Committee on Pediatric Emergency Medicine (CoPEM) Minutes

January 9, 2020

Call in: 1-877-873-8017 Passcode: 9922449

Adobe Connect for Presentation: http://breeze.mdch.train.org/qatf/

Attendance: Dr. Samantha Mishra, BETP; Terrie Godde, BETP; Theresa Jenkins, BETP; Nicole Babb, BETP; Emily Bergquist, BETP; Kathy Wahl, BETP; Amy Chapman, Livingston County EMS; Kim Cox for Chris Haney, Star EMS (via phone); Amber Pitts, BETP (via phone); Dr. Fales, BETP (via phone); Bruce Trevithick, Genesee County MCA (via phone); Laura Rowen, MDHHS.

Absent: Chris Haney, Star EMS; Stephanie Pinkster; Dr. Edwards, EMSCC.

Call to Order: The meeting was called to order at 0900 by Kathy Wahl.

Review of Minutes: The minutes were sent out and no issues were brought up. There is not a quorum to approve.

Introductions:

- Dr. Samantha Mishra, EMSC Coordinator.
  - Kathy introduced Sam to the group and Sam went over her background for the group.
- Introductions were done around the room.

Old Business

- **Projects Update:**
  - Pamphlets for Safe Delivery of Newborns Act
    - These are not ready yet, but Terrie will contact the necessary person.
  - Family Advisory Network Rep-Update
    - No update today.
  - Collaborations: Eliminating Silos
    - Discussion -Moving EMSC Performance Measures and HPP projects forward together
      - Since the last discussion, there has been a new grant initiative. University of Michigan will not be writing this grant, but Rainbow Babies and Children's Hospital in Ohio wrote for the grant and a letter of support was requested and provided. The regional grant was awarded, and we will be supporting this grant. Ohio is writing it and we will be supplying data and support. There are a lot of requirements for the grant. Sam and Katie Puskar are working on integrating this into the current plan.
        - Sam went over the work that they have been doing on this and it was projected for the group.
        - Sam explained what the Rainbow Babies program grant is. Rainbow Babies is a pediatric hospital in Ohio. HRSA through

ASPR distributed a grant to California and Ohio to act as a pilot program. Michigan is a subrecipient of the Ohio grant. COE stands for Centers of Excellence.
    - Kathy asked if we could create a folder that could be filled with what has already been done, and the folder could be shared with HPP. Sam said this can be done. Sam and Katie will update and keep the document current.
    - Kathy discussed pulling people together, so we are all on the same path on leading the pediatric initiatives.
    - Future meetings will have updates provided on progress. Workgroup will be energized.
- MI Pediatric Surge plan
    - Amber Pitts gave an update. Another committee meeting is scheduled in the next couple of weeks. The plan will be reviewed, it is in draft form, but tiering and facility recognition programs will be a focus. HCCs have workplans regarding medical surge plan and one tabletop exercise by the 6/30 end to the Cooperative Agreement. As we do not have the funding for this, we may have to just do the peds ready recognition.
- Hospital Recognition program for Pediatric Readiness
    - This is one of the performance measures that will intersect. There is a lot of work to be done yet and the workgroup needs to be pulled together. There needs to be three tiers. This is important for our plan and the ASPR COE grant. This will be one of the first initiatives to be reenergized. This can't be done by just EMSC. There is a lot to be done. Sam discussed confusion on the tiers. She has reached out to other EMSC coordinators and they have struggled with this and she explained some of the issues.
- EMS Agency Recognition
    - This was started and will be looked at again. This will be voluntary. Emily said the first two tiers are something the agencies have to do already under the Michigan system.
- Toolkit for HPP pediatric champions
    - Theresa Jenkins has worked on this. Kathy said there may be carryover funding available. Theresa said the toolkit is designed for the Pediatric Champions to have resources. Please forward any tools or ideas you have to Theresa at jenkinst4@michigan.gov. There have been talk of including the MI-MEDIC cards and disaster plans. Sam said she will be reaching out to other EMSC coordinators that have completed successful toolkits. Theresa said Arizona has developed a robust program.
- Hospital Transfer Guidelines (potential to work with HPP Peds Champions)
    - Kathy said the assistance of the Pediatric Champions and HPP to accomplish this initiative. She spoke about transfer agreements and how to accomplish this objective.

