



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333



JANET T. MILLS
GOVERNOR

MICHAEL SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

Maine EMS for Children Advisory Committee Minutes

January 23, 2020

130pm

Maine EMS, DeChamplain Conference Room

Committee Members: Emily Downs, Heidi Cote (via zoom), Frank McClelland, Marc Minkler, Sam Hurley, Kate Zimmerman, DO (via zoom), Brian Richardson (via zoom)

MEMS Staff: Chris Azevedo

Stakeholders (all via zoom): Jeff Holmes, MD, Rosie Davis, MD, Kate Herlihy, MD, Kelly Bowden, Courtney Cook

I. Welcome & Introductions

II. Maine EMS Update

- a. Introduction of Sam Hurley as new Maine EMS Director
 - i. Sam provides background and thoughts on his goals/role
- b. Melissa Adams as licensing agent and EMD manager
- c. Jason Oko, moving into data coordinator
- d. 2 positions being hired for (Licensing agent & data coordinator)

III. EMSC Overview (pdf of powerpoint presentation attached)

- a. Overview of grant and HRSA requirements
- b. Carryover money from Year 1
 - i. How to use, final amount available
 - ii. Challenges due to EMS Director changes and access to federal reports
 1. Jay Bradshaw was not given access by HRSA, unable to access requests and paperwork from time of Director St. Germain's departure from Maine EMS until Director Hurley's start on 10/21
- iii. Dr. Holmes asks about funds availability to more than EMS. Marc clarifies that funds are available to both EMS as well as emergency depts for physicians, nurses, advanced practice providers

- iv. Kelly Bowden & Dr. Davis ask about obstetrical/neonatal mannikin purchase possibility
- v. Emily Downs inquires about hiring personnel for education
- vi. Frank McClelland inquires about creating/distribution of pediatric reference cards
- c. HRSA Report update completed and filed in December 2019
 - i. Required report on performance measures from grant
 - ii. HRSA accepted with no changes or concerns
- d. NPRA survey of 276 EMS services in Maine, 110 responses (42%)
 - i. Results of survey shared to group
- e. Maine EMS protocols
 - i. Marc worked with Dr. Dave Saquet and MDPB
 - ii. Major update to consolidate protocols that were similar for adults and pediatrics with highlighting of pedi specific info with EMSC bear
 - iii. Still a pink section with focused pediatric protocols used for that age group only
 - iv. Added pediatric transport protocol
 - 1. Courtney Cook expressed concern about availability of services and size appropriate device (notably newborns) with warmth management
 - 2. How do we best equip/encourage/require better transport tools for EMS and educate both EMS and hospital on limitation of resources and how to best support them
- f. Marc provides update on other EMSC Activities, meetings and conferences
- g. Sam provides update on Perinatal Systems of Care task force

IV. New Business:

- a. Pediatric Preparedness Conference March 9, 2020 in Waltham, MA
- b. Vacant Committee Positions update
- c. Hospital Recognition Standards (pdf of powerpoint presentation attached)
 - i. Marc presents on possible hospital recognition standards related to EMSC performance measures (Always ready for Children program (ARC))
 - ii. Dr. Holmes voices support for regional model and how helpful this is to engage hospitals
 - iii. Dr. Zimmerman compares the program to the existing trauma advisory committee and how they can be parallel processes and support each programs goals
 - iv. Director Hurley emphasizes the importance of PECC and how this can help improve pediatric care in Maine

V. Adjournment:

- a. Next meeting planned for March 26, 2020
- b. Meeting adjourned at 255pm



January 23, 2020
Advisory Committee Meeting

Committee Members

Conflict of interest disclosure

A situation in which a person has a duty to more than one person or organization, but cannot do justice to the actual or potentially adverse interests of both parties.

Welcome!

- Introductions
- New Maine EMS Staff
 - *J. Sam Hurley, Maine EMS Director*
 - *Melissa Adams, Licensing Agent & EMD Program Manager*
 - *Jason Oko, Data Coordinator*
 - *To be named*
 - Licensing Agent
 - Data Coordinator

HRSA Update

■ Carryover

- ~\$68,000
- *Education*
- *EPC? PEPP? PALS? Mannikins?*
 - Balance effectiveness vs laborious

