ROLL CALL AND INTRODUCTIONS

PEDIATRIC LIAISON UPDATE – Conducted a two-day pediatric disaster training for the Miles City College of Nursing. Full scale bus crash with pediatric patients. Conducted multiple CPS Tech trainings. It’s Your Choice events scheduled for the Spring 2022. Working on the finalization of the Pediatric “TEAMS” Course. Attending the PWDC Learning Sessions (PECC) with the EIIC. Pediatric Assessment and Treatment, Medication Endorsement at Liberty County Ambulance in Chester. Active Shooter Preparedness and Response, seizures, peds non-accidental trauma, pediatric assessment, and triage Training. Pediatric training with Superior Ambulance. ECC Council meeting (pediatric rep); PALS Renewal Course for Riverstone Health Residents; EZ IO and IGEL training for Community Medical and Anaconda Fire Rescue. TEEX/FEMA Pediatric Disaster Training in Alabama.

CULTURAL HUMILITY update- Lanette Perkins. She is adapting the MT Cultural Assessment to be more inclusive of diverse populations and expanding the scope. She is attending multiple webinars to gain insight and resources. Working on the draft of the assessment, develop a scoring sheet, and a possible PI/QI project for facilities. A user-friendly relevant draft will be presented to the Advisory Committee at the June 2022 meeting. Updating the terminology to follow the National recommendations. Researching the Healthy People 2030 document. Working to strengthen the cultural humility of Montana hospitals and EMS. Hannah Yang offered to edit the document with the group at MT DPHHS Data Equity Project.

TRAUMA UPDATE: Alyssa, MT Trauma Systems Manager reported that on the March 3rd MT Trauma Systems Webinar (yearly spring update) she reported to trauma coordinators/ED Managers that ACS verified hospitals that the Pediatric Readiness Project requires that all ACS Trauma Designated facilities need to work on the gaps of pediatric care. She played a 5-minute video from the recent Pediatric Trauma SPRINT with EIIC. She highlighted the new criteria.

EMSC UPDATE: shared the EMSC #1-9 Performance measures.

Highlighted data from a Symposium with Children’s Colorado on firearm homicides and suicides have surpassed motor vehicle crashes as the number 1 killer of children and adolescents. Mechanisms of injury death amount children 0-19 in 2020- firearm 28.3%; motor vehicle crashes 24%; Suffocation 16.2% and Drug Poisoning 11.6%. That is equivalent to 1.5 school buses a week and/or 7 747 planes
While some suicides are deliberative and involve careful planning, many appear to have been hastily decided-upon and to involve little or no planning. Chronic, underlying risk factors such as substance abuse and depression are also often present, but the acute period of heightened risk for suicidal behavior is often only minutes or hours long (Hawton 2007).

The Houston study interviewed 153 survivors of nearly lethal suicide attempts, ages 13-34. Survivors of these attempts were thought to be more like suicide completers due to the medical severity of their injuries or the lethality of the methods used. They were asked: “How much time passed between the time you decided to complete suicide and when you actually attempted suicide?”

- **One in four deliberated for less than 5 minutes!** (Simon 2005).

A study from Deisenhammer asked people who were seen in a hospital following a suicide attempt how long before their suicidal act they first started thinking about attempting it.

- **48% said within 10 minutes of making the attempt.**

To find out more see: https://www.hsph.harvard.edu/means-matter/means-matter/duration/

Summarized the Montana Pediatric Readiness Assessment as part of the strategic planning for the new grant year beginning April 1, 2022. Reported on the section of the summary report for areas that Montana hospitals. This frequency report is a summary of all answers to each question on the NPRP assessment scores are a basic representation of pediatric readiness- overview of the Montana pediatric hospital system. Hospitals reported on what they needed to improve pediatric emergency care. Access to evidence-based clinical pathways for children; templates for pediatric quality improvement plans; template for pediatric surge planning; model policies and procedures for care of children; and access to education for all staff caring for children. Incentives for staff who improve pediatric emergency care for children in the ED; access to simulation/mock codes to care for children; access to team training. The MT Pediatric Facility Recognition Criteria has those components. Just need to keep increasing the awareness of the project. In-person meetings will hopefully take place soon. The Pandemic halted the project due to the staffing and patient surges associated with COVID
Funding priorities are always working toward pediatric readiness across the spectrums of care both Hospital and Prehospital/EMS and community organizations such as child day cares/schools. The data Hannah reported on and the results from the NPRP give support to the increased education and resource for: PEDIATRIC DISASTER PLANNING; PEDIATRIC QI/PI PROJECTS; ACCESS TO PEDIATRIC SIMULATION TRAINING/MOCK CODES/WEBINARS/VIRTUAL TRAININGS; INCREASE PEDIATRIC FACILITY RECOGNITIONS; INCREASE EMS RECOGNITIONS AND PEDIATRIC MENTAL HEALTH TRAININGS/RESOURCES.

