

EMS for Children

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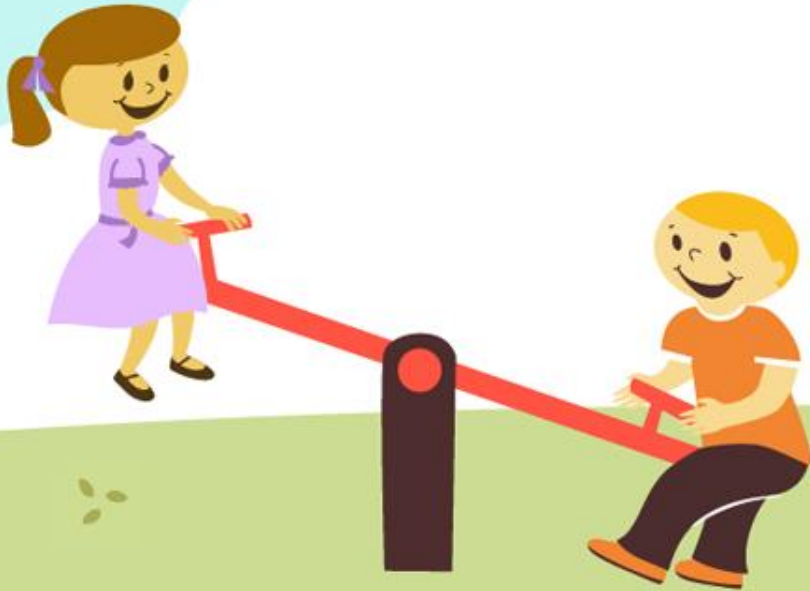
EMS-C Disclosure

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The mission of Emergency Medical Services for Children (EMSC) is to ***reduce child and youth mortality and morbidity resulting from severe illness or trauma.***



EMSC | **IIC**
Emergency Medical Services for Children | Innovation & Improvement Center

EMS-C?

- Emergency Medical Services for Children
- From birth through age 18
- 26% of Maine's population – Approximately 335,000 age 18 and under



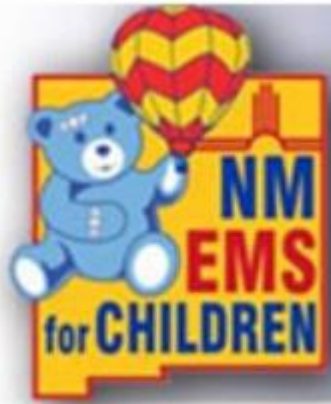
Early History

- 1979 – Dr. Calvin C.J. Sia sought legislation through Sen. Daniel Inouye (HI) to improve pediatric care.
- 1984 – Congress enacted legislation to use federal funds for EMS-C
 - Preventive Health Amendments of 1984 (PL 98-555)
- 1985 – Grant process announced
- 1986 – First grants awarded (AL, CA, NY, OR)
- 1987 – Maine receives EMS-C grant
- 2010 – Maine elects to not renew EMS-C grant
- 2017 – Maine applies and is awarded EMS-C grant



