

Town Hall Meeting Conference Call

January 26, 2010 2-3:30 p.m. EST

Led by:

EMSC National Resource Center
 8737 Colesville Road, Suite 400
 Silver Spring, MD 20910
 202-476-4927

www.childrensnational.org/emsc

Participating Grantees:

Alabama, Katherine Hert	New Jersey, Eric Hicken
Alaska, Raj Maskay	New York, Martha Gohlke
Colorado, Lisa Ward	North Carolina, Gloria Hale
Connecticut, Wendy Wheeler	North Dakota, Kelli Rice
District of Columbia, Cynthiana Lightfoot	Ohio, Joe Stack
Hawaii, Dwayne Lopes	Oklahoma, Stacy Morton
Idaho, Rachael Alter	Oregon, Philip Engle
Indiana, Gurinder Hohl	Pennsylvania, Steve Mrozowski
Iowa, Katrina Altenhofen	Puerto Rico, Wanda Arbelo
Kansas, Sarah House	South Carolina, Taffney Hooks
Louisiana, Debbie Huffman	Tennessee, Rhonda Phillippi
Maryland, Cyndy Wright-Johnson	Texas, Anthony Gilcrest
Michigan, Linda Nesbit	Virginia, Dave Edwards
Minnesota, Kristi Moline	Washington, Scott Hogan
Mississippi, Ashley Adcox	West Virginia, Vicki Hildreth
Montana, Bobbi Perkins	Wisconsin, Joyce Andersen
New Hampshire, Janet Houston	

Federal Staff: Tina Turgel, Federal Project Officer

NEDARC Staff: Andrea Genovesi, Kent Page, and Patty Schmuhl

NRC Staff: Karen Belli, Diana Fendya, Jaclynn Haymon, Jocelyn Hulbert, Gayathri Jayawardena, Kelly Johnson, Tiffani Johnson, Theresa Morrison-Quinata and Ian Weston

Policy Update

Congress completed appropriations for Fiscal Year 2010 this past December. The EMSC Program received \$21.5 million dollars, which is a \$1.5 million dollar increase from the last year. This is the most significant increase the EMSC has received in the last decade.

President Obama, who will deliver his State of the Union address later this week, plans to announce a freeze on federal spending. This freeze simply means that existing federal programs such as the EMSC will receive level funding for the next three years. Although, this is President Obama's proposal, it will ultimately be Congress's decision on how much each federal program will receive.

Re-authorization

On December 24, 2009, the Senate passed their version of Health Care Reform legislation. The House passed their version earlier in the Fall of 2009. The Senate version of Health Care Reform did include language to re-authorize the EMSC Program. Ideally, both chambers would have come to an agreement on a final bill to be sent to the President; however, with the recent election of Senator Scott Brown (R-MA), the 2/3 majority vote that the Democrats had has now shifted. This may or may not affect EMSC re-authorization.

PM Data Collection

All grantees are required to collect data during the upcoming grant year 2010 to 2011 for PM71, 72, 73, 76 and 77 unless granted an exemption or met the performance measure. Grantees who have been exempted from data collection for specific measures or acknowledged for having met measure(s) must have a letter or letters of exemption or acknowledgement from HRSA. Please contact your NRC representative for questions or further clarification.

NEDARC Workshops

NEDARC will be offering grantees a selection of workshops over the next few months. Please see their website for additional information on these workshops or to see others scheduled in the near future.

Improving EMSC Performance Measure Survey Response Rates

Chicago, IL

Tuesday, March 30, 2010 to Wednesday, March 31, 2010

Improving EMSC Performance Measure Survey Response Rates

Portland, OR

Tuesday, April 20, 2010 to Wednesday, April 21, 2010

Each of these two workshop will focus on survey improvements and methods to increase response rates based on research. The workshop is meant for States to work on their individualized response plan for the performance measures; however, can be applied to any survey that grantees deploy.

Therefore, at both of these workshops registrants will learn of the Program's efforts to improve the EMSC Performance Measure Survey instruments for the 2010-11 Grant Year. Current best practices and research based on techniques to motivate respondents to take surveys will be presented. An open forum format will be used to allow EMSC grantees to share their past experience in surveying EMS agencies and hospital EDs. Develop and leave with a plan to achieve the minimum 80% response rate for your State or Territory.

NEDARC notes that this workshop would be of great benefit to grantees that may have had difficulty reaching the Programs' minimum survey response rate of 80%.

