CHAIR KUREK: Morning.</p> <p>24 MS. POMPHREY: I am Michelle</p> <p>25 Pomphrey. I am the trauma nurse registrar at the</p>

<p style="text-align: right;">6</p> <p>1 University of Virginia, and I'm here representing 2 the trauma registrars. 3 MS. CARTER: Mindy Carter with the 4 Office of EMS. 5 MS. MCCONNELL: I'm Anne 6 McDonnell. I'm the executive director of the 7 Brain Injury Association of Virginia, and I have 8 seasonal allergies. 9 CHAIR KUREK: In the back. 10 COMMITTEE MEMBER: Mo, you want to 11 start? 12 MR. ABBAMIN: Oh yeah, hey. My 13 name is Mohamed Abbamin, Office of EMS, senior 14 policy analyst, very new. 15 MR. TAYLOR: I'm Dallas Taylor. 16 I'm the vice president of trauma services for 17 HCA. 18 MR. KENNEDY: Tim Kennedy, trauma 19 program director at Henrico Doctors Hospital. 20 MR. HARRELL: Adam Harrell. I'm 21 the associate director for the Office of EMS. 22 MS. ROSNER: Jessica Rosner. I'm 23 the epidemiology program manager at the Office of 24 EMS. 25 MS. TREVILIAN: Tanya Trevilian,</p>	<p style="text-align: right;">8</p> <p>1 Center. I am also the chair of the post-acute 2 committee now, so Mindy, put me in my place if 3 I'm supposed to be at the table because I don't 4 know if I'm supposed to be on this committee or 5 not. 6 COMMITTEE MEMBER: Anne McDonnell 7 is representing that one. 8 MS. BROERING: Okay, great. All 9 right, that's fine. 10 DR. FERRADA: My name is Paula 11 Ferrada. I am the division and system chief for 12 Inova Trauma and Acute Care Surgery, and I am 13 also the chair of TACS. 14 CHAIR KUREK: All right. Well, I 15 want to go, I killed a lot of trees trying to get 16 ready for this meeting, so I went back through 17 minutes like from 2018 and '19 to try to get a 18 flavor of what this committee really does for the 19 state, and it sounds like it's really two 20 components. We're going to kind of go over the 21 goals and objectives that were set up when they 22 had a state planning meeting here in a few 23 slides. It sounds like it's data collection for 24 all the other committees or to be the, yes, to 25 get that impression for them, and also for</p>
<p style="text-align: right;">7</p> <p>1 pediatric trauma program manager at Carilion 2 Children's in Roanoke. 3 MS. WILSON: Jennifer Wilson, 4 project manager at ESO. 5 MR. TEWEY: Robert Tewey, director 6 of engineering at ESO. 7 MR. MONTERA: Chris Montera, 8 director over our state and federal programs at 9 ESO. 10 MS. LORETI: Amanda Loreti, 11 performance improvement specialist for the CSEMS 12 region. 13 MR. ORZEL: Josh Orzel, trauma 14 program director at Lewis Gale in Salem. 15 MS. TURNER: Amanda Turner, senior 16 director of emergency service for Centra. I'm 17 filling in for our trauma director today. 18 MS. STURT: Lori Sturt, trauma 19 program manager interim at Southside Medical 20 Center. 21 MS. QUICK: Valerie Quick. I'm 22 with UVA trauma program and PI coordinator, and 23 I'm also the vice chair of the GAB. 24 MS. BROERING: I'm Beth Broering. 25 I'm the trauma program manager at VCU Medical</p>	<p style="text-align: right;">9</p> <p>1 quality measures is what Dr. Aboutanos said at 2 one of the sets of his minutes. The structure 3 itself is supposed to be fifteen representatives, 4 a chair, the five system committees, injury and 5 violence prevention, prehospital care, acute 6 care, post-acute care, and emergency preparedness 7 and response. Then we also have a burn center 8 representative, a peds center representative, a 9 non-designated trauma center, a citizen 10 representative, epidemiologist, registrar PI 11 education and research. This is what the 12 minutes, or last set of minutes was February of 13 '20, and these are the folks that were involved 14 with this committee, and I don't know if anybody 15 was here before that want to speak to some of 16 these. I'm not sure where we stand with the 17 committee members. I know we have all these open 18 seats over there and plus PI is now vacant, and 19 I'm not sure about the rest of the people if 20 they're actually still interested or involved. 21 Mindy brings a good point about the citizen. I 22 guess there's always a citizen representative, 23 but nobody has ever showed up, so it's hard to 24 get quorum when you have somebody listed as a 25 citizen. So I guess we have to have some</p>

