

EMSC Advisory Committee Minutes, Thursday, 11/9/2023, 1:00 pm – 2:30 pm CST, conducted virtually via Zoom platform

Core Members Present: Sam Vance, Kathryn Kothari MD, Greta James-Maxfield, Lisa Treleaven, Mark Sparkman MD, Roy Hunter, Sally Snow, Joe Schmider, Kate Remick MD, Mattie Mendoza

Core Members Absent: Belinda Waters, Michelle Schwake, Rachel Goodman

Others Present: Julie Matson (UTMB Health), Sarah Beth Abbott (Children's Memorial Hermann), Sarah Wallace (Hamilton EMS), Chyanne Brake (Hamilton EMS), Geoffrey Lowe, MD (UTSW Children's Health), Matt Moody (Cy Fair FD), Richard Strohacker (Pflugerville FD), Alyssa Stewart (Big Bend Regional Medical Center), Suzanne Curran (SETRAC), Michael Murray (DSHS)

Desired Outcomes:

- Determine how we will receive NPRP QI results from the EDC and report to DSHS
- Receive an update on the VPRP
- Determine ways to engage stakeholders for the PPRP Assessment
- Receive an update on the Pediatric Disaster Workgroup
- Receive an update on the GETAC Pediatric Simulation Taskforce
- Receive an update on EIIC QI Collaboratives
- Receive an update on the NPRQI
- Determine ways to re-engage EAC members and stakeholders
- Receive an update on EMSC activities at the EMS Conference
- Determine dates for the 2024 EAC meetings

November 9, 2023 1:00 PM – 2:30 PM			
What	How	Who	Time
Introductions	Welcome and Roll Call	Sam Vance/ All	5 minutes 1:00 - 1:05
NPRP QI Assessment	Discuss the assessment requirements for new trauma rules and how we will receive results from EDC and report to DSHS	Sam Vance/All	10 minutes 1:05 - 1:15
Voluntary Pediatric Recognition Program (VPRP)	Update on the VPRP	Sam Vance/Sally Snow	10 minutes 1:15 - 1:25
Prehospital Pediatric Readiness Project Assessment (PPRP)	Discuss the PPRP Assessment and ways to engage stakeholders	Sam Vance/All	10 minutes 1:25 - 1:35
Pediatric Disaster Workgroup	Update on work completed	Sam Vance	5 minutes 1:35 - 1:40
GETAC Pediatric Simulation Taskforce	Update on work completed	Sally Snow/Belinda Waters	10 minutes 1:40 - 1:50

What	How	Who	Time
EIIC Project Updates	Update on the following EIIC projects: <ul style="list-style-type: none"> • ED Stop Collaborative • Pediatric Readiness Quality Collaborative (PRQC) • Pediatric Readiness Recognition Programs Collaborative (PRRPC) 	Dr. Remick	10 minutes 1:50 - 2:00
Targeted Issues Grant	Update on the National Pediatric Readiness Quality Initiative (NPRQI)	Dr. Remick	5 minutes 2:00 - 2:05
EAC and Stakeholder Engagement	Discuss ways to re-engage EAC members and stakeholders	Sam Vance/Dr. Kothari/All	10 minutes 2:05 - 2:15
EMS Conference	Update on EMSC activities during the EMS Conference	Sam Vance	5 minutes 2:15 - 2:20
2024 EAC Meetings	Discuss dates for 2024 EAC meetings	Sam Vance/All	5 minutes 2:20 - 2:25
Meeting Wrap Up	Any further items for discussion and action items	Sam Vance/All	5 minutes 2:25 - 2:30

Highlighted areas are ACTION ITEMS.

Introductions

- Sam Vance conducted roll call of the EAC core members and welcomed everyone to the meeting.
- Others present were asked to introduce themselves and what organization they represent.

