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

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APPEARANCES

BETH BROERING, CHAIR
MINDY CARTER, OEMS
LAUREN CARTER-SMITH
CHARLES DILLARD
RENEE GARRETT
HEATHER ASTHAGIRI, UVA
JAMES GIEBFRIED, AMERICAN PHYSICAL THERAPY ASSOCIATION OF VIRGINIA
CHRIS MILLER, DARS
ANNE MCDONNELL, BRAIN INJURY ASSOCIATION OF VIRGINIA
PATRICIA DAVIS, INOVA
LORI STURT, SOUTHSIDE MEDICAL CENTER
TRACEY JEFFERS, RESTON HOSPITAL
PAULA FERRADA, INOVA
AMANDA TURNER, CENTRAL HEALTH
KATHY BUTLER
ROBERT TEWEY, ESO
JENNIFER WILSON
AMANDA LORETI, CENTRAL SHENANDOAH
TANYA TREVILIAN
KATHLEEN HARDESTY, SENTARA
LACEY WATFORD, SENTARA NORFOLK GENERAL
JESSICA ROSNER, OEMS

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JAY HOLDREN, VCU
CHAD BLOSSER, OEMS

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CHAIR BROERING: Okay, good afternoon everybody.

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

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

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

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

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

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

MS. CARTER: Mindy Carter with Office of EMS.

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

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

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

(WHEREUPON, papers shuffling.)

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

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who was my predecessor at VCU College.

CHAIR BROERING: All right.

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

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

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

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

CHAIR BROERING: Get up here.

MS. WATFORD: ... okay, and replacing Shereen Davis.

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

MS. WATFORD: Okay.

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

MS. LORETI: Amanda Loreti,

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Central Shenandoah Performance Improvement Specialist.

MS. WILSON: Jennifer Wilson, manager at ESO.

MR. TEWEY: Robert Tewey, Director of Engineering, ESO.

MR. TURNER: Amanda Turner, Central Health, Senior Director of Heart Disease Services.

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

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

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

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

MS. BUTLER: Kathy Butler, Trauma

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

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

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

(WHEREUPON, laughter.)

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

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

CHAIR BROERING: Dr. Ferrada ...

MS. CARTER: Because apparently that's okay.

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

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DR. FERRADA: It would be a privilege and an honor.
CHAIR BROERING: Okay.
(WHEREUPON, laughter.)
CHAIR BROERING: Thank you.
MS. CARTER: See, she's so hard to get along with.
CHAIR BROERING: Exactly. Okay, I think the other question is to then review and hopefully some of you have had the opportunity to review the minutes. I will start to pass this around and then I'll take a motion to approve the minutes from February 6th of 2020 especially for those of you who are new to the group.
MS. CARTER: Could we sort of for, for record keeping purposes and so we know who are going to be the new, who's replacing whom, if we're already into that?
CHAIR BROERING: Sure you want to jump to ...
MS. CARTER: Okay. Because you were talking about the minutes, I was just going to see if we could ...
CHAIR BROERING: Yeah.
MS. CARTER: ...vote on anything,

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you know what I mean?
CHAIR BROERING: Yeah, that's fine. So you want to ...
MS. CARTER: So we need to figure out, like, who's, who's going to, who's been joining your ...
CHAIR BROERING: Yeah, this is the list that I printed out and then forgot, so, to bring with me. All right, so we have Acute Rehab. We have a Chair, we have Acute Rehab. We have a Rehab Center Administration, that would be you, Jay Holdren; Rehab Center Administration. Case Manager and Social Services was Donna Rotondo, and I think Pat, you were the individual that we, that was suggested and you're coming as a guest just to see for right now. Okay, Case Management and Social Work for Acute Rehab was Lisa Katzman, so that position is still vacant. Anne, you're here as the Brain Injury Association or the Brain Injury Council, is that right?
MS. MCDONNELL: Brain Injury Association, yes, ma'am.
CHAIR BROERING: Yeah. Okay. We need representation from the Virginia Aging and Rehab Services.