Pediatric Sessions at the inperson RMRTS in September (15-16) will be 2 EMS Lectures on TOR and talking with families when a child dies; and Pediatric Trauma Management. Both will be on Friday, Sept 16th. She is a pediatric from Children’s Colorado/University of Colorado.

The June 2022 MT EMSC Advisory Committee meeting will be slated for an in-person meeting if possible. The Pandemic situation will be taken into consideration. But at this time the in-person meeting will be at 1400 Broadway, Cogswell Building, Rooms C205 and C207 on June 3 from 10-2:00.

MT EMS/TRAUMA DATA REPORT - Hannah Yang, EPI EMS Annual Report (2020 Data)
EMS QI Measures Report 2021 Q3-Q4; Trauma Annual Report (2020 Data); Has linked EMS data; Naloxone Administration by EMS 2021; and EMS Data on Opioid Overdose 2021. The 2020 EMS Data report System utilization volumes and demand analysis for ground transporting, non-transporting, and air-medical agencies; Descriptive analysis of who is utilizing EMS (Age-sex pyramids, pie charts showing race); Descriptive analysis of why EMS is being activated (Primary impressions); Pediatric (0-17), Adult (18+); Focused reports on selected time-sensitive illnesses and injuries: drug overdose, trauma, traumatic brain injury, stroke, cardiac chest pain & STEMI, out-of-hospital cardiac arrest

- Injury/Trauma was the top primary impression for both pediatric (32%) and adult (18%) 911 transports. Injury-related complaints accounted for 1 in 5 ground 911 transports and 2 in 5 air 911 transports. **Among Pediatric Patients:** Injury-related complaints accounted for 1 in 3 ground 911 transports and 4 in 5 air 911 transports; Among pediatric patients (aged 0-17 years), mental and behavioral health-related complaints accounted for 1 in 3 interfacility transports, and over 10% of 911 transports.
- Drug overdose → injury prevention program, OD2A grant
  - Trauma → trauma program
  - Traumatic brain injury → EPIC
  - Stroke → stroke workgroup, cardiovascular health program
  - Cardiac chest pain/STEMI → cardiac ready communities
  - Out-of-hospital cardiac arrest → cardiac ready communities
  - Behavioral health ??? → EMS-C??? Hannah will research what EMS pediatric behavioral health indicators are used in other states. This will be on the agenda for the June meeting.
AEDS IN SCHOOLS- Janet Trethewey – Reported on MCA/ Administrative Rules for Schools.
37.111.812 Safety Requirements (5) First Aid Kits and AEDs must be provided and stored in accessible locations that are easily identifiable to staff and trained personnel. 37.10.604 Written Plan (1) An Entity wishing to use or allow the use of an AED shall register the AED with the Department using the electronic registration site. (MT DPHHS EMS&T Systems) Community AED Registry is at this link: Montanaems.mt.gov. Janet reported that every second counts (time to defibrillation) the single greatest factor affecting survival is the time from arrest to defibrillation. Prompt CPR delays degeneration of shockable rhythm to a non-shockable rhythm. Chances of success reduced 7% to 10% every minute. Janet shared the results from a 2-year prospective observation study with 2,149 high schools showing the survival rates with AEDS in schools (student athletes).

OPI/MT DRIVE/TRAFFIC EDUCATION – Dwight Nelson
In 2019, Montana had 340 state-approved, actively teaching traffic education teachers. In 2021, that number dropped to 300. Some school districts are not able to offer the course due to the lack of traffic educators. In 2020, 125 school districts offered traffic education and 7,382 students completed the course. This number was down due to the COVID-19 pandemic. The average is 8,500-9,000 teens completing a driver education course during a school year.