<p style="text-align: right;">10</p> <p>1 discussion about where we could, any 2 recommendations to try to get people on this 3 committee that I could reach out to or, so we can 4 fill all these spots that are open. 5 DR. FERRADA: Paula Ferrada. We 6 did have a question while talking with Beth. It 7 is still unclear to me we have to vote for, like 8 we can just offer the, the chair can offer the 9 position to people that are interested to 10 volunteer their time, or do we have to vote on 11 them and what is the process? 12 MS. CARTER: So within the 13 committees, we should, the committee should be 14 voting on new members or that sort of thing, and 15 we do have quite, the other thing that's going to 16 affect the composition of the membership is there 17 is a cross-representative from the other trauma 18 committees. And so, because of the fact that we 19 have shaken up the timeframes for the schedules, 20 some of those committees are obviously going to 21 be running concurrently. That may change the 22 composition in terms of the member who crosses 23 over from the other committees. So we have to 24 figure that out. That's one of the big projects 25 we have to figure out in the next two days.</p>	<p style="text-align: right;">12</p> <p>1 a question, it can go back to staff to help 2 facilitate answering that question and whether it 3 goes back out to the group. But that way it 4 doesn't constitute full committee back and forth 5 communication. Because if you send out an email 6 and somebody clicks Reply All or replies to two 7 or three committee members, once you hit that 8 third person, that's an open public meeting and 9 we violated that section of code in Virginia. So 10 generally the best bet is to facilitate any 11 committee communications through staff, so that 12 way we can help protect the committee and protect 13 the members. 14 DR. FERRADA: Thank you. 15 MR. KENNEDY: Tim Kennedy. If the 16 committee has to vote on new representatives and 17 we don't have a quorum, what would be the process 18 to get that voting going? 19 MR. HARRELL: So in the event a 20 committee, Adam Harrell with the office, in the 21 event a committee doesn't have the representation 22 to be able to vote for new members, it would then 23 roll back up to whomever that committee reports 24 to. So in this instance, it could go back up to 25 TAC or the TAC representative, which would be Dr.</p>
<p style="text-align: right;">11</p> <p>1 DR. FERRADA: And additionally to 2 that point, we are communicating with a 3 committee, it is my understanding we cannot do it 4 through emails when we're communicating with the 5 whole committee. It can be one-on-one email, but 6 not to the entire committee, as to uphold 7 discretion. Can you clarify that for everybody 8 here? 9 MS. CARTER: So Adam is going to 10 help me out here, but essentially you as the 11 chair can send out an email to your committee. 12 The problem is, you can't be having an email 13 discussion amongst you. Is that correct? 14 MR. HARRELL: So I'll tell you the 15 best way to address that and I've got, Mo here 16 can help me piggyback this. The blind carbon 17 copy component is beautiful when you're trying to 18 communicate with the committee, because it 19 prevents them from responding, somebody 20 accidentally clicking Reply All. And then also 21 being sure to coordinate through Mindy or 22 whomever staff assigned is to a committee, having 23 them communicate with them, and then our staff 24 using the BCC option when they email that 25 committee so that if any one committee member has</p>	<p style="text-align: right;">13</p> <p>1 Ferrada, and that would help facilitate that. So 2 that way we build all of this in, and of course 3 the bylaws committee is working on some of this 4 as well so that we don't get into these 5 circumstances where a committee is deadlocked 6 without a quorum consistently. 