



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

WIL O'NEAL
DIRECTOR

To: Maine EMS Board
From: Marc Minkler, Program Manager, Maine EMS for Children
Date: October 2, 2024

Members of the Maine EMS Board

The Maine EMS for Children program is requesting approval of expenditure of funds from the federal HRSA State Partnership EMSC grant (6H33MC31622-07-02) in the amount of \$15,000. This expenditure has been approved at the HRSA federal level for the use described below on 9/5/24. All money expended would be from the federal award and no state money is being used for this project.

These funds would be paid to the Maine Chapter of the American Academy of Pediatrics (AAP), a current approved vendor within the State of Maine payment management system. The funds would be utilized to supplement existing grant funds at the AAP for a part-time physician level Emergency Disaster Preparedness Ambassador working and reporting to Maine AAP. The time frame of the use of this money would be to support the position for six months, with the other six months funded by AAP. This position at AAP is a collaborative role that exists to improve pediatric readiness for disasters through the improvement of equipment, education, policy development, and recruitment and support of Emergency Department Pediatric Emergency Care Coordinators. It will also include development of a hospital resource website and monthly education series for physicians, advanced practice providers, nurses, and other stakeholders.

In the attached document from Dee Kerry, Executive Director of the Maine AAP, you can see that AAP and Maine EMSC have enjoyed a tremendously positive working relationship and joint efforts at achieving improved pediatric readiness, care, and coordination statewide. This funding would help expand upon the critical needs of pediatrics in Maine, and help work towards achieving several of the HRSA performance measures, as required by the EMSC State Partnership grant, including:

1. **Performance Measure 1.1:** 45% of hospitals have an ED recognized through a statewide program that are able to stabilize and/or manage pediatric emergencies by 2027
2. **Performance Measure 1.2:** 75% of Hospital EDs have a designated pediatric emergency care coordinator by 2027
3. **Performance Measure 1.3:** 84% of hospitals with an ED will weigh and record children in kilograms by 2027
4. **Performance Measure 1.4:** 75% of hospitals with an ED will have a disaster plan that addresses the needs of children by 2027

I am excited to continue our relationship with the sole source provider of AAP coordination in the State of Maine and thank you for considering approval of this important endeavor.

Attachment: AAP Emergency Preparedness-Disaster Prep Collaborative Work Plan.pdf

Maine Chapter

INCORPORATED IN MAINE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Wil O'Neal
Director of Maine EMS
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Dear Mr. O'Neal,

The Maine AAP has prioritized expanding our understanding of the EMS for Children system in Maine and learning how the *Maine Always Ready for Children Program (MARC)* has made substantial gains over the past few years. Following many meetings to understand the landscape and learn about how we could support and enhance the collaborative work being done in Maine, we were able to appoint a member pediatrician to serve as our Disaster Preparedness Ambassador. We attribute much of our success over the past year's dedicated work with EMS-C to the outstanding leadership provided by Marc Minkler and to our provider lead (Ambassador), Dr. Rosamund Davis.

Some of the activities that have really moved the needle include conducting a needs assessment, collaborating on educational activities to teach/plan/simulate various disaster settings, sharing resources, and conducting key informant interviews with emergency room providers, Life Flight staff, hospital leadership, and public health professionals. Using the engagement and connections we were able to foster as a result of having a dedicated provider to lead this work, we have continued to support multiple hospitals with their engagement/survey completion process.

In addition to Maine Medical Center, we helped welcome Pen Bay Medical Center at the Innovator level recognition for MARC. We hope this will help spread and increase engagement as part of the commitment hospitals make when they engage at the Innovator level is to help other hospitals meet their pediatric preparedness goals. Another result of this dynamic collaboration has led to an increase from roughly 48% of hospitals having identified a Pediatric Emergency Care Coordinator (PECC) when our project began, to over 90% having identified a PECC as of this summer.

During the past year, we also created educational sessions for pediatric medical providers in collaboration with EMS-C, and presented several sessions at the Maine AAP Spring Conference focused on disaster preparedness, including:

- Keynote address on Pediatric Readiness by Dr. Marc Auerbach
- Simulation of Pediatric Emergencies in EDs (breakout session) with Dr. Marc Auerbach
- Panel discussion on Pediatric Disaster Preparedness with Dr. Auerbach (Yale ED), Dr. Sean Barnett (EMSC Pediatric Surgeon), Ashley Moody MSN/FNP (Paramedic, Bath EMS), Dr. William Stephenson (PenBay Pediatrics), Dr. Rachel Williams (MMC PEM/Maine EMS-C), Dr. Rosie Davis (CMMC and AAP Disaster Prep Ambassador)
- Plenary talk on Supporting Patient During Disasters by Marc Minkler (Maine EMS-C) and Brian Richardson (Director MaineHealth Emergency Mgt and Prep, FAN advisor)

We are in the process of bringing the PECC community together to share best practices and challenges and learn from each other in a first ever statewide collaboration. We are also in the early stages of developing a website to offer targeted educational content to this community. (see attached) We hope to secure funding in the coming months to complete this project and launch the website! This platform will offer virtual and equitable access across the state and will be recorded for CEH opportunities. The intended audience is all health care clinicians, including EMS, nursing, advanced practice, and physicians.

