

EMS for Children Committee Meeting

**Virginia Office of EMS
1041 Technology Park Drive, Glen Allen, VA**


**October 6, 2016
3-5 p.m.**

Members Present:	OEMS Staff:	Guests:
Eddie Ferguson, EMT-P (EMS Provider Representative)	George Lindbeck, MD, OEMS Operational Medical Director	Dusty Lynn, RN Univ. of VA Trauma Ctr.
Kae Bruch, RN, EMT-P (VA School Nurses Association Rep.)	Greg Neiman, Office of EMS BLS Training Officer	Al Thompson, Bon Secours
Steve Rasmussen, RN (VA Emergency Nurses Association--ENA Rep.)		Brad Taylor, HCA, CJW-- Chippenham Johnston-Willis
David P. Edwards, MBA, EMT-P (VA EMS for Children--EMSC Program Manager)		
Barbara Kahler, MD (VA American Assoc. of Pediatrics--AAP Rep.)		
Theresa Guins, MD (VA EMS for Children Program Medical Director)		
Petra Connell, PhD (VA EMS for Children Program Family Rep.)		
Heather Board (Health Department Injury Prevention Rep.)		
Heidi Hooker, EMT-P (EMS Regional Council Directors Representative)		

Topic/Subject:	Discussion:	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 3:12 pm by Dr. Theresa Guins (Medical Director of the VA EMS for Children Program) on behalf of Dr. Sam Bartle (Chair of EMSC Committee), who was unable to attend. David Edwards (EMSC Program Manager) asked that the Acting Chair allow the meeting agenda to switch promptly at 3:30 pm to the special "Handtevy webinar" which had been arranged for the VA EMSC Committee, with the remainder of the agenda to proceed when the webinar was finished.. There was no objection and permission was granted by the Acting Chair.	Dr. Guins directed the meeting on behalf of Chair Dr. Sam Bartle, who was unable to attend.
Introductions:	All in attendance briefly introduced themselves.	
Approval of the minutes from July 7, 2016 meeting:	The minutes from the July 7, 2016 meeting had been circulated to all members prior to the meeting with the meeting reminder. Dr. Guins asked if there were any corrections or additions; there were none, and the minutes were approved as submitted.	The minutes were approved as submitted.
Chair Report	There was no formal Chair report, as Dr. Bartle was unable to attend, but there was discussion regarding an item Dr. Bartle had asked be raised at the meeting for awareness, that of acute adrenal insufficiency and the appropriateness of adding medication specifically for its emergency treatment to EMS drug boxes regionally or statewide (as reported by David Edwards) in Virginia. Dr. Lindbeck (VA State Operational Medical Director) stated that	No formal report, but discussion on acute adrenal insufficiency was held as previously suggested by Chair.

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	<p>this topic had become an item of discussion earlier today in the Medical Director’s Committee, and that the consensus of the discussion had been (as in previous years when the topic had come up) that the medication needed to treat this relatively rare condition would <u>not</u> be appropriate for widespread adoption into Virginia EMS drug boxes; that it would be too expensive, and not used often enough to warrant its inclusion. A better solution, he paraphrased, might be for the family of patients known to have this condition to have the medication on hand, or for the family to contact its local EMS system responders and work with local medical direction to potentially have the special medication included in local protocols (which could be possible if approved by the EMS service operational medical director).</p>	<p>Further discussion on this issue is possible at the next EMSC Committee meeting January 5, 2017.</p>
<p>Member Organization Reports</p>	<p>Members began giving oral updates from their organizations. Steve Rasmussen gave an update on the annual EMS Symposium, upon which he serves as a planning committee member. All is ready for Symposium, the pediatric track is ready to go and pediatric topics for next year, the 2017 Symposium, need to be submitted <u>immediately</u> in order to be considered. They can be proposed via the Symposium presentation portal which can be assessed by link through the OEMS website. Kae Bruch gave an update for school nurses, and urged members to read and comment individually on proposed legislation regarding the potential establishment of a minimum school nurse-to-student ratio in Virginia public schools. Kae will send a link to David Edwards to pass on to Committee members in the event they wish to provide comments). Member reports were suspended temporarily as the 3:30 pm start time for the special webinar for the EMSC Committee on the “Handtevy Pediatric Emergency System” arrived.</p>	<p>Pediatric topics for 2017 EMS Symposium need to be proposed immediately--link is on OEMS website.</p> <p>David will pass on link from Kae to for those who wish to provide comments.</p>
<p>Special Webinar for VA EMSC Committee—Handtevy Pediatric System</p>	<p>Peter Antevy, MD came on–line from South Florida to personally present an informational webinar on the Handtevy Pediatric Emergency System. Dr. Guins expressed her thanks to Dr. Antevy, on behalf of the Committee, as many in South Florida were under evacuation order due to Hurricane Matthew moving along southeastern coast of Florida, and Dr. Antevy had stayed behind to connect with us for our webinar. After about a 30-minute presentation, there was a question and answer period of 15 minutes before disconnecting with Dr. Antevy.</p> <p>There was discussion regarding experience of Committee members with the system to date, and some concern expressed concerning the cost of Handtevy system or of its various components. Generally, members felt the original premise of the system was solid and user-friendly. Eddie Ferguson felt that the basics of the Handtevy method were very valuable as a tool to recall expected pediatric weights and resuscitation drug dosage ranges in emergency situations—but was not so sure about the commercialized enhancements. Eddie also said it is struggle to maintain Broselow bags, which are seldom accessed and take up quite a bit of space, and that other agencies are facing similar issues, and that perhaps some other alternatives need to be explored. David Edwards offered that the South Carolina EMSC program had contracted for a limited amount of Handtevy products for EMS agencies, and this had been confirmed during the webinar by Dr. Antevy, so the Committee asked David to contact Karen Moore (EMSC Manager in South Carolina) about their experience and costs. David is also supposed to contact Patrick (a</p>	<p>David will contact Patrick at Handtevy Pediatric Systems with follow-up questions regarding options and prices.</p> <p>David will also contact Karen Moore (South Carolina) regarding their Handtevy experience (and prices obtained).</p>