7 MS. MCDONNELL: This is Anne. I 8 have sort of a question and a comment. One of 9 the things that I noticed was that on the 10 original schedule that I received, there was no 11 notice of the system improvement committee 12 meeting, and so I think that may have been part 13 of the confusion, and I'm curious as to whether 14 or not these individuals who are tier have 15 indicated that they are or are not willing to 16 continue. 17 MS. CARTER: And that's a very 18 good question. Basically I was kind of looking 19 at the attendance over time of the current 20 committee members. There are a couple who were 21 really good in attendance in 2019, and then 22 obviously we had the hiatus for the most part in 23 2020 and up into 2021, but this is really the 24 first time this committee has met in... 25 (WHEREUPON, simultaneous speaking.)</p>

14	<p>1 MS. CARTER: ...a year-and-a-half.</p> <p>2 CHAIR KUREK: Since '20, yes.</p> <p>3 February of '20.</p> <p>4 MS. CARTER: Yes, so quite some</p> <p>5 time.</p> <p>6 CHAIR KUREK: I kind of wanted to</p> <p>7 see who showed up today. I mean I could</p> <p>8 certainly, I have everybody's email address, I</p> <p>9 could send an individual email to them and see if</p> <p>10 they are, still want to be on the committee, and</p> <p>11 then, yes, sir?</p> <p>12 MR. HARRELL: So just to give you</p> <p>13 just kind of the same spiel Gary Brown, the</p> <p>14 director of the office, gave in a previous</p> <p>15 committee. When you're looking at these things</p> <p>16 and you're considering your membership and your</p> <p>17 composition and whether people are participating,</p> <p>18 one of the things that Mindy can help you with is</p> <p>19 going back over past rosters, so we've circulated</p> <p>20 one around in here. We do that every meeting.</p> <p>21 So not only do you see committee member</p> <p>22 participation, but we also capture the audience</p> <p>23 so that you can see from the audience who is</p> <p>24 here, who they're with, those type of things to</p> <p>25 help facilitate that, and generally what we</p>	16
15	<p>1 recommend to committees when they're evaluating</p> <p>2 their membership composition and structure is go</p> <p>3 into it eyes wide open. Look at who is</p> <p>4 participating, whether it's committee or the</p> <p>5 audience, how active are they in engaging with</p> <p>6 the committee and the stakeholders and so forth.</p> <p>7 And again, those are things that you can reach</p> <p>8 out to Dr. Ferrada and other members of the</p> <p>9 Advisory Board, other committees, and we can help</p> <p>10 facilitate that, help you with that.</p> <p>11 CHAIR KUREK: That's perfect. So</p> <p>12 I will do that. I'll shoot an email out.</p> <p>13 MS. QUICK: One more...</p> <p>14 CHAIR KUREK: I'm sorry, go ahead.</p> <p>15 MS. QUICK: No, that's all right.</p> <p>16 Valerie Quick. I'm actually chairing a work</p> <p>17 group for the GAB that is actually going to be</p> <p>18 looking at the composition of the GAB as well as</p> <p>19 the committees, and one of the things that we're</p> <p>20 actually going to be focusing on in the next</p> <p>21 couple of months is actually getting each of the</p> <p>22 committees to sort of report back attendance and</p> <p>23 mission purpose so that we can make sure that</p> <p>24 across the board we don't have duplication and</p> <p>25 really just looking for efficiency of the entire</p>	17

<p style="text-align: right;">18</p> <p>1 incidents. That's awesome. I have that for 2 people who have not seen this. That's one of the 3 things that this committee does is get the data 4 so this can be published, and I'm not sure when, 5 I guess that will be discussed on some of the 6 committees, but I wanted to ask them to go back 7 out again and how we can help do that. It's a 8 great report.</p> <p>9 MS. CARTER: I think probably what 10 we need is direction from the committee what 11 timeframe they want this...</p> <p>12 CHAIR KUREK: Yes.</p> <p>13 MS. CARTER: You know, what 14 timeframe you want this data pulled from, since 15 we've had just a hiatus.</p> <p>16 CHAIR KUREK: Yes, ma'am?