■ Report

- *Update required for all grantees*
- *Status of projects*

Performance Measure	Goal	Status
1 – NEMSIS Compliant Data	By 2021, 80% of all EMS services	275/276 (99.6%)
2 – PECC Designation	By 2020, 30% of EMS services	13/276 (5%) Provide education, resources,
3 – Use of Pedi Equipment	By 2020, 30% of EMS services evaluate pediatric skills annually	61/276 (56%). Continue with education, resources
4 – Hospital Pedi Medical Recognition	By 2022, 25% of Hospitals	0% - Proposed guidelines
5 – Hospital Pedi Trauma Recognition	By 2022, 50% of Hospitals	0 % - Looking to redefine TAC & new proposed guidelines
6 – Pedi IFT Guidelines	By 2021, 90% of hospitals	66% (21, n=33/36)
7 – Pedi IFT Agreements	By 2021, 90% of hospitals	38% (12, n=33/36)
8 – EMSC Permanence	Annual AC, Mgr, Board/MDPB rep	Done/in progress
9 – EMSC Integration	Integrate into rules & statutes	LD 1724 (9/19)
NPRA	By 2022 Increase avg NPRA score by 10 points	Avg score in 2014 was 74 (n=25/36), National was 69
QI	By 2022, engage in at least 1 QI activity	Variety of programs, nothing formalized yet

Peds Readiness Survey

- Survey of all EMS agencies in Maine
 - *Designated PECC?*
 - *Pediatric Annual Skill Eval (and method)*
 - *Pediatric Annual Call Volume*
- 110 responses to survey (n=276, 42.5%)
 - *13 had access to a PECC (12%)*
 - *28 were interested in having a PECC (26%)*
 - *58 had skills check with a station (53%)*
 - *61 had skills check through simulated scenarios (56%)*
 - *20 had skills check through field observation (18%)*

Maine EMS Protocols

- December 1, 2019
- Integrated pedi protocols where possible
- Stand alone “pure” pedi protocols remain in Pink section
- Transport protocol added



PREHOSPITAL TREATMENT PROTOCOLS

Effective
December 1, 2019

Maine Emergency Medical Services
152 State House Station
Augusta, Maine 04333
TEL (207) 626-3860 TTY (207) 287-3659
FAX (207) 287-6251

EMS-C Activities

- Developed and delivered 2019 Pediatric protocol T-T-T and MEMSEd program
- Evaluator for full scale disaster drill at MMC
- Attended Maine EMS Board, MDPB, Education, Exam and Ops meetings
- Multiple conference calls for HRSA/NAEMSO PEC
- Presented to Maine Behavioral Health Foundation on pediatric emergency care
- Working with State Perinatal Regional Systems of Care Committee
- NAEMSP Pediatric Rep to equipment committee work
- NAEMSO Meeting and chaired PEC council in VT
- Presented at VT EMS Conference on pedi education/attended multiple pedi classes
- Presented 4 courses at APEMS Samoset conference
- Attended and worked on Maine EMS rules revisions RE pediatric aspects
- Worked with regional Health Care Coalitions, on SM Steering Committee

Pediatric Preparedness Conference

March 9, 2020

Foundations of Pediatric Preparedness



Monday, March 9

The Westin
Waltham, Massachusetts

8am-5pm

\$40 per person

Breakfast & lunch included

CME, CEU, & OEMS approved

Registration is Required



<http://www.cvent.com/events/foundations-of-pediatric-preparedness-516/-event-summary-96464b50184d477d8d6901b8ca4bbdf8.aspx>

Simulation

This workshop will help you increase frequency and accessibility of simulation training without the cost burden of commercially-available high fidelity simulation models. Simulation training can improve pediatric care and Pediatric Readiness but equipment prices are often restrictively high. Come learn how you can create/acquire your own low fidelity simulation equipment and integrate psychomotor skills training (including IV/IO, airway, & stopcocks for medications) for your agencies/institutions at a nominal cost.

Critical Debriefing

Team debriefing after an episode of care can serve as a powerful educational and quality tool and lead to improved team effectiveness and patient outcomes. Debriefing after an event is recommended by the American Heart Association, Institute for Healthcare Improvement, and American Academy of Pediatrics. In this workshop, we will introduce debriefing, how to structure a debriefing session, and practice using a structured debriefing tool.

Safe Handoffs: Preventing Medical Errors

Handoffs are potentially high risk events that can lead to medical errors. Using a standardized method for communicating during handoffs can help decrease these medical errors. In this workshop, we will review why structured handoffs are important, review and practice the MIST handoff tool and review a transfer checklist to help make transitions of care safer for patients and overall improve ED and EMS care.

About This Forum

The New England Region is working together to be prepared for pediatric emergencies! There are an estimated 30 million annual emergency department visits by children under the age of 18 in the United States, and more than 80% of these patients present to a general emergency department or urgent care center for care. This forum aims to provide practical skills and easy-to-use tools to enhance pediatric preparedness in both the prehospital and emergency department settings. Additionally, the day will allow for meeting with others looking to improve pediatric care throughout the New England, hearing success stories of colleagues, and networking with participants and experts. Main highlights of the forum workshops include learning do-it-yourself simulation training of pediatric skills and procedures, leading and teaching debriefing in the clinical environment, and standardizing patient handoff between prehospital and emergency department providers to enhance care.