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In addition to launching the collaborative community and website, we have two key areas that we hope to focus our work in the coming year or two:

- Disaster preparation for children with special health care needs— (based on the format of Oregon's HERO project) We would work with families of children with special health care needs to learn what would help them when interacting with EMS providers, presenting to the ED, and in disasters. This would be complemented by work with EMS and ED providers, focusing on how families can help them to better prepare to care for their child. We made a great connection with the Maine Family Advisory Network (FAN) which has led to a key partnership which will help us meet the needs of families who can help us, through lived experience in managing their children's special health care needs, to best identify preparing to care for these youth in crisis/emergency situations.
- Reducing infant and pediatric mortality in emergency department settings
We would continue to build upon our successful work with the MARC, while prioritizing specific items within the MARC program that would be highest yield in terms of reducing morbidity and mortality in the first year of life. We would work with the network of PECCs that we have built in order to identify potential areas for improvement and continue building out a robust educational resource with quarterly meetings to provide feedback and address future challenges.

Our estimated need for six months of support, September 2024 - February 2025, is outlined below.

Budget Items

Lead Provider/Ambassador stipend: \$9,000 (\$1500 per month x 6 months)

Website Platform: \$3,000

Financial & Administrative Management: \$2,500

Communications \$500

Total Amount Sought = \$15,000

We believe the ability to leverage the critically important partnerships in Maine highlights the importance of having a 'hub' within the Maine AAP and a lead provider for this work. We look forward to the opportunity to continue this work with EMS for Children and sincerely appreciate any financial support the EMS-C program can provide.

Best regards,

A handwritten signature in cursive script that reads "Dee A. Kerry".

Dee Kerry
Executive Director

Month 1: Neonatal Resuscitation

Month 2: Bronchiolitis

Month 3: Toxicology

Month 4: Drowning

Month 5: Trauma

Month 6: NRP

Month 7: Sepsis

Month 8: Asthma

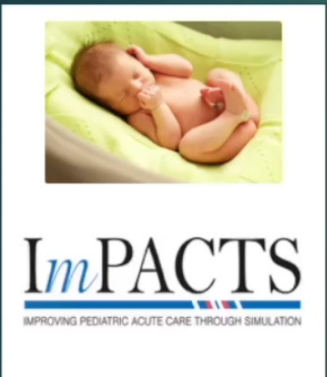
Month 9: BRUE

Month 10: Topic TBD

Month 11: Topic TBD

Month 12: Topic TBD

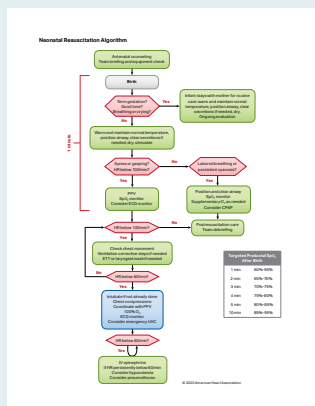
Neonatal Resuscitation



Neonatal Resuscitation Preparation

Tips and tricks for neonatal critical care in the ED
 AMBER M. RICHARDS, MD
 RACHEL J. WILLIAMS, MD

Treatment Algorithm



Practice Scenario

Sample Practice Scenario:
 Preterm delivery of a term infant in the Emergency Department

Goals:

- 1) gain familiarity and increase comfort with neonatal resuscitation equipment
- 2) review Neonatal Resuscitation Algorithm
- 3) Practice positive pressure ventilation of newborn

Scenario:
 EMS is 5 minutes out with a healthy mother whose delivery is imminent.

Critical Decision-Making Checklist (with instructor answers in pink)

Prior to arrival:

- Gestational age? (31 weeks)
- Did mother have prenatal care? (yes)
- Pregnancy complications? (none)
- Assisted labor
- Perform pre-resuscitation briefing
 - Identify team leader
 - Delegate tasks
 - Identify who to call for additional help
- Perform equipment check

After delivery of the infant:

- Rapid evaluation
 - Term?
 - Term?
 - Breathing or crying?
- Initial steps if normal
 - Dry, bulb suction, stimulation
- Assess breathing (pink) (use rate and effort)
 - Is the infant breathing? (no)
 - What is the heart rate? (120 bpm)
- Suction 100% within 60 seconds of birth