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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

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**APPEARANCES**

**COMMITTEE MEMBERS IN APPEARANCE**

- STANLEY KUREK, CHAIRPERSON
- ANN KUHN
- MAUREEN MCCUSKER
- ANNE MCDONNELL, BRAIN INJURY ASSOCIATION OF VIRGINIA
- VALERIA MITCHELL
- ANNA NEWCOMB
- GREG NEIMAN, VCU HEALTH
- ROBIN PEARCE
- MICHELLE POMPHREY, UVA
- SHERRY STANLEY

**GUESTS IN APPEARANCE**

- MINDY CARTER, OEMS
- VALERIE QUICK, UVA
- MOHAMED ABBAMIN, OEMS
- DALLAS TAYLOR, HCA
- TIM KENNEDY, HENRICO DOCTORS HOSPITAL
- ADAM HARRELL, OEMS
- JESSICA ROSNER, OEMS
- TANYA TREVILIAN, CARILIAN CHILDREN'S
- JENNIFER WILSON, ESO
- CHRIS MONTERA, ESO



- 1 ROBERT TEWEY, ESO
- 2 AMANDA LORETI, CSEMS
- 3 JOSH ORZEL, LEWIS GALE
- 4 AMANDA TURNER, CENTRA
- 5 LORI STURT, SOUTHSIDE MEDICAL CENTER
- 6 BETH BROERING, VCU MEDICAL CENTER
- 7 PAULA FERRADA, INOVA
- 8 TRACEY JEFFERS

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1 **VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD**  
2 **OFFICE OF EMERGENCY MEDICAL SERVICES - SYSTEM**  
3 **IMPROVEMENT COMMITTEE MEETING**

4 **THURSDAY, MAY 5, 2022**

5 **10:00 A.M.**

6 **CHAIR KUREK:** Good morning,  
7 everybody. We'll get started for the sake of  
8 time. It sounds like we don't have a quorum  
9 here, so we won't be able to look, get approval  
10 of the last meeting's minutes or the, today's  
11 agenda. So I want to start off with some  
12 introductions. My name is Stan Kurek. I am the  
13 trauma medical director over at Chippenham. I've  
14 been involved with state-ran agencies and  
15 committees in the past, and Tennessee was very  
16 similar to Virginia, so I ran the data dictionary  
17 committee actually for the state of Tennessee, so  
18 it's kind of funny that Paula asked me to run  
19 this committee. So I've been around for a long  
20 time, twenty-two years, past president of East,  
21 which is a big large trauma organization that,  
22 spent a lot of time on various committees, so I'm  
23 excited. I've been here about two years now, so  
24 I'm excited to actually start participating with  
25 some of these processes to make the state

1 stronger. We just had our American College of  
2 Surgeons meeting down in Williamsburg last week,  
3 and I was shocked that we only had three members  
4 there. I'm used to being in Texas, we'd have  
5 150; Florida, we'd have a couple hundred surgeons  
6 and program directors there, so I think we need  
7 to kind of revamp things a little bit for the  
8 state to move us forward. There are some great  
9 trauma centers here. There's great EMS agencies.  
10 There's great nurses and programs in the state,  
11 so it would be nice to kind of move us ahead.  
12 With that being said, I would like to go around  
13 the room just to get introductions from everybody  
14 so we know who you are. The folks that are  
15 recording this asked that if any time you speak,  
16 you say your name first because they're not  
17 actually in the room, so they're just going to be  
18 listening to this later on. So we'll start on  
19 the end?

20 **MR. NEIMAN:** I'm Greg Neiman. I'm  
21 the EMS liaison for VCU Health, and I'm the  
22 educational representative.

23 **CHAIR KUREK:** Morning.

24 **MS. POMPHREY:** I am Michelle  
25 Pomphrey. I am the trauma nurse registrar at the

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,

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 Monterera,  
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

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

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

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.

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

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.

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.)**

1 **MS. CARTER:** ...a year-and-a-half.

2 **CHAIR KUREK:** Since '20, yes.

3 February of '20.

4 **MS. CARTER:** Yes, so quite some  
5 time.

6 **CHAIR KUREK:** I kind of wanted to  
7 see who showed up today. I mean I could  
8 certainly, I have everybody's email address, I  
9 could send an individual email to them and see if  
10 they are, still want to be on the committee, and  
11 then, yes, sir?