        - Check sheets were discussed for ensuring the transfer agreements meet requirements.
    - Region 1 pediatric exercise (January)
        - All regions have to do a pediatric exercise. There was a region 1 exercise on Tuesday. Sam and Theresa were in attendance. They discussed the exercise with the group. They found there were duplicate efforts that might be able to be centralized. Theresa said there was some diminished confidence in the EMTrack system. They will try to incorporate with Trauma. Kathy asked if a different outcome may have come from Region 6, that uses EMTrack all the time. Theresa addressed. Theresa spoke of concerns of potential HIPAA concerns. Dr. Fales said this would not be a HIPAA violation. He spoke about the differences in the 8 regions. He said one of the things they discussed was cloning exercises in the regions. This may show issues that are consistent across regions or if an issue may be specific to one region. Dr. Fales and Dr. Edwards can bring this up at the regional leadership meeting tomorrow. Amber said this will be good to bring up with subcommittee meetings that will be starting. She agreed with the doctors bringing it up. Kathy and Sam will attend the meeting.
    - Pediatric Webinars: Peds Trauma and working with families and special needs pediatric patients
        - Terrie has worked on this and just needs to schedule. Lisa Hill and Stephanie Pinkster will be assisting with these.
    - Support for Rainbow Babies and Children's Hospital Regional Pediatric Plan (Pediatric Centers of Excellence)
        - Dr. Mishra and Katie Puskar, and Amber met with Rainbow Babies and Children's via phone conference and identified those tasks that are required for the Pediatric Centers of Excellence. Theresa reported that many of the requirements have already been done in MI. The tasks may have different timelines. We can create a repository here that contains work done by BETP that can support the ASPR COE. Katie and Sam will maintain the side by side table of activities.
    - Laura brought up the cards being developed for autism. Theresa has obtained a set from Florida. Kathy said this is tabled at this time due to lack of resources. It is not completely done.

Roundtable Updates

- Dr. Fales said Dr. Hoyle is presenting two sessions at the NAEMSP conference on the MI PEERS study on Pediatric Medication Safety and reducing drug dosing errors. He also presented to EMSC in August. Post intervention testing is starting. Dr. Fales feels it would be beneficial for Dr. Mishra to connect with Dr. Hoyle on his MI PEERS project and some of the challenges he faced with his study. Dr. Fales also said it would be good to have Dr. Hoyle come in to present to CoPEM this year.

- Sam would like to speak to Kim Cox further about how she became an agency pediatric champion. Bruce addressed and said he would be willing to get updated contacts for Sam. Dr. Fales said it would be good for Sam to speak to Dr. Hoyle on engaging pediatric champions. He spoke about difficulty in this area. Time to devote to it is an issue. Dr. Fales discussed possible incentives. Kathy said some incentive items have been discussed.
- Laura Rowen thanked everyone for the Stop the Bleed trainings this past year, and she is willing to help get this into schools.
    - Laura is working on a governor's proclamation to make a TV, Furniture and Appliance Tip-Over day for February and gave some statistics on injuries and deaths due to this.
    - They are working on brain injury awareness March and a May Heat Stroke Prevention day. She spoke to the importance of doing this earlier in the year, ahead of the hot weather. Awareness is more effective than waiting until July and August. NHTSA is moving the awareness campaign earlier now She said Michigan has zero heat stroke deaths of children in cars for the last two years. She spoke of the website No Heat Stroke
    - Child Protective Services invited her to set up a table and they asked her to do a presentation on injury prevention for foster care.
    - She spoke about child passenger safety technicians. An initiative has been launched in Southeast Michigan and four people were trained. One person was Michigan's first bilingual instructor in Michigan. They will be doing further work with Arabic speaking.
    - She spoke about child safety stickers from OHSP with emergency contact information for first responders. Terrie can take these out with her while she is teaching. This can go in the Wednesday Update.
    - She spoke about Smart 911. You can go online and enter information that can be accessed by 911 in case of an emergency.
    - She gave a reminder about 211 as a resource. They can do tracking for the department, as well. Kathy asked Laura if she could find out what kind of calls they receive on pediatric emergencies. Laura agreed.
- Terrie spoke about the Pediatric CE day that was done in December. It went well. The people love the Pediatric Medication Administration class. She discussed how they did it in the class. This could continue to be done in the winter. In the summer, they could set up a psychomotor class. In the Spring and the Fall, they could do one day of just Pediatric Medication Administration. Over 200 people could go through the pediatric medication administration class in those days.
    - There is a training trailer that was donated to the department. If you know of old equipment, please let Terrie know.
    - Dr. Fales said there is a pediatric trailer in his area that could easily brought over. Region 5 and 6 have simulation equipment that can be used as well. There are four EMS Fellowship programs in the state, and this would be a great opportunity for them to teach for these trainings.
    - Theresa said scenarios could be picked to maximize value.
    - Terrie said there has been an interest in DOSE training, and she can do Human Trafficking at the same time. Over 400 Pack n Plays have been handed out. She went over some numbers on sleep related infant deaths and discussed prevention.