Committee Positions

- Emergency Physician
- Pediatric Physician
- 2 candidates interested

Hospital Recognition Standards

Other

- Discussion of any new/unresolved topics?
- Proposed next meeting date
 - *Thursday March 26, 2020 if bimonthly*
 - *Thursday April 23, 2020 if quarterly*
 - *Time? Other dates? Permanence?*
- Adjourn!

Pediatric Medical Recognition Project

Maine EMS-C Advisory Committee Meeting
January 23, 2020

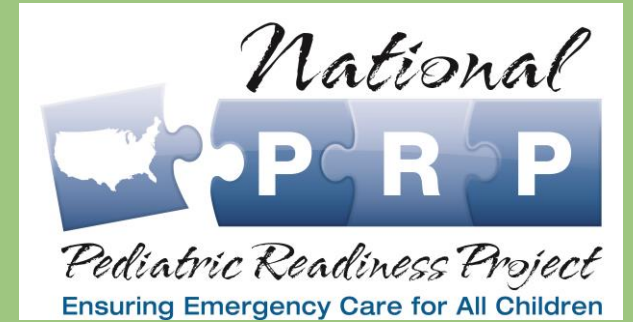




WHAT IS PEDIATRIC READINESS?



Definitions



- NPRP - National Pediatric Readiness Project
 - Multi-phase QI initiative to ensure that all EDs have the essential guidelines and resources in place to provide effective emergency care to children.
 - https://emscimprovement.center/documents/240/National_Pediatric_Readiness_White_Paper.pdf
- NPRA - National Pediatric Readiness Assessment
 - 2014 - 25/36 hospitals participated
 - 2020 - Survey planned



