

EMSC/CHILD READY CONNECTION NEWSLETTER

DECEMBER 2015: VOLUME 3, ISSUE 12

A word from the EMSC Program Manager:

Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (*prevention, emergency response, prehospital care, hospital care, interfacility transport, and rehabilitation*) is provided to children and adolescents, no matter where they live, attend school or travel.

THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME WITH THE RIGHT RESOURCES!



Child Ready Montana- State Partnership of Regionalized Care (SPROC)

The intent of the program is to develop an accountable culturally component and assessable emergent care system for pediatric patients across Montana.

Exciting news and events are going on this month!

FREE PEDIATRIC TRAUMA-ARE YOU READY? A LIVE SYMPOSIUM-DEC 16TH-SEE PAGE 2 FOR REGISTRATION INFORMATION.

SEE THE PEDIATRIC FACILITY RECOGNITIONS LIST- PAGE 2

SEE DECEMBER AWARENESS ISSUES— PAGE 3.

NORTH VALLEY HOSPITALS PROCESS TO PREPAREDNESS- PAGE 4.

DO YOU KNOW WHAT *VISION ZERO IS*? SEE PAGE 7

ANSWER THE TRIVIA & WIN A FREE TRIP TO THE NORTH POLE—(OR NOT) BUT WIN A SET OF PEDIATRIC PALS ALGORITHMS CARDS-SEE PAGE 9

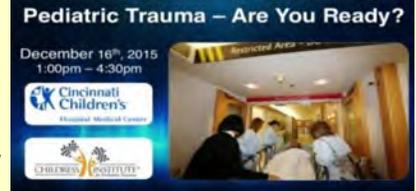


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PEDIATRIC TRAUMA - ARE YOU READY?

Join experts on **December 16, 2016 11:00-2:30 Mountain Standard Time** as they discuss various methods to **treat and manage the pediatric trauma patient**. Topics covered will include global injury burden, pediatric emergency readiness, trauma system, solid organ management, pancreatic injury management and DVT prophylaxis; and will be broadcast live to a virtual audience from Cincinnati OH. This 4 hour symposium will be based on speaker presentations and panel discussion. This will be an interactive and engaging seminar with audience polling, questions and debate. **Approved for 3.50 AMA PRA Category 1 Credit** **Price: \$49.00 (group rates available)** **Register** at <http://www.globalcastmd.com/shows/register/pediatric-trauma-are-you-ready>



Topics Covered

The symposium will be broadcast live to a virtual audience from Cincinnati OH. This **4 hour symposium will be based on speaker presentations and a faculty panel discussion**. Accreditation Statement -Cincinnati Children's Hospital Medical Center is accredited by the Accreditation Council for CME. Cincinnati Children's designates this live activity for a maximum of 3.5 *AMA PRA Category 1 Credit (s)*TM. **The agenda times are on EST (adjust for MST)**

AGENDA

- | | |
|-------------------|-------------------------------------------------------------------------------|
| 1:00 pm - 1:15 pm | Global Injury Burden - Benedict Nwomeh, MD, MPH (11:00 am MST) |
| 1:15 pm - 1:30 pm | Pediatric Emergency Readiness- Elizabeth Edgerton, MD, MPH |
| 1:30 pm - 1:45 pm | Trauma System -Todd Maxson, MD |
| 1:45 pm - 2:30 pm | Panel Discussion/Q&A |
| 2:30 pm - 2:45 pm | Break |
| 2:45 pm - 3:15 pm | Solid Organ Management -(David Mooney, MD, David M. Notrica, MD, FACS, FAAP |
| 3:15 pm - 3:45 pm | Pancreatic Injury Management -Bindi Naik-Mathuria, MD and Shawn St. Peter, MD |
| 4:15 pm - 4:45 pm | Summary & Final Thoughts |

Pediatric Trauma - Are You Ready

The MT EMSC/Child Ready MT program has reviewed 13 healthcare facilities in Montana. Of the 13 site reviews **four facilities have been recognized as Pediatric Prepared and three are Pediatric Capable**. **THANK YOU TO ALL THE FACILITIES!**

Pediatric Prepared Facilities that have received recognition:

- St. Vincent Healthcare** in Billings Montana received recognition in May 2015
- Colstrip Medical Center** Colstrip Montana received recognition in July 2015
- Northern Montana Hospital** in Havre Montana received recognition in August 2015
- North Valley Hospital** in Whitefish Montana received recognition in October 2015