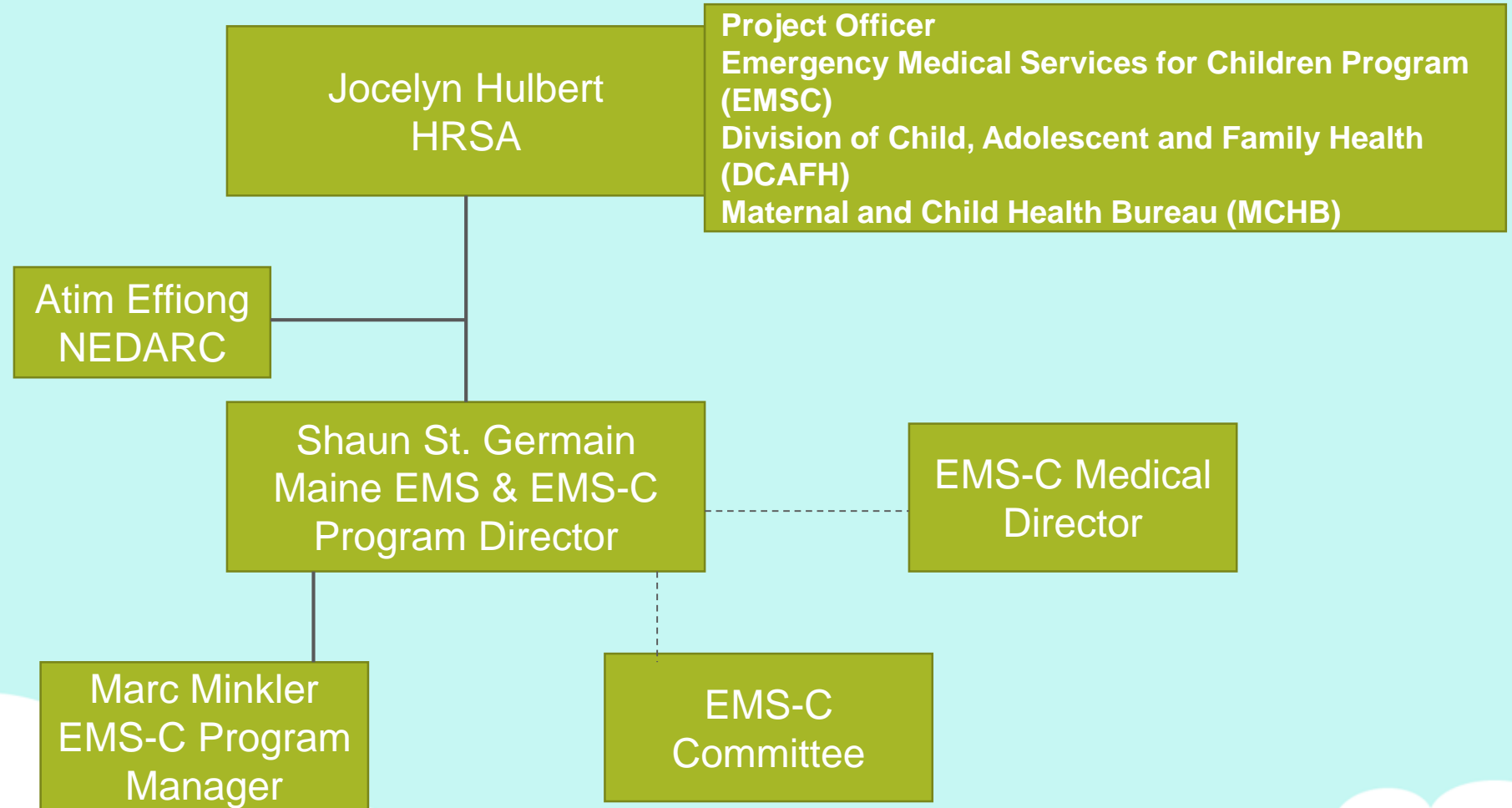
Dr. Calvin C.J. Sia





EMS-C Across the Country

Maine EMS-C Organizational Chart



HRSA

Health Resources & Services Administration

- 11 Offices and 6 Bureaus
- \$1.3 billion budget
- 2,000 employees
- Award Grants
- Receive regular reports
- Sponsor webinars and technical advisory programs



National EMSC Data Analysis Center



- Provides technical assistance to EMSC grantees
- Located at the University of Utah School of Medicine
- Established in 1995 to
 - Assist in the collection of EMSC data
 - Help provide define and foster adoption of common EMS definitions
 - Enhance data collection analysis



What does EMS-C do?

**Hospital
Systems**

**EMS
Systems**

*Integrate pediatric
care across the
emergency medical
system.*

State Resources

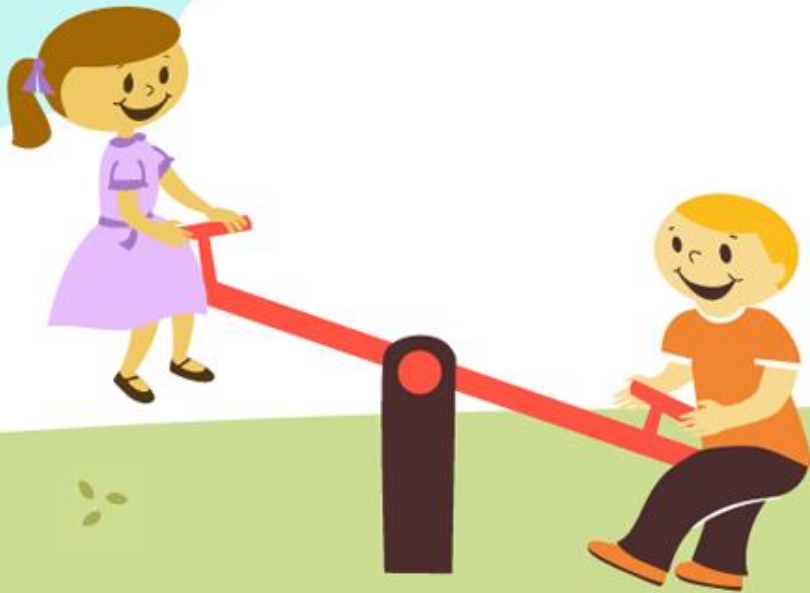


Overall Strategy

Improve Quality of
Care & Outcomes
for Children



The EMS-C program performance measures are a **set of standards** that were developed to measure **long-term progress** at both state and national levels of the EMS-C program in key areas of pediatric emergency care.



EMSC | IIC
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Maine EMS has received a 4-year grant for 9 performance goals

State Resources

- Develop EMS-C Advisory Committee
- Integrate into state statutes
- Assist EMS & Hospital systems

EMS Systems

- Submit NEMSIS data
- Pediatric Emergency Care Coordinator
- Pediatric Equipment Competency

Hospital Systems

- Recognize Pediatric Trauma Capabilities
- Recognize Pediatric Medical Emergency Capabilities
- Assist with Pediatric Transfer Guidelines & Agreements

Maine EMS has received a 4-year grant for 9 performance goals

State Resources

- *Develop EMS-C Advisory Committee*
 - Advise on pediatric protocols and care
 - Help with education and best practices
- *Integrate into state statutes*
 - Make sure EMS-C is important through the future
- *Assist EMS & Hospital systems*
 - Transports and agreements, insight into EMS care

Maine EMS has received a 4-year grant for 9 performance goals

EMS Systems

- *Submit NEMSIS data*
 - From EMS PCR
 - Data helps guide future care
- *Pediatric Care Coordinator*
 - One per service or can be shared between services
 - A resource for CEH and purchases
- *Pediatric Equipment Competency*
 - Personnel knowing how to use service specific pediatric equipment

