



Emergency Medical Services for Children Program State Partnership Grantee Town Hall Conference Call

September 26, 2011

3:00pm eastern time

TOPICS OF DISCUSSION

1. Welcome
 2. State Regionalization Project Activities
 3. EMSC NRC Update
 4. NEDARC Update
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1. PROGRAM ANNOUNCEMENTS

A brief overview of the planned Agenda for the call and the speakers were introduced.

Notice to Grantees released after the conference call:

The EMSC state partnership program intends to support states and territories that develop partnerships across state/territorial boundaries to develop model programs to improve the transfer of pediatric patients to specialty medical centers through the process of a regionalized system of care. This project specifically aims to support partnerships that will improve access to specialized pediatric medical services for the defined Population of Focus (see Guidance for additional details). This funding opportunity targets populations that are isolated geographically and have limited pediatric specialty services available to treat severely ill and injured children area. The outcome of this demonstration project would be models for Regionalized Care that could be used in other rural areas or even applied to disaster preparedness.

2. Regionalization Projects

Alaska – Diana Fendya, Trauma and Acute Care Specialist

Last week, the EMSC Program representatives from the federal Program, Children's National EMSC National Resource Center (NRC) and the National EMSC Data Analysis Resource Center (NEDARC) met with the EMSC Advisory Committee and leadership from several medical facilities in Alaska to facilitate efforts to launched a Pediatric Medical Recognition (PMR) system. The Alaska healthcare facilities that intend to join the state's PMR system and support the state's efforts to successfully launch the program include tribal, private, non-profit, and military medical facilities in Alaska. Discussions are continuing on where best to administer and manage the Program, but the effort is primarily led by the state's EMSC Advisory Committee and four key level of medical recognition have been created. For more information, contact Raj Maskay at raj.maskay@alaska.gov or Diana Fendya at DFendya@childrensnational.org.

Hawaii – Dwayne Lopes, EMSC Program Manager, Pacific Islands EMSC Regional Partners (PIER)

The PIER partners include EMSC program representatives from the Commonwealth of Northern Mariana Islands (CNMI), Guam, American Samoa, and Hawaii. The group began meeting by conference call in 2009 and continues to meet weekly by conference call. In-person, the program representatives met in Hawaii twice (in April 2010 and 2011). Over the last 2 ½ years the group has shared knowledge with one another about the strengths and weaknesses of their healthcare systems and invited key stakeholders from each of their respective areas to discuss the barriers to accessing pediatric-specialized medical care and to seek solutions. In partnership with the federal EMSC Program, the Children’s National NRC, and the NEDARC, key stakeholders have been working on a Summary Report and white paper guidelines to document the barriers to accessing pediatric medical care and formalize recommendations, as well as a Basic Life Support Regionalized Patient Transport guideline. Contact Dwayne Lopes at Dwayne.Lopes@doh.hawaii.gov for more information.

Iowa – Katrina Altenhofen, EMSC Program Manager

Iowa has worked to facilitate regionalization as often as possible in all project planning and implementation efforts; this includes establishing regional disaster response teams and Child Passenger Safety Seat Technicians.

Specific to the Child Passenger Safety Seat Program, the Iowa Occupant Protection Program is set up in each of the Iowa EMS regions. From each of the regional sites, the Program provides restraint systems for children with poor muscle tone and those with various degrees of behavioral issues. Each region has a contact person who is a certified Child Passenger Technician (CPT), endorsed in “Transporting Children Safely with Special Transportation Needs.” The CPT installs the restraint systems and educates families on the proper use of the restraint systems. Contact Katrina Altenhofen at katrina.altenhofen@gmail.com.

Texas – Tony Gilchrest, EMSC Program Manager

Each element of regionalization ties together with the performance measures on pediatric on-line and off-line medical direction and hospital categorization/designation. Evidence-based protocols/guidelines form the foundation for prehospital pediatric emergency care and everything else builds from there. To plan ahead, Texas worked in partnership with NEDARC to include additional questions to the Program-required survey and learned that if EMSC created evidence-based pediatric protocols, 76% of non-rural and 75% of rural agencies would use them; there is a significant gap in universally available on-line medical control; and pediatric medical control was only provided by a children’s hospital about a third of the time. To address these issues, Texas EMSC intends to use the supplemental funds awarded from the Program to have the Texas Children’s Hospital Evidence-Based Outcomes Center (TCH-EBOC) conduct a thorough literature review and evaluation on selected pediatric protocols. They will combine this with current or completed work from other sources, such as Dr. Shah’s multi-site Targeted Issues grant on the development and implementation of an evidence-based protocol on pediatric respiratory distress, to develop an evidence-based protocol resource to be used by EMS agencies and medical directors in the development and evaluation of their pediatric protocols. Once completed, Texas EMSC will work with key partners in the state to assure the protocols are adopted and adapted in each region. Using these same protocols and guidelines, regional pediatric hospitals will provide on-line medical

control for agencies that cannot, or choose not to, provide 24 hour access to qualified medical control for critically ill and injured children.

Texas EMSC also developed a position statement on Pediatric Base-Stations in Texas that advocates the establishment of base stations located at children's hospitals throughout Texas. Currently, there are seven stand-alone pediatric centers in the state. The base stations would serve two primary functions: 1) provide emergency medical services agencies in their region with the option of accessing standardized and evidence-based recommendations through on-line medical direction from pediatric emergency specialists, and 2) coordinate prehospital care in a regionalized manner to ensure that pediatric patients are transported to the nearest facility equipped to appropriately evaluate and manage the patient's presumed illness or injury.

Contact Tony Gilchrest at adgilchr@texaschildrens.org for more information.

3. EMSC NRC News

Legislative Update – Karen Belli, Senior Public Policy and Partnerships Specialist
(KBelli@childrensnational.org)

“The current fiscal year (FY 2011) will end this Friday, September 30. Congress, however, has yet to enact any of the FY 2012 appropriations bills. Remember that without an appropriations bill in place, the government would shut down. To prevent this from happening, Congress is trying to negotiate a continuing appropriations bill that would fund government agencies and programs from October 1, the first day of FY 2012, until November 18. The bill being considered would implement a 1.5% across-the-board cut to federal programs. For the EMSC Program, this would amount to a \$320,500 decrease below its current funding level of \$21.39 million.

Looking forward, Congress is also beginning to consider funding federal programs past November 18. Last week, the Senate Appropriations Committee approved a bill funding programs within the Departments of Labor, Health and Human Services, and Education for the remainder of FY 2012. The bill would bring EMSC Program funding back up to \$21.369 million. This amount may change, however, since the House, the Senate, and the President will have to come to an agreement on a final appropriations measure.”

4. NEDARC News

Upcoming Workshops – Patricia Schmuhl, Communication Specialist
(Patricia.Schmuhl@hsc.utah.edu)

Patty announced that the NEDARC staff were gearing up for the upcoming workshop. The annual calendar of scheduled training can be found at www.nedarc.org.