

EMSC Advisory Committee Minutes, Thursday, 2/29/2024, 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, Kate Remick MD, Mattie Mendoza, Belinda Waters

Core Members Absent: Joe Schmider

Others Present: Sarah Wallace (Hamilton EMS), Chyanne Brake (Hamilton EMS), Danny Updike (RAC J and K), Hector Hernandez (Krum FD), Cherish Broadbeck

Desired Outcomes:

- Discuss ways we can celebrate the 40th anniversary of the EMSC program
- Receive an update on the EMSC Reauthorization Act
- Receive an update on the VPRP
- Receive an update on the GETAC Pediatric Simulation Taskforce
- Receive an update on the Pediatric Disaster Workgroup
- Receive an update on the EIIC
- Receive an update on the NPRQI
- Discuss the upcoming PPRP assessment and ways to increase response rates
- Discuss the focus of the program for 2024

February 29, 2024 1:00 PM – 2:30 PM			
What	How	Who	Time
Introductions	Welcome and Roll Call	Sam Vance/ All	10 minutes 1:00 - 1:10
EMSC 40th Anniversary	Discuss ways we can celebrate	Sam Vance/All	10 minutes 1:10 - 1:20
EMSC Reauthorization Act	Review H.R. 6960	Sam/Group	5 minutes 1:20 - 1:25
Voluntary Pediatric Recognition Program (VPRP)	Update on the VPRP	Sally Snow	5 minutes 1:25 - 1:30
GETAC Pediatric Simulation Taskforce	Update on work completed	Sally Snow/Belinda Waters	5 minutes 1:30 - 1:35
Pediatric Disaster Workgroup	Update on work completed	Sam Vance	5 minutes 1:35 - 1:40
EIIC Project Updates	Update on EIIC projects	Dr. Remick	10 minutes 1:40 - 1:50
Targeted Issues Grant	Update on the National Pediatric Readiness Quality Initiative (NPRQI)	Dr. Remick	5 minutes 1:50 - 1:55
Prehospital Pediatric Readiness Project Assessment (PPRP)	Discuss the PPRP Assessment and engagement of EMS agencies	Sam Vance/All	15 minutes 1:55 - 2:10
Focus for 2024	EMS as the primary focus	Sam/All	10 minutes

	for 2024		2:10 - 2:20
Meeting Wrap Up	Any further items for discussion and action items	Sam Vance/All	10 minutes 2:20 - 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.
- Marcia Bayer was introduced as a new FAN representative.
- Dr. Remick had another meeting at 1:30 pm. She was asked to give her update first.

EIIC Project Updates

- Pediatric Advocacy and Education Kits (PEAK)
 - Two new PEAKs
 - Agitation
 - Child Abuse
 - Two PEAKs in development
 - Multi-System Trauma
 - Procedural Sedation
- Peds Ready Recognition Program Collaborative (PRRP)
 - This is for SP programs who are wanting to develop or enhance their EMS and/or facility recognition programs.
- Peds Ready Quality Collaborative (PRQC)
 - This QI collaborative expands 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
- Disaster Networking Collaborative (DNC)
 - The DNC is coordinated by the Pediatric Pandemic Network (PPN) and aims to support children's hospitals in preparing for and responding to disasters, including pandemics.
- 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

Texas Pediatric Readiness Improvement Project

- Funded through a grant from Toyota and Improving Pediatric Acute Care Through Simulation (ImPACTs).
- Collaborative effort of Texas ENA, Texas EMSC, Texas Trauma Coordinators Forum (TTCF), DSHS, GETAC Peds Committee, RAC Leadership.
- Goal is to facilitate pediatric simulation in Texas emergency departments
 - Aligns with the proposed trauma rules requirement of quarterly simulation.
- Regional Hospital Pediatric Emergency Care Coordinators (PECCs) have been identified through a collaborative effort of the RACs and TXENA.
 - R-PECCs identified in 19 of the 22 RACs
 - The R-PECCs will assist ED PECCs in completing the NPRP assessment and addressing their gap reports, as well as conduct simulation training.
- Organizational Partners meeting at GETAC on March 6 at 9 am
 - Includes the new partners of the Texas College of Emergency Physicians (TCEP) and the Texas Organization of Rural and Community Hospitals (TORCH)

