



EMSC ADVISORY COMMITTEE

January 25, 2011
12:00 – 2:00 p.m. (EST)
WebEx Meeting Summary

GENERAL

Julie Bacon welcomed meeting attendees. The October 2010 EMSC Advisory Committee meeting summary was approved.

Melissa Keahey presented the group with a potential new logo for the EMSC program as designed by the DOH Marketing Department. The consensus of the group was to continue to work on redesigning the EMSC logo. Trenda McPherson offered to work with her contact through Motorcycle Safety Coalition for new logo ideas/designs.

The committee is encouraged to send any pediatric themed photos and photo releases to Melissa for use in future EMSC display designs and creation of an EMSC photo bank.

[Action Item 1: EMSC Staff will send logo designs and display to Trenda.] COMPLETE

[Action item 2: Committee members will email pediatric photos and releases to EMSC staff for filing in EMSC photo bank.]

STANDING BUSINESS

Melissa Keahey gave an update on EMSC grant performance measures. It was reported that a survey is currently being conducted on Performance Measures 71, 72 and 73 regarding online and offline medical direction and essential pediatric medical equipment. There are 126 responses to date, reflecting an 85% response rate. The survey will close on February 1, 2011 and data will be analyzed immediately for reporting to national. A list of non-respondents will be provided to the group for follow-up. A survey was also conducted on performance Measures 76 and 77 regarding interfacility transfer guidelines and agreements. 61% of hospitals that responded have interfacility transfer guidelines and all components. 72% of hospitals that responded have transfer agreements.

[Action item 3: EMSC staff to email list of survey non-respondents for follow-up.] COMPLETE

EMSC staff also reported that we are approaching the end of our second year in the three year grant cycle. The required Progress Report has been completed and submitted to the EHB. The program anticipates receiving the grant award in early March. Approximately \$32,000 will potentially be carried over from grant year 2 to grant year 3.

Julie Bacon gave a brief review of EMSC tasks in relation to the 2010-2012 EMS Strategic Plan. EMSC is the lead on 5 objectives which were discussed in more detail during the EMSC Advisory Committee workgroup updates.

Dr. Rex Northup provided an update on the Southeast Regional Pediatric Disaster Surge Network (SRPDSN). The SRPDSN Executive Committee has been working on developing a Memorandum of Understanding (MOU) that would encourage awareness of and participation in the network. The EMSC Advisory Committee may be requested to endorse the document when it becomes available.

REPORTS

EMSC Medical Advisor

Dr. Lou Romig provided an update from last week's meeting of the AAP's Committee on Pediatric Emergency Medicine on the Committee on Pediatric Emergencies. Dan Kavanaugh is no longer with the federal EMSC program. An announcement will be made at a later date when a new supervisor has been identified.

The federal EMSC program is currently working under a budget continuation order that prevents the previously-unscheduled distribution of new funds. EMSC had previously earmarked but not scheduled an additional \$13,000 to go to each state/territorial EMSC program in the 2011-12 grant year. These funds are as secured as they can get (meaning they hopefully can't be cut or taken away for other agencies/programs) and should be distributed to the state/territorial programs as soon as the new federal budget is approved and the continuation status is lifted.

The California EMSC program is piloting a hospital pediatric readiness survey that will permit California hospitals to gauge their readiness and benchmark themselves against California hospitals. This survey will most likely then go to NEDARC to be distributed to all state/territorial EMSC programs in March, at which time it may be a mandatory EMSC survey. It was acknowledged that a number of states have already planned and/or completed similar surveys; however, those programs may still be required to facilitate getting the California-originated survey completed in order to assure a consistent nationwide database. Representatives of state EMSC programs asked that they be permitted to get reports of aggregate and non-aggregate data from their own states in order to identify and address local needs, consistent with the federal performance objectives. Hospital readiness for pediatric patients is currently a very strong focus on the federal level, consistent with the recommendations contained within the recent IOM report on pediatric emergency care in the US.