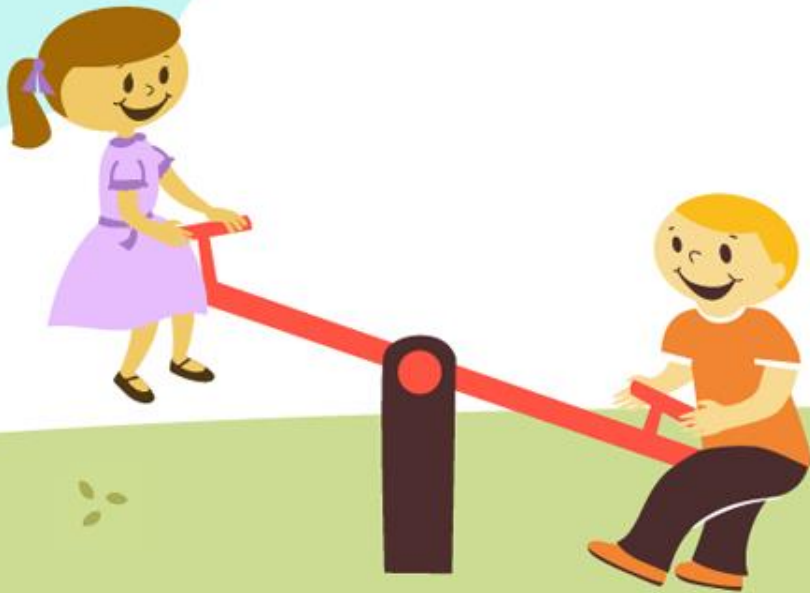
Maine EMS has received a 4-year grant for 9 performance goals

Hospital Systems

- *Recognize Pediatric Trauma Capabilities*
- *Recognize Pediatric Medical Emergency Capabilities*
 - What are individual hospital thresholds. We will not define them, but encourage hospitals to have a definition of them
- *Assist with Pediatric Transfer Guidelines & Agreements*
 - Once a pediatric patient reaches (or better, approaches) this threshold:
 - Have a plan as to moving the patient
 - Have agreements for facilities to receive these patients



Where are we now?



Maine Pediatric Data

July 1, 2017 – June 30, 2018



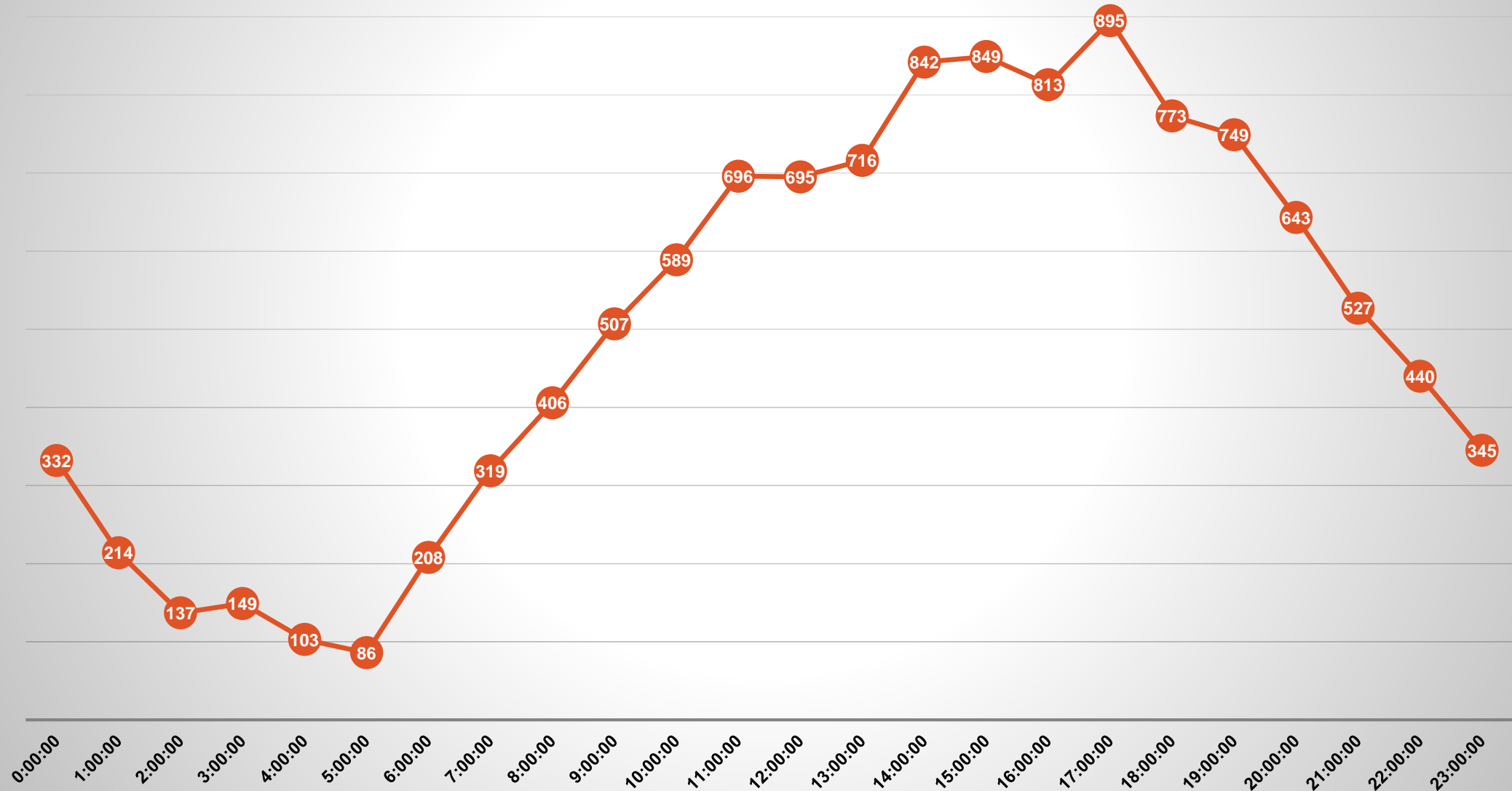
**272 EMS Agencies in Maine evaluated 11,720 pediatric patients
between July 1, 2017 and June 30, 2018**

- Data does not include:
 - Lifelight
 - Portland Fire Department/Medcu (started reporting 8/1/18)
 - United Ambulance (started 8/1/18)
- Data for North East Mobile Health Services starts in March 2018.