Considerations

- Background
- ARC Program
- Timeline
- Down the Road
- Discussion

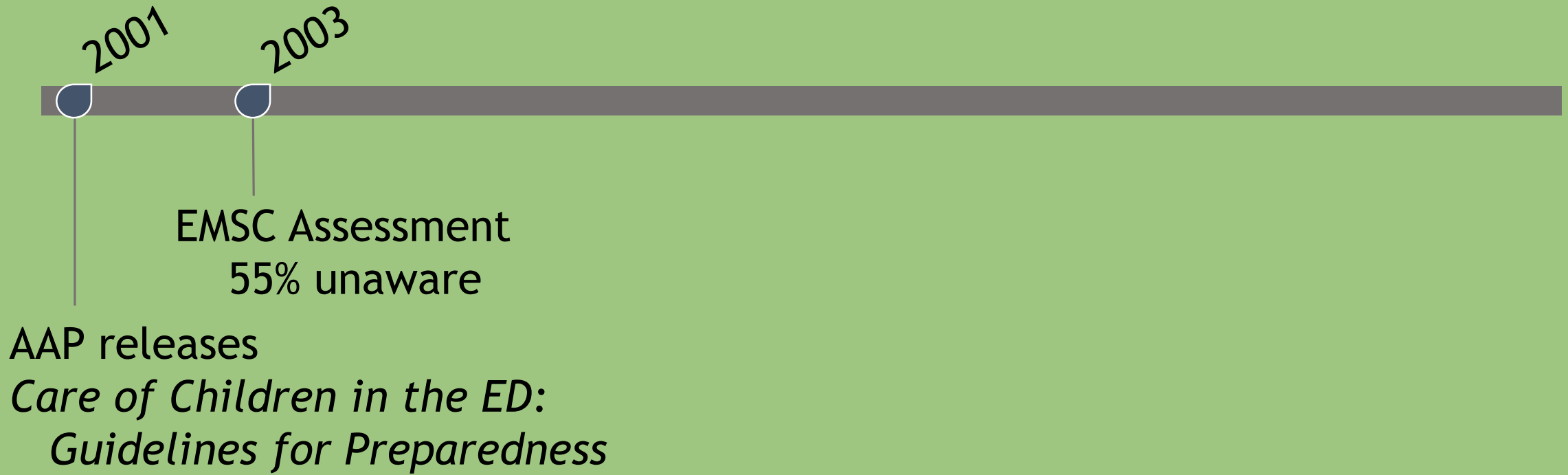


Outline

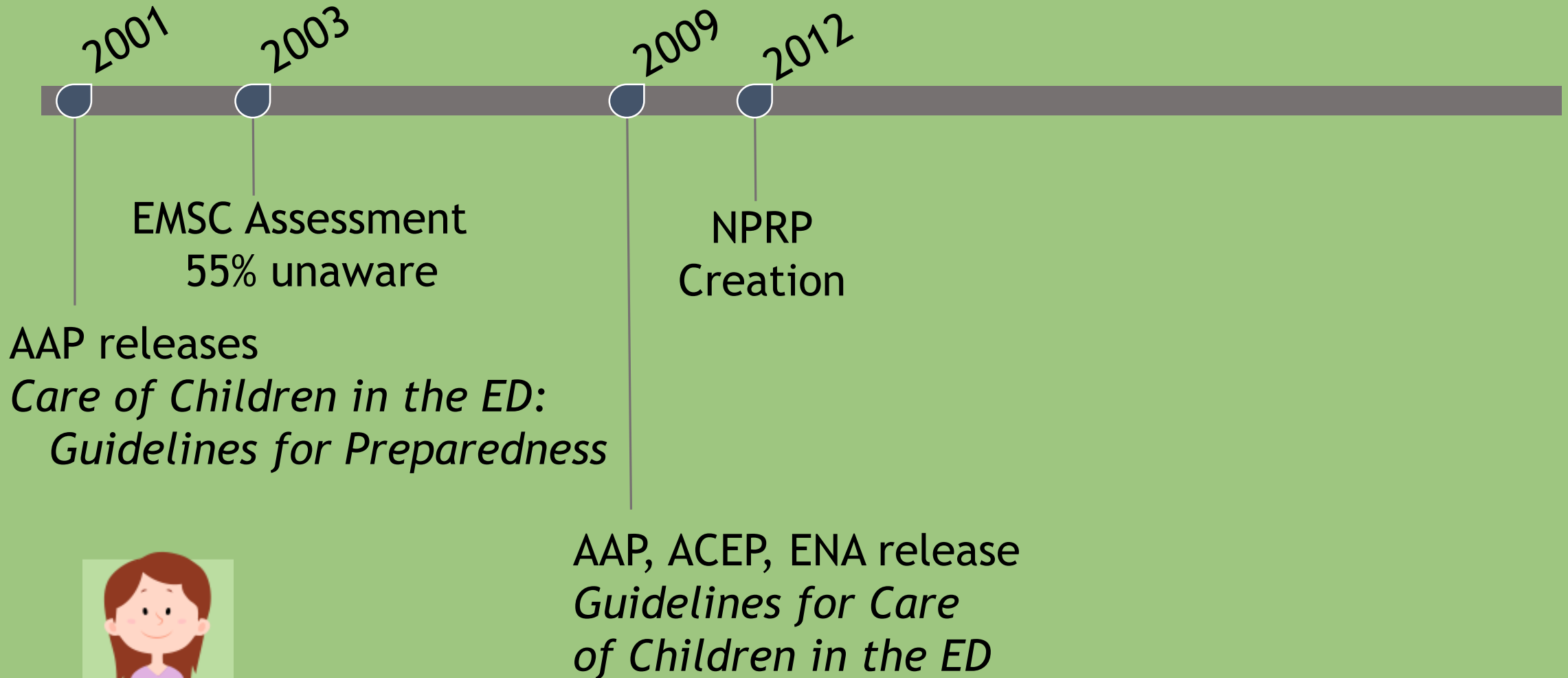
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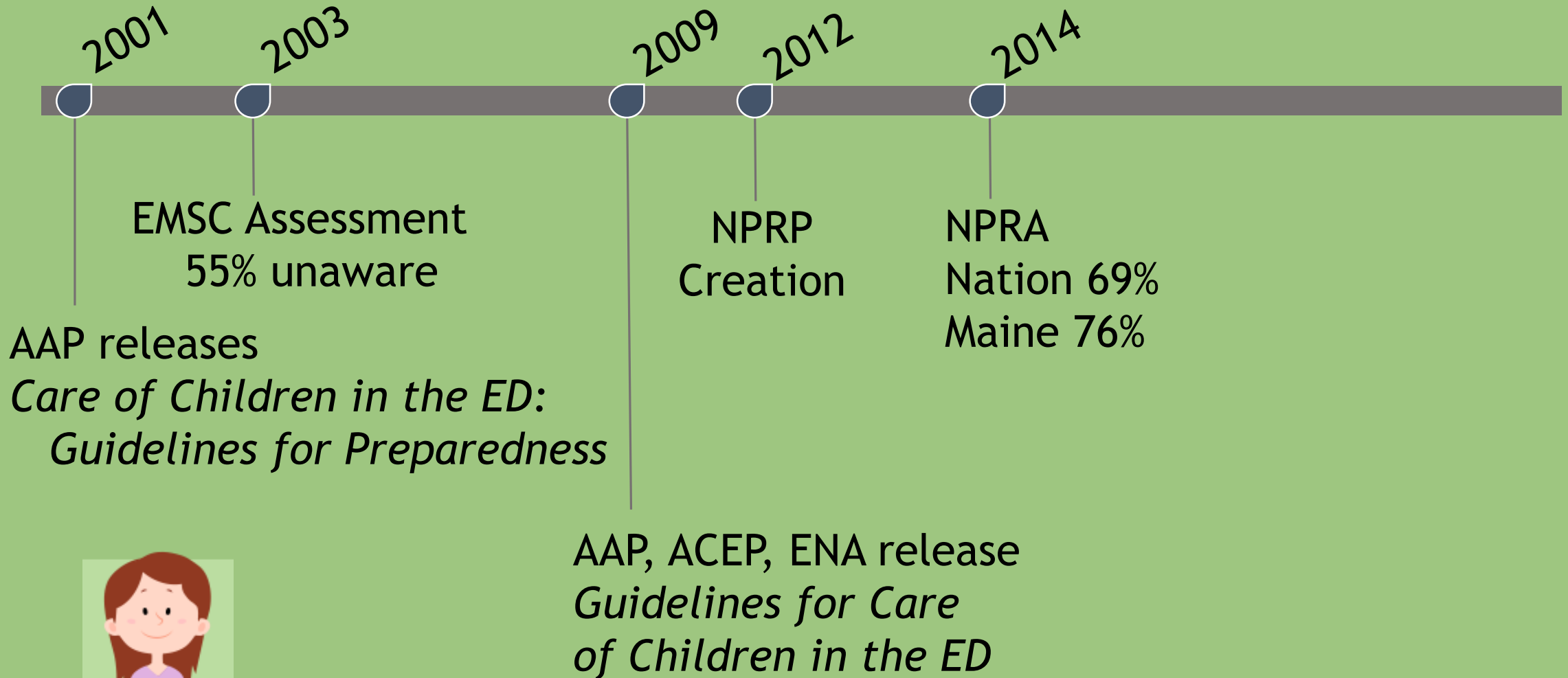
Background



