



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

Advisory Committee

December 11, 2015 MEETING MINUTES

10:00 AM - 2:00 PM

MEETING INFORMATION:

In person: 1400 Broadway, Cogswell Building, C207-209

Video Conference: Mansfield Center, 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: Jim DeTienne, EMS&Trauma Section Supervisor; Robin Suzor, EMS For Children Program Manager; Jeremy Brokaw, Injury Prevention Coordinator; Cindee McKee, MHA Rep; Dr. Greg Schulte, Pediatrician (Butte) MT Academy of Pediatrics; Heather Racicot, Children w/ Special Health Needs Rep; Pam Buckman, MT Dept. of Transportation Rep; Dayle Perrin-Hospital Preparedness Manager; Juanita Bueter, Gardiner School Nurse; Joann Flick, MT State Library Education Coordinator/EMT; Jen Shaw, Healthy Mothers/Healthy Babies;

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

Absent: Alyssa Sexton, RN, EMS&T Trauma Systems Manager acant, MT DPHHS FICMR Coordinator; Harry Sibold, MD, FACEP, State EMS Medical Director; Dr. Salerno, St. Vincent's Health Care; Tony Fisher, I HS; Dr. Chamberlin, St. Vincent's Health Care; Lorna Dyk, St. Vincent Healthcare; Jeannie Penner, School Nurses' Association; Jamie Peterson, MT Children's Trust Fund; Robin Vanhemelryck, FAN Chair; Crystal Colliflower, I HS Representative; Rebecca Corbett, Health Resources Division Rep; Zoe Barnard, Children's Mental Health Bureau. Joe Hansen, FAN/IRREC Rep; Clint Loss, MEMSA

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.

MONTANA SPROC REPORT

Child Ready MT -the cultural sensitivity/awareness training was rescheduled for November 17th. The 2 recorded webinar on I HS and ICWA are finished. Process for viewing the recorded webinar did not work-no viewing. Kassie will send the link to the committee members for viewing. Migrant workers/Spanish speaking population webinars are in development. Kassie is working with I HS to help educate other hospitals and healthcare re: the working of I HS. Malta completed a third pediatric mock code. Malt is signed on with St. Vincent Healthcare Rural emergency telehealth grant. Information re: the rural telehealth gran will be presented at the next meeting.

The data matrix was discussed. DPHHS data needs to be separated due to the large amount of data. Hospital discharge data, etc.

New SPROC grant was released and only 4 new or continuation grants will be funded 2016-2020. Grant is due January 20, 2016-Robin is working on draft.

SMART 911 PRESENTATIONS

Described as an intelligent data delivery tools that allows Smart 9111 to support multiple data sources and types without overloading telecommunicators; information was shared by company re: How, What, and Where. The software is a subscription (yearly) and can be city specific such as Missoula and Butte (system is already in place.) Or can be statewide. Many other states are utilizing the Smart 911 with success. This delivers accurate detailed caller information with incoming 911 calls. Info can include family member data, photos, exact addresses, disabilities, cshn, and medical conditions. Data is stored in a secure, national database and built on Raves public safety grade infrastructure. It can utilize and initiate text sessions with non-verbal callers; can give info to EMTs on any special transport details. Company also provides community outreach on Smart 911 profile data, chat and enhanced location data. It offers data such as responder safety checks, f lloor plans, hazmat data and medical data from hospitals, etc. Committee would like more information on how this works in Missoula and Butte.

EMSC updates:

Facility Pediatric Recognition Criteria- is the process to identify the readiness and capability of a hospital and its staff to provide optimal pediatric emergency and critical care. 13 facilities have been visited-3 have been formally recognized as Pediatric Prepared ==St. Vincent

Healthcare (May 2015), Northern MT Hospital in Havre (August 2015), North Valley Hospital in Whitefish (October 2015)-North Valley Hospital staff wrote an article for the December newsletter. Three as Pediatric Capable-- Colstrip Medical Center (July 2015), Stillwater Billings Clinic (Columbus-April 2015), and Phillips County Hospital in Malta (May 2015) and Central Medical Center in Lewistown (October 2015.)