Creating Tables and Charts for Presentations and Reports

New Orleans, LA

Tuesday, July 13, 2010 to Thursday, July 15, 2010

This workshop is geared towards EMSC Data Managers, Data Analysts and Program Managers needing to create and disseminate scientific data tables. The workshop will assist grantees in learning how to create tables and charts for presentations and reports.

In this interactive workshop, participants will work with their own data to create tables and charts. Methods of constructing, designing, and formatting tables and charts *scientifically and professionally* will be covered. Participants are required to bring a laptop with Microsoft Word, Excel, PowerPoint, and Publisher; a CD Rom drive; a power cord; and an external mouse for data manipulation. All demonstrations will be taught using the 2007 versions of all of the programs; therefore participants are expected to have a basic working knowledge of the Microsoft Office 2007 Suite. In addition, participants will need to bring cleaned electronic copies of their data.

Scientific Grant Writing

Chicago, IL

Wednesday, August 25, 2010 to Friday, August 27, 2010

This workshop is for researchers and physicians doing research in pediatric emergency care and preparing to apply for NIH research grants.

Analyzing Your State's EMSC Performance Measure Data - 2010

Tampa, FL

Tuesday, September 28, 2010 to Wednesday, September 29, 2010

Analyzing Your State's EMSC Performance Measure Data - 2011

Location: TBD

Tuesday, March 1, 2011

Surveys have been improved with many of the grantee suggestions integrated in an effort to avoid issues with data collection this year. Analysis steps have also changed and this information has been included in several of this year's workshops.

It is highly recommend that grantees register for one of these workshops.

More information can be found at www.nedarc.org.

National Commission on Children and Disasters (NCCD)

This Commission is currently authorized by Congress under the Consolidated Appropriations Act of 2008. It consists of 10 members who are appointed by the President, Senate and House leaders. The goal of the Commission is to evaluate and assess children's needs in relation to preparedness, response and recovery from all hazards. In addition, the Commission identifies, reviews and evaluates existing laws, policies and programs and reports findings to the President and Congress.

The Commission's interim report was released in October of 2009 and their final report is due out in October 2010. The overall tone of the interim report focuses on ending what they refer to as "benign neglect" of children and their unique needs in disaster planning.

The report is broken down into eleven categories:

Disaster Management and Recovery:

Primary recommendations have focused on assuring that the needs of children are included in all disaster planning activities. Often the needs of children are addressed under special needs or vulnerable populations. The Commission believes that children should be included in all disaster planning. The Commission would like the unique needs of children to be included in all national preparedness documents such as the National Response Framework, as well as disaster training and exercises.

Mental Health:

In addition to incorporating children's mental health into disaster preparedness activities, the Commission also recommends enhancing research and training for pediatric mental health and social service needs.

Child Physical Health and Trauma:

In this category, the Commission primarily focused on the availability of pediatric medical counter measures. Medical counter measures include the availability of drugs or devices to treat or prevent harm from terrorist agents; chemical and biological agents, as well as nuclear weapons. Children are at greater risk for morbidity and mortality when they are exposed to these agents. Unfortunately the Strategic National Stockpile does not include many of the medical counter measures for children; this is due to the limited research and lack of FDA approved pediatric drug antidotes. Therefore, the Commission is recommending additional research to make sure that appropriate medical counter measures are included in the National Stockpile. It has also been recommended that more pediatric medical experts be included on disaster response teams and a plan be developed for a formalized regional pediatric system of care for disasters.

Emergency Medical Services and Child Transportation:

The Commission recommended improvements in EMS capabilities in the transport and care of children not only during national disasters but also on a day to day basis. The

Commission also recognized and supported the EMSC Program as well as the performance measures. It acknowledged that before the nation can prepare for children in disasters, that the every day EMS system must be able to recognize and handle the needs of children. There was also a recommendation to increase funding for the EMSC Program, as well as a recommendation to create a federal grant program for EMS disaster preparedness.

Sheltering Standards, Services and Supplies:

This section included proposed standards for disaster shelter care. This section also outlined a list of recommended supplies be available for infants and children in mass shelters.

Additional topics outlined in the interim report included:

- Disaster Case Management
- Child Care
- Elementary and Secondary Education
- Child Welfare and Juvenile Justice
- Housing
- Evacuation

The Commission will continue to do research over the next ten months to identify additional best practices and look at emerging issues that have developed. The NCCD will release their final set of recommendations in their final report to the President and Congress in October. To view the full interim report and for more details on the NCCD, please visit <http://www.childrenanddisasters.acf.hhs.gov/home.html>.

