



## EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY MONTANA Advisory Committee

JUNE 17, 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; Conference call

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; Dayle Perrin-Hospital Preparedness Manager; Heather Racicot, Children w/ Special Health Needs Rep; Juanita Bueter, School Nurse (conference call); Joe Hanson, FAN (conference call); Jen Shaw, HMHB; Jim DeTienne, EMS&Trauma Section Supervisor  
Billings: Kassie RunsAbove, Child Ready MT Program Coordinator; Andrew Goss, Billings Clinic Injury Prevention Coordinator; Amber-St V's Pediatric Nurse; Koren Bloom, Paramedic and Safe Kids Coalition representative.

Absent: Dr. Greg Schulte, Pediatrician (Butte) MT Academy of Pediatrics; Alyssa Sexton, RN, EMS&T Trauma Systems Manager; Carol Kussman, Trauma Systems Coordinator; Dr. Pierson Pediatrician-Billings Clinic; Jamey Peterson, MT Children's Trust Fund; Cindee McKee, MHA Rep

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.

## **PEDIATRIC DATA REPORT-**

Data report from Trauma Registry 2015. 397 trauma cases (249 male & 148 female) Of the three trauma regions-Eastern (largest) had the most cases with 184, Western – 135 and Central 69. Injuries broken down by age and causes-blunt injury is leading cause of trauma followed by motor vehicle crashes-ATV = 26 cases and horse related injuries = 22. Home and street are the place of injury. Mode of arrival to EDs are 190 Ambulance & 176 Private vehicle (helicopter = 19 cases). Transfers out of state –majority are for peds neuro w/ 26 cases (Spokane-9; Seattle-2; Denver-10 and Salt Lake City 5 cases. 9 children died in Montana EDs – 4 drowning/hanging; 2 MVC; 1 pedestrian; 2 SIGSW.

Handout of CDC 2015 YRBS Data report with Montana comparisons- 80.3% never or rarely wore helmets- 9.5% never wore seat belts-54.6% texted or emailed while driving-18.8% seriously considered suicide and 8.9% attempted suicide-69.9% drank alcohol ; 2014 Traffic Safety Facts/data from US DPT of Transportation (National Data w/ MT child motor vehicle traffic fatalities and fatality rates 192 total {Children and adults} traffic fatalities with 8 child motor vehicle traffic fatalities = 4.2% of total.) Carol Kussman, Trauma Coordinator, offered a detailed summary of the “Fall” category. Questions also arose re: if a child is transferred out of state and the child dies, is this counted as a death in the Montana statistics? No, since the child is in another state and facility. The “Falls” data helped to determine additions to the Strategic Plan in section SP3.

## **MT SPROC Report-**

Child Ready MT –Kassie continuing to work on “Cultural sensitivity/awareness training”. Child Ready MT is working with Indian Health Service to help educate other hospitals and healthcare re: the workings on I HS.

**SPROC STRATEGIC PLAN- 2016-2020** – Strategic Plan taking the data reports into consideration re: injuries to children- added to the Collaboration Section S.P. 3 section 3.7- Child Passenger Safety Trainings; 3.8-Child Fall Protection (recreation is the leading causes of falls-snowboarding, skiing; etc. – i.e., helmet programs; 3.9 –Library Prevention Safety Programs; 3.10 – Collaborate with the Hospital Preparedness Program; 3.11 Collaborate with the MT Office of Public Instruction (OPI) Health and Safety Programs; 3.12 – Collaborate with the MT Healthy Kids Program (CHIP/Medicaid).

**Healthcare Apprenticeship Program** (Madeline Boehm) with the MT Department of Labor and Industry. Handout- HEALTHCARE APPRENTICESHIP for CAN; Pharmacy Tech; LPN; Phlebotomist; EMT- B standard competencies program- highlighted the draft EMT-B model. Madeline shared other relevant information.

## **EMSC-updates:**

Facility Pediatric Recognition–handout-The MT EMSC/Child Ready MT program has reviewed 24 healthcare facilities in Montana-6 facilities have been recognized as Pediatric Prepared and 6 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; Kalispell Regional Healthcare (April 2016); and Billings Clinic (Billings.)

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; St. Joseph Hospital (Polson) and Community Hospital of Anaconda.

