

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



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MICHAEL SAUSCHUCK COMMISSIONER J. SAM HURLEY DIRECTOR

Integrity

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Maine EMS for Children Advisory Committee

March 9, 2023 0930-1100 Via Zoom

Call to Order at 0930

Members Present: Rachel Williams MD, Heidi Cote. Allison Zanno, MD, Sam Hurley, Marc

Minkler, Frank McClellan

MEMS Staff: Chris Azevedo, Megan Salois Stakeholders: Kevin Curry, Polly Wood

II. Introductions/Public Comments:

Attendees introduced themselves. Read EMS mission statement:

"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent." No public comments.

- III. EMS Office Update: Hurley provides an update on community of care positions, various updates on state EMS operations and staff, provides insights on Maine Blue Ribbon Commission and SafeTech Solutions system review and impacts and inclusion of pediatrics.
- IV. MDPB Update: Dr. Williams provide an update on state EMS Medical Direction Practices and Board meetings and activities regarding proposed updates to pediatric care protocols, including
 - a. Pedi cardiac arrest reformatting
 - b. Various medication dose improvements/updates

Support

- c. Possibility of adding Pitocin for postpartum hemorrhage
- d. Other updates
- V. Education Committee Update: Azevedo updates on statewide pediatric protocols updates for 2023 roll out and work with pediatric education.

VI. Program Update

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a. Group discussion of "What keeps you awake thinking about pediatric care in EMS in Maine?" Thoughts for potential opportunities include:

Collaboration

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- i. Safe Transport of pediatrics
- ii. Education to address low volume/experience/exposure to pedi patients and conditions
- iii. How to keep pedi centric skills up to date
- iv. Changing mindset of tendency to "not" do something that we would do in an adult patients, such as IVs, full sets of vitals, complete assessment.
- v. Improving math skills for pediatric med dosing
- vi. Long term maintenance of pedi specific education and simulation
- vii. Improved recognition of "sick" vs "not sick"
- viii. Better patient handoffs and reports
- ix. Better ED updates painting picture of patient condition
- x. Addressing anxiety in pediatric calls trusting your tools and education, partnering with mentors, more FTO usage for newer providers
- xi. Better engagement of education opportunities classes often have low turnout for attendance but scream for more education
- xii. Balance demands of on duty calls and roles with education possibly explore more remote and recorded learning
- b. HRSA Grant update
 - i. End of grant (5th year was added due to COVID) is March 31, 2023
 - 1. Finance and performance report due in July 2023
 - ii. Applied for new grant for 4 years that would be effective Apr 1, 2023. Still awaiting update.
- c. Virtual Reality pediatric education
 - i. 250 students so far
 - ii. Worked with multiple agencies, looking for more!
 - iii. Presented at National EMS conference (Nov, Atlantic City, NJ) on VR use and educational impact
- d. BLSO courses
 - i. 7 classes delivered with 78 students
 - 1. Calais Regional Hospital, Downeast Community Hospital, Samoset EMS conference, MedCare Ambulance/Mexico, Howland Fire Department, Millinocket Regional Hospital, Rumford Community Hospital)
 - ii. 5 planned for coming months
 - 1. (Houlton/Presque Isle, Greenville/Jackman, Skowhegan, Bridgton, and Buxton/Hollis)
- e. Perinatal Systems of Care
 - i. EMS and state agencies to strengthen perinatal systems of care for prenatal and up to 1-year postnatal mothers and infants to achieve healthiest pregnancies possible and reduce infant mortality rate in Maine, which has risen over past 10 years. Utilizing LOCATE tool from federal government and defining statewide levels of care for OB services at hospitals. Right care at the right place at the right time is guiding principle. Top 3 causes of infant deaths in Maine are prematurity, birth defects, and infant sleep deaths. EMSC has been heavily involved with understanding EMS responses and interfacility transports, and the data associated with it. Marc reports how this data allows better understanding of the nuances of the pediatric data vs newborn vs OB data which in the past has often been "lumped" together.
- **NASEMSO Pediatric Council**

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- i. Collaborative effort of all 50 states, DC, and freely associated territories, to integrate states needs, federal resources, and EMS-C activities
- ii. Eastern US regional meeting in person was Nov 1 in Atlantic City, NJ
- iii. Virtual meeting March 28, 2023
- iv. In person meeting June, 2023 in Reno, NV
- v. Marc is Chair of NASEMSO Pediatric Emergency Care Council, rep to NAEMSP pediatric council and NASEMSO Rural EMS Council
 - 1. Brings collaboration with partners across the country and to share the excellence of pedi care in Maine
- g. EMS Peds Readiness Survey
 - i. 190 out of 257 services have responded (75%) as of 3/9/23
 - ii. National survey asking about service level PECC, provider make up, call volume, and pediatric skills assessment
 - iii. Some services are excluded nationally (air, military, Indian/tribal, non 24/7 services, non 911 services)
 - iv. Services were provided a custom letter from Marc with call volume from 2022, affiliated providers by license level, all from MEFIRS data to make survey easier for services
- h. Other MEMSEd programs available 24/7 and free statewide
 - i. Safe sleep with Maine Safe Sleep Coalition has had 9648 participants
 - ii. BRUE has had 621 participants
 - iii. Seizure program has had 784 participants
 - iv. Pediatric Assessment Triangle has had 547 participants
 - v. Total of 2,600 participants for 3,271 hours of CEH
- i. Marc provided an update on other EMSC activities
 - i. Maternal Fetal Infant Mortality Review Panel
 - ii. Maine Collaboration of Care for Children with Serious Illness Committee
 - iii. Support of pediatric medical director
 - iv. Various state meetings (Board, MDPB, Education & Exam, TAC, IFT, etc)
 - v. Data assistance to DHHS, individual agencies
 - vi. QI review of pediatric calls, QI sessions with midwives
 - vii. Presentations at
 - 1. NY State EMS Conference (Oct 2022)
 - 2. National EMS Conference (Nov 2022)
 - 3. Samoset EMS Conference (Nov 2022)
 - 4. Maine ENA Conference (Portland, Apr 2023)
 - 5. Cabin Fever EMS Conference (Freeport, Apr 2023)
 - 6. EMS World Expo (New Orleans, Sept, 2023)
- j. Update on State of Pediatric EMS in Maine (2022)
 - i. 13,403 under 18 (297,179 all ages)
 - 1. Avg increase of 100 pediatric EMS calls per month
 - 2. 4.8% of all EMS responses
 - ii. 25% no transport rate vs 17% no transport if over 18
 - 1. Requires further data analysis for understanding
 - iii. Graph on responses by age for same time period
 - iv. OB and field deliveries data avg 1 field delivery per month in 2022, highest in past 5 years, twice the number from previous year
- k. Marc presents draft of monthly "State of Pediatrics" in Maine report

- I. Hospital Recognition Standards
 - i. Update on recognition standards in progress for hospitals for pediatric standards
 - ii. Collaboration with New England states and addition of NY and NJ on "Always Ready for Children"
 - iii. Developed Standards, ED checklist, PECC Role template and other resources
 - iv. Now required for ACS verified trauma centers

VII. Open discussion

- a. Opportunity for further questions, items
- b. Cote shared two conference opportunities
 - i. Maine Medical Center pediatric conference on Apr 27 (virtual)
 - ii. Maine ENA Conference April 19-21

VIII. Adjournment:

- a. Meeting adjourned at 11am
- b. Next meeting June 8, 2023 at 0930

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