If you have additional questions please feel free to e-mail Tiffani Johnson, MD at tjohnso@cnmc.org.

Equipment List Update

As you know, the EMSC pediatric equipment list created specifically as a supplement for EMSC Performance Measure 73 requires States/Territories to have specific equipment and supplies. Resulting from an inquiry from the Indiana EMSC Program, the EMSC program piloted a survey to determine if providers utilized Endotracheal (ET) tubes in sizes 2.5-8 in both Cuffed and Uncuffed formats. This survey led to a discussion with experts associated with the national Equipment for Ambulances guidelines. Consequently, a decision was made to allow include both both Cuffed and Uncuffed Endotracheal (ET) Tubes (sizes 2.5-8) to the list of recommended equipment. Patient care units **may have either** cuffed or uncuffed ET tubes.

Previously, the ALS section of the equipment list allowed only for uncuffed ET tubes from 2.5-5.5 and cuffed ET from 6-8.

Endotracheal Tubes are translucent tubes measuring approximately 35-37cm long, includes openings on both ends. The distal end of a cuffed tube includes an inflatable 5-10mL cuff that is used to seal the trachea. The distal cuff is filled with air from a syringe, which is pushed through a thin inflation tube that runs the length of the main tube into the distal cuff; an uncuffed tube does not include this attached to the tube.

Some states, regions and localities have explained that a cuffed tube may help compensate for some of the guesswork involved in the sizing of pediatric tubes. Ongoing studies on the use of cuffed tubes in children have also suggested that the use of cuffed tubes, with proper training and attention to cuff pressures can provide ventilation without significant additional risk.

State EMSC program managers were contacted by the NRC to learn more about the use or non-use of cuffed versus uncuffed ET tubes in their respective EMS areas. Based on the information received from the program managers, a few EMS agencies around the country have provided specialized training to EMS providers to facilitate use of small-sized cuffed ET tubes.

Using cuffed tubes in smaller sizes requires significant specialized training, which is not always provided statewide. Thus, only those agencies that provide specialized training should allow the use of small size cuffed tubes. States that will be incorporating cuffed ET tubes into their surveys should ensure that the additional training related to use of these tubes in children is also readily available.

NEDARC will work with States to deploy a survey instrument that is appropriate for your State. All program managers will be receiving a hard copy of the updated section of the equipment list (pg.29) to insert into their 2009 EMSC Performance Measures Implementation manual.

Exemption from Data Collection

If you plan to seek an exemption from data collection on any specific performance measure, please contact the HRSA EMSC federal project officer, Tina Turgel at CTurgel@hrsa.gov as soon as possible. The Program will need to review your supporting documents to determine whether an exemption from data collection is approved or a specific performance measure has been met. Otherwise, grantees are expected to work with NEDARC to survey EMS agencies and hospitals to gather data related to PM 71,72,73, 76 and 77.

Annual Program Meeting

We are pleased to announce the 2010 EMSC Program Meeting location and dates, and to inform you that registration for this event *will be available soon*.

Dates	Tuesday, May 25, 2010 – Thursday, May 27, 2010 <i>Tuesday will be a half-day starting at 1pm.</i> <i>Wednesday will be a full day.</i> <i>Thursday will be a half-day ending by 1pm.</i>
Hotel	Doubletree Hotel & Executive Meeting Center
Address	8120 Wisconsin Avenue, Bethesda, MD 20814

Phone	301-652-2000
Fax	301-664-7317
Reservation Procedure	Individual Reservations by Telephone
Reservations Telephone	1-800-222-TREE or 301-652-2000 Participants MUST identify themselves as an “EMSC Annual Grantee Attendee”
Guest Room Rate	\$209.00 per night, per room state and local taxes not included rates are valid 2 days prior and 2 days post the meeting dates
Deadline for Hotel Reservations	Monday April 26, 2010

The meeting will take place in conjunction with the National Association of EMS Officials (NASEMSO) Mid Year Meeting. EMSC grantees will have an opportunity to attend joint sessions with NASEMSO participants.

Tuesday, May 25th will be primarily an optional pre-conference focusing on advocacy.

Wednesday, May 26th will be the actual joint meeting including EMSC grantees and NASEMSO members.