Background



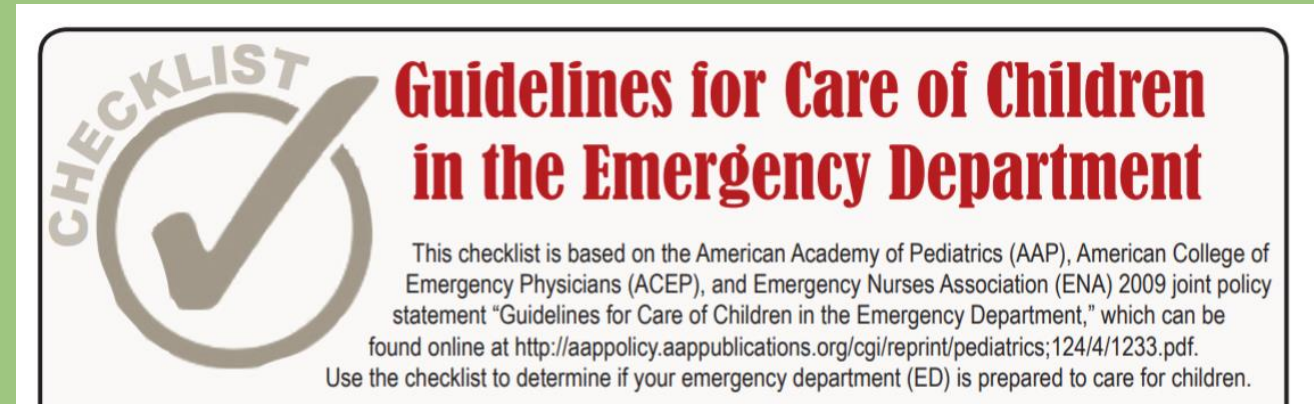
Background



Background

What was assessed in 2014?

- Administration & Coordination
- Physician, Nursing and Other Staff Education
- QI in the ED
- Pediatric Patient Safety
- Policies/Procedures/Protocols
- Equipment/Supplies/Medications