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MS. MILLER: That's me, Chris Miller.
CHAIR BROERING: Chris Miller. Okay. Thanks.
MS. CARTER: And where, and you're from where?
MS. MILLER: DARS, Department of Aging and Rehabilitation Services.
MS. CARTER: Okay great. Sorry.
CHAIR BROERING: Okay, Dr. Giebfried is there. Lauren Carter-Smith is not here.
MS. MILLER: She plans to continue.
CHAIR BROERING: And she plans to continue. That's right.
MS. MILLER: And she's with VOTA.
CHAIR BROERING: Yep. Okay. Renee Garrett was from the Speech and Language and Hearing of Virginia, and I think that she was an individual, she is an individual that was not able to continue, I'm pretty sure. I had marked her off. And we did not hear from Dr. Dillard from King's Daughters as a Pediatric Acute Rehab.
MS. MILLER: Let me see if I can

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text him real quick.
CHAIR BROERING: Okay that was the other outstanding, and then Lacey, you're replacing Emily Jones, is that right?
MS. WATFORD: No, Shereen Davis.
CHAIR BROERING: Shereen Davis.
MS. CARTER: There's no Davis on here.
MS. WATFORD: I didn't think that was supposed to come up here. I was just listening.
CHAIR BROERING: And, Lacey what is your role?
MS. WATFORD: I'm the Rehab Manager for Sentara Norfolk General Hospital. Kathleen Hardesty is the Regional Director.
(WHEREUPON, laughter.)
CHAIR BROERING: No, no, no, no, you, everybody can stay where they're at. It doesn't matter where you sit.
MS. CARTER: If you need to do further work on this you can.
CHAIR BROERING: We can do further work.
MS. CARTER: Yeah.

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CHAIR BROERING: Okay. I know Emily's gone, we need to replace that.
MS. CARTER: Yellow there.
CHAIR BROERING: Yeah I know. Okay, so that's going to be Jay.
MS. CARTER: Jay who?
CHAIR BROERING: Holdren.
MS. CARTER: Okay.
CHAIR BROERING: All right. Okay.
MS. CARTER: Anything we can talk about.
CHAIR BROERING: Yeah we can do that. All right, so let's go back to, sorry about that. Let's go back to the minutes from February the 6th 2020 and give everyone the opportunity to review the minutes and, and then I'll take a motion to approve them.
(WHEREUPON, Committee Members reviewed the meeting minutes referred to.)
MS. CARTER: Does that give us a quorum?
CHAIR BROERING: I think it does. 1, two, three, four, five, six, seven, eight, seven out of, I think we have enough; seven out

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of 10.
MS. CARTER: That's quorum.
CHAIR BROERING: Yep.
MS. CARTER: Woo-hoo, we have one meeting with a quorum. We're just so happy, I'm sorry, this is Mindy, I'm being a bad girl. We now have a quorum. So, that's good.
CHAIR BROERING: Do I get extra points for that?
MS. CARTER: Yeah, I think you're one of the few.
(WHEREUPON, Committee Members reviewed the meeting minutes previously mentioned.)
MS. CARTER: We can entertain a motion, if necessary.
CHAIR BROERING: Hmm?
MS. CARTER: We can entertain a motion, if necessary.
CHAIR BROERING: Okay. Yes. All right. Thank you. All right, so, we have a motion to approve from Chris, for Christine miller and a second from Doctor, tell me how you say your last name.
DR. ASTHAGIRI: Asthagiri.
CHAIR BROERING: Asthagiri.