12 **MR. HARRELL:** So just to give you  
13 just kind of the same spiel Gary Brown, the  
14 director of the office, gave in a previous  
15 committee. When you're looking at these things  
16 and you're considering your membership and your  
17 composition and whether people are participating,  
18 one of the things that Mindy can help you with is  
19 going back over past rosters, so we've circulated  
20 one around in here. We do that every meeting.  
21 So not only do you see committee member  
22 participation, but we also capture the audience  
23 so that you can see from the audience who is  
24 here, who they're with, those type of things to  
25 help facilitate that, and generally what we

1 recommend to committees when they're evaluating  
2 their membership composition and structure is go  
3 into it eyes wide open. Look at who is  
4 participating, whether it's committee or the  
5 audience, how active are they in engaging with  
6 the committee and the stakeholders and so forth.  
7 And again, those are things that you can reach  
8 out to Dr. Ferrada and other members of the  
9 Advisory Board, other committees, and we can help  
10 facilitate that, help you with that.

11 **CHAIR KUREK:** That's perfect. So  
12 I will do that. I'll shoot an email out.

13 **MS. QUICK:** One more...

14 **CHAIR KUREK:** I'm sorry, go ahead.

15 **MS. QUICK:** No, that's all right.

16 Valerie Quick. I'm actually chairing a work  
17 group for the GAB that is actually going to be  
18 looking at the composition of the GAB as well as  
19 the committees, and one of the things that we're  
20 actually going to be focusing on in the next  
21 couple of months is actually getting each of the  
22 committees to sort of report back attendance and  
23 mission purpose so that we can make sure that  
24 across the board we don't have duplication and  
25 really just looking for efficiency of the entire

1 GAB. So that's something that we're actively  
2 looking towards, and we fully understand that the  
3 last two years have been an abnormal  
4 representation of what's going on, and  
5 unfortunately with the trauma committees, they  
6 pretty much started right before the pandemic  
7 hit, and so it really, it kind of reduced down  
8 the efficiency of it. So I think moving forward  
9 if that is something that you-guys as a committee  
10 can make sure that you sort of zip up and really  
11 try to show purpose and try to broaden that out  
12 and make that a useful committee, those are the  
13 things that I think are going to be really  
14 important sort of moving forward, so, and we're  
15 going to be getting together with you in the next  
16 couple of weeks for a report.

17 **CHAIR KUREK:** Sounds good. Any  
18 comments or questions about membership? You  
19 brought up the goals. These are, when they had  
20 the trauma system planning meeting, they came up  
21 with the, we don't have to go through all these,  
22 but there were basically four goals for this  
23 committee. We can go over them briefly since we  
24 can't do some other things I wanted to get done  
25 today. Number one is to promote and support data

1 systems regarding the continual care and  
2 disposition of the patient in order to support  
3 trauma system education, PI, public health  
4 planning, injury prevention and outcomes. So  
5 there were a couple of objectives there, and I  
6 think I, I hope, I had a bunch of handouts if  
7 you-all want to take them, whoever wants to be  
8 involved with this. Number two was promote,  
9 educate, and empower institutions and providers  
10 to reduce the burden of preventable deaths and  
11 suffering as a result of injury by improving  
12 care, developing clinical practice guidelines,  
13 engagement of the populace of the trauma system  
14 through training advocacy and understanding.  
15 Number three was to build a trauma system that  
16 works towards continuous improvement at all  
17 levels, so periodic external and internal  
18 benchmarking, consultation, adoption of best  
19 practices. Again data collection and QI I think  
20 was the big focus that Dr. Aboutanos and I  
21 discussed. Number four was conduct research to  
22 obtain new insights, innovative solutions to  
23 injury-related health problems. So also in the,  
24 for those who have not been here before, I did, I  
25 love this report, the quarterly report of trauma

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.

9 **MS. CARTER:** I think probably what  
10 we need is direction from the committee what  
11 timeframe they want this...

12 **CHAIR KUREK:** Yes.

13 **MS. CARTER:** You know, what  
14 timeframe you want this data pulled from, since  
15 we've had just a hiatus.

16 **CHAIR KUREK:** Yes, ma'am?

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...

25 **CHAIR KUREK:** Because, got you.

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...

10                   **CHAIR KUREK:** That's awesome,  
11 okay.

12                   **MS. ROSNER:** ...being able to  
13 distribute the information again.

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

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.

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.

24 **CHAIR KUREK:** Okay. Dallas?

25 **MR. TAYLOR:** Dallas Taylor. So

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?

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.

9 **MR. TAYLOR:** Okay.

10 **MS. CARTER:** They've got  
11 healthcare.com or healthcare.org?

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?

16 **MS. CARTER:** We could have  
17 committee updates.

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.

22 **MS. CARTER:** The TAC committee has  
23 met previously. The prehospital committee met  
24 previously.

25 **CHAIR KUREK:** That's true.

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.

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

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,

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?

1                   **COMMITTEE MEMBER:** Unfortunately  
2 Chris walked out.

3                   **MR. HARRELL:** Yeah, Chris Montera  
4 is out.