About 12,000 Montana teens are eligible to take driver education each year. To be eligible, they must be at least 14.5 and less than 19 years old by the course completion date.

The Cooperative Driver Testing Program (CDTP) is a partnership between the OPI Traffic Education Program and the Department of Justice (61-5-110, MCA). CDTP authorizes 300 trained and certified OPI driver education instructors to administer the written test for a learner’s license and to conduct the driving skills test on behalf of the DOJ Motor Vehicle Division, thereby reducing costs for both the DOJ and families with new drivers. Recently the written and/or road tests were waived for 8,127 young drivers who started supervised practice driving and did not have to re-take the tests at driver license stations. MVD driver examiners retest 10 percent of the road test-waived students for quality and consistency.
Graduated Driver's License info:

- Enacted by the Montana State Legislature in 2005; in effect in 2006. All 50 states have a GDL program.
- Provides a phased-in, gradual development of driving skill with supervision, toward greater responsibility and independence.
- Requires drivers under age 18 with a learner license to drive with adult supervision.
- Step 1: Must log at least 50 hours of driving, 10 at night, for a minimum of six months.
- Step 2: Restricted License (must be 15 years old) – Valid for one year or until age 18. Passenger and curfew restrictions.
OPI’s MONTANA DRIVE PROGRAM

- Montana DRIVE one day summer workshops on track in Lewistown since 1979.
- Drivers practice vehicle control skills behind the wheel with professional instructors to keep their vehicle in balance and respond safely to driving risks.
- State Farm insurance grants support Montana DRIVE teen scholarships in July.

For more information: OPI Traffic Education Office

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ROUND TABLE:

SCHOOL NURSES ASSOCIATION: Juanita Bueter- Spring Conference in Great Falls in April 2022-in person. Schools are seeing an overwhelming mental health/behavioral health issues. Dropouts are increasing. Need parenting resources.

MT STATE LIBRARY- Lori - purchased first aid kits for public libraries across MT and AEDs – elderly population uses the libraries regularly. Working on better internet connections across MT Libraries. 25 Montana State Public Libraries are working on collaborations with Telehealth. Mostly rural areas, working on privacy settings to ensure confidentiality for patients. This may be a challenge in some small public libraries, working on solutions. Equipping these sites with medical equipment such as pulse oximeters, blood pressure cuffs, etc. for patients to use and share that data with their providers. Still offer “hot spots” for checkout.
APSEEN (Abuse, Support, and Prevention Education Network) - Jenny Jo Allen - offering in person workshops in Park County on “How to Communicate with Children-prevention of “grooming’ and trafficking series. The workshop will be on March 26th at 10 - 1:00.

MT EMS SYSTEMS - Shari - working on a new EMS Data initiative (have 10 years of data) This will offer data back to the agencies submitting the data for quality improvement projects. A new QI Specialist position (2 years) is being funded and recruited for. This position will work with MT EMS to improve the system of care and data reporting. Working on Time Sensitive Injury and Illness recognition programs like the Pediatric EMS Recognition (cardiac/stroke/etc.) Submitted a Rural FLEX supplemental grant in March for EMS Training/data collections/PI/QI projects (6 awards Nationally-very competitive). 2022 EMS Awards Ceremony (in person) at the Capitol Rotunda on EMS Children’s Day (EMS Week) on May 18th from 10-12. Working with the EMS Task Force to help develop an EMS Advocacy group. Working on a MT EMS Rules revision with workgroup. Probably a 6-month project. This includes pediatric representation-Jason Mahoney.

HEALTHCARE PREPAREDNESS PROGRAM (HPP-) Don shared the link to the HPP Newsletter. This is full of relevant information. The register to receive the newsletter the best link is:

A Burn Surge Annex for inclusion in each regional HCC Response Plan has been developed. A tabletop exercise will need to be scheduled for each region. DPHHS Medical Surge Plan is in revision.

Will send out the HPP Newsletter to group/contact information. Various burn trainings are scheduled. Compassion Fatigue is a big issue, and 4 trainings are being scheduled in May. Jason is working in collaboration with the HPP as well for burn surge/peds disaster trainings.