NPRP QI Assessment

- The formal public comment period for the proposed trauma designation rules has been move to January 2024. The formal public comment period lasts for 30 days. Adoption of the rules is anticipated in May, with implementation of the rules anticipated in September.
 - The proposed trauma rules state that adult trauma facilities must meet and maintain the Pediatric Readiness Criteria as evidenced by the following:
 - (A) Annual completion of the Pediatric Readiness Survey (pedsready.gov), to include measures to correct identified opportunities;
- However, since the NPRP assessment is currently in the QI phase, we do not receive regularly produced reports from the EMSC Data Center (EDC).
- After communicating with the EDC, they can produce a report on a quarterly or yearly basis. Sam prefers yearly, as he will have to clean the data.
 - This report will be raw data only – which is fine because Sam analyzes the data now, to make it more useful for us. EX: Hospital ED vs FSED – those numbers are all reported together. Verification of trauma center status – we had 5 facilities claim they were trauma centers – 1 hospital, 4 FSEDs. No spot to mark themselves as a Level IV trauma center.

- DSHS will need this information - completed assessment or not, for their regulatory compliance.
 - We'll need to get with them to determine when they want the data – EDC needs the request from Sam at least 2 weeks prior to when we need it
 - Deadlines for the hospitals to submit on a yearly basis
 - Who I should the information be reported to at DSHS?
- **After due discussion and deliberation, the EAC decided a yearly report would be sufficient.**
- Joe Schmitter stated we should wait until the final rules are published before moving forward with reporting plans to DSHS or TETAF, as there is always potential for changes in the rules after the public comment period.
 - Additionally, once the rules are approved, there is an approximate 6-month phase-in period of the rules.
- Other ways hospitals could potentially report was discussed.
 - Show proof of assessment completion to the surveyors during their site visit.

Voluntary Pediatric Recognition Program

- At the August GETAC meeting, we requested that the council endorse efforts of the Voluntary Pediatric Recognition Program encouraging Level I – IV designated trauma centers participation in the statewide program to reduce morbidity and mortality in critically ill and injured children.
 - The council responded that they have already endorsed the VPRP as a voluntary program and did not feel it was necessary to provide specific encouragement to the trauma centers to participate.
- Sally Snow reported that she and Sam have spoken with numerous hospitals regarding the VPRP. She feels this is due to the proposed pediatric readiness requirements in the draft trauma rules.
 - We currently have 20 hospitals that are in some stage of completing the application packet for recognition.

Prehospital Pediatric Readiness Project (PPRP) Assessment

- The launch of the 1st National Prehospital Pediatric Readiness Project (PPRP) Assessment will be in the first week of May 2024. The PPRP Assessment is based on the 2020 Pediatric Readiness in Emergency Medical Services Systems joint policy statement and technical report. It is a national multi-phase initiative, focused on the prehospital EMS system. Respondents to the PPRP Assessment will receive a gap analysis report automatically generated upon completion of the assessment. The EMSC Data Center (EDC) is hosting the assessment, managing its deployment, and cleaning and analyzing the data.
- In November 2020, GETAC endorsed efforts of the jointly led national Prehospital Pediatric Readiness Project including participation in the nationwide assessment to identify and reduce pediatric specific gaps within EMS systems and endorsed the adoption of tools and resources to improve pediatric readiness.
- The assessment will cover all EMS agencies that transport patients and First Responder Organizations (FROs) that respond to 911 calls.
- The assessment consists of 146 scored items.
 - Each scored gateway question will have an associated “importance statement” detailing the significance of that item
 - Statements related to subitems will be included within the gateway statement
- Once an EMS agency completes the assessment and submits their responses, they will receive:
 - Benchmarking with similar EMS agencies (by annual pediatric volume)
 - Immediate access to overall weighted pediatric readiness score
 - Agency-specific gap report with link to evidence-based resources
- Participants in the assessment pilot: General Comments
 - Overall easy to answer and straightforward
 - Completed in one session, easy to return if not
 - Most used a computer to complete, one used a phone