Pediatric Capable Facilities that have received recognition:

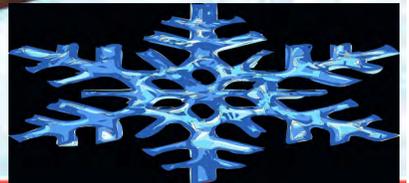
- Stillwater Billings Clinic** in Columbus Montana received recognition in April 2015
- Phillips County Hospital** in Malta Montana received recognition in May 2015
- Central Montana Medical Center** in Lewistown received recognition in October 2015

Holidays, Observances & Awareness

DECEMBER

Holidays & Awareness Days

- DEC 1 – World AIDS Day
- DEC 4 – National Cookie Day
- DEC 10 – Human Rights Day
- DEC 14 – Monkey Day
- DEC 16 – National Chocolate Covered Anything Day
- DEC 16 – First Day of Hanukkah
- DEC 21 – First Day of Winter
- DEC 23 – Festivus
- DEC 24 – Last Day of Hanukkah
- DEC 25 – Christmas
- DEC 26 – First Day of Kwanzaa
- DEC 30 – Bacon Day
- DEC 31 – New Year's Eve



Celebrate
National Handwashing Awareness
Week with the Soap Sheet Dispenser!



Celebrate the holidays
with the Shatter Resistant
Ornament!



Awareness Months

- Bingo Month
- National Write a Business Plan Month
- Universal Human Rights Month
- Read a New Book Month

Awareness Weeks

- DEC 7 – 13 National Handwashing Awareness Week
- DEC 14 – JAN 5 Christmas Bird Count
- DEC 14 – 20 Gluten-free Baking Week





CHILD READY MONTANA

Child Ready Montana is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 6 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.

NORTH VALLEY HOSPITAL'S PROCESS TO REACHING PEDIATRIC PREPAREDNESS

By Alessandra Beers RN, BSN

In the spring of this year we made the decision to seek the pediatric prepared designation for our hospital, while this designation is specific to ED; from the start we approached it as a hospital wide initiative. We are a 25 bed CAH, so many of our staff float between departments and working together on this for the good of the whole hospital seemed the best way for us to approach it.

We set a goal to be ready for inspection in the early fall. This gave us about 6 months to work on updating policies, gathering equipment and reviewing staff education to meet the requirements. Our work group consisted of staff from the Emergency Department, Med-Surge/Peds, Special Care, and Obstetrics; we also included Respiratory therapy, informatics, pharmacy; and an ED physician and Pediatrician.

We met monthly and reviewed the criteria, dividing projects among our group setting short term goals. One of our first big decisions was to define pediatric patients. Our consensus after discussing with the providers and the departments involved was that any patient older than 28 days would go to the Med-Surge/Peds department, (with adjustments made for gestational age in the case of premature children). We also decided that to us pediatric patients would go through age 13.

We accomplished a lot in six months; some of the policies we already had written in regards to patient and family centered care, due to our hospital's Planetree affiliation. Planetree's motto is "patient centered care in a healing environment." This philosophy lends itself very nicely to the care of pediatric patients.

Other policies we had to create; we wrote a comprehensive pediatric disaster plan and created a pediatric admission process that addresses safety, security, emergency medications, developmental assessment and a pediatric care plan. We created a pediatric quality improvement plan which is focusing on pain control in the ED currently. We have a tool to audit certain charts every month, they include ESI of 1-2, admissions, transfers to a higher level of care, trauma activations and patients that receive a CT other than their head.

We have implemented new requirements for our clinical staff; nursing staff in Med-surge, SCU, OR and ED are now required have PALS, PEARS and/or ENPC depending on their department. At this point almost all of our staff are up to date. We have also implemented an ultrasound guided IV training program and competency for the staff as a tool to aid in difficult IV starts and phlebotomy, this has been a huge benefit to our pediatric patients.

We had our inspection on October 20th and our hospital successfully met the requirements for Pediatric Preparedness!

I am so proud of the improvements our team made to our pediatric program hospital wide and I know it will benefit our community.

THANKS NORTH VALLEY HOSPITAL FOR BEING PEDIATRIC PREPARED!!!