    - Bruce said Terrie does an incredible job on her trainings.
    - Laura is also working with the State Fire Marshall's office and would also be willing to promote Terrie's trainings.
- Kathy noted that Pediatrics are considered in all protocols, which have the same force and effect as law in MI which is consistent with PMs 8 & 9.

New Business

- OHSP Representation
    - We previously had representation from the Office of Highway Safety. That office has notified us that they won't be able to provide a standing member to this committee, but they will meet on an as needed basis. The input from that office has been valuable.

Next Meeting: The next meeting will be held April 9, 2020 from 0900-1100 at the BETP 1001 Terminal Rd. Lansing, MI.

The meeting was adjourned at 1022.

Division of Emergency Preparedness and Response

Division of EMS and Trauma

Bureau of EMS, Trauma and Preparedness (BETP)

Pediatric Program Requirements for HPP, EMSC and Trauma

Items	HPP BP1	EMSC	Trauma Aug 2020 - 2023	Rainbow Babies Grant	Items Already in Place or are Currently Working On
1	HCCs must have a draft response plan annex addressing pediatric surge completed and uploaded by April 1, 2020. Final plans must be submitted with the FY 2019 Annual Progress Report (APR).		-The trauma system plan has clearly defined the roles and responsibilities of all acute care facilities treating trauma and of facilities that provide care to specialty populations (e.g., burn, pediatric, spinal cord injury, and others). Trauma leadership will work with HPP and EMSC on their role in the pediatric surge planning.	Tiering of hospitals and communication regarding (??feedback) By December 1, 2019	• HCC's template peds surg plan -*Timeline needed* • State peds surge plan- in rough draft • SMEs workgroup - established • 7 peds trauma centers designated & verified • EMResource peds dashboard - done but not rolled out-*Timeline needed* • Burn surge annex- done • EMS protocols for mass casualties • Pediatrics incorporated in all EMS protocols -*Next steps?* • The division has oversite over EMS agencies, equipment & training • The division designates trauma sites & has oversite on

					peds equipment - *Next steps?* • Trauma- Reviews all peds cases for care
2	Recipient and HCCs must validate their Pediatric Care Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR. DEPR will develop and coordinate HCC level Pediatric tabletop exercises. The exercises will focus on a pediatric incident that surges both medical, trauma and prehospital (EMS).		Trauma hospitals will participate in disaster drills that include a triage of pediatric victims, the tracking and identification of unaccompanied children, family reunification, and the determination of pediatric surge capacity.	Review of both states disaster plans to incorporate pediatrics and alignment (include reunification plans) 4/1/2020 Comparison of pediatric annexes and review opportunity to align 8/1/2020 Tracking system interoperability (and transition of essential patient information) = revised form from NICU for transport drill for all patients 8/1/2020 Communication upload for patients from EHR to OTrac (EPic and Allscripts) 8/1/2020	• EMS included in all county disaster plans

				Drill completion - after action and continuation plan 9/1/2020	
3	In addition, all HCC inpatient facilities not providing definitive specialty care should demonstrate transfer agreements with at least one receiving facility for: • Pediatric Centers • Trauma and Burn Center BP1: Pediatric Annex to HCC Medical Surge Plan must include: Local risks for pediatric-specific mass casualty incidents (e.g., schools, transportation accidents) Age-appropriate medical supplies, Mental health and age-appropriate	*EMSC PM 06 by 2021 90% of hospitals have written interfacility transfer guidelines that cover pediatric patients and include specific components of transfer *EMSC PM 07 by 2021 90% of hospitals have written interfacility transfer agreements that cover pediatric patients	Hospitals should have written pediatric interfacility transfer procedures and/or agreements that include processes for selecting the appropriate care facility for pediatric specialty services that are not available at the hospital. These specialty services may include the following: (a) medical and surgical specialty care, (b) critical care, (c) reimplantation (replacement of severed digits or limbs), (d) trauma and burn care, (e) psychiatric emergencies,	Review of EMS protocols/ comparison and coordination of transport 8/1/2020 Tracking system interoperability (and transition of essential patient information) = revised form from NICU for transport drill for all patients 8/1/2020 Communication upload for patients from EHR to OTrac (EPic and Allscripts) 8/1/2020	• Trauma has transfer agreements with burn centers & for kids • Interfacility transfer form from Trauma • EMTALA