5                   **CHAIR KUREK:** Oh okay.

6                   **MR. HARRELL:** As of right now, I  
7 want to say, and again it's just a rough  
8 estimate, I want to say it's about fourteen that  
9 we have actively engaged...

10                  **CHAIR KUREK:** Okay.

11                  **MR. HARRELL:** ...but nobody has  
12 come online yet.

13                  **CHAIR KUREK:** Oh wow.

14                  **MR. HARRELL:** So again it's there.  
15 The benefit to the system, I know I looked at  
16 some of your objectives with it being, you know,  
17 data system inoperability...

18                  **CHAIR KUREK:** Yes.

19                  **MR. HARRELL:** ...as well as clear  
20 data, clean data transitioning between EMS to the  
21 hospital. We also have what's called their  
22 alerted platform that is available that we  
23 haven't really pushed yet that if hospitals come  
24 onboard with that, it can be free alert for  
25 trauma. You can put your entire trauma team in

1 there, your call rotations. They could  
2 communicate directly with EMS in the field for a  
3 live trauma case. So those are all options that  
4 we're looking at to try to do systems improvement  
5 overall in the state that we just need champions  
6 and partners to help us take this to the finish  
7 line.

8 **CHAIR KUREK:** Beth?

9 **MS. BROERING:** Hey, thanks. Beth  
10 from the post-acute care committee I guess and  
11 then from VCU. Are there, I know there's no one  
12 that has actually come online in the state yet,  
13 but I guess it would be nice to see if there's  
14 some hospitals or health systems in other states  
15 that have implemented this and to see what good  
16 looks like and to get some experience from them  
17 of what their stumbling blocks have been or pain  
18 points as well as sort of where they've had  
19 seamless implementation or areas of  
20 implementation so that we as a state and health  
21 systems can learn from some of this to help us  
22 not only work with our administrators and IT and  
23 security people, you know, with whatever we need  
24 to do to get it done, but also how we can  
25 maximize the use of the data that becomes

1 available once we start to implement it.

2 **MR. HARRELL:** Absolutely and I can  
3 put him on the spot. I see he's got a phone up  
4 to...

5 **COMMITTEE MEMBER:** I'll cover him  
6 on this one. If I can get your contact  
7 information right after this...

8 **MS. BROERING:** Sure.

9 **COMMITTEE MEMBER:** ...I can  
10 connect you to somebody who, we've got tons of  
11 different hospitals that we can connect you with  
12 to have this discussion. Absolutely.

13 **MS. BROERING:** Okay. I mean I  
14 think sometimes our health systems, especially  
15 ones that have, you know, individuals who may be  
16 on the more, I would call it the conservative  
17 stance of data exchange across platforms to be  
18 able to have those conversations and share best  
19 practices, because certainly it helps us move the  
20 thing, the process along. Just saying.

21 **MR. TEWEY:** This is Robert Tewey  
22 from ESO. So part of your question was also  
23 about security assessments and accessing...

24 **MS. BROERING:** Well, I mean those  
25 are all parts of the steps in the implementation

1 process, yeah.

2 **MR. TEWEY:** So we do have a  
3 dedicated team to be able to help with those  
4 assessments at ESO.

5 **MS. BROERING:** Yeah.

6 **MR. TEWEY:** So as an account of  
7 those, we can contact the sales team and get you  
8 in touch with Eric in that group.

9 **MS. BROERING:** I mean I want to  
10 champion it, and Greg from VCU. I mean we  
11 definitely want to champion it for the health,  
12 for VCU Health System. I mean I've been asking  
13 for this for five or six years even before we  
14 transitioned to our new EMR, you know, and with  
15 Image Trend but, because I think that's the way  
16 we should be. But I also would like to sort of  
17 see what other people are using and how they're  
18 using the data to maximize system improvement for  
19 their own health system and then to use it for  
20 the state too.

21 **COMMITTEE MEMBER:** I mean from  
22 that perspective, some of the things that the  
23 state is looking at once we get that onboard is  
24 it allows us a lot of benchmarking efforts that  
25 currently we can't do.

1 **MS. BROERING:** Yeah.

2 **COMMITTEE MEMBER:** And that goes,  
3 it could be EMS system, it could be from a  
4 regional perspective, it could be statewide, it  
5 could include the trauma systems. I mean from  
6 that point, that's one of the big things that we  
7 want to be able, you know, from what we do  
8 research wise, all of our partners that request  
9 data, all of these things become a little bit  
10 more seamless.

11 **MS. BROERING:** Sure.

