



EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY MONTANA Advisory Committee
MARCH 11, 2016 MEETING MINUTES-10:00 AM – 2:00 PM

MEETING INFORMATION: In person: 1400 Broadway, Cogswell Building, C207-209 Video Conference: St. Vincent Healthcare -Billings

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- Guiding and providing oversight to the EMS & Trauma Section to improve outcomes in the critically ill and injured child by enhancing pediatric emergency care capabilities and promoting pediatric illness/injury prevention initiatives within our state. Committee composed of representatives from professional health care organizations, child advocate organizations, community service agencies and others vested in the care of children.

CHILD READY MT -STATE PARTNERSHIP OF REGIONALIZED OF CARE (SPROC) The intent of the program is to develop an accountable, culturally competent, and assessable emergent care system for pediatric patients across Montana, which will result in providing the right care, at the right time, in the right place.

INTRODUCTIONS- roll call of members

Helena:; Robin Suzor, EMS For Children Program Manager;; Clint Loss, MEMSA; Pam Buckman, MT Dept. of Transportation Rep; Joann Flick, MT State Library Education Coordinator; Rebecca Richards, PLUK representative; Dayle Perrin-Hospital Preparedness Manager; Jamey Peterson, MT Children's Trust Fund; Cindee McKee, MHA Rep; Heather Racicot, Children w/ Special Health Needs Rep; Juanita Bueter, School Nurse

Billings: Kassie RunsAbove, Child Ready MT Program Coordinator; Andrew Goss, Billings Clinic Injury Prevention Coordinator;

Absent: Dr. Greg Schulte, Pediatrician (Butte) MT Academy of Pediatrics; Alyssa Sexton, RN, EMS&T Trauma Systems Manager; Carol Kussman, Trauma Systems Coordinator; Judy Edwards, ED HMBH; Jen Shaw, HMHB; Lisa Warrington, HRD Medicaid MCH Nurse; Joe Hansen, FAN/IRREC Rep; Dr. Pierson Pediatrician-Billings Clinic. Jim DeTienne, EMS&Trauma Section Supervisor.

EMSC priorities are: To enhance healthcare professional pediatric education and training, To develop practice and care standards/guidelines; To promote pediatric injury prevention initiatives; To assist with pediatric disaster preparedness; and To develop a process to assure Emergency and Critical Care preparedness for the pediatric patient-facility Recognition.

The overall goal of the EMS FOR CHILDREN STATE PARTNERSHIP PROGRAM is to institutionalize pediatric emergency care within the larger EMS System. This will be accomplished through implementation of performance measure standards that assure the following are achieved: Nationally-recommended pediatric equipment are readily available in ambulances; Prehospital providers receive pediatric-focused training regularly and frequently to assure they are prepared to manage pediatric medical and traumatic emergencies;

Prehospital providers have access to pediatric medical direction whenever needed to assure the right care at the right time; Hospitals are equipped to medically-manage pediatric medical and traumatic emergencies; Healthcare facilities have well-defined guidelines and clearly understood processes that assure the immediate transfer of children to the most appropriate facility when medically-necessary; and That emergency medical service for children priorities are institutionalized with the State EMS System. Ensure that family-centered/patient-centered care is part of both prehospital and hospital phases of care for all children.

The overall goal of the CHILD READY MT is to implement a replicable regionalized system of healthcare for Montana children. Specific objectives include: Establishing and solidifying structure for program execution; Examining capabilities of each component of the healthcare system to optimize the sharing of resources; Developing and implementing processes to manage and treat acutely ill and severely injured children; Developing and implementing processes to provide pediatric specialty services for children requiring access to a higher level of service while providing clinical support and expertise that may facilitate keeping the child in the home community when the child's condition allows; and Facilitating access to and retrieval of clinical data to ensure safe, timelier, efficient, effective, and equitable and patient-centered care.

MT SPROC Report-

Child Ready MT –Kassie working on the “Cultural sensitivity/awareness training” scheduled for April 14. This is a national webinar with Theda New Breast. Finishing the 2 recorded webinars on I H S and ICWA; still working on the Hutterite, unable to find speakers for this webinar. Child Ready MT is working with Indian Health Service to help educate other hospitals and healthcare re: the workings on I HS.