- Information will be valuable for future QI efforts
- Average time to complete: 30-45 minutes
- Dr. Sparkman and his Fellows will be helping contact the first responder organizations (FROs).
 - Once the assessment is complete, Dr. Sparkman, his Fellows, and Sam intend to analyze the aggregated FRO data to assess their pediatric readiness, as well as compare their readiness to EMS agencies that respond to 911 calls and transport.
 - The intent is to publish these results.
- Discussion was held regarding stakeholders to engage to help encourage EMS agencies to complete the assessment.
 - RACs
 - Sam will be making a presentation to RAC leadership at their meeting in March to obtain their support.
 - TX NAEMSP
 - Dr. Kothari, Dr. Remick, and Sam will be making a presentation to the EMS Medical Directors at their annual conference in March.
 - TCEP
 - Dr. Sparkman will speak with his contacts to see if we can make a presentation to their membership.
 - Texas EMS Alliance and Texas Ambulance Association
 - Sam will reach out to their leadership to garner their support.
 - TORCH - as many EMS agencies in rural areas are based in rural hospitals.
 - Sam will reach out to their leadership to garner their support.
- Discussion was held regarding the length of the assessment and concerns that EMS agencies will not respond.
 - These concerns have also been raised at the national level.
 - Similar concerns were raised regarding the NPRP assessment, and we had a 51% response rate during a spike in COVID.

Pediatric Disaster Workgroup

- Currently working on Pediatric Disaster Preparedness Guidelines for Hospitals. Covers topics such as
 - Hazard Vulnerability Assessment
 - Community Partnerships
 - Surge Capacity
 - Patient Management and Treatment: Triage, Medications, Equipment
 - Decontamination
 - Reunification/Identification
 - Safety and Security
 - Mental Health Support
 - Children with Special Healthcare Needs Requirements
 - Disaster Exercises and Drills
 - Inter-facility Transfer Considerations
- Once this is completed, work will begin on a Pediatric Emergency Operations Plan Template for Hospitals.
- It is anticipated that the Guidance Document will be completed in Spring 2024.

GETAC Pediatric Simulation Taskforce

- The purpose of this taskforce is to address the request of Jorie Klein to provide trauma centers with 14 trauma related simulation cases. This will not only meet the requirements of the proposed trauma rules, but evidence shows this will also lead to improved outcomes for children
- The plan presented is:
 - Monthly virtual pediatric education that integrates evidence-based practice guidelines, simulation scenarios followed by identification of opportunities for improvement and strategies to accomplish that improvement with key quality measures to support evidence of improvement.
 - Create a network of pediatric emergency care coordinators (PECCs) who would serve each of the 22 RACs with a team including an ED nurse leader and a trauma program manager with support from TTCF and TX ENA.
 - The regional PECCs will help train the hospital based PECCs within the RAC catchment area on how to implement pediatric simulation and provide coaching on implementing pediatric quality improvement efforts.

EIIC Project Updates

- ED Stop Collaborative (Emergency Department Screening and Treatment Options for Pediatric Suicide Quality Improvement Collaborative)
 - This quality improvement (QI) collaborative began in February 2023 and ended at the end of October.
 - The purpose of the ED STOP Suicide QI collaborative is to bring together ED-based teams from across the nation with experts in pediatric mental health to exchange evidence-based best practices and optimize the care and follow-up of children and adolescents presenting with acute suicidality.
 - 89 total facilities across the country involved
 - 7 from Texas
 - El Paso Children's Hospital
 - Medical City Alliance, Fort Worth
 - Cook Children's Medical Center, Fort Worth
 - Texas Children's Hospital The Woodlands
 - Titus Regional Medical Center, Mount Pleasant
 - Baylor Regional Medical Center at Grapevine
 - Hunt Regional Medical Center – Greenville
- Peds Ready Recognition Program Collaborative (PRRP)
 - This will be for SP programs who are wanting to develop or enhance their EMS and/or facility recognition programs.
 - Began in Sept. 2023 at the HRSA EMSC All Grantee meeting to be held in Austin.
- Peds Ready Quality Collaborative (PRQC)
 - This QI collaborative will expand on the work done in the original PRQC, which ran from April 2018 – June 2020. The new PRQC collaborative will continue efforts to accelerate emergency department (ED) pediatric readiness by empowering emergency providers and professionals to implement evidence-based QI strategies. It will focus on the following topic areas: pediatric patient safety, pediatric assessment and reassessment, pain management, and suicide.
 - The collaborative is open to ED-based teams of at least one individual. While teams must be ED-based, they can include professionals from other areas of the hospital and prehospital practitioners. The collaborative is anticipated to run beginning in late spring/early summer and continue for 12-18 months.
 - 31 hospitals in Texas participating

