EMSC Advisory Committee Minutes, Wednesday, 2/9/2022, 2:30 pm – 4:00 pm CST, conducted virtually via Zoom platform

<u>Core Members Present</u>: Sam Vance, Sally Snow, Joe Schmider, Mark Sparkman MD, Kate Remick MD, Greta James-Maxfield

Core Members Absent: Kathryn Kothari MD, Roy Hunter

<u>Others Present</u>: Mattie Mendoza, Belinda Waters, Brenda Taylor, Brent Hahn, Stephen Harper MD, William Bonny, Ginny Sanders, Charles Jacquith

Desired Outcomes:

- Nominate and elect a secretary for the Advisory Committee
- Review the current results of the 2022 EMSC Survey
- Review the results of the 2021 NPRP Assessment and make recommendations to address the results
- Vote to approve or disapprove the revised EMS Recognition Program
- Vote on whether to conduct FRO surveys or not
- Determine ways to collaborate with the Pediatric Committee of GETAC
- Receive an update on the National Pediatric Quality Initiative (NPRQI)

February 9, 2022 2:30 PM – 4:00 PM					
What	How	Who	Time		
Introductions	Welcome and Roll Call	Sam Vance/ Dr. Kathryn Kothari	5 minutes 2:30 – 2:35		
Secretary Nominations/Elections 2022 EMSC Survey	Nominate and elect a secretary for the EAC Update on the 2022 EMS Survey	All Sam Vance	15 minutes 2:35 – 2:50 10 minutes		
2021 NPRP Assessment	current results Review the results of the 2021 NPRP Assessment and make recommendations to address results	Sam Vance/All	2:50 – 3:00 20 minutes 3:00 – 3:20		
EMS Recognition Program	Vote to approve the revised EMS Recognition Program and send to committees of GETAC for review and input	Sam Vance/All	10 minutes 3:20 – 3:30		
FRO Survey	Continue discussion regarding surveying FROs and potentially developing an equipment list specific to them	Sam Vance/Dr. Sparkman	15 minutes 3:30 – 3:45		

GETAC Pediatric Committee Report	Update on issues being worked on by the Peds Committee and ways to collaborate with them to accomplish their goals	Belinda Waters	15 minutes 3:45 – 4:00
National Pediatric Quality Initiative (NPRQI)	Update on the NPRQI	Dr. Remick	25 minutes 4:00 – 4:25
Meeting Wrap UP	Review of meeting and items from the committee	Sam Vance/All	5 minutes 4:25 – 4:30

Highlighted areas are ACTION ITEMS.

Introductions

• Sam Vance welcomed everyone to the meeting, conducted roll call of the EAC core members, and reviewed the meeting agenda.

Secretary Nominations/Elections

- Sam Vance opened the floor for volunteers for the position of EAC Secretary. There were no volunteers
- The floor was opened for nominations. No nominations made.
- Sam Vance nominated FAN representative, Greta James-Maxfield. However, Greta was not on the call.
 - Sam stated he would speak with her about the nomination and conduct the vote at the May meeting.
- Greta joined the meeting later, and the nomination was discussed.
- Greta accepted the nomination and won the election by acclimation.
- Sam will meet with Greta offline to discuss roles and responsibilities.

2022 EMSC Survey

- The 2022 EMSC Survey began January 5, 2022 and will close March 31, 2022. We'll be looking at EMSC Performance Measures 02 presence of a PECC, and 03 Having a process in place to evaluate the competency of provider's clinical skills with pediatric specific equipment.
- The survey has been promoted to the RACs, TCEP, TX NAEMSP, and the medical directors.
- Our response rate as of Feb. 9 is: 122/550 agencies have responded for a 22.2% response rate.
- Once a responding EMS agency completes and submits their survey, the system will send them a basic score (ped equipment skill-checking) and summary report of the answers they provided

2021 NPRP Assessment

- We have received the frequency report from NEDARC.
 - A frequency report is a summary of all of the answers to each question in the assessment.
 - Due to the need to keep recommendations consistent with updated evidence-based practices, guidelines did change from the last assessment period in 2013, and the 2021 assessment was updated to reflect those changes. This means that the scoring between data collection periods is not comparable 1:1. However, scoring is still on a 100-point scale, and the domain scores totals have stayed the same over time.
- For various programmatic reasons, the QI period for the Pediatric Readiness Assessment is being rolled out in three stages as follows:

- EDs are now able to download and print a paper version of the NPRP assessment, which shows point values for scored questions, at <u>www.pedsready.org</u>. This is a selfassessment and/or review for quality improvement (QI) for EDs. EDs cannot submit this or any version of the assessment as the data collection period is closed.
- Later this spring, the assessment will be available electronically without the "official" looking gap report. Participants can take the assessment and upon completion will receive an email with their overall score and review of the scoring by question (without comparison to previous years).
- Sometime in 2023, the system will be updated and running with a revised and "new" gap report that will show overall comparison scores as well as comparison scores for each question. The participant can take the assessment and upon submitting the assessment electronically they will instantly receive on the screen a printable copy of the gap report.
- Nationally, there were 5,146 hospital and free standing emergency departments that received the assessment. 3,643 responded for a national response rate of 70.8%.
- In Texas 525 hospital and free standing emergency departments received the assessment. 267 responded for a 50.9% response rate.
- The report is divided into 5 columns overall numbers (includes all respondents who took the assessment) and sub-groups by reported pediatric volume – Low, Medium, Medium High, and High.
 - The first row in the report shows the average (mean) and the median score for all of the 5 groups. The overall column contains the average (mean) and median column for the overall state score.
- 2021 Mean (average): 73.7. Median: 74.0. National Mean (average): 71.0
 - o 2013 Mean: 71. Median: 71. National Median: 69
- Overall, scores were pretty good. However, there are some areas of concern that were identified.
 - 41.9% have a physician PECC
 - 44.2% have a nurse PECC
 - o 45.7% have a disaster plan that addresses issues specific to the care of children
 - Sam brought this to the attention of the Disaster Preparedness Committee of GETAC in their meeting this morning and asked for their assistance by helping disseminate the newly updated checklist for pediatric disaster preparedness when it is released, as well as any other assistance they are able to provide. They responded that they would be happy to help.
 - o 52.8% have a QI plan that included pediatrics
 - 66.8% have a triage policy that addresses ill or injured children
 - 54.3% have a process to address immunization assessment and management of the under immunized child
 - 69.4% have a policy for promoting family centered care
- Optional questions on the assessment attempted to obtain EDs priorities to assist with pediatric readiness.
 - Resources needed to support the PECC role.
 - 70.9%: Talking points for administration to support all peds ready efforts.
 - Resources needed to improve pediatric emergency care
 - 74.3%: Template for pediatric QI plan
 - Resources needed to improve staff comfort to care for children
 - 76.6%: Access to education for all staff caring for children
 - External resources needed to improve peds readiness of your ED
 - 61.5%: Opportunities to participate in QI collaboratives
 - 60.0%: Development of a regional or state network for PECCs to share resources and best practices

- Sally suggested developing a work group to address the areas of concern. Everyone was in agreement. The following people volunteered for the work group:
 - Sally Snow
 - Belinda Waters, as available
 - Dr. Remick, as available
 - o Dr. Sparkman
- Sam will contact the group by Feb. 16 to determine availability to schedule a meeting.

EMS Recognition Program

- Sam did not receive any additional feedback on the recognition program draft sent to the core members on January 18, 2022. There was no further discussion regarding the draft.
- Sam stated he will be presenting the draft to the various committees of GETAC during the February meetings to obtain their feedback and endorsement at the May meetings.
 - \circ ~ The voting members of the EAC agreed with this plan ~
- After obtaining endorsement from committees, Sam will submit to GETAC for their review and endorsement.

FRO Survey

- The suggestion was made at the November meeting to review the list of the 623 registered FROs to determine their response level (BLS vs. ALS) and potentially develop a list of equipment specific to FROs.
 - The list maintained by DSHS does not designate whether the service is BLS, ALS, MICU, etc.
- Discussion was held regarding whether or not we wanted to move forward with surveying the FROs to determine if they carry recommended pediatric equipment and have access to pediatric medical control
 - The decision of the committee was not to conduct a survey at this time.
- Discussion was held as to whether we want to create a workgroup to develop a pediatric equipment list specific to FROs?
 - The decision of the committee was yes; they would like to develop a workgroup to develop an equipment list for FROs. Volunteers for this group are:
 - Dr. mark Sparkman
 - Dr. Stephen Harper
 - Roy Hunter
 - Joe Schmider, as available
 - Mattie Mendoza
- Sam will contact the group by Feb. 16 to determine availability to schedule a meeting.

GETAC Pediatric Committee Report

- Belinda Waters, Chair of the Pediatric Committee of GETAC, delivered a report on the items they are working on as a committee.
 - o Pediatric Concussion/Head Injury Education initiative with Injury Prevention Committee
 - Dr. Liao—Still looking for volunteers and possibly a Co-Chair.
 - Workgroup for Magnet/Battery Ingestion education and support
 - Still planning to work with Injury Prevention on this initiative. Contact Tabitha Sylvester if interested in participating on this workgroup.
 - The stroke committee would like to work with the pediatric committee on developing treatment guidelines/protocols. Darrell Pile is leading this for the Stroke Committee

- Joe Schmider informed the EAC that Darrell Pile recently retired and is no longer on the committee. Belinda will follow up to see who is heading this work group now.
- Dr. Remick stated that Dell Children's Hospital just developed an evidencebased guideline for stroke management.
- Sally mentioned Dr. Costa at Cook Children's could be a good resource.
- Sam inquired as to how we can help the Pediatric Committee accomplish these goals. Belinda stated that anyone is more than welcome to volunteer to be part of these work groups.

National Pediatric Quality Initiative (NPRQI)

- Dr. Remick gave a presentation on the NPRQI.
 - The NPRQI is designed to serve as a simple, open-access platform that facilitates pediatric quality improvement efforts within emergency departments. Individual dashboards provide a snapshot of pediatric emergency care delivery over time using a core set of nationally vetted pediatric emergency care quality measures. During the field-testing process, we seek to gather valuable information to ensure high functionality of the NPRQI platform. Specific areas of focus will include quality of onboarding materials and process; user interface; clarity of questions; sequence of questions; time required for data entry; accessibility of core variables; and simplicity of performance dashboards.
 - The NPRQI is currently recruiting 10-15 hospitals from participating states to serve as field test sites.
 - Sam and Sally have recruited Graham Regional Medical Center, Graham, and Christus Trinity Mother Frances, Jacksonville as two test sites in Texas.

Meeting Adjourned

• 4:20 PM CST

NEXT MEETING: May 24, 2022, 2:30 pm - 4:00 pm.