

ACS – COT Virginia Chapter report: March 4, 2021

*** Changes to state chair or vice chair:**

Current Vice Chair: Stefan Leichtle

2 additional Vice Chairs are added recently Dr. Molly Flanagan (UVA), and Dr. Alan Rossi (VCU)

Goal for this year : identify and increase the VA –COT chapter members .

*** # of state COT meetings**

1 official meeting , and 6 more zoom meetings were held to address COVID-19 response, and share update and resources

*** Residents paper competition** : the number of Residents Papers were 9; 2 papers from Va were presented at the Regional VA American College of Surgeons.

Dr. Hae-Sung Kang from VCU won the regional competition in Basic Science on: Fluid Resuscitation in hemorrhagic shock: Is it Time to Focus on Fluid Therapy that Increases Microcirculation? - He will be presenting at the national level .

Dr. Yahya Al Watari took second place in the clinical paper competition on: Early Vats for non-emergent thoracic trauma remains underutilized in trauma-accredited centers despite clear guidelines and improved patient outcomes.

*** Education update**

ATLS : VCU Center for Trauma and Critical Care Education (CTCCE) was asked by the American College of Surgeons (ACS) to develop a blended-learning Advanced Trauma Life Support (ATLS) course to limit exposure of its students congregating for sessions that could as easily be delivered via distance learning. CTCCE piloted the COVID-19 revised ATLS course and received rave reviews from the ACS as well as the center's students.

In 2020: 22 ATLS courses were held in Virginia :

6 student Hybrid course using a combination of Zoom and in-person learning with social distancing precautions.

7 student traditional courses

7 student refresher courses conducted using in-person learning with social distancing precautions

2 instructor courses conducted using a Zoom format

STOP the Bleed:

The CTCCE conducted 34 courses, training 300 individuals over 2020. Of the 34 courses, 20 were conducted as a traditional in-person course, training 229 individuals. The remaining 14 courses were conducted in a hybrid model created by the CTCCE, training 71 students. Moving forward, Dr. Alan Rossi, STB ACXS State Champion will develop a platform to capture all STB activities across the state.

*** Legislation update**

- Trauma Systems Committee meetings to promulgate the development of Virginia Trauma system plan and work with the VA Governor's EMS advisory committee and Va Board of health to promote trauma systems issues regarding (Trauma center designations, Triage, Disaster management, prehospital, and injury control) . The ongoing activities were interrupted by COVID pandemic and the inability to meet in person per VA codes. An executive council meeting was held in December to resume EMS and trauma systems meeting and plan revision of VA codes to allow virtual meetings.

- Senate Bill 1107 proposed to eliminate Virginia's medical malpractice cap and a recent amendment would have allowed a judge or jury to decide the cap would not apply, if maintained, in "severe cases". The bill was heard in the Senate Judiciary committee and passed by indefinitely, i.e. will not pass through the legislature. However, there was strong support for a revision of the current system, driven by individual cases of hardship, and it is very likely that there will be future attempts to revise or eliminate the cap.

- SB 1446 mandating clinicians to provide potentially extensive and time-consuming litigation assistance to treated patients and their attorneys was narrowly pulled back, but will also likely come up again.

- SB 1218 would have required and allowed the licensure of naturopathic doctors, i.e. essentially elevating their "doctoral" degree towards that of MDs and DOs. Prior reviews by the VA Dept. of Health Professions demonstrated that naturopaths failed to meet the criteria required for licensure. This bill was rejected.

- Emergency Department (ED) Utilization

In the 2020 legislative session, two items in the General Assembly's final budget would have reduced Medicaid payments for emergency patient visits determined "not an emergency" after the fact. It would have resulted in costs of up to \$55 million for hospitals and savings of up to \$20 million for the State per year. Amendments by Sen. Deeds and Del. Sickles removed these penalties.

- Restoration of the Trauma Fund (Budget Amendments)

Since 2019, funding for the Trauma Fund has been stopped. Budget amendment items 296#2s and 296 #2h, sponsored by Sen. Barker and Del. Sickles, requested allocation of \$12 million from the General Fund to support the Trauma Center Fund. The efforts were not successful.

- SB 1205, providing legislation to support the Medical Society of Virginia's Safe Haven program addressing burnout and mental health concerns in clinicians, was passed unanimously.

Injury prevention : significant work with Gifford Law Center and Health Alliance for Violence Intervention to prevent gun violence was undertaken to ensure federal and state funding for community based violence intervention and prevention. VOCA Funding for VA Hospital Based Violence Intervention Programs was successfully obtained. : In May 2019, VA Governor Northam announced that \$2.45 million in federal Victim of Crime Act (VOCA) funding was awarded to the Virginia Hospital and Healthcare Association to support Hospital-based Violence Intervention Programs (HVIPs). In 2020, three trauma centers and one non trauma center with high violent crimes (two level 1 and one level 2, one none level) , established Violence intervention program. Further advocacy led to the renewal of the funds for two extra years (2021 and 2020).

Quality:

-Regional QI within various EMS regions in the commonwealth based on a shared data and peer review Quality process – in Central Va, monthly zoom meeting were held with regional health system leaders and program managers to review PMG/ QI processes- included 6 trauma centers from central VA.

- Trauma Arrest protocols reviewed in EMS councils. In Central Va, ODEMSA EMS council meetings are ongoing to review the futility of the use of epinephrine in traumatic arrest. This will be advanced to the State EMS council. Similarly the use of TXA in the prehospital setting was reviewed at the various EMS councils with presentation by trauma center leaders. In two regions in VA, this resulted in cessation of use in the field; this will be presented further at the Trauma systems committee for a state wide approach.

- Impact of COVID on Trauma network regionally during the pandemic - Weekly Zoom meeting with level1 Trauma center leaders (Jeffery Young/UVA system; Jay Collins/Sentara Norfolk general, Bryan Collier /Carillion Roanoke, Margaret Griffin/ Inova Fairfax) was held to share knowledge , assure common practice, gain situational awareness, and prepare for possible State wide integrated response.

- VOCA Funding for VA Hospital Based Violence Intervention Programs: In May 2019, VA Governor Northam announced that \$2.45 million in federal Victim of Crime Act (VOCA) funding was awarded to the Virginia Hospital and Healthcare Association to support Hospital-based Violence Intervention Programs (HVIPs). In 2020, three trauma centers and one non trauma center with high violent crimes (two level 1 and one level 2, one none level) , established Violence intervention programs.

*** Verification (new centers, centers that have given up or lost designation)**

Sentara Northern Virginia Medical Center– One Year Provisional Designation level 3 designation

Johnston Willis Hospital – let go of Division 3 status.

EVMS level 1 Burn Center , also ABA recognized

N.B. On March 12, 2020, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia in response to the continued spread of the novel Coronavirus Disease known as COVID-19.

The White House also declared COVID-19 a national emergency. Under these emergency declarations, the ongoing COVID-19 pandemic and at the direction of State Health Commissioner Dr. M. Norman Oliver, MD, MA, **the Virginia Office of Emergency Medical Services (OEMS) suspended all triennial trauma center verification visits scheduled to take place during 2020** (provisional trauma centers were excluded from the one-year extension.)

Beginning 2021, we are reverting to the normal visit schedule.

Michel B. Aboutanos, MD, MPH, FACS

Chair , Virginia chapter ACS-COT

Stefan Leichtle, MD, FACS

Vice -Chair , Virginia chapter ACS-COT