The Data Report with Carl Taylor is in development; handed out previous survey and results along with “new” survey. Joan Flick will help Kassie with the development of questions with possible lickert scale versus yes and no answers.

Stacey Stellflug reported on her research on the PALS and simulation study for her dissertation. She shared her slides with the committee. She is interested in possibly continuing pediatric education research with the EMSC/child Ready MT program.

MDT-Child Passenger Safety –

offers child care seat technician trainings (4 days) training includes different car seat installations, why and how's of/for car seats; and includes a car seat community checkup activity. Handout re: training dates/locations to members to disseminate information to their stakeholders. Discussed the challenges the program has. The “Priority Recommendation” that evolved from those 3 challenges is: Evaluate current policies in birthing hospitals to assure American Academy of Pediatrics Newborn Discharge Policies are being followed. Challenges :Of the 50+ hospitals in Montana, it is estimated that roughly 30-35 are birthing centers. There are extremely limited programs in place to educate staff about discharge and transport of low birth weight newborns. It is unknown if hospital emergency departments include post-crash information about child safety seats in their routine discharge processes. OB/GYN and Pediatrics offices are not contacted in many areas of the State. It is unknown if the offices have CPS printed materials or are aware of the existing resources. Nurse from St. Vincent Healthcare discussed their policy re: low birth weight babies and car seats. But there is a challenge when infants/children are released from the hospital and car seats are not used by the parents/caregivers. **What is the best policy and procedure? What is the best course of action-call law enforcement since child car seats are a primary law or call and report to child protective services?** This could be a serious matter-may need to bring in a staff member from Child and Family Services Division to discuss child abuse reporting issues. Further discussion suggested that this is an issue to always bring up at a Facility

Pediatric Recognition visit. Reach out to other states to see their policy re: this issue. Reach out to the MT Chapter of the Academy of Pediatrics to discuss this issue as well.

MONTANA SCHOOL NURSES Association Discussion:

Connie Bengtson was not able to attend the meeting in person however she did call into the meeting via conference call. She wrote a letter to share: To the Committee Members of EMS/C Montana: March 10, 2016

I would like to begin by expressing great gratitude for the work that has been done by the EMS in the state of Montana. MT Association of School Nurses (MASN) members Juanita Bueter and Jeannie Penner have been attending meetings for the EMS-C/Child Ready Montana Advisory Committee and have nothing but praise for the dedication and progress made by the group.

At the December EMS/C meeting, I believe the subject of the availability of school nurses in our state was discussed. Montana does not have a mandate for a minimum school nurse to student ratio, so the funding for these positions must come from within individual districts. There is considerable variability therefore between districts and many students do not receive any school nursing services at all.

As president of MASN, I would like to respond to the suggestions that have come out at the last meeting, that were to place Emergency Medical Technicians in Montana schools to alleviate the lack of nursing services. The role of the school nurse is very often misunderstood, unfortunately. The National Association of School Nurses defines school nursing as a specialized practice of professional nursing that advances the well-being, academic success and lifelong achievement and health of students. To that end, school nurses facilitate normal development and positive student response to interventions; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (NASN, 2010).

Although there is no substitute for a professional school nurse, to have the services available of local Emergency Medical Technicians would of course still be of major benefit to all members of a community, including school communities. The knowledge and expertise of the EMT is invaluable when acute care demands occur in the school setting. Providing education and training for First Aid and CPR can prepare school staff to be able to aptly respond to medical emergencies when they occur. Thank you once again for the work you are doing and your compassion for the children that inhabit our beautiful state. Sincerely, Connie Bengtson, RN, MS President, MASN, Belgrade District Nurse

Sue Buswell was present at the meeting and discussed further the role of School nurses. Sue discussed the ever increase of chronic diseases in children such as type 1 diabetes, asthma, seizures, food allergies (the need for epi pens in schools) etc. School nurses work on individual health plans with students. She discussed the practice of "delegation" of duties when school nurses are not available. The delegation might be the community integrated mobile health/community paramedicine role with school nurses. This will be discussed further in the future. The EMSC will be attending the spring meeting for the MT School Nurses Association in Bozeman on April 18th.

Janet Trethewey, MT Cardiac Ready Communities

Program Manager discussed her program and showed a video of a teen girl who had suffered a sudden cardiac arrest at a school volleyball game. The game was being videotaped and continued during her CPR and AED usage. Janet discussed the importance of bystander CPR and survival. The Bozeman area has a much higher

survival rate as over 35,000 community members have been trained in hands only CPR and on the use of AEDs. The committee is interested in having a hands only CPR training at the June Committee meeting.

