

EMS for Children / Health Resources and Services Administration (HRSA) Planning Meeting - August 16, 2016

On August 16, 2016, the Committee for EMS for Children met with HRSA representatives to review the current Ohio EMSC program and identify areas where improvements to the program could be made. The meeting was combined with the regular bi-monthly meeting and lasted until approximately 4:30 pm. Outcomes/findings/notes from the meeting are below.

Meeting Attendance :

- Dr. Deanna Dahl-Grove
- Kathy Haley
- Dr. Hamilton Schwartz
- Dr. Rachel Stanley
- Mary Ann Forrester
- Dr. Naa Allotey
- Heather Koss
- Joe Stack, EMSC Program Manager
- Tami Wires
- Ken Crank
- Deena Brecher
- Dr. Carol Cunningham, EMS Medical Director
- Mel House, EMS Director
- Johanna Burgess-Pickett, EMS Grants
- Yolanda Baker, HRSA Representative
- Dr. Manish Shah, HRSA / EICC Representative

HRSA Role: Quality Improvement focus on what EMSC does.

State EMSC Program Role: In addition to the set performance measures, use state owned data to identify gaps and use them to make improvements.

PART I – The first half of the meeting was spent reviewing the current Ohio EMSC Advisory Committee members, and their roles, reviewing the old and new EMSC performance measures, and identifying critical current, and potential stakeholders.

ADVISORY COMMITTEE

1. *The meeting began by reviewing the advisory committee roles and the HRSA committee recommendations and requirements.*

Division guidelines are as follows:

1. AAP Chapter Executive Committee Member (by default, becomes chair)
2. Committee is restricted to a maximum of 15 voting members (no restriction on “non-voting members”)
3. 2 voting member seats currently available
4. State Partnership Program Director & State Partnership Program Manager (Both non-voting members)

HRSA Recommendations / Requirements for committee representation:

REQUIRED:

<u>ROLE</u>	<u>CURRENT REPRESENTATIVE</u>
1. Emergency Medicine MD/DO –	Dr. Carol Cunningham (Non-Voting)
2. Pediatric Physician –	Dr. Deanna Dahl Grove, Dr. Hamilton Schwartz, Dr. Julie Leonard
3. Nurse (ENA rep)-	Deena Brecher
4. Paramedic / Pre-Hospital Provider –	Ken Crank
5. State Government Representative -	Dr. Carol Cunningham (Non-Voting)
6. Family Representative -	Unfilled

RECOMMENDED – other representatives that could be beneficial:

- Trauma Representative – (Kathy Haley)
- Rural Health Representative – (Tami Wires & Karen Beavers)
- Hospital Association Representative – (Carol Jacobson)
- University Representative (Pediatric Research) – Dr. Julie Leonard
- ACEP Representative – Unfilled

OTHER IDENTIFIED REPRESENTATIVES:

- Pediatric Disaster Preparedness – Dr. Deanna Dahl Grove

EMSC PERFORMANCE MEASURES

2. *After reviewing the HRSA representative requirements and the current roles of the Ohio EMSC Committee, the group began to review the current and new Performance Measures.*
 - a. Old
 - i. The current EMSC Performance Measures are numbered 71-80
 - ii. 71-72- Integration of best practices (working with agencies to educate around the need for best practices)
 - b. New
 - i. Performance Measures will be re-numbered 1-9
 - ii. 71-73 & 78 will be retired/replaced with the following:
 1. NEMSIS Reporting – EMS Agencies will submit emergency data to the federal reporting system (with the introduction of the new EMSIRS reporting system, Ohio EMSC will meet this measure)
 2. Pediatric Care Coordinator (emergency care) – increase the number of identified individuals within EMS agencies who coordinate pediatric emergency care
 3. Improve the percentage of EMS agencies that have a required process for EMS providers to physically demonstrate the correct use of pediatric-specific equipment

UPDATED EMSC PERFORMANCE MEASURES 1-9

1. NEMSIS Reporting
2. Pediatric Emergency Care Coordinator (PECC)
3. Equipment Competency
4. Pediatric Medical Emergencies Recognition
5. Pediatric Traumatic Emergencies Recognition
6. Inter-facility Transfer Guidelines
7. Inter-facility Transfer Agreement
8. Permanence of EMSC within the EMS System
9. EMSC Permanence through the integration of EMSC priorities in Statute/Law/Rule

Once the committee reviewed the Performance Measures, they were asked to identify the two most important Performance Measures. Responses are as follows:

<u>Performance Measure</u>	<u>Response</u>
1. NEMSIS Reporting	2
2. Pediatric Emergency Care Coordinator (PECC)	11
3. Equipment Competency	3
4. Pediatric Medical Emergencies Recognition	3
5. Pediatric Traumatic Emergencies Recognition	1
6. Inter-facility Transfer Guidelines	1
7. Inter-facility Transfer Agreement	1
8. Permanence of EMSC within the EMS System	0
9. EMSC Permanence through the integration of EMSC priorities in Statute/Law/Rule	0

