

## Share and Learn Conference Call

**Date:** April 6, 2009  
**Time:** 2:00 p.m. to 3:30 p.m. EST  
**Topic:** Performance Measure PM 68a: The establishment of an EMSC Advisory Committee within the State/Territory  
and  
Performance Measure 68b: The incorporation of a pediatric representative on the State/Territory EMS Board.  
**Facilitator:** Jocelyn Hulbert, EMSC NRC Outreach Team Leader

**Invited Speakers:** Invited speakers for this call included Kristin Gurley (Utah EMSC Manager), Tomi St. Mars (Arizona EMSC Manager), Donna Westlake (California EMSC Manager), Dr. Robert Sapien (New Mexico EMSC PI), Paula Adkison (Missouri EMSC Manager), Dwayne Lopes (Hawaii) and MaryLou Loualhati (Guam EMSC Manager).

### Participating Grantees:

Arizona, Tomi St. Mars  
California, Donna Westlake  
Delaware, Marie Renzi  
District of Columbia, Cynthiana Lightfoot  
Guam, MaryLou Loualhati  
Hawaii, Dwayne Lopes  
Idaho, Rachael Alter  
Louisiana, Debbie Huffman  
Maine, Jan Brinkman  
Maryland, Cyndy Wright-Johnson  
Minnesota, Kristi Moline

Mississippi, Ashley Adcox  
Missouri, Paula Adkison  
Montana, Bobbi Perkins  
New Mexico, Robert Sapien  
New York, Martha Gohlke  
Ohio, Joe Stack  
Pennsylvania, Steve Mrozowski  
Puerto Rico, Wanda Arbelo  
South Dakota, Amy Marsh  
Utah, Kristin Lauria Gurley  
West Virginia, Vicki Hildreth

### NEDARC Attendees:

Colleen Cummins, Craig Hemingway and Kent Paige,

### NRC Attendees:

Diana Fendya, Jocelyn Hulbert, Gayathri Jayawardena, Theresa Morrison-Quinata and Tasmeen Singh Weik

## Utah's Best Practice

*Kristin Gurley, EMSC Program Manager for the State of Utah, shared her State's progress in the establishment of an EMSC Advisory Committee.*

Since the early 1990's, Utah's EMSC Program has been fortunate to have an active EMSC Advisory Committee. When first implementing this performance measure, Utah encountered several challenges: the most prominent of these was coordinating committee members' demanding and time consuming schedules with advisory committee meetings. Therefore, it became imperative that the Utah EMSC Advisory Committee be meeting members' needs as part of the committee as well to ensure continued dedication of time and expertise. Utah's public/private partnership between the Utah Department of Health and Primary Children's Medical Center has also been helpful in encouraging members from Primary Children's Medical Center to attend the meetings.

A personal one-to-one approach was utilized to recruit committee members. Each potential member was provided background information on the EMSC Program - the current goals and objectives of the Federal Program, as well as the goals and objectives of Utah's EMSC Program at this initial one-to-one meeting. At this time, information was also sought as to how being on the committee might help the member achieve his/her own personal/professional goals. Opportunities to mesh personal goals with the committee's overarching goals were discussed. Utah EMSC Advisory Committee meetings are structured to insure discussions and outcomes that benefit both the state EMSC Program and the individual committee members.

Meeting locations are rotated to reduce travel periodically for all members. It is important to provide at least one month's notice of all meetings for the members' scheduling purposes. All members are encouraged to engage in strategic planning activities, capitalizing upon both their skills and expertise. Time is regularly allocated for feedback so that members feel that their opinions were being heard and considered.

Effective communication techniques with the group are very essential. When doing presentations it is important to speak directly to your members. At times a well-trained facilitator can also be helpful to ensure meeting flow while providing that neutral moderator that is sometimes needed to assure a fair discussion. Open-ended questions at the beginning of meetings can be a helpful tool to opening communication amongst the group, whereas small group break-outs may be helpful for further discussion. (This allows the introverts an opportunity to better express themselves). Periodic recognition of members, whether with meals or small tokens, can also help to enhance team work while creating a sense of positive achievement and worth of the work being undertaken.