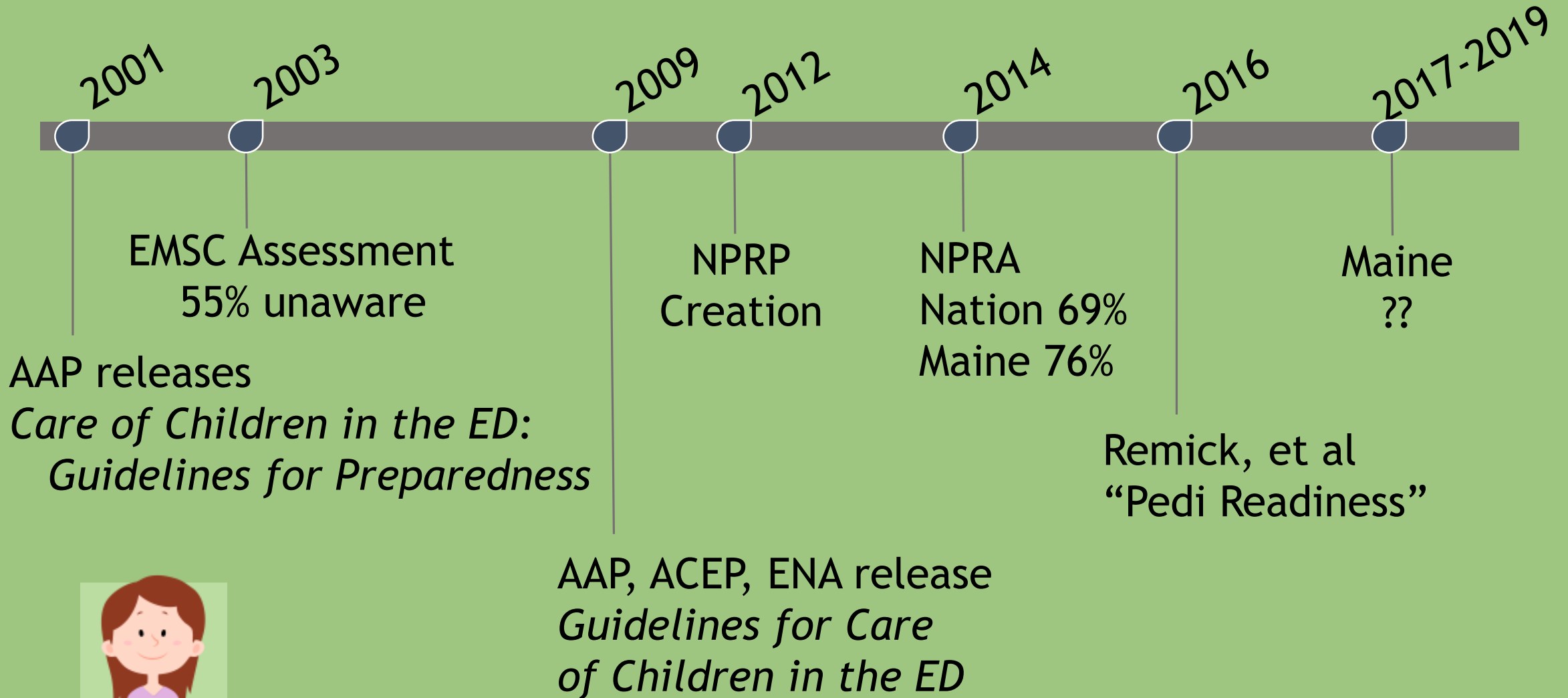


Background

Median Score (out of 100)	Low Volume (<1800 patients)	Medium Volume (1800 - 4999 patients)	Medium to High Volume (5000 - 9999 patients)	High Volume (\geq 10,000 patients)	All Hospitals
National	62	70	74	84	69
	<i>n=1629</i>	<i>n=1248</i>	<i>n=708</i>	<i>n=561</i>	<i>n=4146</i>
Maine	65	80	-	-	76
	<i>n=10</i>	<i>n=12</i>	<i>n=2</i>	<i>n=1</i>	<i>n=25</i>



Background



Pediatric Readiness and Facility Verification

Katherine Remick, MD*; Amy H. Kaji, MD, PhD; Lenora Olson, PhD, MA; Michael Ely, MHRM; Patricia Schmuhl, BA;
Nancy McGrath, RN, MN; Elizabeth Edgerton, MD, MPH; Marianne Gausche-Hill, MD

**Corresponding Author. E-mail: kate.remick@austintexas.gov.*

- 335 California EDs surveyed, 90% participation (n=300)
 - 51 Pediatric hospitals
 - 67 Trauma centers
- 87% of pediatric ED visits occurred in nonchildren/nontrauma centers
- Voluntary participation in a pediatric verification program was associated with a higher pediatric readiness score



Improving Pediatric Care in Maine

- Current efforts
 - NE PECC network
 - EMSC data reassessments
 - ImPACTS
- 16 of our 36 hospitals are CAH, most with low pedi volume
- EMSC Performance Measures
 - #4, 5, 6, 7
- Uniform standard, **collaboration / continuity**
- Jumping off point for a New England Pediatric Medical Recognition System



EMS-C Performance Measures

#	Name	Measure	Goal
4	Hospital recognition for pediatric medical emergency readiness	25% of hospitals are recognized as part of statewide regional standardized program that are able to stabilize and/or manage pediatric medical emergencies	2022
5	Hospital recognition for pediatric trauma readiness	50% of hospitals are recognized as part of statewide regional standardized program that are able to stabilize and/or manage pediatric trauma	2022
6	Interfacility transfer guidelines	90% of hospitals in the state have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer	2021
7	Interfacility transfer agreements	90% of hospitals in the state have written interfacility transfer agreements that cover pediatric patients	2021

Maine Critical Access Hospitals

Blue Hill Memorial Hospital
Bridgton Hospital
Calais Regional Hospital
C.A. Dean Memorial Hospital
Down East Community Hospital
Houlton Regional Hospital
Lincoln Health
Mayo Regional Hospital

Millinocket Regional Hospital
Mount Desert Island Hospital
Penobscot Valley Hospital
Redington-Fairview General Hospital
Rumford Hospital
Sebasticook Valley Health
Stephens Memorial Hospital
Waldo County General Hospital.