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Barriers and Facilitators to Detecting Child Abuse and Neglect in General Emergency Departments

A recent article published in *Annals of Emergency Medicine* studies provider experiences with screening and reporting child abuse in general emergency departments (EDs). The article also identifies barriers to and facilitators of child abuse and neglect detection in the ED. Using semi-structured interviews, investigators obtained the experiences of 29 providers from three general EDs. Investigators **identified the following barriers to recognizing child abuse and neglect:**

- 1) providers' desire to believe the caregivers,
- 2) lack of ongoing contact with the family,
- 3) **failure to recognize the child's presentation could be a result of child abuse and neglect**, and
- 4) provider bias.

Additionally, investigators identified the following **barriers to reporting child abuse:**

- (1) factors associated with the reporting process,
- (2) lack of follow-up, and
- (3) negative consequences because of reporting the abuse or neglect (i.e. having to testify in court).

Investigators identified the following facilitators to detection of child abuse and neglect: real time discussion with peers or supervisors and the belief that it was better for the patient to report in the ED. Investigators concluded that there are many ways to improve the detection of child abuse and neglect in general EDs. Examples include, but are not limited to: education, improving follow-up with Child Protective Service, and increasing real-time assistance in patient care decisions.

DECEMBER - FAMILY STRESS DURING THE HOLIDAYS

The Problem: Unrealistic expectations, increased demands on schedules & financial pressures, often lead to problems for all members of the family. Consequences can include:

- ✂ Stress related health problems
- ✂ Depression and anxiety
- ✂ Child abuse
- ✂ Fatigue
- ✂ Increased fighting
- ✂ Substance abuse
- ✂ Domestic violence

The Solution: Families can learn how to cope with the additional stress of the holidays. Families should sit down together before the holiday season arrives and discuss their priorities and plan for maximum enjoyment of the season with minimal stress.

Some **tips include:**

- ✂ Learn to set priorities and limits-and keep them!
- ✂ Improve family dynamics with improved communication. Ask for input on what is important.
- ✂ Teach kids that giving is more important than receiving. Do for others as a family. Helping others can put our own expectations and stress into perspective.
- ✂ Set a budget and stick to it.
- ✂ Ask for help. If you feel overwhelmed, ask for help from family, friends, or neighbors.

Toll free hotline resource: **ChildhelpUSA at 1-800-4-A-CHILD.**

#VisionZeroMT

zero deaths | zero serious injuries

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TRANSPORTATION

Montana Department of Transportation Director Mike Tooley announced “**Vision Zero**,” a multipronged initiative with the ultimate goal of eliminating deaths and injuries on Montana highways.

“Today I am standing up for the lives of all Montanans and making a commitment to aim Montana toward zero deaths and injuries on our highways. One life lost to a

crash is one too many,” Tooley said. “It’s a huge effort, but the Department of Transportation and our partners are united in our mission to save lives on Montana roads.”

To demonstrate the havoc that vehicle crashes can wreak, MDT introduced its Twisted Metal Sculpture Garden on the UM campus. (To view the sculptures and hear the audio, visit the Plan2Live [Listen to Real Survivors](#) page.) The exhibit features remnants of vehicles wrecked on Montana roads, along with audio stories of real Montana crash survivors. The exhibit encourages Montanans to share their own stories of lives shattered or saved on Montana highways by posting to #VisionZeroMT.

MDT reports that in the last 10 years 2,309 people died in vehicle crashes on Montana roadways, 492 of which were 18- to 25-year-olds — the age group with the highest fatality crash rate.

“Imagine if all the students today at Park High School in Livingston were taken from their community,” Tooley said. “That’s how many 18- to 25-year-olds we’ve lost in a decade, and it’s simply not okay for our state to lose lives to something that could have been prevented.”

Reaching Montana’s young drivers will be key in eliminating deaths, Tooley explained. MDT reports that 85 percent of those 18- to 25-year-old fatalities in the last 10 years involved a crash with an impaired driver or occupants who were either not wearing their seat belts or wearing them incorrectly.