</p> <p>17 MS. ROSNER: Jessica Rosner, 18 Office of EMS. So we, the reason we haven't been 19 publishing it is because it actually, like the, 20 SIC has sort of an approval before we publish it. 21 So since we haven't been meeting, we haven't, we 22 still have those reports but we have not, you 23 know, had an opportunity to present them to the 24 committee...</p> <p>25 CHAIR KUREK: Because, got you.</p>	<p style="text-align: right;">20</p> <p>1 statement of, that when they had the trauma 2 system plan task force to kind of help set up all 3 these committees. We could do this at a later 4 time once we get our committee actually set up. 5 Yeah, that's all I have for old business, if 6 there's any new business we could address. Kind 7 of an action plan. I think, like you said, I 8 think we'll reach out to the individuals who were 9 on the committee, see if they're still 10 interested, and I guess we could ask, I'll get 11 with Dr. Ferrada and see, actually I could ask 12 for a call for volunteers of people who have been 13 here in the past, I do have the minutes and 14 things from past meetings, and send a call for 15 volunteers out, get that back, and then get with 16 Dr. Ferrada and see if she could appoint some 17 folks.</p> <p>18 MS. CARTER: I will say that the 19 pediatric representative, Dr. Kuhn, is going to 20 be stepping down from her position in mid-July or 21 late July, and I don't know that she will be 22 wanting to continue on as the rep. So we may 23 need to identify that as a need as well.</p> <p>24 CHAIR KUREK: Okay. Dallas?</p> <p>25 MR. TAYLOR: Dallas Taylor. So</p>
<p style="text-align: right;">19</p> <p>1 MS. ROSNER: ...before putting 2 them on our website. So we have a backlog of 3 some of the reports, although I will say during 4 the data transition process to the new vendor, 5 some of our ability to pull that data has been 6 delayed, but we are now in a position where we 7 can resume those reports. It would just be a 8 matter of coming and presenting them to SIC, 9 having them approved, and then...</p> <p>10 CHAIR KUREK: That's awesome, 11 okay.</p> <p>12 MS. ROSNER: ...being able to 13 distribute the information again.</p> <p>14 CHAIR KUREK: Okay. So if anybody 15 has not seen that report, I do have about fifteen 16 or twenty copies around this table. You can grab 17 one and take a peek. I think it's great. I 18 think, it was the fifth, I'm sorry. Again, the 19 advice of Virginia Department of Health Office of 20 EMS to manage and maintain performance for the 21 process and a designation triage plan and 22 improved trauma care throughout Virginia. That 23 was, sorry about that, I forgot about that fifth 24 one. We all need to go through this. This is 25 the mission statement and the goals and vision</p>	<p style="text-align: right;">21</p> <p>1 for members that may be interested in serving on 2 this committee, do they email you, Dr. Ferrada, 3 and Mindy? Or just you, Mindy? How would you 4 like that?</p> <p>5 CHAIR KUREK: I'll, email me and 6 I'll, this is Stan Kurek. It's 7 Stanley.Kurek@hcahealthcare.org is the easiest 8 way to get me.</p> <p>9 MR. TAYLOR: Okay.</p> <p>10 MS. CARTER: They've got 11 healthcare.com or healthcare.org?</p> <p>12 CHAIR KUREK: It is .com, I'm 13 sorry. I have too many email addresses. That's 14 my work one, though, is .com. Does anybody else 15 have any other new business for today?</p> <p>16 MS. CARTER: We could have 17 committee updates.</p> <p>18 CHAIR KUREK: Has anybody met, any 19 committees met already this morning? I could get 20 committee updates. Thank you, Mindy, that's 21 right.</p> <p>22 MS. CARTER: The TAC committee has 23 met previously. The prehospital committee met 24 previously.</p> <p>25 CHAIR KUREK: That's true.</p>