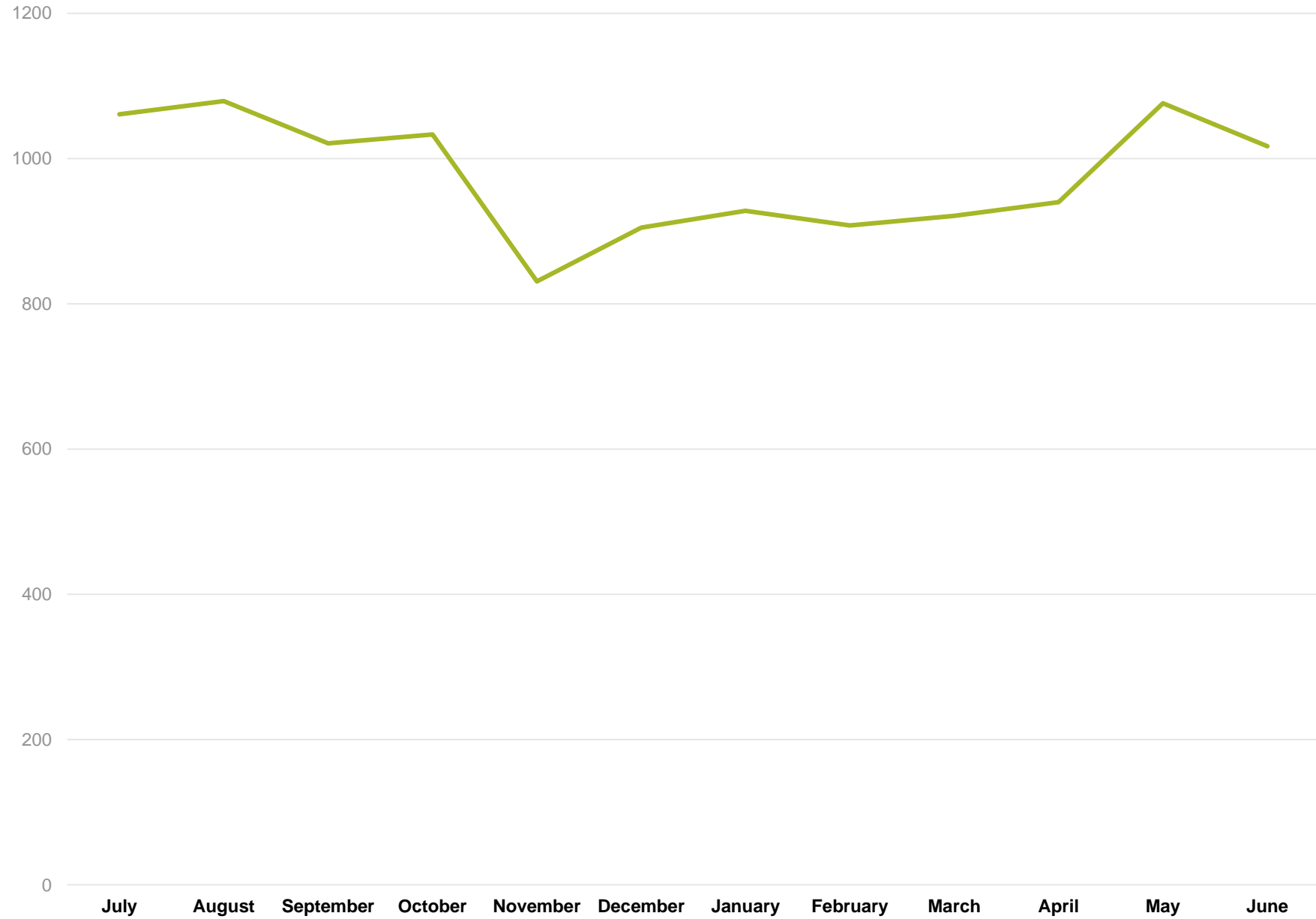
Pediatric Responses by Hour of Day - Maine

