

Hawaii Trauma Advisory Council



Friday, November 1, 2019
Reports

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) UPDATES

NOVEMBER 1ST, 2019

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EMSC UPDATES

- EMSC Advisory Committee
 - Held first in-person meeting in early October
 - Will be selecting a chair
- Carryover Budget
 - Restraints
 - Training and Webinars
 - Working with KCC and JABSOM on peds training

PM SURVEYS

- The EMS Performance Measure Survey (PMs 2 & 3) will be taken annually
 - Next survey will be distributed Jan – Mar 2020
- The Peds Ready Performance Measure Survey (PMs 6 & 7) will occur next summer

HAWAII EMSC WEBSITE

Hawaii Emergency Medical Services for Children (EMSC)

HAWAII EMSC

When it comes to injuries and illness, children are not "little adults". Treatment of injured and ill children requires specific skills and types of emergency care equipment and supplies for proper assessment and emergency care. The Emergency Medical Services for Children (EMSC) is a national initiative administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) and the Maternal and Child Health Bureau (MCHB). Its focus is to reduce child and youth disability and death due to severe illness and injury by ensuring access to high-quality emergency medical care for all children everywhere in the United States. It is the only federal grant program that specifically focuses on addressing the needs of children in prehospital and hospital emergency medical systems, and has provided grant funding to all 50 states, the District of Columbia, and five U.S. territories since its establishment in 1985.

The program develops partnerships across the continuum of emergency care and provides special programs and training opportunities, all with the aim of ensuring that state-of-the-art emergency medical care for ill or injured children and adolescents is available when needed, ensuring that pediatric services are well integrated into the existing state emergency medical services (EMS) system and backed by optimal resources, and ensuring that the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, is provided to children and adolescents at the same level as adults.

EMSC STATE PARTNERSHIP (SP) PROGRAM

The EMSC State Partnership Program is a statewide collaborative project under EMSC that provides funds to states to assist in improving the pediatric component of their EMS system. Its mission is to ensure effective pediatric emergency care according to best practice standards statewide through expanding and improving the state's capacity. State governments and accredited schools of medicine in states are eligible for the grants, which can award up to \$1,500,000 per year, for a 4-year grant period (current grant period April 2018-April 2022).

UPCOMING EVENTS

- Coming Soon

HELPFUL GUIDES

- Child Passenger Safety
- Treating Children's Cardiac & Respiratory Emergencies
- Pediatric Trauma Protocols

RESOURCES

- AAP Pocket Book - "Disaster" Ready To Go Family Preparedness Kit
- American Academy of Pediatrics Children & Disaster
- American Academy of Pediatrics Family Readiness Kit
- Children's Safety Lessons
- EMSC Innovation and Improvement Center
- National EMSC Data Analysis Resource Center (NEMARC)

<http://health.hawaii.gov/docd/emsc/>

MAHALO

Questions?

Disaster Sub Committee Standing Report
10/30/19

In Attendance:

Marty Collins

Tiffany Lightfoot

Korey Chock

Kimberly Webster

Not in Attendance:

Chris Honda

Chris Crabtree

Update on progress of State Disaster Transfer Agreement:

Awaiting finalization of signatures from Tripler Hospital: Done

Individual Island EMS agreements will be left standing. Reason being if there are changes made to those agreements the entire State Disaster Transfer Agreement would need to be rectified.

Review of EMS Performance measures:

EMSC 06 INTERFACILITY TRANSFER GUIDELINES—The percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer guidelines that cover pediatric patients and that include the following components of transfer:

- Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication).
- Process for selecting the appropriate care facility.
- Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.)
- Process for patient transfer (including obtaining informed consent).
- Plan for transfer of patient medical record.
- Plan for transfer of copy of signed transport consent.
- Plan for transfer of personal belongings of the patient.
- Plan for provision of directions and referral institution information to family.

Goal for this measure is that by 2021:

Disaster Sub Committee Standing Report
10/30/19

Ninety percent of hospitals in the state or territory have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer.

EMSC 07 INTERFACILITY TRANSFER AGREEMENTS—The percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer agreements that cover pediatric patients.

Goal for this measure is that by 2021:

Ninety percent of hospitals in the state or territory

Improved collaboration between HTAC, Disaster Sub Committee and HHEMC:

HHEMC has increased number of staff working with Mr. Crabtree allowing for more representation at HTAC and Disaster Sub Committee meetings.

Review of real world application of Disaster Plan:

Once plan is distributed Disaster Sub Committee will review.