## **Emergency Nursing Pediatric Course (ENPC) course-**

Handout- 2014-totals 12 participants; 2015-Totals = 134 participants; 2016- as of 6/1/16 = 92 participants w/ more courses being scheduled.

EPC-handout –total courses = 8; student total= 94; new instructors = 14. Lakeside course held 6/11 with 15 participants for a total of 109 as of 6/17/2016. More scheduled in fall 2016.

## **Promising Pregnancy /Coming of the Blessing-Training and collaboration =**

July 21-22 training in Havre in collaboration with MT DPHHS MCH and March of Dimes, MT Medicaid program, Healthy Mothers Healthy Babies/MT Children's Trust Fund. This is a group prenatal care model. Medicaid funds are allowed @ \$30 per woman attending the sessions; Prenatal care providers specifically for those who provide services to Native American populations; Integrating traditional beliefs with current practice.

Child Passenger Safety Technician Training- The MT EMSC program collaborated with the Safe Kids Coalition and sponsored the CEUs with the MT Nurses Association for nurses and emts to receive CEUs for the training- and sponsoring the \$85 registration fee reimbursement-like to have at least 2 Techs in each county. Training is scheduled in Glendive, but does not have the needed number of participants. Members said they would help spread the word re: the course.

### **Ambulance Pediatric Equipment Project-**

90 MT services requested pediatric equipment and supplies. Due to backorder from the medical supply company- pediatric kits have not gone out yet-possible end of June distribution. Members present gave Roundtable Discussion to help inform group of other happenings across the State re: pediatric issues.

The MDT Occupation Protection Emphasis Area committee minutes of the 5/10/16 meeting were distributed. The Strategy areas were discussed-(1) Support policies, education, training, programs, and activities that promote and increase seat belt and child safety seat use; (2) Encourage seat belt use policies; (3) Support enforcement of existing seat belt and child passenger safety laws; and (4) Evaluate PSA. 5 CPS Trainings with 19 new Techs as of 6/1/2016.

### **Healthy Mothers Healthy Babies program (HMHB)-**

the program has given out 150 cribs and car seats across MT. The Executive Director has recently resigned due to health issues. They are working on a Post Natal Depression Conference in October (21-22nd in Helena.) Reported 30 hospitals are utilizing Period of Purple Crying Program-added Lewistown, Hamilton, and Blackfeet I HS is in development.

Injury Prevention Program- working on a NAS grant for Opioid use in MT.

ST. Vincent's -Amber reported that ST. V's is working on a NICU collaborative for opioid use as well.

MEMSA-MT EMS Association is currently developing a possible MEMSA Conference in October in Glasgow. Looking for presentations- Possible collaboration for a pre-conference session; Stat Air is a possible presenter.

MT School Nurses Association-Juanita Bueter reported that the First Aid Guidelines for Schools Flipchart is currently being revised. Possible September distribution-May substitute spiral format vs. flipchart for new version. There are new Guidelines for concussions /head injury. With the increase of Opioid life threatening events-what is available in MT for treatment? -add this topic to the **September agenda**.

### **MT Hospital Preparedness Program with DPHHS-**

working on Pediatric Disaster Coalition -multi state disaster surge capacity -St. Vincent's Healthcare and Kalispell Regional Healthcare facilities are interested in this training and project. The project is in the final phase of building out the EMResource platform for the Mountain States Pediatric Disaster Coalition. Title and brief description of project: Mountain States Pediatric Disaster Coalition situational awareness and communication project. The project includes the implementation of a web-based solution designed to address the resource management needs for pediatric healthcare facilities in the Mountain States region, providing near real-time situational awareness of regional pediatric surge capacity and capability during disasters or public health emergencies affecting children. The project also includes the development of a coalition website as a centralized repository of region-specific information and resources. Other updates: EMSC is listed in the grant funding guidelines to help promote EMSC -equipment, education, communication plans, and other information.

### **Janet Trethewey, MT Cardiac Ready Communities**

Program Manager offered training to Advisory Members in hands only CPR and on the use of AEDs. She discussed the use of hands only CPR in each community and the rates of survival. Even kindergarten aged children were taught hands only CPR and then instructed adults in the process in one community event.

Jeremy Brokaw, Injury Prevention Coordinator discussed the CDC grant that his program is applying for the project. He will update the committee in September.

### **NEXT MEETING DATE**

Scheduled for SEPTEMBER 9th 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.