*To learn more about Utah's efforts in establishing an EMSC Advisory Committee within their state, please contact Kristin at [kgurley@utah.gov](mailto:kgurley@utah.gov).*

### Arizona's Best Practice

*Tomi St. Mars, EMSC Program Manager for the State of Arizona shared her State's progress in the establishment of an EMSC Advisory Committee.*



Arizona recruited committee membership from all professional organizations (as outlined in the original performance measures) via formal invitations requesting a representative be assigned to the EMSC Advisory Committee meeting. This enabled participation of others who had never been involved in EMSC before. Announcements were also sent to each of the EMS regional committees and the Children's Hospitals seeking representatives. Though they are not official members, their expertise has been helpful in developing projects and moving strategies forward. Meeting format varies being either face-to-face or web based.

It has been possible to heighten committee member engagement and knowledge by sharing videos from each member's respective organization/affiliation (e.g. IHS showed a video on injury and hospitalization). This has helped to raise committee member awareness of similar programs and services statewide, while addressing some of the diversity needs in the State. It is important to realize that committee membership can be ever-changing, or so it seems, with some members being long-term, and others short-term, but the goals of the committee should remain constant, working to continually move the agenda forward despite these changes. Meeting agenda planning typically should begin well in advance of the meeting; and having a committee chair assume responsibility for leading the meeting can be helpful in having the committee feel some ownership and active engagement with the process. Remember that family representatives have much to offer, Arizona's is very active and has assumed responsibility for updating Arizona's School Nurse Guidelines to include more information on children with special health care needs.

*To learn more about Arizona's efforts in establishing an EMSC Advisory Committee within their state, please contact Tomi at [stmarst@azdhs.gov](mailto:stmarst@azdhs.gov)*

### California's Best Practice

*Donna Westlake, EMSC Program Manager for the State of California, shared her State's progress in the establishment of an EMSC Advisory Committee.*

The State of California EMS Authority and EMSC advocates formally requested that an EMSC Advisory Committee be established as a standing advisory committee to the state EMS Commission, governing body for EMS within the state of California. This committee, the Technical Advisory Committee or EMSC-TAC works collaboratively with the statewide EMSC Coordinators (nurse EMSC advocates within each of the Local EMS Agencies) to plan the annual EMSC Conference and to establish guidelines for pediatric care and transport within the state.

In California, the state agency has great power to coordinate EMSC activities by facilitating communication amongst important stakeholders. The reach of the EMSC-TAC is also very broad as a result of the professional affiliations of many of its members. Reaching out to the groups and to the national figures within the organizations can be a real adjunct with tasks being tackled by the EMSC-TAC. Due to the large geographic area of California, quarterly meetings are held that alternate between the northern and southern area of the state. By moving the meeting location, meetings costs for travel is reduced and equalization of travel time for members is achieved.



Most meetings have also been setup as a conference call for those EMSC-TAC unable to come in person, thereby reducing the frequency of travel for members while ensuring their ability to attend the meeting. The members that are appointed as chair and co-chair present the agenda, and presentations while facilitating the meeting. Subcommittees are also utilized to discuss and review completed tasks.

Annually, in January, an annual EMSC planning workshop is held in a nice area of the state. The first day is a meeting for state regional EMSC Coordinators; the second day is planned for the EMSC Coordinators and EMSC-TAC members; and the third day is reserved for strategic planning of the TAC. It's a time to get together to celebrate successes and plan for the upcoming year while reviewing the status of projects needing completion. After the meeting, all the coordinators and TAC go out for a nice dinner together.

California recommends providing food and caffeine at any in-person meetings.