MT FICMMR – Kari - works with County Public Health Nurses and death review committees. Death reviews are to help determine if the death was preventable and how to prevent any future deaths. Only 1 Team in MT. Other states have multiple teams. The funding comes from the Maternal and Child Health Block grant. Public Health Departments are severely understaffed. Injury Prevention activities are an important component of the grant, but due to the lack of staff and overwhelming pandemic work, the activities are on hold. Kari will bring more information to the June Advisory Committee meeting.

COMMUNITY INTEGRATED HEALTH (CIH)—Nicole - Office of Rural Health received a CDC Health Equity grant- collaborative partnerships for the grant parameters with the MT DPHHS. Community Health workers are being funded for a few years for EMS, Critical Access Hospitals (CAH), and Rural Health Centers. Telehealth funding has increased and is being utilized to increase the telehealth capacity across the state. Nicole’s last day with the MT EMS & Trauma System is Friday, March 11th.

BUCKLE UP MT - Wendy Olson (Kalispell) A CPS Tech training event on March 4th for the MT DPHHS Child and Family Service Division and Foster Care. MT has 232 CPS Techs, 15 CPS Instructors. There are 3 new CPS Technician classes being offered in Great Falls, Missoula, and Billings. A possible June class in Bozeman. There is a special transport training in Kalispell in June 2022. There are still openings for the class as of March 4th. May 5th is a CPS Tech Update class.

HEALTHY MOTHERS, HEALTHY BABIES-MT CHAPTER - Stephanie – Seeking funding for the child car seat programs. LIFTS- new resource highlighted. Mom/Babies Warm line is up and running. Collaborating with MT DPHHS and others on maternal/child health projects.

SAFE KIDS MT – Kira – Panel discussion on the safety of marijuana in Missoula has taken place. Offered many resources for the safe storage of marijuana to group and the prevention of poisoning. It’s important for all of us to remember to share the Poison Control number as a resource. They also have some good information on their website [poison.org].

https://www.preventcoalition.org/securecannabis/ [preventcoalition.org]
https://www.knowthisaboutcannabis.org/safety/ [knowthisaboutcannabis.org]
https://cannabis.colorado.gov/responsible-use/safe-storage [cannabis.colorado.gov]

MEMSA – New Vice President- no representation at this meeting.

MT DEPARTMENT OF TRANSPORTATION-CHILD PASSENGER SAFETY –A new coordinator has been hired. Did not attend meeting.

MT FAMILY TO FAMILY-U OF MT- JENNA BANNA- working on a panel for issues of 911/EMS with families. Working on scope of issues and behavioral health.

BIG SKY EMS – Lyndy reported that the Big Sky Symposium is virtual this year. A pediatric session with Dr. Handtevy and Jason Mahoney were included. She thanked the MT EMSC Program for the sponsoring pediatric sessions. The conference is $85 for all recorded sessions- available through March. There is 14 hours of CEUs offered. The link is The platform that we are using is called LabxChange. This is a great way for you to watch the symposium at your leisure or as a group with your service members in multiple sessions. You first will log in and complete the symposium, then if you would like a CE certificate to use for recertification, you will be sent an evaluation and a link for payment processing.

To Register & Watch the Symposium Create a log-in account at LabxChange. Directions to do so are at this link: https://labxchange.zendesk.com/hc/en-us/articles/360035736354-Creating-An-Account Use classroom code D97AC8 (if it says it is full, a second course will be open under the code 79B967). You will then immediately receive an email that you have to “confirm your email”, once this is completed you will be approved within 12 hours or less and you will receive an email stating “you are now enrolled in Big Sky EMS 2022” and a button that states “Go to class”, click on this to take you right to the class with all of the presentations.

If this does not take you to your class or you login at a later time, you may join a classroom by selecting “Dashboard” at the top of the page and then the “Classes I’m In” tab. To view step by step directions you can click on this link: https://labxchange.zendesk.com/hc/en-us/articles/360039369714-Joining-a-Class

After getting logged in you should be set to watch them all! You cannot stop a topic in the middle, log out and then log in later and start where you left off, it will make you start at the beginning again. We suggest once a topic is started you complete it before logging out.

NEXT MEETING DATES
Scheduled for Friday, JUNE 3, 2022. Meeting will be in-person and have a virtual component for those who are unable to travel to Helena. Meeting is at 1400 Broadway, Cogswell Building, room C205-207 from 10:00 am until 2:00 pm. Lunch will be provided.