It was decided that discussion around performance measures would focus on the following:

1. PECC
2. Equipment Competency

STAKEHOLDERS

3. *After reviewing the Performance Measures, the committee was asked to identify the potential/desired and current EMSC partners/stakeholders, and through voting, to identify the stakeholder by level of importance. (level of importance was decided upon by show of hands)*

<u>Stakeholder</u>	<u>Level of Importance</u>
• Legislative Member	6
• AAP Rep	4
• Hospital Association	5
• State EMS Board & sub-committees	5
• Health Department	1
• ENA	6
• ACEP	8
• Children’s Hospitals	2
• Ohio Fire Chiefs Association	6

• NREMT	6
• American Association of Nurse Executives	0
• Ohio EMS Chief	6
• Ohio Society of Trauma Nurse Leaders (OSTNL)	2
• Ohio Committee on Trauma (OCOT)	0
• Society of Pediatric Nurses (SPN)	0
• Pediatric Emergency Cared Applied Research Network (PECARN)	7
• Ohio Injury Prevention Partnership (OIPP)	3
• National School Nurses Association (NSNA)	3
• Ohio Emergency Management	0
• Member Organizations of Ohio Disaster Coalition	0
• Ohio Ambulance Medical Transport Association (OAMTA)	1
• OAEMS	1
• Child Fatality Review Committee	0
• Parent/Advisory Advocate Group (Voices for Children)	10
• Safe Kids	5
• EMSC Family Advisory Network	
• Regional Trauma Systems	2
• Coroner's Association	0

Findings for the top 3 identified stakeholders who are most critical to EMSC are as follows:

1. Family Advocate
2. PECARN
3. ACEP

After identifying the top 2 performance measures, and top 3 stakeholders, the committee was asked to choose which of the two topics was most important to work on. The group chose to address the stakeholders first, and if time permitted, begin to work on the identified performance measures.

PART II- The second half of the meeting was spent strategizing ways to improve the 3 identified stakeholders' role in the Ohio EMSC program. Committee members were first asked to identify the benefits, brainstorm solutions, and finally to review the findings during the upcoming months and develop the next steps and create a timeline for implementation.

FAMILY ADVOCATE:

1. What is the importance of the Family Advocate?

- They are the consumer
- They are a champion for prevention
- They can assist with legislation
- They put a face to the work
- They relate to the community
- They have a perspective/understanding

- They have a real world perspective to drive research outcomes

2. Brainstorming Solutions (How do we address the current obstacles we are facing with getting a family advocate)

- Formally survey consumer to understand perspective
- Engaging a group instead of an individual (some states have multiple family advocates)
- Take advantage of existing relationships (using personal relationships instead of seeking family advocate that has emergency care experience)
- Invite someone with pre-existing familiarity with the EMSC Program
- Find other advocacy group to partner with
- Invite governor's public advocacy group
- Reach out to poison control, AAP (other groups with partnerships)
- Engage family voices for children
- Look at AARP (possible grandparents)
- Create a job description for the family advocate role
- Invite someone local
- Or, create travel resources for the advocate if they are not local
- Speak at other group meetings to educate others about EMSC (educate people on what the EMSC program is to spark interest, and potential family advocates)

3. Next Steps – Prioritize and develop a plan to begin addresses these solutions

*Internal staff will work with Yolanda to reach out to states with strong family advocates, and ask for guidance. As well as find states with PD's and Applications.

PECARN: (Ohio is unique when it comes to PECARN because it has 2 hospital and 2 pre-hospital sites)

1. What is the importance of the having a relationship with PECARN?

- Dissemination of evidence based practice
- Collaboration with EMS Providers in Ohio for research purposes
- Collaboration with pediatric hospitals in Ohio for research purposes
- Outcomes data can help drive future performance measures, programmatic goals, and objectives
- They can be another statewide ambassador
- Provide direction on how to utilize Ohio's statewide data
- Expose hospital providers to evidence based medicine
- PECARN's national recognition helps with EMSC brand recognition
- Expose hospital providers to future of emergency care
- Establish a pediatric Ohio research collaborative
- Help PECARN understand importance of EMS
- Help accelerate the knowledge translation to EMS & ED's

2. **Brainstorming Solutions** (How do we fix making this collaboration work / what are the solutions for strengthening the relationship?)
 - Collectively come up with research ideas and approach PECARN
 - Establish a charter between PECARN & EMSC
 - Disseminate information to EMS agencies and Emergency Departments
 - Establish a connection between PECARN and Ohio data warehouse (Ohio DPS database)
 - Develop next generation of next EMS researchers through grant incentives and mentorships
 - Translate ED based knowledge to pre-hospital setting
 - Formalize PECARN/EMFTS relationship
 - PECARN podcast to EMS providers (research dissemination tool)