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CHAIR BROERING: Okay.
DR. ASTHAGIRI: You can call me Heather.
CHAIR BROERING: All right. From Dr. Heather. Thank you. So is there any other questions or comments and if there's no dissension, we'll take those motions as approved?
(WHEREUPON, no response.)
CHAIR BROERING: Great, thank you. If we can go ahead then and just review the agenda. And if there's any suggested changes, I'll take open, I'll take suggestions. And otherwise, if we could have a motion to approve the agenda.
MS. MCDONNELL: Motion to approve.
CHAIR BROERING: From Anne, is that right?
MS. MCDONNELL: Yes.
CHAIR BROERING: All right. And a motion to second, or second from Dr. Asthagiri. So great, thank you very much.
So, the first item of business is the Chair's report, and other than to say I'm very appreciative that we're now able to meet in person again and keep this committee moving

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forward and really the development of our trauma system, I don't have a lot to report. I know that there was a lot of work that was done by this committee in the past in 2018 and '19, especially with the development or the beginning assembly of a list of resources for post acute care that I would like to discuss further in this meeting. And, oh I do have, if we can put on the list before we end the meeting, I will need a representation, no we need a acute care committee liaison for this meeting.
MS. CARTER: Yes.
CHAIR BROERING: That's what we're missing. It's the opposite. We have the liaisons out, we needed one coming back in, that's what we need.
Okay. So I think the first item of business to talk about is the review of the PACT membership and the need for additional members. So I'm going to let Mindy sort of read out where we've got positions that were listed and then the discussion of, sort of changes to that or augmentation and then people to fill vacant positions.
MS. CARTER: So if I'm reading,

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this one's, this one's vacant?
CHAIR BROERING: Yep.
MS. CARTER: And these two are vacant?
CHAIR BROERING: Yep.
MS. CARTER: Okay so it looks like with that movement, we have a case manager social work at an acute rehab, a position open. We also have the speech language and hearing association position open. We also have a sniff position open and as well as a cross member from the Acute Care Committee open.
I think that, do you want to just sort of discuss like how we could change that?
CHAIR BROERING: Yeah.
MS. CARTER: So we can't, the composition of the committee can be changed. This is not set in stone; if you feel that you're going to get better participation from potentially people from other sectors or you feel that you need people from other sectors, you're able to do that. The only difference is that we want to try to keep it to close to the same number probably in terms of the number of members, and then if you wanted to you know

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eliminate, eliminate a member or add a new position, the way to do that would be to go to the executive committee of the board just to get approval of that, and then you're good to go to to set that in motion.
CHAIR BROERING: All right.
MS. MCDONNELL: Ma'am?
CHAIR BROERING: Yes.
MS. MCDONNELL: I just got a text back from Dr. Dillard. He is planning to continue, he could not be here today.
CHAIR BROERING: Okay great. So we have representation from Acute Pediatric Rehab.
MS. MCDONNELL: Yes.
CHAIR BROERING: Okay. I think the one thing we absolutely need is representation from our skilled nursing facilities. And I'm not sure, I'd love to have some discussion or suggestions on how best to fill that void because such a large portion of our patients actually go to what I call sub acute rehab or skilled nursing facilities for rehab services.
MS. MCDONNELL: I think Keith Hare

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might be able to help suggest somebody, Keith is with ...
MR. HOLDREN: Yeah. VHCA.
MS. MCDONNELL: Yeah, because I was going to say Virginia Healthcare and Hospital but that's not it, that's Sean Connaughton.
MR. HOLDREN: Yeah.
MS. MCDONNELL: But Keith might be able to help us locate someone.
MR. HOLDREN: Yeah, I'm a member of VHCA, I could reach to Keith, or a member organizations, that's the assembly for all the, our state and commonwealth; it's Jay Holdren speaking.
CHAIR BROERING: Okay, so you would be so just to clarify, you would be reaching out to Keith to identify an individual to participate on this committee or for Keith to participate on the committee or one or either of those?
MR. HOLDREN: I think it would be more appropriate; he's not an operator. He's the CEO of the Association.
CHAIR BROERING: Okay.
MR. HOLDREN: Someone who's ...