2010 EMS Service Inspections- Pediatric Deficiencies

Melissa Keahey gave a report on 2010 EMS Service Inspections and specifically pediatric deficiencies. 134 EMS provider agencies were inspected in 2010. 54% of these inspections were announced and 46% were unannounced. 8% of agencies inspected had pediatric deficiencies; most often foil blankets and pediatric electrodes. The majority of these deficiencies were corrected at the time of inspection. This percentage has decreased since 2009 when 18% of agencies inspected had pediatric deficiencies.

Strategic Visions Committee Survey Results

Cory Richter reported on the Strategic Visions Committee recertification survey results. 32,895 surveys were completed and submitted representing a 51% response rate. There was an increase in responses from when the survey was last conducted in 2008. The committee reviewed questions relating to pediatrics and determined that further breaking down the data by EMTs and paramedics is necessary to determine our target audience.

[**Action Item 4:** EMSC staff to email Cory's original PowerPoint presentation to the committee.]
COMPLETE

[**Action item 5:** Cory to breakdown survey data into EMTs and paramedics.]

EMS Advisory Committee

Julie Bacon gave a brief update on the EMS Advisory Council and constituency group meetings on January 19-20, 2011. The new governor and his transition team have not yet appointed a new State Surgeon General. The future structure of Emergency Medical Services is to be determined.

PIER Committee

Cory Richter reported that the PIER committee has been working with the Lifeguard Constituency group to amend Florida Statute 514.071 to include certification on "coastal" or surf lifeguard agencies. The benefits of certification include the standardization of knowledge and skill proficiencies, both of

which enhance standards of care. Another benefit is that the oversight of agency compliance with the requirements set forth in the program is done through United States Lifesaving Association (USLA), at no cost to the state. The Lifeguard constituency group of EMSAC is requesting support and help in achieving this goal. The EMSC Advisory Committee made a motion to support this effort. Cory will keep the group updated on opportunities to assist.

Data Committee Report

The Emergency Medical Review Committee (EMRC) has linked to AHCS data and has successfully matched to EMSTARS data about 78-80% accuracy. EMRC need suggestions on what areas of pediatric care are the best to look into and will then formulate reports using their data.

Trauma Report

The most recent Trauma report was emailed to committee members prior to the WebEx. Susan McDevitt suggested the committee pay particular attention to the increase in gang violence and usage of prescription pills.

EMS State Medical Director Report

Dr. Joe Nelson reported that the Sudden Cardiac Arrest committee will officially be named "Take Heart Florida." This is a statewide effort to improve cardiac arrest outcomes and promote best practices statewide. Demographics for data collection were requested from the group.

[**Action item 6:** Committee members to email demographics for data collection to Dr. Romig.]

WORKGROUP UPDATES

Disaster

The Disaster workgroup met via conference call on January 10, 2011. At this time the Disaster workgroup discussed the following major goals and action steps:

1. Identified a need to resurvey both Emergency Departments and EMS agencies, identifying each specific at-risk population in relation to planning, training conducting exercises. A question will be added to the survey regarding standard day-to-day policy and if that policy would influence action in the event of a disaster. A draft survey will be sent out to the workgroup. The survey will be conducted through survey monkey.
2. Identify best practice to gather specific information and possibly send different/specific surveys to county/city/community Emergency Managers.
3. Use survey results to identify gaps and begin formulating direction to address those.

Please refer to the conference call summary for specific action items.

This information was presented to the EMSAC Disaster committee. Dr. Nelson also announced that a regional level disaster drill is scheduled for April 27, 2011 at All Children's Hospital. This is a hurricane drill related to the evacuation of patients.

Education

The Education workgroup met via conference call on January 11, 2011 and discussed the following major goals and action steps:

1. On-site Education Program. Julie Bacon referred the group to the provided on-site education spreadsheet for a complete listing of education provided to date. We have currently provided education in 6 of the 7 RDSTF regions as indicated in Strategic Plan Goal 4.6 for a total of 27 classes and 312 students. The group also discussed hosting an ENPC course in an RDSTF region with limited or no pediatric resources.
2. School Nurse Program.
 - a. EMSC has partnered with the Florida Association of School Nurses (FASN) to provide 50 scholarships to their 2011 State Conference in Orlando, FL on February 4-5, 2011. Our program will have a vendor table and distribute the Emergency Guidelines for

Schools, 2011 Florida Edition to conference attendees. The group also discussed the potential to offer resources to FASN in developing their curriculum for future years through a survey made available to attendees at the 2011 conference.