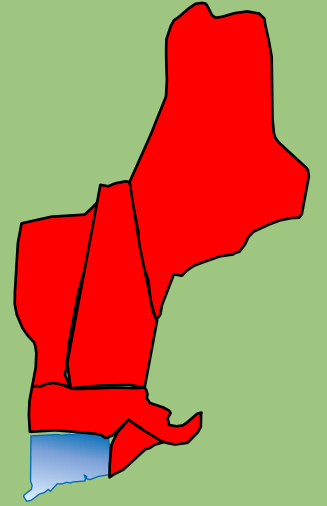
Outline

- Background
- **ARC Program**
- Timeline
- Down the Road
- Discussion



Existing Programs

- Connecticut “ARC” - Always Ready for Children
 - Voluntary, no-fee pediatric medical recognition system
 - Process
 - Online application, designation of PECC, letter of commitment
 - Benefits
 - ED gains access to community of practice resources to include educational modules, policies/procedures, QI modules, safety practices
 - Certificate/award to display, bragging rights
 - Designated point of contact & communication



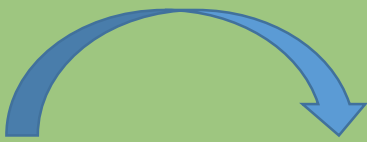
Existing Programs

- “ARC” - Always Ready for Children
 - **Three Categories**
 - ***Engaged***: PECC assigned, NPRA completed (any score)
 - ***Ready***: PECC assigned, NPRA score >70%
 - ***Innovator***: PECC assigned, NPRA score >80%, share programs



Existing Program

Future Program



- “ARC” Collaborative of New England
 - Connecticut ARC willing to share ARC acronym
 - Ex: ME ARC
 - New Hampshire, Vermont, Maine, Massachusetts, Rhode Island and Connecticut are participating/plan to
 - New Jersey wants in!

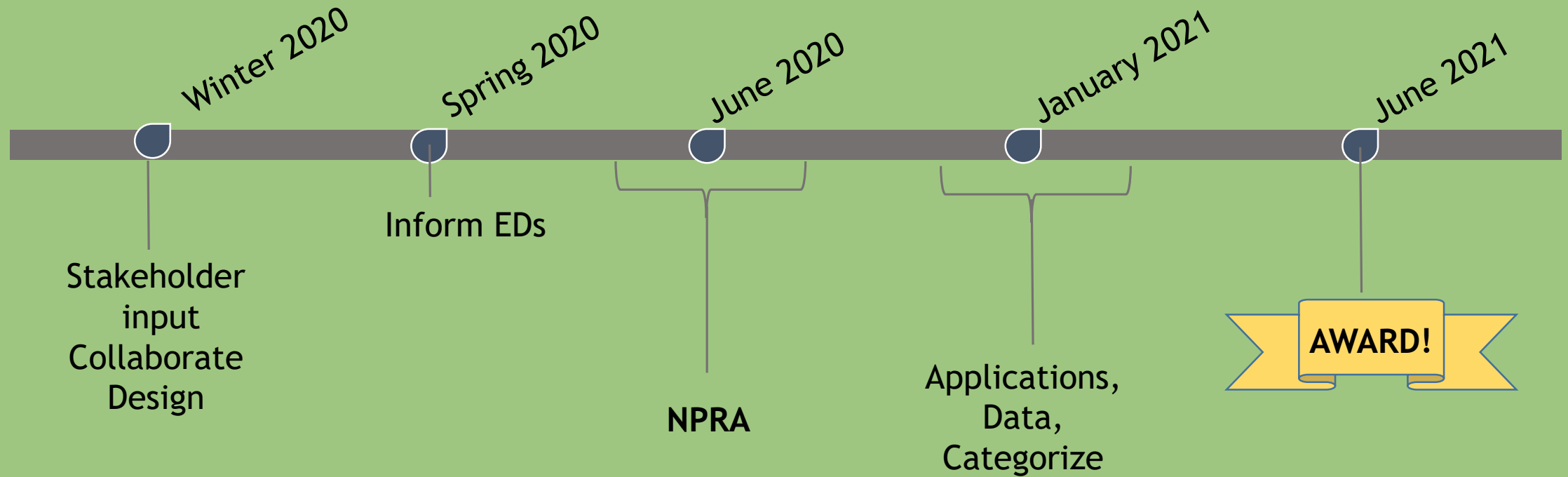


Outline

- Background
- ARC Program
- **Timeline**
- Down the Road
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Timeline