VISION ZERO FOCUSES ON:

#VisionZeroMT
zero deaths | zero serious injuries

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1. **Education** through public information campaigns during the busiest travel periods and local outreach through Buckle Up Montana, DUI Task Force and Safe On All Roads (SOAR) programs, including teen traffic safety educational programming.
2. **Enforcement** of Montana seat belt and impaired driving laws by Montana Highway Patrol and local law enforcement agencies, whose presence reminds drivers and occupants to obey traffic laws. In addition to increased enforcement periods during Mobilization and Selective Traffic Enforcement Program or STEP periods, when traffic enforcement is increased around the busiest travel times of the year and around events that include an emphasis of alcohol consumption.
3. **Engineering** of Montana roadways to ensure that Montana’s thousands of miles of state roads and highways are built and maintained with safety as the first concern.
4. **Emergency medical response** adequately funded and equipped to respond to vehicle crashes with proper emergency response vehicles, training and medical equipment through the Emergency Medical Services Grant Program.

“All four areas of focus for Vision Zero are critical as we move toward zero deaths and injuries on Montana roadways,” Tooley said. “But we can’t do it without the complete support of every Montanan. That means that every time you get into a vehicle: **Buckle up, make sure your children and friends are buckled up, and never drive impaired or allow an impaired person to drive.**”

<http://www.mdt.mt.gov/visionzero/about.shtml>

JCAT RELEASES 2015 INTELLIGENCE GUIDE FOR FIRST RESPONDERS

The Joint Counterterrorism Assessment Team (JCAT) released the [2015 Intelligence Guide for First Responders](#).

This guide updates the 2011 edition, and was produced by first responders for first responders, to improve information sharing among state, local, tribal, and territorial jurisdictions and the federal government. This guide addresses:

- first responders' roles and responsibilities as a consumer of intelligence information;
- how to handle this information and why it must be protected;
- how to gain access to internet-based U.S. Government systems; and existing federal, state, local, tribal, and territorial partnerships that first responders can use to carry out their duties and responsibilities.

In addition, the guide discusses the Nationwide Suspicious Activity Reporting Initiative and provides an overview of the Intelligence Community, the intelligence cycle, and the products available to first responders.

AAP Releases New Policy Statement: Ensuring the Health of Children in Disasters

The American Academy of Pediatrics (AAP) recently released the new policy statement "[Ensuring the Health of Children in Disasters](#)" in the November 2015 issue of *Pediatrics*. The statement stresses the importance of collaboration between pediatricians, institutions, and agencies that serve children to ensure the health and well-being of children in disasters. Strategies for pediatricians and others involved in the care and well-being of children to prepare for and mitigate the effects of disasters are included.

For more information, see the [AAP Children & Disasters website](#).

PEDIATRIC READINESS ASSESSMENT PORTAL RE-OPENS

The Pediatric Readiness (Peds Ready) assessment portal reopened on November 1, providing hospitals an opportunity to reassess their readiness in caring for ill and injured children.

Upon completion of the assessment, respondents will receive an electronic gap analysis report containing their new Readiness Score, compared to their 2013-14 Readiness Score (if applicable), as well as a breakdown of the overall scoring. To access the portal, go to www.pedsready.org.

DO YOU KNOW ABOUT CASPER?

http://www.cdc.gov/nceh/hsb/disaster/CASPER_elearning/

The CDC has an online training course for CASPER (Community Assessment for Public Health Emergency Response). The tool was developed to provide communities with a rapid way to determine the health needs of the community. This information supports informed response and decision-making before, during and after a disaster. The online training takes about 60 minutes to complete. For more information— www.cccems.org

Need Pediatric and Neonatal Disaster Preparedness Info go to <https://sites.google.com/site/pedineonetwork/>



TRIVIA CONTEST:

Answer the trivia and win a free set of the PALS Algorithm Cards—First 5 to email answers to Robin -rsuzor@mt.gov.

1. What day is chocolate covered anything day?
2. What week is National Hand washing week?
3. What is one of the barriers to detecting child abuse and neglect?
4. What are two consequences of stress?

TRAINING RESOURCES:

VIDEO



Patient Video of the Week: 7-Week-Old Possible Blunt Trauma

ReelDx Education: Best practices for emergency assessment are made vivid through real patients.

<http://www.emsworld.com/video/12081461/patient-video-of-the-week-7-week-old-possible-blunt-trauma>

The 12 Ways to Health Holiday Song



check out the other holiday health tips -Learn how to stay safe and healthy with this festive song, sung to the tune of *The Twelve Days of Christmas!**



<http://www.cdc.gov/features/healthytips/>



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