Additional training available to State health care members: 15 / 50

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Hawaii Society of Trauma Nurse Leaders

Chair: Louise Fincher

HSTNL did not have a meeting this quarter, so no updates.

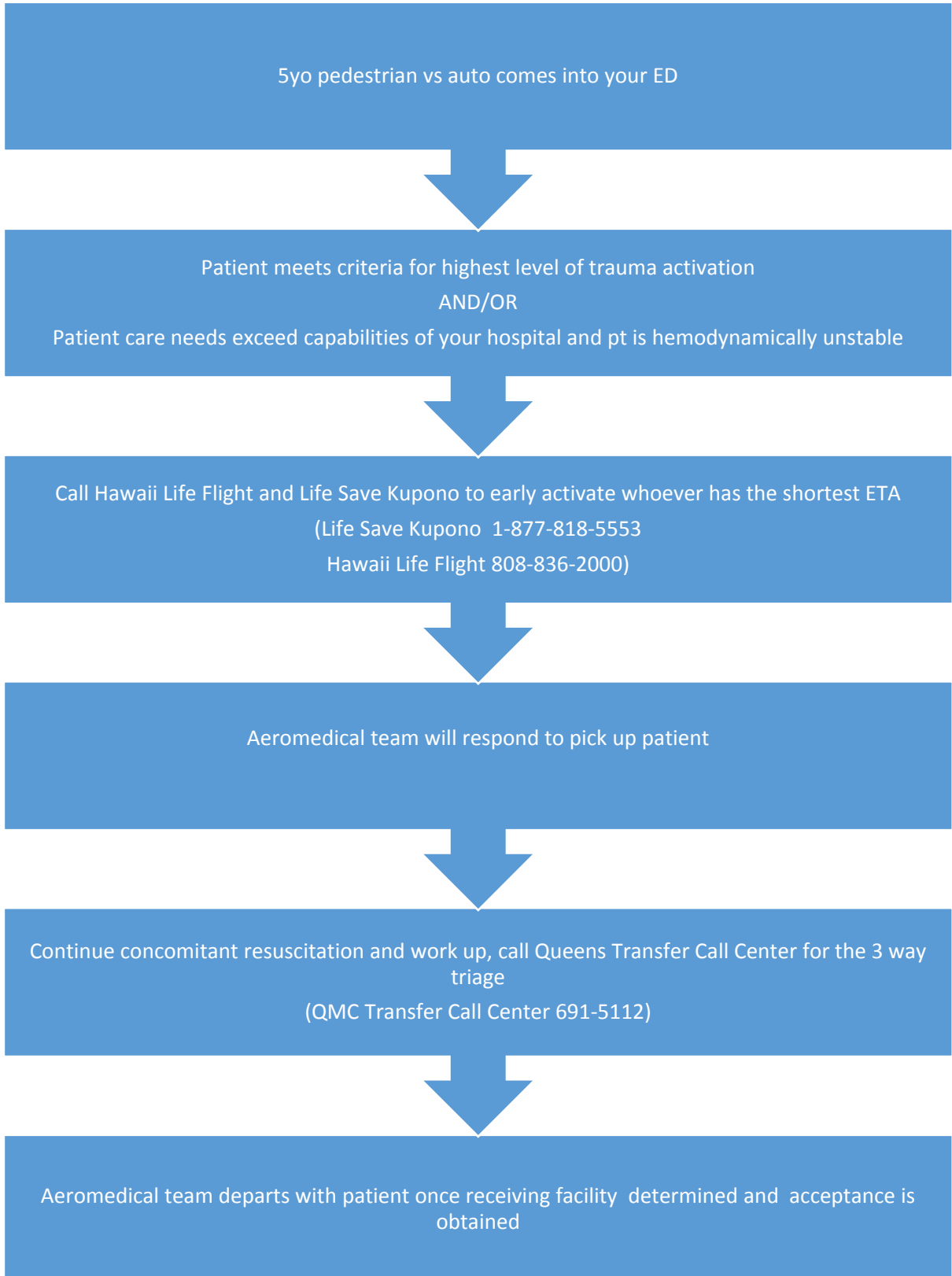
HTAC pediatric sub-council

Chair: Alissa Marchais

Also attaching the flowchart for the early activation of aeromedical services for dissemination. It is a visual aid to assist the ED provider at CAH, pretty much the same guideline we already vetted through HTAC but in a visual aid form, it has already been reviewed and approved by aeromedical teams.