Outline

- Background
- ARC Program
- Timeline
- Down the Road
- Discussion



Down the Road

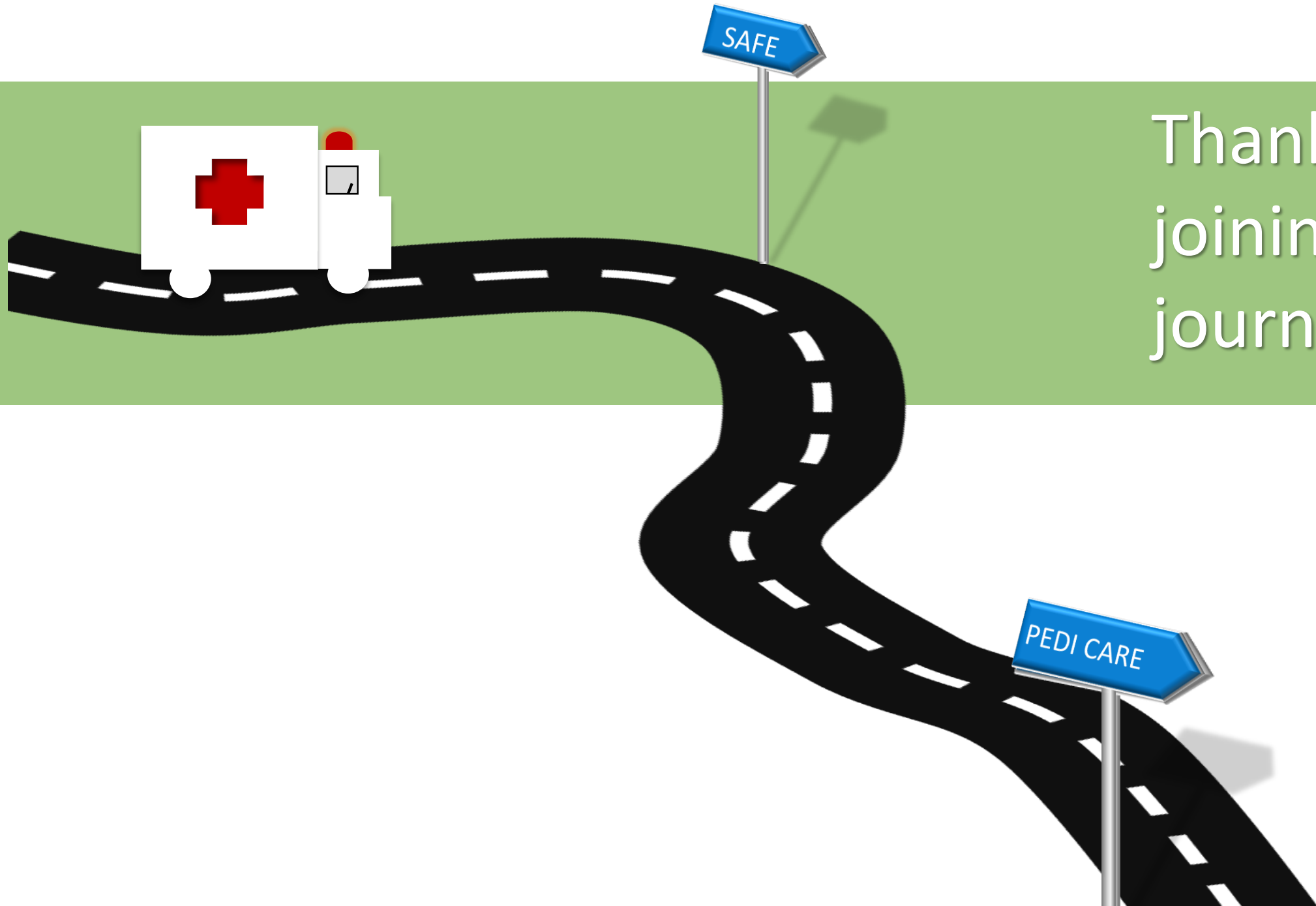
- Reassess & Continuation
- Increase expectations down the road?
 - Plan of Improvement from facilities
 - NPRP “minimum” to be pediatric ready?
 - Expand to other states
- Expansion?
 - EMS/Prehospital (in the works)
 - Urgent Care clinics
 - PCP offices



Discussion

Are you ready to be an  facility?





Thanks for
joining the
journey!

References

American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians Pediatric Committee, & Emergency Nurses Association Pediatric Committee (2009). Joint policy statement—guidelines for care of children in the emergency department. *Pediatrics*, 124(4), 1233-1243.2

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