July 1, 2017 - June 30, 2018



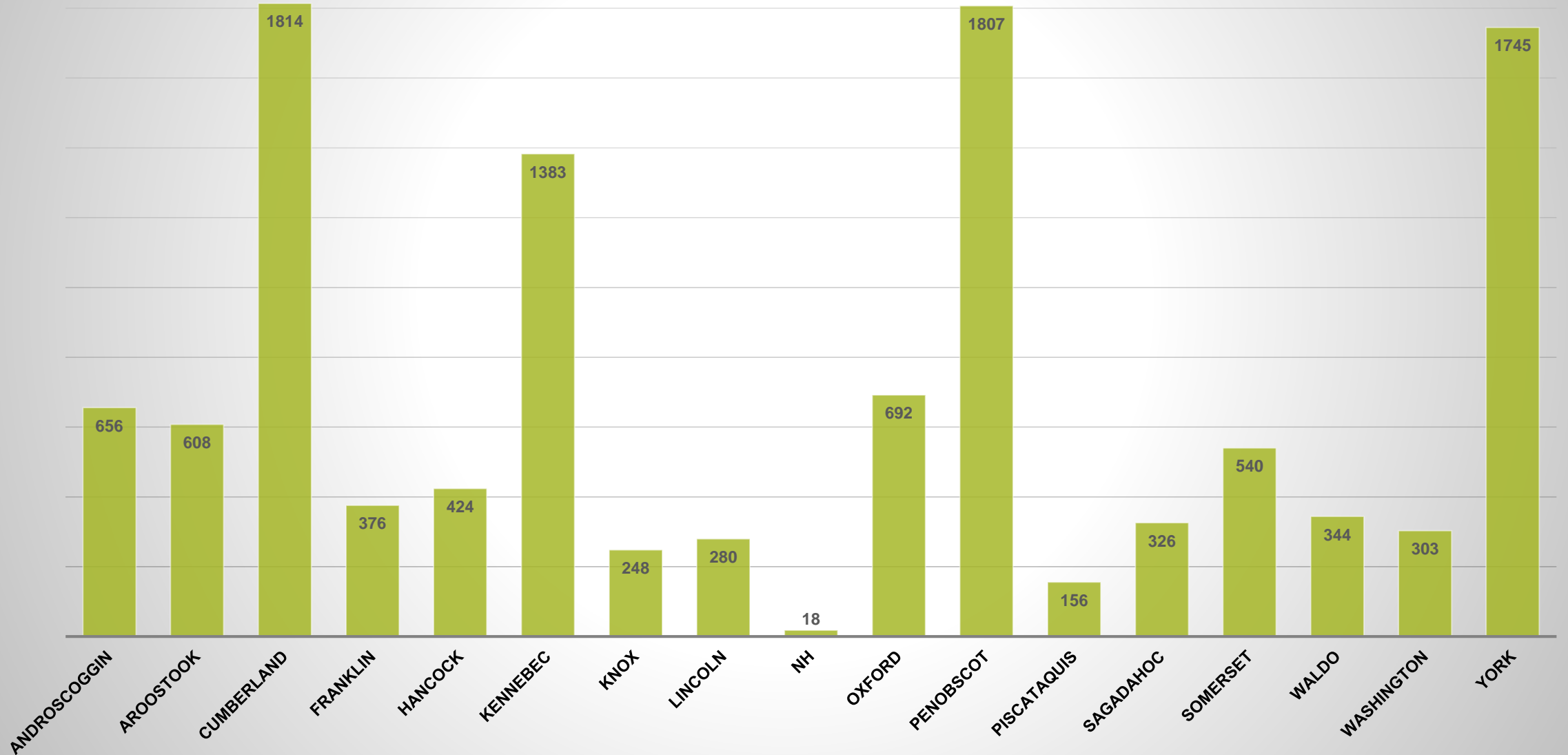
Pediatric Responses By Month - Maine

July 1, 2017 - June 30, 2018