<p style="text-align: right;">22</p> <p>1 MS. CARTER: I don't know that any 2 of the others have since the big hiatus. 3 DR. FERRADA: So from the TAC 4 committee, this is Paula Ferrada, and you may 5 have to correct me, we met and basically what we 6 discussed is at the time we didn't have a quorum, 7 so we couldn't approve the minutes either. We, 8 what we discussed was in the meeting committee 9 chairs were, committees where the chairs were 10 coming out. I have the opportunity to be part of 11 the bylaws committee as well where it's inviting 12 that we have any strategies so there's no empty 13 chairs and there's some type of overlap between 14 people that are serving, so we're not back in 15 this circumstance again. And it was also, it was 16 a brief meeting because of the safety issues that 17 we're having today. 18 CHAIR KUREK: Thank you, Dr. 19 Ferrada. And prehospital care committee, any 20 representative from that? 21 MS. CARTER: Sherry is not here. 22 CHAIR KUREK: So then onto injury 23 and violence prevention, acute care, post-acute 24 care, emergency preparedness. 25 MS. MCCONNELL: No post-acute.</p>	<p style="text-align: right;">24</p> <p>1 facilities and seeing that increase, because one 2 of the things that we know is that insurance 3 companies are increasingly decreasing lengths of 4 stays or refusing to admit somebody into acute 5 rehab, rather admitting them into a SNF with 6 rehab, and we know that those outcomes aren't the 7 same. So that was one of the things that we were 8 also considering looking at. 9 CHAIR KUREK: Okay, thank you. 10 All right, Stan Kurek again. Anybody else have 11 anything else for the committee today? Yes, sir? 12 MR. HARRELL: So I would be remiss 13 if I didn't take this opportunity, since we do 14 have ESO, the new, the vendor that is providing 15 the state's trauma registry, our STR registry, 16 our EHR for EMS, our patient registry, and the 17 hospital bed exchange that should the committee 18 have any questions today or if any specific 19 individuals have questions for them, that please 20 take this opportunity. But one of the things 21 that we are really focusing on right now is 22 trying to work with and convince health systems 23 to come onboard with the hospital data exchange. 24 So for those of you that aren't aware of what 25 that is or what it does, it is actually that,</p>
<p style="text-align: right;">23</p> <p>1 CHAIR KUREK: Post-acute? Have 2 you guys met? 3 MS. MCCONNELL: No, we're meeting 4 this afternoon. 5 CHAIR KUREK: Okay. 6 MS. MCCONNELL: I mean there are a 7 couple of things that I can recall from when we 8 met previously. One of the conversations that we 9 had had was whether or not there was any benefit 10 to having external folks come in. We were 11 specifically talking about what happens to folks 12 after acute care. Now Virginia Commonwealth 13 University has one of the TBI Model Systems 14 grants, and they have been following individuals 15 who have been on that program for more than 16 thirty years, and so we have some data about some 17 of the long-term outcomes of individuals who are 18 seen in trauma settings, because these are all 19 individuals who have been admitted into trauma 20 hospitals. So you know, thinking outside the box 21 as to where else we may be able to come, you 22 know, find some data that informs some of the 23 things, that was discussions we were sort of 24 beginning to have, and we wanted to look at some 25 of the data around who's going to skilled nursing</p>	<p style="text-align: right;">25</p> <p>1 it's linkage between the EMS patient care record, 2 the ED admission and allows that two-way 3 communication not only for you to be able to 4 import the EMS data, but it also allows for you 5 to work with the EMS Agency to provide outcomes 6 data back for their PI processes and improvement. 7 But then it also has implications with the STR 8 registry product, the trauma registry, and so 9 forth. So it has additional internal benefits to 10 the facilities, and the more champions we can get 11 to bring, you know, the Commonwealth has footed 12 the bill for this product for all 109 receiving 13 facilities in the state. So really the only 14 burden for the facility is their internal risk 15 processes and IT processes to implement that 16 system. We have covered the cost for the 17 software as well as the cost to the EMS agency so 18 that for receiving facilities, everybody who 19 comes there, this could benefit you. So again, 20 we want to make sure that everybody is aware of 21 that availability and that we just need you to 22 sign on the dotted line. 23 CHAIR KUREK: This is Stan Kurek. 24 How many senators are actually using the 25 technology right now? Percentage?</p>