	support resources, Pediatric/Neonatal Intensive Care Unit (NICU) evacuation resources and coalition plan, Coordination mechanisms with dedicated children's hospital(s)		(f) obstetric and perinatal emergencies, (g) child maltreatment (physical and sexual abuse and assault), (h) rehabilitation for recovery from critical medical or traumatic conditions, (i) orthopedic emergencies, and (j) neurosurgical emergencies; All hospitals in a trauma system should establish working relationships with one another to provide pediatric trauma care appropriate to the needs of injured children.		

5	HCCs will continue to recruit, retain, educate and train Pediatric Champions in all MI hospitals. Currently 95% of hospitals have identified champions. Pediatric – in addition to the above consider: • Local risks for pediatric-specific mass casualty incidents (e.g., schools, transportation accidents) • Age-appropriate medical supplies • Mental health and age-appropriate support resources • Pediatric/Neonatal Intensive Care Unit (NICU) evacuation resources and coalition plan	*8 EMSC 04 Performance Measure Hospital Recognition for Pediatric Medical Emergencies By 2022 25% of hospitals are recognized as part of a statewide, territorial or regional standardized program that are able to stabilize and or manage pediatric medical emergencies (hospital recognition program) *EMSC 05 Performance Measure Hospital Recognition for Pediatric Trauma The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized system	Because of the limited number and geographic distribution of children's hospitals, not all severely injured pediatric patients have access to these institutions. Other hospitals, therefore, are needed to provide these resources to the communities and systems of trauma care in areas where specialized pediatric resources are not available. Trauma leadership will provide educational resources to the pediatric champion project.	Inform physicians and prehospital about the Emergency Information form and disaster preparedness education for special needs children 8/1/2020	• Idea for TTX-school shootings o Workgroup already created

	• Coordination mechanisms with dedicated children's hospital(s)	that are able to stabilize and/or manage pediatric trauma. By 2022, 50 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma.			
6	DEPR, SBCC and the HCCs will sustain education outreach on the SOM BMCI Surge Plan and the accompanying Pediatric Annex. Disaster preparedness professionals, SBCC, and Dr. Stewart Wang			Review of educational materials available by healthcare personnel level and determine gaps 6/1/2020 Conversion and or addition of simulation to education 8/1/2020	• HPP is working with Dr. Wang to provide 4 Regional Disaster Emergency Management Provider (DEMP) courses in BP1, to trauma surgeons and coordinators. The remaining 4 Regions will have courses conducted in BP2.

	Michigan Medicine trauma and burn surgeon, will identify opportunities to increase knowledge with trauma physicians and healthcare professionals to improve integrated planning and response.				

7		*EMSC 01 Performance Measure Submission of NEMSIS Compliant Version 3.x- Data The degree to which EMS agencies submit NEMSIS compliant version 3.x data to the State EMS Office. By 2018, baseline data will be available to assess the number of EMS agencies in the state or territory that submit National Emergency Medical Services Information System (NEMSIS) version 3.x-compliant patient-care data to the State Emergency Medical Services (EMS) Office for all 911-initiated EMS activations. By 2021, 80 percent			• EMSC at 95% and 98% in transfers

		of EMS agencies in the state or territory submit NEMSIS version 3.x-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations.			

8		*EMSC 02 Performance Measure Pediatric Emergency Care Coordinator (PECC) The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care. By 2020, 30 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care. By 2023, 60 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care. By 2026, 90 percent			EMSC at 30% now

		of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.			

9		*EMSC 03 Performance Measure Use of Pediatric-Specific Equipment The percentage of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment. By 2020, 30 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale. By 2023, 60 percent of EMS agencies will		Review of educational materials available by healthcare personnel level and determine gaps 6/1/2020 Conversion and or addition of simulation to education 8/1/2020	• EMSC protocols in place and require continuing education • Outline for implementation

		have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale. By 2026, 90 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale.			

10		*EMSC 08 Performance Measure Permanence of EMSC The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system. Goal: To increase the number of states and territories that have established permanence of EMSC in the state or territory EMS system. Each year: • The EMSC Advisory Committee has the required members as per the implementation manual. • The EMSC Advisory Committee meets at least four times a year.			