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CHAIR BROERING: Within that.
MR. HOLDREN: ...straighter in a facility in the Commonwealth, would be most appropriate to recommend.
CHAIR BROERING: Okay. And what is his last name again?
MR. HOLDREN: H-A-R-E.
CHAIR BROERING: Okay. Yeah if you guys know him well and have that relationship that can have the conversation, I'm happy to be looped into that, but I think that would be great to have that conversation and help us identify that.
MR. HOLDREN: Well, I'll write to him and cc you.
CHIAR BROERING: Okay, that's perfect. And then the second, the second position that is open, existing position that was open was a representation from the Speech and Language and Hearing Association of Virginia.
MS. MCDONNELL: I've got some contacts. This is ...
MS. CARTER: Oh, that'd be good.
MS. MCDONNELL: I can start digging around.

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

MS. MCDONNELL: Yeah. I may rope Lauren into it ...

CHAIR BROERING: That's fine.

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

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

MS. CARTER: Sorry.

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

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

CHAIR BROERING: Yeah Don, yeah, that's, yeah ...

MS. DAVIS: I'm not social work,

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I'm an RN.

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

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

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

MS. DAVIS: Both of them.

CHAIR BROERING: Versus Inova as the hospital or both.

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

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

MS. DAVIS: Right.

MS. CARTER: So ...

CHAIR BROERING: Just put Pat

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

MS. MCDONNELL: I know a social worker at Carilion.

CHAIR BROERING: Okay.

MS. MCDONNELL: I could read out to her.

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

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

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

MS. CARTER: Good idea.

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

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

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

CHAIR BROERING: We do not.

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

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

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

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

CHAIR BROERING: Yeah.

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

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

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

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

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

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

CHAIR BROERING: Sure.

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

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

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

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

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

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

CHAIR BROERING: Yeah.

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

CHAIR BROERING: Right.

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

CHAIR BROERING: Okay, that would

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

MS. MILLER: Chris.

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

MR. HOLDREN: That's a good question.

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

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

(WHEREUPON, laughter.)

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

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ask.

CHAIR BROERING: Okay. That would be great.

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

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

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

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

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

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

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

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

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

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crossed my mind.

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

CHAIR BROERING: Right.

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

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

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

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

CHAIR BROERING: I don't ...

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

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

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

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

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

CHAIR BROERING: Okay.

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

CHAIR BROERING: Okay.

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

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would have to be refreshed.

CHAIR BROERING: Yeah. Yeah.

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

DR. GIEBFRIED: Point of information.

CHAIR BROERING: Yeah.

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

COMMITTEE MEMBER: I found it in the minutes.

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

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

MR. HOLDREN: 28 ERFs and 287 SNFs.

CHAIR BROERING: Yeah.

MR. HOLDREN: It's number 4.

CHAIR BROERING: Right.

MR. HOLDREN: First paragraph.

(WHEREUPON, Committee Members examined the

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document referred to.)

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

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

DR. GIEBFRIED: They were all licensed?

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

COMMITTEE MEMBER: I just made copies.

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

COMMITTEE MEMBER: It's off the CMS website.

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

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

MS. MCDONNELL: Across all levels?

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

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

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

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would think that I would ask that question.

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

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

MS. JEFFERS: I said my name.

MS. CARTER: Okay, just making sure. Tracy Jeffers.

(WHEREUPON, laughter.)

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

MS. JEFFERS: Not Beth Broering.

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

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

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

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

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

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

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

MS. CARTER: Yeah, the membership.

CHAIR BROERING: Hm?

MS. CARTER: The members.

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

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

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

CHAIR BROERING: And I'm a

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pinnacle of hot water.

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

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

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

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

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CAPTION

The foregoing matter was taken on the date, and at the time and place set out on the title page hereof.

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

CERTIFICATE OF REPORTER AND SECURE ENCRYPTED
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I, **CHERYL R. LANE**, Notary Public, do hereby certify that the forgoing matter was reported by stenographic and/or mechanical means, that same was reduced to written form, that the transcript prepared by me or under my direction, is a true and accurate record of same to the best of my knowledge and ability; that there is no relation nor employment by any attorney or counsel employed by the parties hereto, nor financial or otherwise interest in the action filed or its outcome.

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/s/ CHERYL R. LANE
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