*To learn more about California's efforts in establishing an EMSC Advisory Committee within her state, please contact Donna at [Donna.Westlake@EMSA.CA.GOV](mailto:Donna.Westlake@EMSA.CA.GOV)*

### New Mexico's Best Practice

*Robert Sapien, EMSC Principal Investigator for the State of New Mexico shared his State's success in the incorporation of a pediatric representation on the State/Territory EMS Board.*

During the second wave of EMSC grants (20 years ago), several subcommittees were established in the state that included noted key players statewide. As New Mexico's EMSC PI, Dr. Sapien, made sure that he attended these meetings. Here he consistently inquired about possible impact, positive and negative, of these initiatives on children, he agreed to reviewing protocols, accepted invitations to present on EMSC topics, and presented expert testimony before the state legislature when needed. With this approach New Mexico EMSC became more visible within the Department of Health. The partnership between the Department of Health and EMSC brought more invitations for the New Mexico EMSC program and its staff to speak out for children. Questions, such as, "What about the children?" and "Have you considered children?" were being asked frequently across the state.

The Department of Health soon came to the realization that children needed special representation to ensure that their unique needs were being planned for and considered. They, DOH, approached the Secretary of Health for the appointment of a pediatric representative to the EMS Medical Direction Committee. This Committee oversees EMS scope of practice and approves EMS protocols. A pediatric representative was appointed based upon this request. Having a pediatric representative on the committee has become critical as it has become apparent that committee members usually have their own agendas for which they are advocating. As a result, it is very important for the pediatric representative to creatively ensure that these agendas include/consider the impact on children as well. An example illustrating this is the efforts undertaken to develop a trauma



system within the state. Part of the plan for system development included a report on regionalization of pediatric emergency care as well. Trauma development has thus become the vehicle by which the general approach to care of ill and injured children has been enhanced.

*To learn more about New Mexico's efforts in the incorporation of a pediatric representation on their State EMS Board, please contact Dr. Sapien at [rsapien@salud.unm.edu](mailto:rsapien@salud.unm.edu)*

### Guam's Best Practice

*MaryLou Loualhati, EMSC Program Manager for the Territory of Guam shared her Territory's progress in the incorporation of a pediatric representative on the State/Territory EMS Board.*

The EMS Board in Guam is referred to as the Guam EMS Commission. This Commission consists exclusively of individuals recommended by the Guam EMS Office to the Governor. The Governor then officially appoints the recommended members to the Commission. Because expert resources for emergency care and pediatrics are limited in Guam, it became essential that meeting times be coordinated and time away from clinical duties be limited to ensure pediatric representation and participation in both EMSC and the Commission. To facilitate this, the EMSC Advisory Committee was successfully incorporated into the EMS Commission as an official subcommittee. This has been helpful in that many of the Commission members are also members of the EMSC Advisory Committee and therefore meeting time is consolidated. A standing EMSC report occurs at every Commission meeting. Subsequently, the Pediatric Medical Director for the EMSC Grant was then appointed to the Commission. Though not a mandated position due to Governor appointment requirements, the pediatric medical director is a voting member of the Commission. He is very active in reviewing pediatric protocols, providing input on concerns, reviewing re-certifications of EMS personnel and reviewing current mandates.

The pediatric medical director is also a practicing ED pediatric physician. His schedule is very demanding and thus the EMSC committee works to coordinate meetings with his work schedule in the emergency department, i.e. meetings have even been held at the hospital during lunch hours.

*To learn more about Guam's efforts the incorporation of a pediatric representation on their Territory EMS Board please contact Mary at [marylou.loualhati@dphss.guam.gov](mailto:marylou.loualhati@dphss.guam.gov)*

### Missouri's Best Practice

*Paula Adkison, EMSC Program Manager for the State of Missouri, shared her State's progress in the incorporation of a pediatric representation on the State/Territory EMS Board.*



Missouri's EMSC program falls under the auspices of the Bureau of EMS. A State Advisory Council (SAC) guides EMS system and Trauma system development. The SAC is comprised of 12 voluntary EMS multidisciplinary leaders, appointed by the governor. While the committee membership is not mandated, appointments are recommended by a State Representative or Senator with input from the Bureau of Emergency Medical Services. The SAC meets ten times a year.

Meetings are designed as an open forum and are announced well in advance. Representatives from the three Children's Hospitals in Missouri as well as leaders in Pediatric EMS from various Adult/Pediatric hospitals within the state began to attend the SAC meetings (20 years ago). During the "open comment" period of each meeting, these representatives were very vocal in regards to the pediatric population emergency and trauma needs within the state.