The planning committee is currently convening and sessions are still not finalized. CME's are again planned through Indian Health Services.

If you have any suggestions or ideas for the Annual EMSC Program please e-mail the ideas to your NRC representative.

Annual EMSC Day

The 2010 National EMS Week will take place from May 16-May 22. EMSC Day will be celebrated on Wednesday, May 19th. Please visit the ACEP website for a 2010 EMS Week Planning Kit located at <http://www.acep.org/practres.aspx?id=30212>.

The NRC will also have a supplemental EMSC Day toolkit available for grantees in the next few months. If you have any suggestions or would like to share your state's planned EMSC Day activities, please direct all correspondences to Gayathri Jayawardena at gjayawar@cnmc.org.

AAP and ACEP Webcasts

The EMSC Program will be sponsoring three webcasts in conjunction with American Academy of Pediatrics (AAP) and American College of Emergency Physicians (ACEP). The webcasts will be helpful to grantees working on hospital related performance measures. Webcast information is listed below. Plan to register for these webcasts at least one day in advance to ensure that your computer is configured and prepared for the webcast. The most common technical error users tend to experience in connecting to the webcast is the lack of an updated Real Player. Webcasts require participants to have Version 10 or above of Real Player, which can be downloaded from the www.mhcom.com website.

Tuesday, February 23, 2010

12:00-1:30pm Eastern

State of Emergency Department Preparedness for Children: Release of Joint Statement - A Consensus on the Essentials

Daniel Kavanaugh, MSW, LCSW-C, Moderator : Senior Program Manager: EMSC

Marianne Gausche-Hill, MD, Presenter

Sally Snow, RN, Speaker

Robert Wiebe, MD, Speaker

Joseph Wright, MD, Speaker

Wednesday, March 24, 2010

1:00-2:30pm Eastern

State of All Hazards Preparedness for Children: Partnerships & Models for Merging Emergency Department & Disaster Preparedness Efforts Nationwide

Daniel Kavanaugh, MSW, LCSW-C, Moderator : Senior Program Manager: EMSC

Steven Krug, MD, Speaker

Sarita Chung, MD, Speaker

Michael Anderson, MD, Speaker

Jeffery Upperman, MD, Speaker

Raymond Johnson, MD, Speaker

Lori Upton, RN, Speaker

Daniel Fagbuyi, MD, Speaker

Thursday, March 25, 2010

1:00-3:00pm Eastern

ESI for Pediatric Triage

Jaclynn Haymon, MPA, RN Moderator : Program Manager,

Children's National Medical Center

Anna Waller, ScD, Speaker : Principal Investigator

Deborah Travers, PhD, RN, FAEN, Speaker : Assistant Professor, University of North

Carolina

Jessica Katznelson, MD Speaker : Assistant Professor, University of North Carolina

Upcoming Town Hall Conference Calls

Wednesday, April 14, 3:30-5pm EST

Wednesday, July 14, 3:30-5pm EST

Questions

Q: If the “Analyzing your State’s EMSC PM Data” workshop gets moved to Spring of 2011, will that provide sufficient time to enter data into the EHB?

A: The workshop is planned for March of 2011. The data collection period for the EMSC Program will be from March 1, 2010 to the end of February 2011. This should allow time for grantees to complete data collection, attend a workshop and to enter their data into EHB. The EMSC Program will notify grantees when data entries related to the data collected will be due.

Q: Is it possible that the final workshop could be moved to another location, besides California, to ensure sufficient time to prepare data for EHB entries?

A: The California workshop hasn’t been finalized; NEDARC is waiting on hotel proposals. If the proposals do not work out, NEDARC will consider an alternate location.

Q: If grantees are unable to attend a particular workshop, will it be possible to request a manual of the materials that were taught during the workshops?

A: NEDARC will be happy to send workshop materials to grantees unable to attend a workshop. Materials will also be available on the NEDARC website.

Q: What is the target date for having all NEDARC workshop dates set for 2010?

A: More information is hoped in the next week and will be provided to all grantees via e-mail.

Q: Will there be a new program manager orientation, similar to last year?

A: A new program manager orientation is not planned for this year. However, there is still an opening for a pre-conference idea that the planning committee needs to vote on. If grantees have suggestions, please e-mail your NRC representative.

Q: Is there any information on the new performance measures development committee that Tiffani is working with?

A: The group has met and the NRC will provide further information on the group in the upcoming weeks.