1. Pediatric head injury discussion from yesterday. 2/3 partial neurosurgery coverage at KMCWC, suggestions for coverage.
2. Follow up on cuffed ET tubes/LMAs-voted on at HTAC and EMSAC, next steps, how can we support and implement?
3. Early activation of Transport guidelines. Feedback? Discussion- I will have a few cases

Early Activation of Aeromedical Services for Pediatric Transfers



EMSAC Highlights 2019 October 16

1. Educational presentation
 - a. None because of time constraints relating to NHTSA analysis of Hawaii State EMS system
2. State Standing orders
 - a. Need to embark on review of State Standing Orders for release in 2020, which would be a 2 year cycle
 - b. Suggestions made by NHTSA team to include Paramedic input
 - c. Medication Calculation Link to be included in the Standing order link
 - i. Time frame for this is to have it done in 3 months
 - ii. Per State EMS office, "the financials are in progress"
3. EMSAC Orientation project
 - a. Will solicit dates from EMSAC members and State EMS said they will schedule the orientation
 - b. There is interest from Fire in some counties to be able to access the orientation document just to gain familiarity with the state EMS system and have an overview
4. Complex Coordinated Terrorism Attack (CCTA) workshop held in all 4 counties
 - a. Maui, Kauai and Oahu attendees discussed lessons learned and wish to act on gaps identified
 - b. Desire to continue to develop relationships and continue working with and including hospitals in the preparation process along with first responders
5. Budget
 - a. Still awaiting budget for Statewide EMS for FY 21
 - i. Current budget is lacking approx. \$21 Million, mostly related to collective bargaining increases and the continuation of the 3 ambulances that were added in 2017 legislative session
6. Electronic medical record
 - a. State EMS office hopes to have new ePCR by the end of 2019
 - b. Hoping for an interface with hospitals and EMS to be able to share/access data for QI purposes
7. Personnel – new State District medical control officer = Dr. Miroslaw Szatko
8. Trauma
 - a. Grant money received for TECC courses for the next year

KIPC Report for HTAC, November 1, 2019

Submitted by Lisa Dau, RN, Injury Prevention Coordinator, Kapi'olani Medical Center

KIPC/DOT sponsored the National Child Passenger Safety Certification training in August, 2019 at Castle Medical Center, 11 individuals from various agencies including hospitals, health centers and the community completed the certification course and are now car seat technicians.

September 15-21 was National Child Passenger Safety week ending with September 21 National Seat Check Saturday. All counties participated in this event hosting community car seat checks throughout Hawai'i. On O'ahu, Waipio Shopping Center hosted the event. Several other agencies participated including HPD, HFD, water safety organization, and others. 45 car seats were checked at the Waipio Shopping Center event. Data from other events were not available at this time.

Child Safety ID stickers were initiated at each of the community events statewide on National Seat Check Saturday. Child Safety Stickers are placed on child car seats/boosters for emergency purposes to assist first responders in identifying child information if a parent/driver is not able to. This was a suggestion by EMS. KMCWC Trauma Program funded a limited amount of the stickers for each county.

KIPC partners participated at the HFD Kick-off at the Honolulu Zoo on Oct 5, providing information and demonstration on keeping kids safe in and around vehicles.

The QMC and KIPC sponsored a community car seat event on September 30 and Oct 6 (CYD). The QMC and DOH-Neurotrauma Services provided education and free helmets at Children and Youth Day on Oct 6.

HPH sponsored Kids Fest on Oct 27 and provided education and resources for Pedestrian Safety, Fire & Burn Prevention and Bike/Wheeled product safety. DOH-Neurotrauma Services provided free helmets.

KIPC continues to partner with HPD at their DUI enforcements stops, KIPC partners providing education and resources to drivers/families/kids who are not properly restrained.

KIPC partner Safe Sleep Hawai'i had their annual Safe Sleep Summit on Oct 7 at Pomaikai Ballroom. Dr. Rachel Moon, pediatrician and SIDS researcher from University of Virginia was the guest speaker, the focus was safe infant sleep, interventions for behavior change.

September 27 was proclaimed Infant Safe Sleep and SIDS Prevention month (Oct) at the Governor's office, partners from KMCWC, QMC, DOH and the Parent Line were in attendance.

Legislative news: KIPC is currently seeking a representative in both the house and senate to introduce a bill for proposed changes to the current Child Passenger Law, removing outdated language, adding rear-facing until the age of 2 (now required in 14 states and DC), and increasing fines. Last year, the bill was introduced but no hearing were scheduled.

Next KIPC meeting is scheduled for Dec 6, 12-1:30pm at Kapi'olani Medical Center.