		• Pediatric representation incorporated on the state or territory EMS Board. • The state or territory requires pediatric representation on the EMS Board. • One full-time EMSC Manager is dedicated solely to the EMSC Program.			
11		*EMSC 09 Performance Measure Integration of EMSC Priorities into Statutes or Regulations the degree to which the state or territory has established permanence of EMSC in the state or territory EMS system			

		by integrating EMSC priorities into statutes or regulations. By 2027, EMSC priorities will have been integrated into existing EMS, hospital, or healthcare facility statutes or regulations.			
12			Emergency medicine physicians, family medicine physicians, or midlevel practitioners provide initial trauma care in Level IV trauma centers, critical access hospitals, and many community hospitals. Collaboration and communication with Level I, II, and III trauma centers regarding the care of trauma patients in the region are critical.		

13			Fundamental to the performance improvement process is monitoring and measuring the outcome of specific processes or procedures. The PI program must have audit filters to review and improve pediatric and adult patient care. Trauma leadership will continue to require facilities have a policy in place to review and improve pediatric care		
14			Hospital trauma staff should be educated to the following pediatric specific skills: 1. illness and injury triage 2. pediatric patient assessment and reassessment	Review of educational materials available by healthcare personnel level and determine gaps 6/1/2020 Conversion and or addition of simulation to education 8/1/2020	

			3. documentation of a full set of pediatric vital signs, including core temperature, respiratory rate, pulse oximetry, heart rate, blood pressure, pain, and mental status when indicated 4. identification and notification of the responsible provider of abnormal vital signs (age or weight based) 5. immunization assessment and management (eg, tetanus and rabies) of the patient who is under immunized 6. sedation and analgesia (including nonpharmacologic interventions for		

			comfort) for procedures, including medical imaging 7. consent (including situations in which a parent or legal guardian is not immediately available) 8. social and behavioral health issues, including parents and patients who are belligerent, impaired, or violent 9. physical or chemical restraint of patients 10. child maltreatment mandated reporting and assessment (physical and sexual abuse, sexual assault, human trafficking, and neglect)		

			11. death of a child in the ED 12. do-not-resuscitate orders		
15			One requirement for designation as a trauma facility is the ability to meet the needs of special populations. Trauma leadership will ensure that transfer arrangements for patients with special needs are addressed as part of the plan and are routinely assessed through ongoing system evaluation.	Review of EMS protocols/ comparison and coordination of transport 8/1/2020	

16			Potential areas of pediatric competency and professional performance evaluations for Competencies for physicians, advanced practice providers, nurses and other ED health care providers involving trauma resuscitation and stabilization may include the following: (a) burn management (b) traumatic brain injury (c) fracture management (d) hemorrhage control (e) recognition and reporting of nonaccidental trauma	Review of educational materials available by healthcare personnel level and determine gaps 6/1/2020 Conversion and or addition of simulation to education 8/1/2020	

17				Children's hospital assets survey (include a comparison of disaster plans -for patient movement and coordination) add personnel willing to serve on P-start team 12/1/19 P-Start team composition and integration with MI-TESA (need Ohio and Michigan law to allow deployment) 4/1/2020 P-Start team parameters and supplies defined 4/1/2020 P-Start training and practice at drill in Aug 2020 9/1/2020	
18 P-Start Teams				Regional Healthcare survey (EMS triage, long term health care facilities address to be added to assets map, behavioral health assets for children/ families and CISD for responders, other info??) 12/1/19	

				EMS agency and Air transport location and assets to be added (how granular??) 1/1/2020 Children's Hospitals 2/1/2020 Create Map 4/1/2020 Hospital capacity to add to map Add Regional Boundaries 6/1/2020	
19 Assets Map				Supply Chain Survey complete (all children's hospitals) compare Redundancy 2/1/2020	
20				Populations of Children (??by county) 4/1/2020	

21				Conversion of key educational tools to JIT training (EIIC to create website and or analytics to track training and messaging for requests to specific questions to SME) 5/1/2020	
22				Develop education for telehealth (PSTART teams JIT and support to spokes) behavioral health 5/1/2020 Coordinate with state lis boards for JIT and train the trainer model 8/1/2020 Telehealth hubs and training 8/1/2020	
23				Review of state laws for healthcare provider credentialing, movement of patients (payment), mutual aid, use of patient tracking and bed capacity, review of hospital exceptions to patient age for disasters, EMS compact	

				review and make recommendations 8/1/2020	
24				Regional readiness metrics and self-assessment tool 9/1/2020	