26	<p>1 COMMITTEE MEMBER: Unfortunately</p> <p>2 Chris walked out.</p> <p>3 MR. HARRELL: Yeah, Chris Montera</p> <p>4 is out.</p> <p>5 CHAIR KUREK: Oh okay.</p> <p>6 MR. HARRELL: As of right now, I</p> <p>7 want to say, and again it's just a rough</p> <p>8 estimate, I want to say it's about fourteen that</p> <p>9 we have actively engaged...</p> <p>10 CHAIR KUREK: Okay.</p> <p>11 MR. HARRELL: ...but nobody has</p> <p>12 come online yet.</p> <p>13 CHAIR KUREK: Oh wow.</p> <p>14 MR. HARRELL: So again it's there.</p> <p>15 The benefit to the system, I know I looked at</p> <p>16 some of your objectives with it being, you know,</p> <p>17 data system inoperability...</p> <p>18 CHAIR KUREK: Yes.</p> <p>19 MR. HARRELL: ...as well as clear</p> <p>20 data, clean data transitioning between EMS to the</p> <p>21 hospital. We also have what's called their</p> <p>22 alerted platform that is available that we</p> <p>23 haven't really pushed yet that if hospitals come</p> <p>24 onboard with that, it can be free alert for</p> <p>25 trauma. You can put your entire trauma team in</p>	28	<p>1 available once we start to implement it.</p> <p>2 MR. HARRELL: Absolutely and I can</p> <p>3 put him on the spot. I see he's got a phone up</p> <p>4 to...</p> <p>5 COMMITTEE MEMBER: I'll cover him</p> <p>6 on this one. If I can get your contact</p> <p>7 information right after this...</p> <p>8 MS. BROERING: Sure.</p> <p>9 COMMITTEE MEMBER: ...I can</p> <p>10 connect you to somebody who, we've got tons of</p> <p>11 different hospitals that we can connect you with</p> <p>12 to have this discussion. Absolutely.</p> <p>13 MS. BROERING: Okay. I mean I</p> <p>14 think sometimes our health systems, especially</p> <p>15 ones that have, you know, individuals who may be</p> <p>16 on the more, I would call it the conservative</p> <p>17 stance of data exchange across platforms to be</p> <p>18 able to have those conversations and share best</p> <p>19 practices, because certainly it helps us move the</p> <p>20 thing, the process along. Just saying.</p> <p>21 MR. TEWEY: This is Robert Tewey</p> <p>22 from ESO. So part of your question was also</p> <p>23 about security assessments and accessing...</p> <p>24 MS. BROERING: Well, I mean those</p> <p>25 are all parts of the steps in the implementation</p>
27	<p>1 there, your call rotations. They could</p> <p>2 communicate directly with EMS in the field for a</p> <p>3 live trauma case. So those are all options that</p> <p>4 we're looking at to try to do systems improvement</p> <p>5 overall in the state that we just need champions</p> <p>6 and partners to help us take this to the finish</p> <p>7 line.</p> <p>8 CHAIR KUREK: Beth?</p> <p>9 MS. BROERING: Hey, thanks. Beth</p> <p>10 from the post-acute care committee I guess and</p> <p>11 then from VCU. Are there, I know there's no one</p> <p>12 that has actually come online in the state yet,</p> <p>13 but I guess it would be nice to see if there's</p> <p>14 some hospitals or health systems in other states</p> <p>15 that have implemented this and to see what good</p> <p>16 looks like and to get some experience from them</p> <p>17 of what their stumbling blocks have been or pain</p> <p>18 points as well as sort of where they've had</p> <p>19 seamless implementation or areas of</p> <p>20 implementation so that we as a state and health</p> <p>21 systems can learn from some of this to help us</p> <p>22 not only work with our administrators and IT and</p> <p>23 security people, you know, with whatever we need</p> <p>24 to do to get it done, but also how we can</p> <p>25 maximize the use of the data that becomes</p>	29	<p>1 process, yeah.</p> <p>2 MR. TEWEY: So we do have a</p> <p>3 dedicated team to be able to help with those</p> <p>4 assessments at ESO.</p> <p>5 MS. BROERING: Yeah.</p> <p>6 MR. TEWEY: So as an account of</p> <p>7 those, we can contact the sales team and get you</p> <p>8 in touch with Eric in that group.