Consistent attendance by the pediatric representatives at the meetings provided major input in the pursuit of the first EMSC grant for the state. Successful notification of EMSC funding led to the identification of the first pediatric representative to be appointed to the SAC. The Department of Health had identified the "need" for a Pediatric Representative on the EMS Advisory Council and a pediatric specific subcommittee was formed at this time to provide further guidance in the emergency/trauma care of children and to assist in grant implementation. The pediatric subcommittee (evolved into EMSC committee) and continues to be made up of representatives from the pediatric hospitals, general hospitals, ground and air ambulances, physicians, nurses, and paramedics from across the state. The SAC has since incorporated, via Governor appointment, a member/chair of the pediatric subcommittee and a standing pediatric report occurs at all SAC meetings.

*To learn more about Missouri's efforts on the incorporation of a pediatric representation onto their State EMS Board please contact Paula at [Paula.Adkison@dhss.mo.gov](mailto:Paula.Adkison@dhss.mo.gov)*

### Hawaii's Best Practice

*Dwayne Lopes, EMSC Program Manager for the State of Hawaii, shared his State's progress in the incorporation of a pediatric representation on the State/Territory EMS Board.*

Hawaii has seven islands that are covered under State EMS law. The State created a law which placed EMS system regulation under the Department of Health. Under this law the Chief of EMS is responsible for EMS and the Emergency Medical Services Advisory Committee (EMSAC) committee. The present EMS law requires that this committee have at least one board certified (or board eligible) emergency physician to provide medical direction to the group as decisions are made. The present Chief is both board certified in emergency medicine and a pediatrician.

Six years ago the functions of the EMSC Program were put into administrative law as the responsibility of the EMSAC under the Department of Health. At this time they defined EMSC as "meaning the comprehensive medical services including preventive, prehospital, rehabilitative and other hospital care for children". So presently Hawaii is meeting the intent of Performance Measure 68B with the Chief functioning in the mandated position and



being a pediatrician. Timing is right though, for the administrative law is presently due to sunset (expire) and therefore it is up for review, public comment, and revision.

Knowing that the mandated pediatric EMSAC position is only being met by virtue of the presence of the Chief, plans are in place to tighten the present law to clearly reflect that a pediatric position must also be on the MSAC.

To learn more about Hawaii's efforts the incorporation of a pediatric representation on their State EMS Board please contact Dwayne at [Dwayne.Lopes@doh.hawaii.gov](mailto:Dwayne.Lopes@doh.hawaii.gov)

### Participant's Questions and Comments

**Question 1: How many agencies do you work with? How is your authoritative power in your department?** *Dwayne Lopes, Hawaii*

Response: Just estimating off the top of my head, we work with approximately 12-16 groups. We are a separate department under the Health and Services Human Agency but we do report to an EMS commission four times a year. EMSC is an agenda item because the TAC is a standing committee of the EMS Commission. *Donna Westlake, California*

**Question 2: Is Guam's pediatric representation's position mandated?** *Diana Fendya, NRC*

Response: When a new EMS Commission starts they send out a call out for suggestions. We recommend our pediatric representative even though the EMS Commission requires a physician other than a medical director. EMSC is working on mandating this position and we believe we are very close. An audience is scheduled during National EMS week with the new chair for health and they see us striving to make the change. *MaryLou Loualhati, Guam*

**Question 3: How is your EMS structure, how does it flow down?** *Dwayne Lopes, Hawaii*

Response: EMS falls under the Dept. of Public Health and we have the regulatory oversight. As a State partner for the EMSC program we are responsible to establish the EMSC program and the Advisory committee. Many of our members on the Commission are also a part of the EMSC advisory board. Instead of hosting two different meetings we realize to get members to be more effectively involved to incorporate an ESMC subcommittee under the EMS Commission. They have a standing report and the EMSC advisory committee does meet outside of the Commission meeting and discuss performance measures.  
*MaryLou Loualhati, Guam*

**Next Share and Learn Conference Call  
May 11, 2009 @ 2:00PM EST**

**PM 68c/d- The establishment of a FTE for an EMSC Manager and the degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system**