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	Handtevy Pediatric Systems representative) to ask about several options for EMS agencies that might be interested in whole or partial pieces of the Handtevy system, just for information. The EMSC program in VA has provided Broselow Emergency Tapes for EMS agencies in the past as EMSC funds allowed, and other options are always being evaluated as we continue to search for ways to decrease the likelihood of pediatric medication errors and increase the comfort of EMS providers in using medications when they are indicated and decreasing the need for math.	David will see if it is possible to obtain one version of a Handtevy Bag for examination.																																				
Return to Member Reports	Other member updates were entertained at the conclusion of the webinar, and Dr. Kahler expanded the discussion about the AAP emergency alert system (see old business) with their state representatives.																																					
OEMS Report	No report – Gary Brown unable to attend. David Edwards made general comments on his behalf.																																					
EMSC Program Report	<p>David Edwards covered highlights of his written report, including:</p> <ul style="list-style-type: none"> • EMS agency surveys will establish baseline for new EMSC Performance Measures in 2017 (PMs EMSC 02 & EMSC 03 will surveyed as early as March 2017 in 3-month block.) <table border="1" data-bbox="451 835 1182 1583"> <thead> <tr> <th>Performance Measure</th> <th>New/Related Measures</th> <th>Prior PM Number (if applicable)</th> <th>Topic (simplified)</th> </tr> </thead> <tbody> <tr> <td>EMSC 01</td> <td>New</td> <td>N/A</td> <td>Submission of NEMSIS compliant version 3.x data to the State EMS Office for submission to NEMSIS Technical Assistance Center (<i>state level data</i>)</td> </tr> <tr> <td>EMSC 02</td> <td>New</td> <td>N/A</td> <td>Pediatric Emergency Care Coordinator (<i>EMS agency level data</i>)</td> </tr> <tr> <td>EMSC 03</td> <td>New</td> <td>N/A</td> <td>Use of pediatric-specific equipment (<i>EMS agency level data</i>)</td> </tr> </tbody> </table> <p>Data collection metrics for EMSC 01: Which statement best describes your current status?</p> <p>Our State EMS Office does not submit patient care data to the NEMSIS Technical Assistance Center (TAC).</p> <p>Our State EMS Office intends to submit NEMSIS version 3.x compliant patient care data to NEMSIS TAC by or before 2020.</p> <p>Our State EMS Office submits NEMSIS version 3.x compliant patient care data to NEMSIS TAC with at least 10% of licensed EMS agencies reporting.</p> <p>Our State EMS Office submits NEMSIS version 3.x compliant patient care data to NEMSIS TAC with at least 25% of licensed EMS agencies reporting.</p> <p>Our State EMS Office submits NEMSIS version 3.x compliant patient care data to NEMSIS TAC with at least 50% of licensed EMS agencies reporting.</p> <p>Our State EMS Office submits NEMSIS version 3.x compliant patient care data to NEMSIS TAC with at least 90% of licensed EMS agencies reporting.</p> <p>Data collection metrics for EMSC 02: Which statement best defines your agency?</p> <p>Our EMS agency does NOT have a designated INDIVIDUAL who coordinated pediatric emergency care at this time.</p> <p>Our EMS agency does NOT CURRENTLY have a designated INDIVIDUAL who coordinates pediatric emergency care but we would be INTERESTED IN ADDING this role.</p> <p>Our EMS agency doe NOT CURRENTLY have a designated INDIVIDUAL who coordinates pediatric emergency care but we HAVE A PLAN TO ADD this role within the next year.</p> <p>Our EMS agency HAS a designated INDIVIDUAL who coordinates pediatric emergency care.</p> <p>Data collection metrics for EMSC 03:</p> <table border="1" data-bbox="548 1373 1182 1541"> <thead> <tr> <th>Skill Checking on Pediatric Equipment</th> <th>Two or more times per year</th> <th>At least once per year</th> <th>At least once every two years</th> <th>Less frequency than once every two years</th> </tr> </thead> <tbody> <tr> <td>How often are your providers required to demonstrate skills via a SKILLS STATION?</td> <td>4</td> <td>2</td> <td>1</td> <td>0</td> </tr> <tr> <td>How often are your providers required to demonstrate skills via a CASE SCENARIO?