

**EMS for Children Committee Meeting
 Richmond Marriott West
 Richmond, VA
 July 12, 2007
 3-5 p.m.**

Members Present:	Staff:	Others:
Theresa Guins, MD, EMSC, Committee Chair/Pediatric Medical Director		
Betsy Smith, EMSC		
David P. Edwards, OEMS EMS for Children Coordinator		
Petra Connell, EMSC Principal Investigator Representative		
Paul Sharpe, OEMS Trauma/Critical Care Coordinator		
Jodi Kuhn, OEMS Biostatistics Analyst		
Robin Foster, MD, VA ACEP Representative		
Barbara Kahler, MD, VA AAP Representative		
Dr. Allen Yee, Interim State Medical Director, Medical Director for Chesterfield Fire and EMS		
Kimberly Burt, Virginia Department of Motor Vehicles, Highway Safety Office Representative		
Kae Bruch, VASN		
Cathy Fox, Virginia Emergency Nurses Association		
Dave Cullen, EMS Regional Councils		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	Meeting was called to order by Dr. Guins at 3:05 p.m.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Approval of Minutes from April 12, 2007 Meeting:	A motion to accept the minutes was made and approved. There was one correction; Kimberly stated that her last name was Burt, not Byrd.	
Introductions:	Attendees introduced themselves around the room. See roster above.	
Chair Report:	Dr. Guins congratulated Betsy Smith, who was honored with the EMS Provider Leadership Award at the EMSC Grantee meeting in Silver Springs, MD, last month. This is one of the National Heroes Awards given annually by the Health Resource Services Administration (HRSA) as part of the EMS for Children Program. She also welcomed David Edwards, new VA EMSC Coordinator, to the group.	
OEMS Report:	<ul style="list-style-type: none"> • Paul stated that we are finishing up the yearly Regional Council contracts. The contract helps define what we do on a statewide basis, such as performance improvement, trauma triage plans, and mass casualty plans, etc. They were actually due on July 1, but negotiations and the approval process cause them to linger a bit more. • There have been meetings to discuss and evaluate where the OEMS belongs in the state government. One question is “Should OEMS be in VDH, be our own entity, or do we better fit in Public Safety?” This issue has not yet been decided. • A Regional Council study is ongoing to identify how we use the Regional Council system in VA, and to determine if procedures can be improved. If you see any emails or documents concerning this, please provide your input. The draft report is due to be out by the end of this month. • The “Trends” document was started last year to present Trauma Registry data, some pediatric data and data from miscellaneous sources. If you have identified information you feel would be important to include in this year’s edition, please share your ideas with Jodi or Paul as soon as possible. 	Any information you feel would be helpful for next year’s Trends document, please forward to Jodi.
EMSC Program Report:	<ul style="list-style-type: none"> • David Edwards shared some of his background with the Committee. David became a paramedic in 1974 in the Midwest, then moved to El Paso, TX and worked for Texas Tech University Medical School as Executive Director of their EMS Division in 1990. In 1998 he came to Richmond Ambulance Authority as Clinical & Research Director, and in 2005 became the Director of Administration for the Authority. David has worked with EMSC on several projects on a part-time basis over the past few years, and has specialized in applying GIS (geographical information systems) technology to EMS issues, as in system status management, cardiac arrest research and pediatric transport patterns research. David also has been a Site Review Team Leader for the Commission on Accreditation of Ambulance Services (CAAS) since 1997. • The 2007 Annual Grantee meeting was held about three weeks ago and was very helpful. In Virginia, though we have quite a ways to go to achieve all the EMSC objectives, we have a some good strategies for monitoring and improving the specific performance measures outlined by the EMSC program. We submitted our first performance report last week to HRSA, registering in their electronic system and providing “provisional” baseline data, which are 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>really estimates. We will have to generate verifiable numbers during in the next three years of the program. We will work hard to provide good data, but we don't currently have a way to provide accurate data in relation to some of the performance measures. We still have a long way to go in helping hospital emergency departments assure that they have appropriate equipment of the right sizes for pediatric emergency care, special protocols and enough personnel on duty with specialized pediatric training. We also need to help hospitals classify their state of readiness to handle pediatric emergency care; including such things as the existence of pediatric transport guidelines and agreements when it is appropriate to move children to a higher level of care. We are fortunate that OEMS already has required the appropriate pediatric equipment and sizes as part of its mandated equipment list for ambulances in the Commonwealth. Inspectors from OEMS and EMSC will be doing spot checks at pre-hospital agencies and eventually at hospitals. We also need to continue to offer specialized pediatric training and work toward providing better documentation and more accurate PPCR data. This will aid us in evaluating the effectiveness and appropriateness of our care and protocols. We will provide this data back to the regions as feedback, and we would also like to offer hospitals some incentives to cooperate with us in providing the data in regard to their pediatric preparedness. We will work with OEMS staff and NEDARC (National Emergency Medical Services for Children Data Analysis Resource Center) to survey EMS personnel and hospitals and learn to ask the right questions. We will follow up with phone calls and site visits, so that we can help them move toward the goals we are advocating as part of the EMS for Children program.</p> <p>Dr. Guins touched a little bit on the previous effort to look at performance measures, reporting that each state had done what they wanted and then reported on many different areas. When the feds came back and asked for results there wasn't anything uniform to report because each state had different topics that they addressed. The <i>new</i> "performance measures" are a way to provide a level of standardization and make it easier to compare programs and justify funding. One of the biggest projects I see ahead of us is the possible designation process. We touched on this a couple of years ago and we met with some resistance. We had talked about putting several teams together to perform site visits, and a team of doctors went around to community hospitals around the country and surveyed the staffs. They gathered information concerning the nurses training, physician training, pediatric equipment availability; some were very organized and some were not. They were able to provide some funding to help them hire designated pediatric personnel and purchase some of the appropriate equipment. Perhaps we could go that route as well. This is not classified with levels such as Level I, II, or III, etc. The overall mission is to prepare for the care of children, and there are 96 licensed hospitals in the state.</p>	