EMSC 40th Anniversary

- January 1, 2024 kicked off the 40th anniversary of the EMS for Children Program
- If you did not receive the link to the 40th anniversary toolkit, please let Sam know and he will re-send it to you
 - Please include this messaging in your presentations to your organizations and stakeholders
- What ideas do you have for celebrating in Texas?
 - Disseminate through the RACs, TXENA, include messaging in webinars

EMSC Reauthorization Act

- This comes up every 5-years, as federal legislation has to be reintroduced/reauthorized to maintain funding for the federal EMS for Children Program.
 - This reauthorization will provide funding for 2025 - 2029.
- It always receives bipartisan support.
- While it frequently gets put on the chopping block, it has always received unanimous support in the end.
- If you did not receive the information on the reauthorization, please let Sam know and he will re-send it to you.

Voluntary Pediatric Recognition Program

- There are approximately 20 hospitals that are in some stage of completing the application process.
- Sally Snow and Sam Vance reported have spoken with numerous hospitals regarding the VPRP and pediatric readiness in EDs.
- The Ascension hospital system of Central Texas has a workgroup to develop physician and nurse PECCs in all of their EDs, with the ultimate goal of achieving VPRP recognition in all of these facilities.

GETAC Pediatric Simulation Taskforce

- Belinda Waters chairs this taskforce that was developed at the request of Jorie Klein, Director of the Office of EMS and Trauma Systems, to provide simulation resources for the trauma centers - with specific focus on the Level III and IV facilities
- The task is to develop 14 scenarios
 - The scenarios have to go through GETAC for approval
 - One will be submitted at the upcoming March GETAC meeting
 - Four scenarios that are close to being completed
 - Goal is to complete all 14 by the end of calendar year 2024
- Virtual Webinar Series
 - In collaboration with the Texas Pediatric Readiness Improvement Project, a monthly education series has been developed focusing on EDs - specifically Level III and IV trauma centers.
 - This is part of the directive from Jorie Klein
 - These are presented on the 3rd Thursday of the month at 7 am
 - CE for nursing and EMS personnel is available
 - The webinars are recorded and made available on the TX ENA, TXEMSC, and DSHS websites

Pediatric Disaster Workgroup

- The Texas Pediatric Disaster Preparedness Guidance for Hospitals document is now complete and will be introduced at the March GETAC meetings.
 - These guidelines are a resource to assist hospitals and healthcare entities in addressing the unique needs of children in disaster planning. Hospitals should strive to incorporate pediatric components into their organization's Emergency Operations Plan (EOP). Note that these guidelines represent current information within the medical and disaster literature at the time of publication. The recommendations in these guidelines do not indicate an exclusive course of treatment or serve as a standard of medical care. The strategies and recommendations in this document provide a foundation and may need to be augmented or tailored to meet the needs of individual organizations.
- Work has begun on the Pediatric Emergency Operations Plan Template for Hospitals.
 - It is anticipated that the EOP template will be completed in Spring 2024.
- A one-page infographic to accompany the guidance document is also begin worked on.
 - It is anticipated that this document will also be completed in Spring 2024.

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.

- The names of EMS agencies that complete the assessment will be entered into a drawing to win one of three fully stocked Broselow Pediatric Resuscitation System Bags.

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.

Focus for 2024

- The program's primary focus for the past few years has been improving peds ready in our EDs. With the new trauma rules going into effect, we feel we are starting to see the needle move in a positive direction with our EDs. So, for this year, we are going to primarily focus on improving pediatric readiness in our EMS agencies.
- The EMS focused performance measures are:
 - EMS Recognition Program
 - PECCs
 - Use of Peds specific equipment
 - Including Peds in their disaster plan
- Revising our EMS Recognition program to streamline and make easier to understand, as well as make current with PM revisions
 - How can you help with dissemination and awareness?
- Disaster Preparedness for EMS
 - Will get a better idea on this once the assessment is complete

Meeting Adjourned

- 2:30 PM CST

NEXT MEETING: June 6, 2024, at 1:00 pm