MT School Nurses shared a presentation on "The State of School Nursing in Montana-a comprehensive study of school nursing services." The # of school RNs practicing in Montana public schools is 90, total # of school nurses = 107. Total # of students = 144,034. MT School nurse ratio is 1:1,728 students. In 2009 ratio was 1:2,300 students. Prevalence of chronic conditions include asthma (5.65%) speculated # of students w/ condition in counties with no school nurses is 1, 123; Diabetes .32%; with 74 students in counties with no school nurse. Seizure disorders (.66%) and life threatening allergies (1.44%.) Member shared information on the presentation-discussion ensued re: community paramedicine working with School nurses on delegation of duties when nurse is not present at the school. Juanita will work with the MT School Nurses Association to bring more info to the March meeting.

ENPC COURSES

Educational opportunities in each region will help the barrier that hospitals and E.M.S. personnel have in attending pediatric education courses. Courses scheduled in Bozeman (January 9-10); Colstrip (February 26-27) Deer Lodge (February), Missoula (March 7-8) and one being developed in Browning.

EPC Courses- Dec 9 in Plentywood; March 5 in Kalispell, April 9 in Helena. What about STABLE education? –will look into this possibility and Mock code specific education i.e., RSV? What about developing a Pediatric "Team Course"? This would be similar to the Geriatric Teams Course. What would it take to develop this course? Robin will discuss this with the RTACs and Trauma Systems.

Jim DeTienne discussed the Mobile Simulation in Motion project (Helmsley grant) committee members offered ways that the trucks could increase pediatric education across Montana. Trucks will be order in January 2016 with delivery approximately December 2016.

Pediatric Trauma Data 2014 report 418 cases were Caucasian/87 American Indian with males overrepresented. Chart of Pediatric 2014 age distribution of pediatric trauma cases. Blunt Injury was the majority of trauma cases with falls in second place -152 and motor vehicle crashes (MVC) -184. Motorcycle-58 cases; horse related -24; Transfer data-highest need is for Peds Neuro cases. 15 Pediatric trauma related deaths in 2014- MVC = 4; drownings = 3; hanging = (3) and atv =2); pedestrian, assault with a gun and accidental discharge of a gun all with 1 each. 10 pediatric patients died in E.D.s 4 died admit to I.C.U; and 1 died in the O.R.

MARCH OF DIMES

Presentation was shared from the Kalispell Prematurity conference entitled: "Bad Medicine: NAS on the Flathead Reservation." Robin will work to collaborate with the March of Dimes to help bring "Coming of the Blessing Trainings" to Montana. She will follow through in 2016.

SCHOOL HEALTH RULES

These are being updated-last updated in 1986. Shari Graham, E.M.S. Systems Manager submitted an update to the draft rules revision. She added to section 37.111.825: Health Supervision and Maintenance Rules, Section

4b- "To include permission for treatment and transport by E.M.S. to the closest appropriate facility in the event a parent or legal guardian cannot be contacted."

ROUNDTABLE: M.D.T. offers National Child Passenger Safety (CPS) Technician Trainings. Trainings provide hands-on-activities familiarizing participants with all types of care seats and set belt systems; which are appropriate for different age and weight of children; how to correctly install them, etc. Newly certified technicians then use their skills to teach parents and caregivers about proper car seat safety for their children with a community car seat checkup. Dates and locates are listed on the M.D.T web site- Would like to have at least 2 CPS Technicians in each of the 56 counties.

MT State Library Representative shared posters with member on Literacy and text message project.

HMHB is currently working on Shaken Baby Syndrome/Period of Purple Crying Education; developed a new revised Crying Card to hand out. Working on child car seat project-supplying car seats to new families-Jen is available for Period of Purple Crying trainings.

Jeremy Brokaw, Injury Prevention Coordinator, is working on a CDC grant application. The grant emphasizes injury prevention, child abuse and neglect, and intimate partner violence. The grant is very competitive. He will discuss more at the next meeting.

Juanita Bueter shared that the new school emergency guidelines are out and they will look into development of the revised flip chart for school personnel.

Next meeting is March 11, 2016 in Helena – Telehealth in Billings.