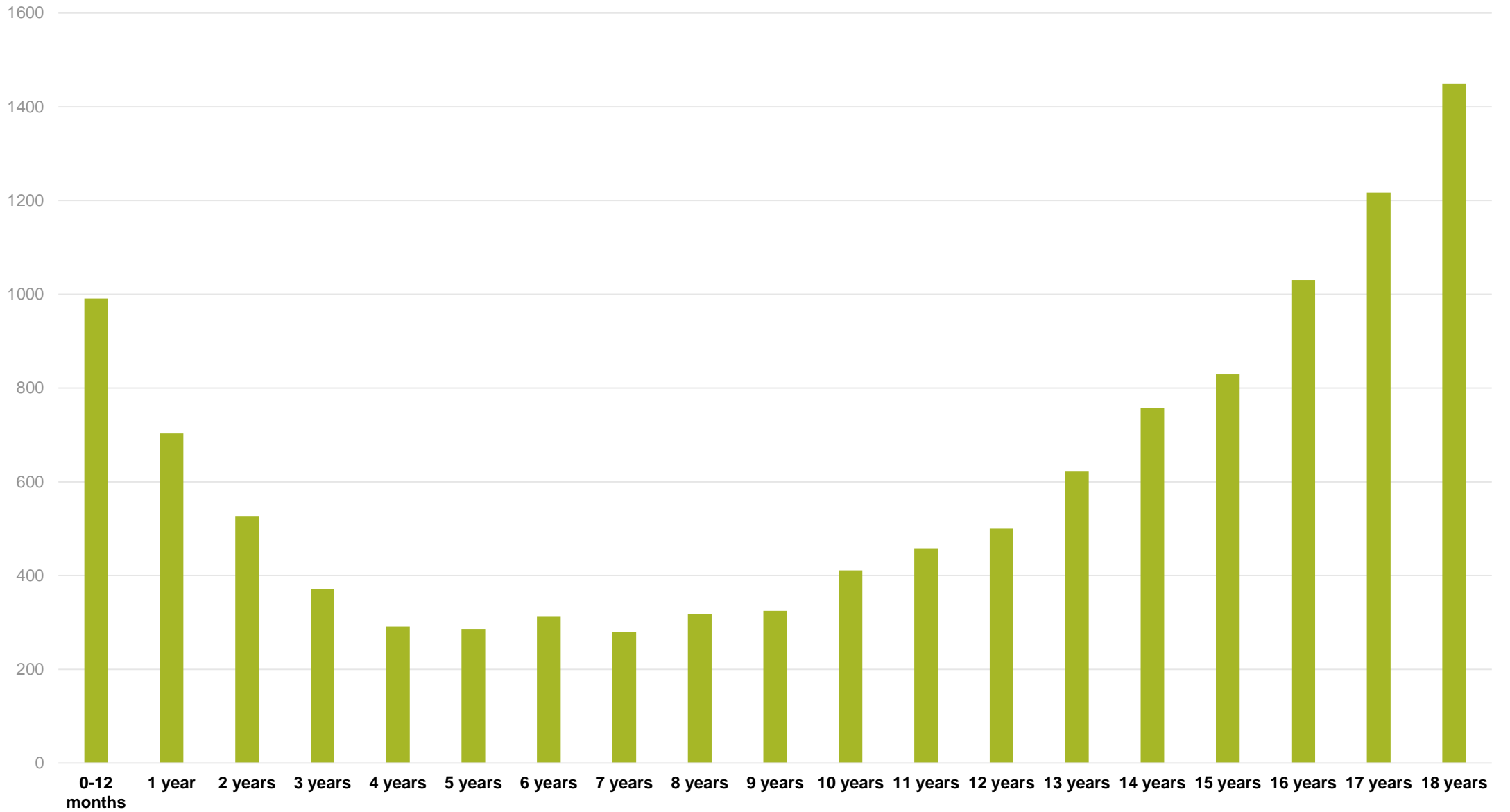


Pediatric Responses By County - Maine

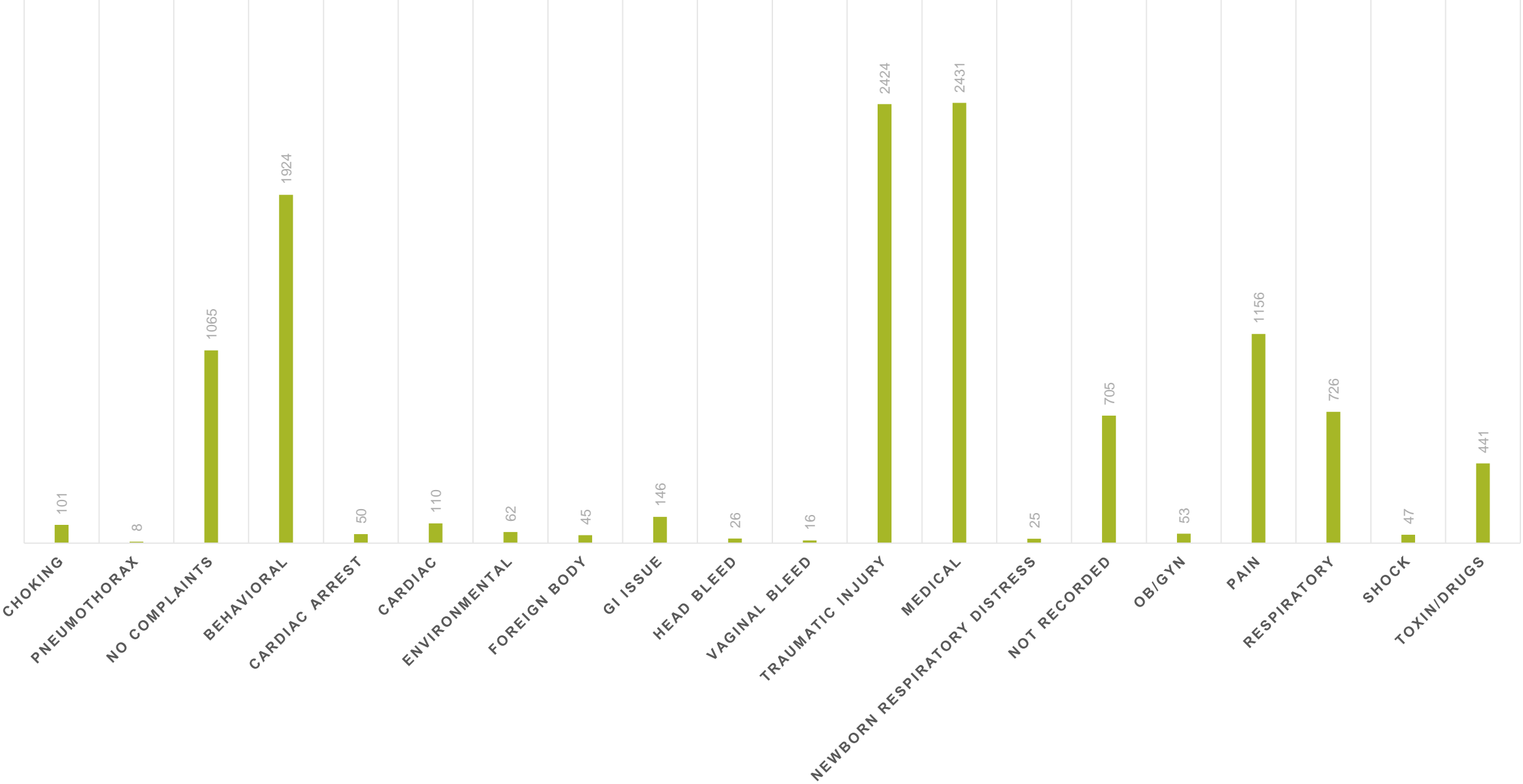
