Emergency Medical Services Conference Notes

PM #71: The percent of pre-hospital provider agencies in the state/territory that have on-line pediatric medical direction available from dispatch through patient transport.

Discussion: Some providers feel that physician on-line control may not have the pediatric experience to answer their questions. In Kentucky, EMSC or other training sites have offered the following training statewide: Pediatric Education for Pre-hospital Providers (PEPP), Pediatric Advanced Life Support (PALS), Prehospital Trauma Life Support (PHTLS) and Advanced Cardiac Life Support (ACLS). EMSC did a hospital survey a few years ago to see who in Kentucky Emergency departments had at least some of this training and many physicians did not. One of today's suggestions was for the KHA to *require* staff in the ED to take these courses where currently the individual hospitals decide. One goal mentioned was to develop a "pediatric network of care" in Kentucky and all could "step up to the plate to play" (Dick Bartlett, KHA). Ashley Davis raised the question as to whether nurses may provide medical control, but in Kentucky it must be an M.D. and it is not in a nurse's scope of practice. Jocelyn's suggestion was to have ed training be mandated for emergency providers in Kentucky.

PM #72: The percent of pre-hospital provider agencies in the state/territory that have pediatric off-line medical direction available from dispatch through patient transport to a definitive care facility.

Discussion: Kentucky has pediatric protocols thanks to the work of the EMSC sub-committee but services are not required to use them and they are not required to carry their own agency protocols onboard. Individual service protocols must be approved by individual medical directors and then by the Kentucky Board of Emergency Medical Services (KBEMS). In March of 2008, the pediatric protocols of EMSC were approved and they have been well accepted. More SERVICES may accept them in the future as services become disenchanted with updating the protocols on their own whenever new guidelines come out.

PM #74: The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies. *(optional measure)*
Kentucky emsc is currently using the newly released aap hospital emergency department pediatric preparedness list to survey all kentucky hospitals with an emergency department. This information will be used to do a gap analysis that will enable the state to apply for funding to improve pediatric preparedness, and will also provide evidence to enable legislative help to develop a pediatric system of care.

PM #75: The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.

Discussion: the goal is for Kentucky to have 50% of hospitals recognized as pediatric trauma centers by 2017. Although Ky has trauma system legislation, the statute is unfunded. The trauma network is improving but is permissive. There is a Trauma Advisory Committee and Dr. Fallat is the pediatric trauma representative. there is now a Level IV center and another one close to verification. This measure states that there must be a 1) trauma system and 2) ability to designate or be state-recognized to care for trauma including children through the system using standardized criteria. Ky has a trauma System and a resource manual that is pediatric-friendly, provides checklists and the necessary criteria. There are currently five American College of Surgeons (ACS) verified Trauma Centers.

PM #76: The percent of hospitals in the State/Territory that have written inter-facility transfer guidelines that cover pediatric patients and include (specific) components of transfer.
Discussion: The standard doesn't list what these "components" should be.
Q. Will this end up as a "gold seal" on the door of pediatric centers?
A. Yes. Some states have done that. It motivates hospitals to achieve another certification.

PM # 77: The percent of hospital in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.

Discussion: #76 and #77 must go together to be a *real* agreement. Kosair Children's Hospital has transfer agreements with somewhere between 40 an 50 hospitals.

PM # 78: The adoption of requirements by the State/Territory for pediatric emergency education for the license/certification renewal of basic life support (BLS) and advance life support (ALS) providers.

Discussion: ALS in ky currently meets this requirement but BLS does not. For initial education and certification through the National Registry, paramedics (ALS) receive eight hours of pediatric training and emergency medical technicians (BLS) receive two hours. However, BLS recertification does not separate pediatric from Obstetric
Continuing education whereas Als education does.

PM #79: The degree to which States/Territories have established permanence of EMSC in the State/Territory EMS system. The following have been satisfied:

*EMSC Advisory Committee with required members
*EMSC Advisory Committee has met four times during year
*State mandate requiring pediatric representation on the EMS Board
*One full-time EMSC Manager dedicated solely to the EMSC Program

Kentucky is one of only 16 states that reported YES to each!

PM # 80: The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system by integrating EMSC priorities into statutes/regulations.

Discussion: Kentucky has 3 out of 8 EMSC priorities integrated into regulations. The national average is 4 out of 8.

Dr. Fallat: Review of EMSC

Began in **1992** and has received continuous funding through 2011.
2000-Kentucky Board of EMS established through legislation. Board has 17 members; one must have care of ill and injured children expertise. Dr. Fallat was original member and served in this position for 6 years.
2000- Present-Emergency Medical Services for Children (EMSC) Dr. Fallat, chair

The work began to have a Trauma System in Kentucky, legislated and funded in 2007.
2001-EMSC 1st Partnership grant
2002- ***Pediatric Protocols-Updated every five years
***KY EMSC Education Institute for Continuing Education created
***Tom Burch Safe Infants Act** - EMSC did education statewide & created a video
2003- Bioterrorism grant was part of regional plans. Worked on through end of 2007 when 90% of ambulances had Broselow tapes which are used to compute length based measurements and dosing for children and this assists in their trauma care.
2004-2007- ***Regional Conferences
***5-6 years of Stakeholders Conferences ultimately helped facilitate legislation.
2008-Many people helped to educate lawmakers and help this bill pass into law although it did so without funding.
2008 - Trauma Advisory Committee – created by statute; Assisted with education and work necessary to facilitate the unfunded trauma legislation.
2008-Booster Seat Bill passed after seven years of work. It was less than the Federal standards so Kentucky did not receive the monies available for education and to purchase seats.
2010 HB 285 Pediatric Abusive Head Trauma Bill- Legislation passed into law requiring new parents receive education before they go home from the delivery hospital about the hazards of shaking their baby.

Kentucky EMSC has also worked with or achieved the following goals:

Kentucky Injury Prevention and Research Center (KIPRC): There are two on-line continuing education courses that have been created for the web-site. There is a Bioterrorism module that to date more than 4,700 have completed including from other states and other countries. The second is an injury prevention course created by Dr. Foley.

Provided two statewide school nurse courses with over 300 attending.

Produced a Kentucky specific AED video for use in ky schools.

Provided the pre-hospital provider information needed for the Drug Endangered Children program.

Kentucky Emergency Medical Services Information System (KEMSIS) report provided by Ashley Davis

the entire certification and licensure process is currently on-line. The Kentucky Board of EMS bid the KEMSIS program last May. As of now, five services are up and running with their run reports and system is being "beta-tested" around the state. In the second to third week of March, the system should be available to every service and the run data/information should be available to the hospitals more efficiently.

Discussion: ambulance run reports are required for trauma system designation, although they are not required to be left at the receiving hospital by statute. The law regarding run reports says they must be "made available" versus "must leave behind" (i.e. at the hospital). This information is desirable as it will help make program data complete.

Although injury prevention is not counted in MCHB grants, it is a very important part of health care. The Kentucky Hospital Association has a contract with the National Highway Transportation Administration (NHTSA) that provides discharge data from all hospitals and helps pick up injuries that are not part of the trauma registries. The 2009 data is almost ready. www.kyha.com. (Trauma Section)

Closing Remarks

Thanks for coming and look for similar forums in the future to keep up with current progress in EMSC.