</td> <td>4</td> <td>2</td> <td>1</td> <td>0</td> </tr> <tr> <td>How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?</td> <td>4</td> <td>2</td> <td>1</td> <td>0</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Pediatric track is ready for annual EMS Symposium in November • Mentioned highlights of NASEMSO Pediatric Emergency Care Council meeting held last month • Pediatric medication errors activities (updated ongoing efforts) • Decision made nationally to keep hospital “Peds Ready Portal” <u>open</u> • Child restraints will be a major purchasing objective with 2016-2017 EMSC Funding • Federal progress report will be submitted by November 1 deadline • Still awaiting word on 2015-2016 funding carryover request • The new National EMSC Innovation and Improvement Center 	Performance Measure	New/Related Measures	Prior PM Number (if applicable)	Topic (simplified)	EMSC 01	New	N/A	Submission of NEMSIS compliant version 3.x data to the State EMS Office for submission to NEMSIS Technical Assistance Center (<i>state level data</i>)	EMSC 02	New	N/A	Pediatric Emergency Care Coordinator (<i>EMS agency level data</i>)	EMSC 03	New	N/A	Use of pediatric-specific equipment (<i>EMS agency level data</i>)	Skill Checking on Pediatric Equipment	Two or more times per year	At least once per year	At least once every two years	Less frequency than once every two years	How often are your providers required to demonstrate skills via a SKILLS STATION?	4	2	1	0	How often are your providers required to demonstrate skills via a CASE SCENARIO?	4	2	1	0	How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?	4	2	1	0	
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	<p><i>(EHC)</i> began to provide services in support of EMSC programs nation-wide on July 1.</p> <ul style="list-style-type: none"> • EMSC Manager set to attending workshop on “Techniques in Developing Surveys” next week month. • There will be an EMS for Children vendor booth for 3 days (Nov. 10-12) at the annual EMS Symposium in Norfolk. <p>The full EMSC report is embedded here as a pdf</p>  <p>EMSC Program Report 100616.pdf</p>	
EMSC Family Representative Report	<ul style="list-style-type: none"> • Nothing to report. 	
Unfinished/Old Business:	<ul style="list-style-type: none"> • Pediatric involvement in State Trauma Plan – There is still robust involvement in all of the work groups involved in the comprehensive re-examination of the state trauma system. The Prehospital Work Group will be meeting on November 8 at the EMS Symposium (time and room to be announced). • Topics for 2017 EMS Symposium pediatric track – As mentioned previously, topics are due this month. It is easy to propose topics through the Symposium Presentation portal at https://vdhems.vdh.virginia.gov/symposium/presentations.html • Pediatric drug dosing awareness – The Handtevy webinar today was part of that strategy; other steps in action plan are detailed in the EMSC program written report embedded above. • Pediatric disaster preparedness – As discussed at previous EMSC Committee meetings, AAP sends emergency alerts with customized resources to designated representatives in states during certain hazardous situations. Prior to Hurricane Andrew, Dr. Barbara Kahler received an update and passed it on to David Edwards (copying Dr. Sam Bartle), as pre-arranged, who has contacts with emergency preparedness officials and others in the state who may potentially benefit from the resources contained within the AAP alerts. They are passed on as appropriate. 	
New Business:	<ul style="list-style-type: none"> • Meeting dates for 2017 -- The tentative meeting dates for 2017 were adjusted from the dates that had been attached to the draft agenda for the Oct. 6, 2016 meeting (those dates had all been one week later that they should have been). The EMS for Children Committee has generally chosen to have its meeting on the same day as the Medical Direction Committee (as a convenience for members who attend both meetings). <p><u>Official Meeting Dates for 2017:</u></p> <ul style="list-style-type: none"> • January 5, 2017 • April 6, 2017 • July 6, 2017 • October 5, 2017 	
Public Comment:	None	
Adjournment:	<ul style="list-style-type: none"> • Dr. Guins adjourned the meeting at 4:52 pm 	