</p> <p>9 MS. BROERING: I mean I want to</p> <p>10 champion it, and Greg from VCU. I mean we</p> <p>11 definitely want to champion it for the health,</p> <p>12 for VCU Health System. I mean I've been asking</p> <p>13 for this for five or six years even before we</p> <p>14 transitioned to our new EMR, you know, and with</p> <p>15 Image Trend but, because I think that's the way</p> <p>16 we should be. But I also would like to sort of</p> <p>17 see what other people are using and how they're</p> <p>18 using the data to maximize system improvement for</p> <p>19 their own health system and then to use it for</p> <p>20 the state too.</p> <p>21 COMMITTEE MEMBER: I mean from</p> <p>22 that perspective, some of the things that the</p> <p>23 state is looking at once we get that onboard is</p> <p>24 it allows us a lot of benchmarking efforts that</p> <p>25 currently we can't do.</p>

<p style="text-align: right;">30</p> <p>1 MS. BROERING: Yeah.</p> <p>2 COMMITTEE MEMBER: And that goes,</p> <p>3 it could be EMS system, it could be from a</p> <p>4 regional perspective, it could be statewide, it</p> <p>5 could include the trauma systems. I mean from</p> <p>6 that point, that's one of the big things that we</p> <p>7 want to be able, you know, from what we do</p> <p>8 research wise, all of our partners that request</p> <p>9 data, all of these things become a little bit</p> <p>10 more seamless.</p> <p>11 MS. BROERING: Sure.</p> <p>12 COMMITTEE MEMBER: Right now it's</p> <p>13 kind of difficult when EMS is either printing a</p> <p>14 report or you're pulling it out of a portal and</p> <p>15 it may not make it into that patient encounter</p> <p>16 until they've been discharged or they're on the</p> <p>17 floor or surgeries done and they, you know, with</p> <p>18 this it becomes more instantaneous. Not only do</p> <p>19 you have the data, it's integrated into your</p> <p>20 system. So it's there. Those are the big things</p> <p>21 that we look at, and I completely understand,</p> <p>22 having come from the hospital admin world,</p> <p>23 wanting to be able to justify that up the chain,</p> <p>24 and we are more than happy from the state's</p> <p>25 perspective to do anything we can to help those</p>	<p style="text-align: right;">32</p> <p>1 CAPTION</p> <p>2</p> <p>3 The foregoing matter was taken on the date, and at</p> <p>4 the time and place set out on the title page hereof.</p> <p>5</p> <p>6 It was requested that the matter be taken by the</p> <p>7 reporter and that the same be reduced to typewritten</p> <p>8 form.</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">31</p> <p>1 that want to champion this project.</p> <p>2 CHAIR KUREK: Thanks for that</p> <p>3 great update. Anybody else have anything for the</p> <p>4 committee today? I think we're almost at the</p> <p>5 10:30 mark, so I appreciate everybody showing up</p> <p>6 and hopefully we'll get some things going in the</p> <p>7 next weeks. So expect some emails with a lot of</p> <p>8 BCCs. Don't reply all. All right? So thank</p> <p>9 you-all for coming.</p> <p>10 (WHEREUPON, the Meeting was concluded at 10:29</p> <p>11 a.m.)</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">33</p> <p>1 CERTIFICATE OF REPORTER AND SECURE</p> <p>2 ENCRYPTED</p> <p>3 SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT</p> <p>4 I, CHERYL R. LANE, Notary Public, do hereby</p> <p>5 certify that the forgoing matter was reported by</p> <p>6 stenographic and/or mechanical means, that same was</p> <p>7 reduced to written form, that the transcript prepared</p> <p>8 by me or under my direction, is a true and accurate</p> <p>9 record of same to the best of my knowledge and</p> <p>10 ability; that there is no relation nor employment by</p> <p>11 any attorney or counsel employed by the parties</p> <p>12 hereto, nor financial or otherwise interest in the</p> <p>13 action filed or its outcome.</p> <p>14 This transcript and certificate have been</p> <p>15 digitally signed and securely delivered through our</p> <p>16 encryption server.</p> <p>17 IN WITNESS HEREOF, I have here unto set my hand</p> <p>18 this 12TH day of MAY, 2022.</p> <p>19</p> <p>20</p> <p>21</p> <p>22 /s/ CHERYL R. LANE</p> <p>23 COURT REPORTER / NOTARY</p> <p>24 NOTARY REGISTRATION NUMBER: 7864242</p> <p>25 MY COMMISSION EXPIRES: 05/31/2024</p>



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