- b. EMSC is also working with FASN to offer on-site education in each of the ten regions of the state. EMSC will provide the instructors and curriculum, while FASN will provide the training location and marketing. EMSC will work with FASN regional representatives to schedule a two ½ day courses in each region.
3. EMS Conference 2011. There was no pediatric symposium conducted in 2010 by the EMLRC. Funding has been included for a Pediatric Education program in the 2011- 2012 grant year. The workgroup would like to add a pediatric track to the 2011 CLINCON conference and/or the 2012 FASN State Conference.

Please refer to the conference call summary for specific action items.

Pediatric Medical Emergency Facility Recognition (PMEFR)

The Pediatric Medical Emergency Facility Recognition (PMEFR) workgroup met via conference call on January 10, 2011 discussed five major goals/action steps:

1. Clean up the Pediatric Medical Emergency Center- Master List spreadsheet, combine with data collected by EMSC surveys and distribute to workgroup by January 14, 2011.
2. Workgroup members identify gaps in information by region and return to Melissa by January 31, 2011 for integration. Workgroup will vote on final draft February 7, 2011.
3. Determine the impact on mortality and morbidity or any adverse outcomes. Form partnerships for potentially obtaining the data, such as the Emergency Medical Review Committee (EMRC).
4. Conduct a needs assessment to determine where resources are needed.
5. Develop an EMSC recommended model template for interfacility transport.

Please refer to the conference call summary for specific action items. An additional conference call has been scheduled for February 7, 2011 @ 10 am EST.

Prehospital Care

The Prehospital Care workgroup met via conference call on January 11, 2011 and discussed the following major goals and action steps:

1. Determining strategies for identifying and addressing top challenges to pediatric prehospital care. The group is primarily focused on pediatric transport safety issues. NHTSA guidelines do not include information on neonatal patients.
2. Pediatric transport survey. The group will review notes on the last pediatric transport survey from Dr. Romig and email comments to Melissa Keahey. A draft of the survey will be sent to the group after comments have been reviewed. The target audience for this survey is EMS Medical Directors. Dr. Romig will distribute the survey invitation.

Please refer to the conference call summary for specific action items.

NEW BUSINESS

The Strategic Visions Committee is attempting to change the current statute which regulates the EMS Strategic Plan. The SVC proposes that the length of the plan be extended from 2 years to 5 years. A motion was made to support this effort by any means possible. Cory Richter and Julie Bacon will keep the EMSC Advisory Committee informed on opportunities to support this effort.

The Florida Chapter of the Health Occupations Students of America (HOSA) has approached EMSC after expressed interest in regards to their upcoming state leadership conference on March 31- April 3. Melissa Keahey will forward information to the committee for review and input.

[**Action item 7:** EMSC staff will forward HOSA email to committee for review and input.] COMPLETE

NEXT MEETING

The next face-to-face EMSC Advisory Committee meeting is tentatively scheduled for July 6-7, 2011. A WebEx meeting will be scheduled prior to July 2011.

Members In Attendance:

Julie Bacon, RN, BA, CPEN, C-NPT, EMSCAC
Chairperson
Laleh Bahar-Posey, MD, FAAP, FACEP
Louise Bowen, RNC, CAN, BC, CMTE, MSN, ARNP
G. Patricia Cantwell, MD
Juli Daniels, Ph.D, CCRN
Cindy Garlesky, MSN, ARNP, CEN
John Harding, MBA, FACHE
Phyllis Hendry, MD, FAAP, FACEP
Amanda Kraft, ARNP, MSN
Trenda McPherson
Cory Richter, EMT-P, PIER Chairperson
Laurie Romig, MD, FACEP
Lou Romig, MD, FAAP, FACEP

EMSC Program Staff:

Melissa Keahey, EMSC Program Manager

Liaisons:

Susan McDevitt, RN, MS, MBA, FACHCA
Joe Nelson, DO, MS, FACOEP, FACEP, State EMS
Medical Director
Eleanor Cofer, RN, Children's Medical Services
Rhonda Brown, RN, Children's Medical Services