12 **COMMITTEE MEMBER:** Right now it's  
13 kind of difficult when EMS is either printing a  
14 report or you're pulling it out of a portal and  
15 it may not make it into that patient encounter  
16 until they've been discharged or they're on the  
17 floor or surgeries done and they, you know, with  
18 this it becomes more instantaneous. Not only do  
19 you have the data, it's integrated into your  
20 system. So it's there. Those are the big things  
21 that we look at, and I completely understand,  
22 having come from the hospital admin world,  
23 wanting to be able to justify that up the chain,  
24 and we are more than happy from the state's  
25 perspective to do anything we can to help those

1 that want to champion this project.

2                   **CHAIR KUREK:** Thanks for that  
3 great update. Anybody else have anything for the  
4 committee today? I think we're almost at the  
5 10:30 mark, so I appreciate everybody showing up  
6 and hopefully we'll get some things going in the  
7 next weeks. So expect some emails with a lot of  
8 BCCs. Don't reply all. All right? So thank  
9 you-all for coming.

10 **(WHEREUPON, the Meeting was concluded at 10:29**  
11 **a.m.)**

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It was requested that the matter be taken by the reporter and that the same be reduced to typewritten form.

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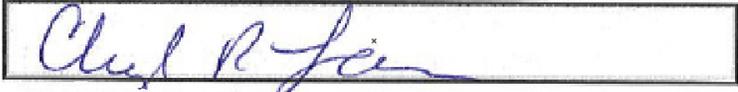
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1	9:1 17:20	21:13	<b>allows</b> 25:2
<b>10:00</b> 4:5	<b>Absolutely</b>	<b>admin</b> 30:22	25:4 29:24
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2	28:17	<b>admitting</b>	<b>American</b> 5:1
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<p>16:11 27:4  <b>trying</b> 8:15  11:17 24:22  <b>Turner</b> 7:15  7:15  <b>twenty</b> 19:16  <b>twenty-two</b>  4:20  <b>two-way</b> 25:2  <b>type</b> 14:24  22:13</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p><b>unclear</b> 10:7  <b>understand</b>  16:2 30:21  <b>understandin</b>  <b>g</b> 11:3  17:14  <b>unfortunatel</b>  <b>y</b> 16:5 26:1  <b>University</b>  6:1 23:13  <b>update</b> 31:3  <b>updates</b>  21:17 21:20  <b>uphold</b> 11:6  <b>useful</b> 16:12  <b>UVA</b> 7:22</p> <hr/> <p style="text-align: center;">V</p> <hr/> <p><b>vacant</b> 9:18  <b>Valerie</b> 7:21  15:16</p>	<p><b>various</b> 4:22  <b>VCU</b> 5:21  7:25 27:11  29:10 29:12  <b>vendor</b> 19:4  24:14  <b>vice</b> 6:16  7:23  <b>violated</b>  12:9  <b>violence</b> 9:5  22:23  <b>Virginia</b> 4:1  4:16 6:1  6:7 12:9  19:19 19:22  23:12  <b>vision</b> 19:25  <b>volunteer</b>  10:10  <b>volunteers</b>  20:12 20:15  <b>vote</b> 10:7  10:10 12:16  12:22  <b>voting</b> 10:14  12:18</p> <hr/> <p style="text-align: center;">W</p> <hr/> <p><b>walked</b> 26:2  <b>website</b> 19:2  <b>we'd</b> 5:4 5:5  <b>week</b> 5:2  <b>weeks</b> 16:16</p>	<p>31:7  <b>we'll</b> 4:7  5:18 20:8  31:6  <b>we're</b> 8:20  11:4 15:19  16:1 16:14  22:14 22:17  23:3 27:4  31:4  <b>we've</b> 14:19  18:15 28:10  <b>whatever</b>  27:23  <b>WHEREUPON</b>  13:25 31:10  <b>whether</b> 12:2  13:13 14:17  15:4 23:9  <b>whoever</b> 17:7  <b>whole</b> 11:5  <b>whomever</b>  11:22 12:23  <b>who's</b> 23:25  <b>wide</b> 15:3  <b>Williamsburg</b>  5:2  <b>willing</b>  13:15  <b>Wilson</b> 7:3  7:3  <b>wise</b> 30:8  <b>work</b> 15:16  21:14 24:22</p>	<p>25:5 27:22  <b>working</b> 13:3  <b>works</b> 17:16  <b>world</b> 30:22  <b>wow</b> 26:13</p> <hr/> <p style="text-align: center;">Y</p> <hr/> <p><b>year-and-a-</b>  <b>half</b> 14:1  <b>yet</b> 26:12  26:23 27:12  <b>you-all</b> 17:7  31:9  <b>you-guys</b>  16:9</p> <hr/> <p style="text-align: center;">Z</p> <hr/> <p><b>zip</b> 16:10</p>
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