Jeremy Brokaw, Injury Prevention Coordinator discussed the CDC grant that his program is applying for the project.

EMSC-updates:

Facility Pediatric Recognition—handout-The MT EMSC/Child Ready MT program has reviewed 18 healthcare facilities in Montana-four facilities have been recognized as Pediatric Prepared and three are Pediatric Capable. Pediatric Prepared Facilities that have received recognition: St. Vincent Healthcare in Billings Montana received recognition in May 2015; Northern Montana Hospital in Havre Montana received recognition in August 2015; North Valley Hospital in Whitefish Montana received recognition in October 2015; Beartooth Billings Clinic in Red Lodge Montana received recognition in March 2016.

Pediatric Capable Facilities that have received recognition: Stillwater Billings Clinic in Columbus Montana received recognition in April 2015; Phillips County Hospital in Malta Montana received recognition in May 2015; Central Montana Medical Center in Lewistown received recognition in October 2015; Colstrip Medical Center Colstrip Montana received recognition in July 2015.

Emergency Nursing Pediatric Course (ENPC) course-

handout- 2014-November 15 (7 participants); Libby –cabinet peaks medical center = December 13-14 (5 participants); 2015- Bozeman Deaconess Hospital = April 11-12 (20 participants); Crow Agency PHS hospital = April 18-19 (6 participants); Glasgow = April 23-24 (14 participants); Bozeman Deaconess Hospital = May 2-3 (20 participants); Billings-ENPC Instructor course = May 2-3 (18 participants); Columbus Stillwater Billings Clinic = June 13-14 (13 participants); Helena St Peter’s hospital = September 17-18 (13 participants); Lewistown = November 22 (21 participants); Ruby Valley hospital (Sheridan) = November 21-22 (9 participants); 2016- Bozeman Deaconess hospital = January 9-10 (21 participants); Colstrip Medical Center = February 26-27 (8 participants); future courses- Fort Belknap hospital = April 9-10; Big Horn Memorial hospital (Hardin) = April 21-22; possible Billings ENPC instructor course = April 30-May 1; Libby–Cabinet Peaks Hospital = May 18-19. Member asked what the process is when a facility does not receive recognition. Resources are given such as sample policies and procedures, disaster planning resources, pi indicators, etc. Follow up with facilities in 6-9 months from visit. Baby friendly hospital designation are not a criteria checklist item, however, this can be added to the quality improvement section comments from the review team. Add discussion on car seats and AAP policy.

Reported that all three Regional Trauma Committees (Western, Eastern, and Central) were given \$3,000 in funding for regional pediatric specific education; will report out in September on this educational funding projects.

Coming of the Blessing-

March of Dimes initiative was discussed. Due to the National reorganization within the March of Dimes, a collaborative Train the Training in Montana will be in the fall of 2016. Jamey Petersen, MT Children’s Trust Fund and Heather, MT DPHHS CSHN and Robin will form a work group to work on this project.

Members present gave Roundtable Discussion to help inform group of other happenings across the State re: pediatric issues. ChildWise Institute (Tina) is working on a grant with 5 communities to increase the awareness of ACES (adverse childhood experiences.) ACES result in many adult chronic diseases and drug and alcohol abuse. The communities are Missoula, Kalispell, Fort Peck, Helena, and possibly Livingston (just had many teen suicides.) Resource follow-up is important part of the grant.

MT Maternal and Child Health (MT DPHHS) Block grant with Transformation 3.0 Reorganization lead to new performance measures both national and statewide. Safe Sleep, child injury resulting in hospital admissions, family support, access to care and public health and health education are some of the performance measures/work within state.

Montana Healthcare Association (MHA)

Has new initiative with 4 goals/objectives with their new Strategic Plan for Preventable Deaths.

FICMR (fetal infant, child, material death review) All deaths maternal through age 17-there were 175 deaths in 2014, 172 in 2013.

NEXT MEETING DATE

Scheduled for June 17th at 10-2:00. The in person meeting will be in Helena as this is a central location and in Billings'-- telehealth portion. PLEASE TRY TO ATTEND OR SEND A REPRESENTATIVE.