3. **Next Steps – Review, Prioritize, Delegate**

LEGISLATORS:

1. **What is the importance of establishing a relationship with legislators?**
 - Enhance and/or enact laws/statutes/mandates for performance measures
 - Identify pediatric champions from legislative perspective
 - Assist with identifying EMS as a valued stakeholder, or even authority for pediatric emergency care before initiating legislation
 - Legal authority for programmatic goals and EMS community
 - Means to defining a child
 - Means to funding
 - Serve as a face/voice to the work
 - Help build momentum, or establish future relationships

2. **Brainstorming Solutions**
 - Engage EMS Board and/AAP and/or children’s hospitals’ lobbyist about who to approach
 - Add legislative member to our committee
 - Engage pediatric advocacy experts that aren’t necessarily emergency focused
 - Engage national ENA to learn and enlist support at the local level through state chapters
 - Educate legislatures as private citizens
 - Create a position statement about legislative issues

3. **Next Steps – Review, Prioritize, Delegate**

After strategizing ways to strengthen relationships with stakeholders, the committee began to look at the Pediatric Emergency Care Coordination Performance Measure.

PECC:

1. What does a PECC look like?
 - a. Position Description?
 - b. Are there other agencies that have a PECC? If so, who? Which ones have been successful, if so, how?
 - c. Emphasize to stakeholders, regional flexibility of the requirements of the position

2. Ways to find a PECC
 - a. Partnering with ED based coordinators
 - b. Designate AAP liaison to work/support PECC's (Provider Mentorship)
 - c. Create translation document for PECC, to show impact/need
 - i. Study impact of pre-hospital PECC
 - d. Recruit national fire organization
 - e. EMS to provide training resource for PECC's

At the end of the day, the committee agreed to take the remaining time and review and discuss the EMS Assessment. Findings are as follows:

*Some of the recommendations include information sharing which may not be allowable due to public information requests.

EFFECTIVE STRATEGIES: (what worked well)

- Personal phone calls
- Emails
- Physical mailings
- Personal connections/relationships
- Incentives (training manikins)

SOLUTIONS:

- Network with states that have similar barriers but have had greater success rate
- Tie to grants (add to application, survey at the end?)
- Offer more incentives & partner with commercial product (EMS benefit)
- Provide opportunities to enter data at conferences
- Explain why we are asking (explain the evidence behind the question)
- Share patient outcome
- Competitive assessment to drive response (post agency names/create regional competition)
- Provide immediate feedback of data to person who completes the assessment
- Add to state CE trainings
- Have partner organizations promote and disseminate assessment link
- Identify champions within key stakeholder organizations

- Utilize known EBP on increased survey response
- Ask stakeholders what barriers keep them from completion
- Require it by law
- Disseminate ahead of time – so agencies will know what to expect and be prepared
- Define who should complete the assessment
- Develop regional volunteers to help with assessments

DR. SHAH's SUGGESTIONS:

- Focus on making sure contact information is correct
- Have RBAP reach out personally
- Have medical director/EMS director reach out
- Enlist partner to collect data to ensure anonymity
- Enlist NEDARC's help in de-identifying data

POSITIVE: (what went well)

- Enlisted partners and stakeholders (ACEP, OHA, ENA)
- Published in SIREN
- Listserv

SOLUTIONS:

- Convincing community hospitals (non-peds) hospitals value of completing the survey
- Identify who should complete the survey
 - Find out who the point of contact is that completes the survey
- Forge relationships ahead of time (establish a plan for reaching the individual who will completes the survey)
- Enlist the support of national organizations to get state support
- Present information about data to hospitals to incentivize (OHA/county level data)
- State initiative around pediatric data

CHALLENGES:

- Communication between EMS & Nursing staff

Other items that were discussed throughout the day are below:

PARKING LOT:

- Analyzing ped-specific statewide EMS & ED data
- Authority to establish and enforce policy
- Collaborating with similar states
- Collaborating with Great Lakes consortium
- Redefine scope
- Recognition/value of EMSC as an entity

OTHER SUGGESTIONS FOR A SUCCESSFUL EMSC PROGRAM

- State collaboration with similar challenges
- Create a framework to develop criteria
- Create recognition
 - Develop relationships
 - Create significant value
- Partner with organization that is already doing similar work
- Invite other states who have had success with the EMSC grant
 - Arizona
 - Illinois
 - Indiana

HOME/DILLIONS RULE STATES

- Georgia (Dillions Rule)
- Illinois (Dillions Rule)
- Iowa
- Louisiana (Dillions Rule)
- Arizona (Dillions Rule)
- California (Dillions Rule)
- Alaska
- Florida (Dillions Rule)
- Massachusetts
- Nevada
- New Jersey
- Ohio
- Oregon
- South Carolina (limited)
- Colorado (Dillions Rule)
- Connecticut (Dillions Rule)
- Montana
- Utah (limited) (Dillions Rule)
- Texas (limited) (Dillions Rule)