Committee Member Organization Reports:	Dr. Yee: King LT has now developed pediatric airways. These are the Beta versions and they are not out yet. They are being tested on mannequins, and they have been extremely successful in the adult patients. We hope that they will be just as successful in the pediatric population. It's accurate (successful) 90% of the time.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Dr. Barbara Kahler: The AAP has been involved in the nutritional guidelines and tiers of food that are required for school lunches. More details are in the newsletter if anyone is interested. This is an effort to address obesity issues.</p> <p>Kimberly Burt: The “New Age Requirements for Vehicle Booster Seats” law, and the “No More Using Cell Phone for Drivers Under the Age of 18” law went into effect July 1. We are in the process of completing the 2008 grant award letters in the next month or so.</p> <p>Kae Bruch, RN: There is a revision being done for crisis management, but emergency management (medical emergencies) was not a component of that prior to this edition. We had a first aid guide that came out every year or every couple of years, but this will be the first time emergency issues will be a part of the plan. In my area, we are seeing a lot of trauma in the high schools and middle schools. The nurses would like to be sent to EMT training. I am looking to put something together this fall.</p> <p>David Cullen: A lot of PEPP courses have been done recently, which is good. They didn’t stop due to a lack of funding.</p> <p>Paul Sharpe: In Trauma, our office is getting more involved with the Office of Health Planning and Policy in developing the Rural Critical Access Hospitals (CAH). The Federal grant would like to add another designation for these rural hospitals. We applied for a grant to support having the American College of Surgeons do a statewide assessment of the trauma system, every aspect of it. We are hoping that within the next year that we will be adding a Level IV designation to rural hospitals.</p> <p>Dr. Robin Foster: At the last meeting I spoke about the regional committee that we have in response to child abuse and we talked about a poster. This is the format of the poster and it is very specific for ED’s. The final format is not ready; however this is the format which should be followed. This will be produced for the agencies to hang on the walls. Dr. Yee suggested that an electronic copy be sent to the agencies as well as large posters. This could also be posted on websites, given to private offices and schools, etc.</p> <p>The question was asked if Pre- Hospital Providers were required to report elderly abuse. The answer was a unanimous “yes”. There was some extensive discussion on mandating child abuse reporting by EMS personnel. There was a suggestion to have a child abuse reporting survey completed by EMS providers asking if they would be willing to make a 5-minute phone call should they run into a case of child abuse. How do we facilitate the survey? Possibly by email. There has been some resistance in the EMS community in the past due to political issues. OEMS may need to meet with VAGEMSA and discuss in advance of any initiative. Possibly a system could be web-based and cases assigned a number (per Dr. Yee). This would show a record of the report.</p>	<p>Dr. Foster will bring completed poster to the next meeting.</p> <p>Develop a short, one-page sample survey concerning child abuse for the next quarterly meeting.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Sample survey questions include: Do you think you have ever seen a case of child abuse or child neglect? Have you seen abuse/neglect in geriatric patients? Would you be willing to report suspicious cases to DSS? What is your greatest concern? A. Going to court B. Penalties C. Safety Issue D. Time it takes to report, etc. E. Other</p> <p>Petra Connell: ACEP is hosting a Pediatric Preparedness Implementation Kit for Hospitals. To access the kit online go to: http://host.acep.org.tmp3.secure-xp.net/aapacep/. This implementation kit will help administrators and other hospital personnel implement essential equipment and staffing recommendations so their emergency department will be ready to provide the best pediatric care possible. It is titled “The Care of Children in the Emergency Department: Guidelines for Preparedness Implementation Kit”.</p> <p>Cathy Fox, RN: Just to follow up on the two transportation laws, across the state, the emergency nurses did have some information from DMV and through DMV, Drive Safe Virginia and Hampton Roads. The last two weeks of June and the 1st week of July, we distributed one-page flyers with the two new laws. We’ve had lots of questions from teenagers in the ER. One of the nurse’s daughters was pulled over for not stopping at a stop sign while talking on her cell phone. The Emergency Nurses Association worked hard to get the cell phone law passed. There was also a teenager from Suffolk who was driving and texting someone and had an accident. The passenger in the car was killed. She testified during the session and was a key factor in getting this law passed. She talked about how hard it is living with being the cause of her friend’s death.</p> <p>Cathy also wanted to know if a study has been done on the “Heely” shoes for kids (sneakers with wheel built into them). At Sentara Virginia Beach they’ve had about 40 injuries and 4 of those were critical. Kimberly stated that she saw a report on the NBC Today show, and that the shoes are not allowed in some schools. A lot of the major injuries have been in Kmart, Wal-Mart, Home Depot and Lowes stores. Some of those stores no longer allow kids to wear them in the stores. There should be some warning posters or something about the shoes. There is no ICD coding that can accurately track the number of injuries.</p> <p>There was some discussion about transporting newborn babies to the hospital. Dr. Yee reported that at the next Medical Direction Committee meeting the “care of newborn deliveries” topic will be discussed; options include getting a second unit, transporting in the mother’s arms, in a car seat, etc. They are separate patients and certain laws/principles may apply. What about the premature baby that is under 5</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	lbs. and the car seat available is for a baby that weighs 5 lbs. or more? This is a challenging issue.	
PUBLIC COMMENT	None	
OLD BUSINESS	None	
NEW BUSINESS	None	
Adjournment	Meeting was adjourned at approximately 4:30 p.m.	Next meeting is October 18, 3:00 pm at the Richmond Marriot West.

DRAFT