July 1, 2017 - June 30, 2018



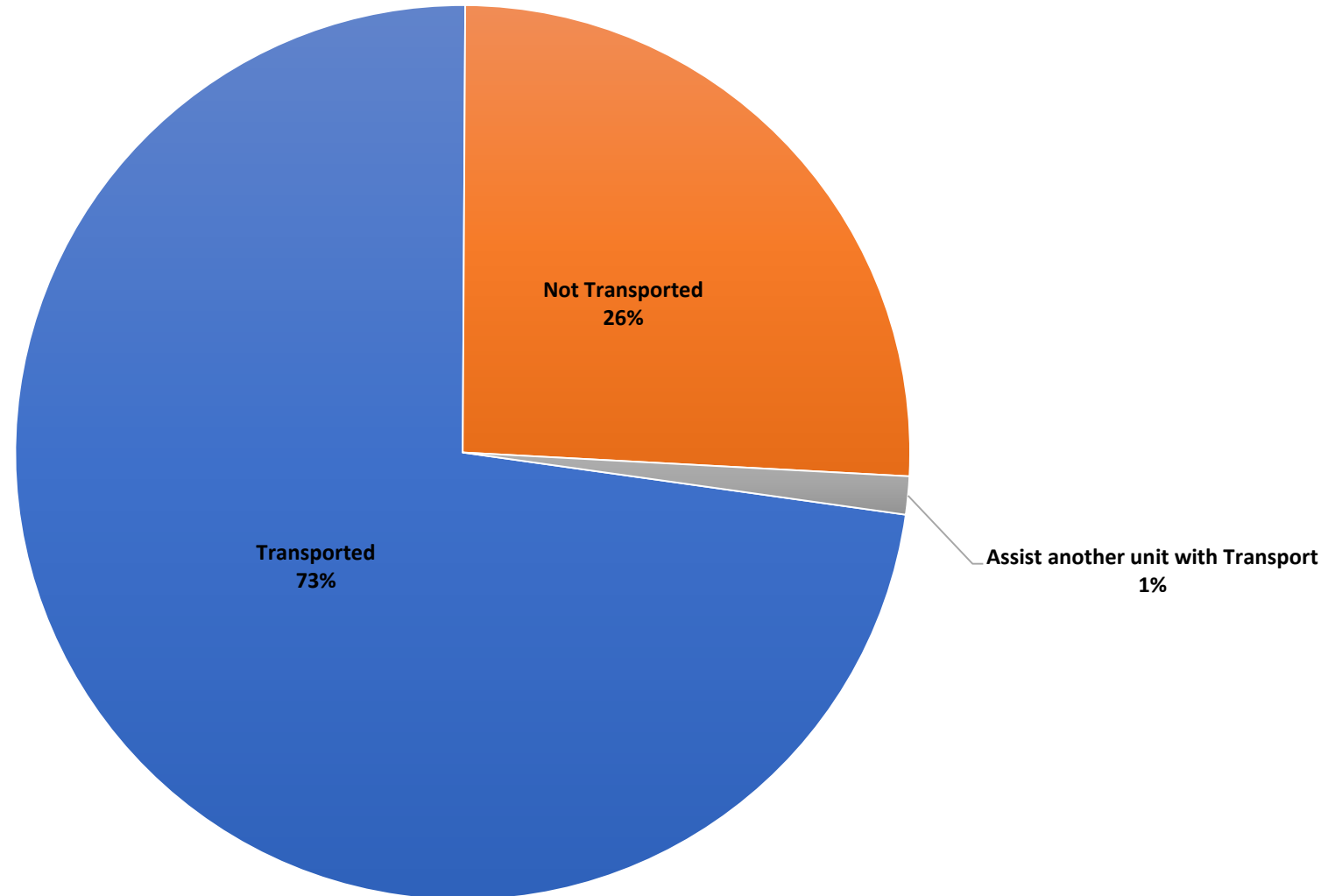
Average Age Pediatric Response – Maine July 1, 2017 - June 30, 2018