- National Pediatric Readiness Quality Initiative (NPRQI)
 - The goal of NPRQI is to ensure children have access to high quality emergency care regardless of geographic location by providing all EDs with a national platform to measure, reflect, and improve pediatric emergency care delivery.
 - The National Pediatric Readiness Quality initiative is the implementation arm of the National Pediatric Readiness Project (NPRP).
 - The NPRQI was created to drive national quality improvement efforts for pediatric emergency care delivery.
 - Most children are seen in general EDs many of which are in rural communities, and less than 50% of these EDs engage in pediatric quality improvement efforts.
 - Given low pediatric patient volumes at an individual site and lack of standardized measures for common pediatric conditions, NPRQI was developed to establish standardized quality measures with benchmarking capabilities
 - NPRQI provides a free, secured, web-based platform that allows EDs to track quality metrics and performance. The platform supports local quality improvement and standardization of care. Nationally, it will support gaps or inequities of care by creating a national repository of pediatric emergency care data.
 - Your site can display patient safety and clinical metrics for your patients for any time interval and for NPRQI selected clinical conditions. You can compare your data to similar volume EDs. Only you can see your data to ensure confidentiality and focus on quality improvement, and not market competition.
 - NPRQI developed quality metrics that have been shown to improve the health care outcomes of children. NPRQI provides best-practice strategies to make changes with the resources readily available at your ED.
 - You may select to focus on a few or several quality metrics ranging from assessment of a pediatric patient to management of specific clinical conditions. These domains of quality metrics represent the most common complaints presenting to the ED. children with these clinical conditions can range from easily manageable to critically ill presentations. Support in identifying and optimizing care is the goal of these metrics.
 - More than 25 professional organizations and subject matter experts developed a menu of measures that are relevant, actionable and linked to improved outcomes. These measures address all aspects of an ED visit – assessment, diagnostics, interventions, disposition – to optimize care for a critically ill or injured child.
 - Assessment; Interfacility Transfer; Head Trauma; Seizures; Respiratory Complaints ; Vomiting; Suicidality
 - Texas has had two facilities participate in the pilot.
 - Christus Mother Frances in Jacksonville
 - Graham Regional Medical Center

EAC and Stakeholder Engagement

- Discussion was held regarding how we can re-engage EAC members who may not be present or who are not participating, including stakeholders and ad-hoc members. Some comments/suggestions were:
 - Virtual meetings are hard to get people engaged. We should have an in-person annual meeting.
 - We had an in-person meeting in August of this year and only 4 people were in attendance.
 - Try to engage people in a specific project.
 - Create a sign-up sheet for involvement
 - Reach out the RACs to see if you can obtain representation from each RAC
 - Texas EMSC to apply as a CE site and provide an online CE course for EMS once per quarter.
 - Sam has this as an item on his to-do list.

EMS Conference

- The Assessment and Management of CYSHCN class is being conducted as a pre-conference course at Dell Children's Medical Center. This course is presented as a collaborative effort of TXEMSC, Dell Children's, and Texas Parent to Parent.
- TX EMSC has a booth in the exhibit hall - booth #859
- Dr. Kothari and Sam are doing a presentation on Tuesday, Nov. 21 at 8 am entitled, "Is Your EMS Agency Ready to Take Care of Kids?"
- Dr. Kothari, Dr. Pryor (Trauma Medical Director at Texas Children's), and members of the TCH transport team are conducting a hands-on pediatric skills training lab on Tuesday, Nov. 21 at 9:15am.
- Joe Schmider encouraged everyone to try and attend the keynote presentation delivered by Erika Prosper Nirenberg, who is the First Lady of San Antonio and Senior Director of Customer Insights for H-E-B.
- DSHS will have a car seat safety presentation at their exhibit booth.

2024 EAC Meetings

- The 2024 EAC meeting dates and times are:
 - February 29, 1PM
 - June 6, 1PM
 - August 15, 1PM
 - November 14, 1PM
- Sam will send an Outlook invitation with Zoom login information for the 2024 meetings.

Meeting Wrap Up

- No further items were brought forward for discussion.

Meeting Adjourned

- 2:30 PM CST

NEXT MEETING: February 29, 2024, at 1:00 pm