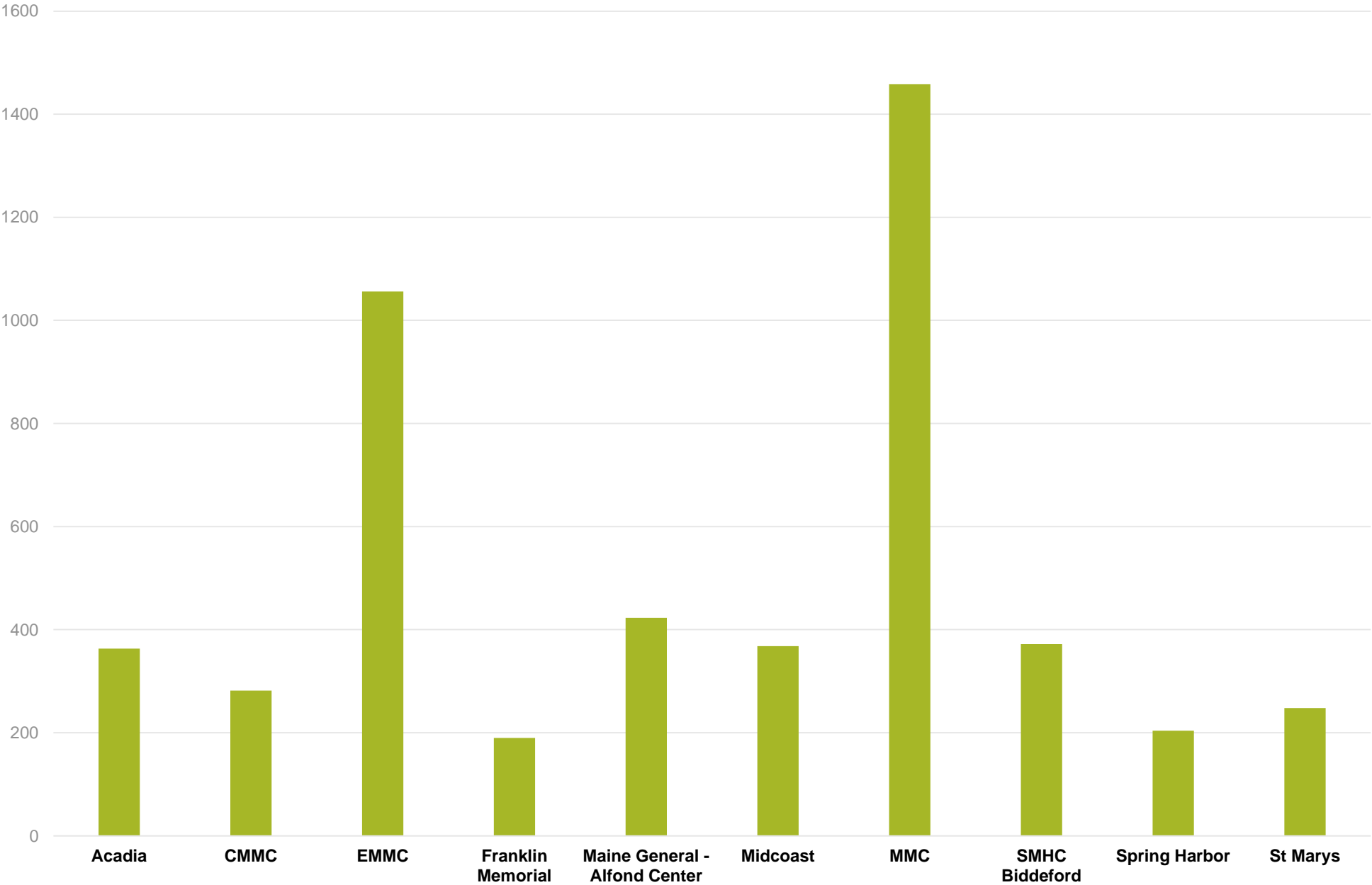
PEDIATRIC COMPLAINTS - MAINE
JULY 1, 2017 - JUNE 30,218



Pediatric Response Results - Maine
July 1, 2017 - June 30, 2018



Top Ten Pediatric Transport Destinations - Maine
July 1, 2017 - June 30, 2018



Where are we going?

- Producing education from identified pediatric responses
- Meeting with regional and state groups to better communicate
- Legislation submitted for pediatric representation on State EMS Board
- Collaboration with national partners



Pediatric Coma (Decreased Level of Consciousness)

NEVER ADMINISTER NALOXONE TO A NEONATE

E

EMT

1. Immobilize spine if indicated
2. Manage airway as appropriate per **Blue 5**
3. Request ALS if available
4. If shock present, refer to Medical Shock protocol, **Pink 14**
5. Perform finger stick to measure blood glucose, if so trained. If blood glucose is less than 60 mg/dL, refer to **Pink 13**
6. If respirations less than 12 per minute AND narcotic overdose suspected, refer to Antidotes for Specific Toxins: Opiates protocol, **Yellow 5**

ADVANCED EMT/PARAMEDIC

7. IV en route
8. Cardiac monitor

A

P



Pediatric Coma (Decreased Level of Consciousness)

NEVER ADMINISTER NALOXONE TO A NEONATE

E

EMT

1. Immobilize spine if indicated
2. Manage airway as appropriate per **Blue 5**
3. Request ALS if available
4. If shock present, refer to Medical Shock protocol, **Pink 14**
5. Perform finger stick to measure blood glucose, if so trained. If blood glucose is less than 60 mg/dL, refer to **Pink 13**
6. If respirations less than 12 per minute AND narcotic overdose suspected, refer to Antidotes for Specific Toxins: Opiates protocol, **Yellow 5**

ADVANCED EMT/PARAMEDIC

7. IV en route
8. Cardiac monitor

A P

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Pink 5

Adult Coma (Decreased Level of Consciousness)

Assess for trauma, drugs, diabetes, breath odor, needle tracks, medical alert tags, suspected seizure. Refer to appropriate protocol for specific suspected conditions.

E

EMT

1. Immobilize spine if indicated
2. Manage airway as appropriate per **Blue 3 & Blue 5**
3. Request ALS if available
4. If shock present, refer to Medical Shock protocol, **Gold 12 & Pink 14**
5. Perform finger stick to measure blood glucose, if so trained. If blood glucose is less than 60 mg/dL, refer to **Gold 6 & Pink 13**
6. If respirations less than 12 per minute AND narcotic overdose suspected, refer to Antidotes for Specific Toxins: Opiates protocol, **Yellow 5**
*****Never administer naloxone to a neonate*****

ADVANCED EMT/PARAMEDIC

7. IV en route
8. Cardiac monitor

A P

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Gold 5



Additional Opportunities



- Dedicated Website
- School Emergency Guidelines
- Concussion Programs
- Water Safety Programs
- Child Safety Seat Programs
- Mannikin Loaners



Years 2 and beyond

- Revise
- Revise
- Revise



Summary / Reflection

Convince – “cause someone to believe firmly in the truth of something”

- Latin *convincere* meaning “to overcome decisively”

versus

Educate – “to develop the faculties and powers of someone”

- Latin *ducere*, meaning “to lead”



Last thoughts

Maine EMS-C is here to help
educate, improve and NOT dictate

For more information:

Visit: maine.gov/ems/

Email: marc.a.minkler@maine.gov

Call: 207-626-3867

