

EMS for Children Advisory Committee
Professional Development Center
State Police Academy
Institute, WV

Meeting Minutes
May 14, 2009

Members in Attendance	Members Absent	Guests Present
Jeff Bowles Penny Byrnside Cathy Capps-Amburgy Cindy Cramer Robert Dozier Teresa Evans Paula Fields Daniel Foster Vicki L. Hildreth Amy Johnson-Veazey Debbie Kyle Jerry Kyle Nimish Mehta Kenneth McCord Alisha Samples Karen Scheuch John Thomas Deron Wilkes	Alysha Crawford (Alternate) J. Mike Hartzog Jerry Rhodes	Diana Fendya Mike Ely Craig Hemingway Rachel Moses

I. Welcome(Vicki Hildreth)

Vicki Hildreth called to order the regular meeting of the EMS for Children’s Advisory Committee at 10:15 a.m. The meeting began with introductions of members with each providing a brief background. Guest speakers included Mike Ely and Craig Hemingway of NEDARC, as well as Diana Fendya of the National Resource Center. A general discussion of the agenda was held. Ms. Fendya explained the contents of the packets of information provided to members.

II. History of WV Emergency Medical Services for Children (EMSC) (Deron Wilkes)

Deron informed the group that the EMSC has been around for 12 years. John Thomas, former EMSC coordinator formed ARK-Always Ready for Kids, a volunteer team that examined emergency rooms to ascertain their preparedness to handle pediatric emergencies. In the initial inspections, fifteen out of twenty hospitals passed and five failed. Facility categorizations served as its performance measure. He further reported that it was a success as sixty-six hospitals in West Virginia have emergency rooms and 1/3 of the hospitals volunteered to take part in order to be better prepared for pediatric emergencies. ARK is tied in with the State Trauma and Emergency Care System, and trauma will add pediatric aspects to its program. It has been six years since ARK has been active. Deron became the EMSC coordinator when John left the program, and was then replaced Al Whitaker. During Al's tenure, EMSC focused on ATV safety, which served as its champion cause for several years, and materials were developed and distributed throughout area schools.

Diana Fendya added that the ATV safety program went nationwide and became a foundational piece for Arkansas's EMSC program. She also stated various consumer products safety groups discuss ATV safety as a result of this program.

Deron then discussed the shift in the Office of EMS following September 11th. After that time, the OEMS and EMSC focused on disaster preparedness including protocols and training programs focusing on child response to disasters. Working closely with Wisconsin, Al had also developed Pediatric Life Support, which eventually went statewide. Deron stated that grant funds have been used to supply equipment on ambulances as some equipment is not financially possible for volunteer organizations. Grant funds were lost in 2006, at which time, involvement with pediatrics came to a standstill. No progress has been made with the EMSC since then.

Vicki was hired in December of 2008 and she said she was excited to revitalize the program and eager to hear what the committee members think should be included.

Jerry added that one of the last uses of the grant money was the purchase of training material for each of the EMS offices to lend to pediatric ERs. This was the last vestige of state involvement in EMSC program until this meeting.

III. WV Emergency Medical Services (Jerry Kyle)

Jerry provided an overview of the EMS, which is comprised of law enforcement, first responders, ambulances, emergency rooms, emergency treatment, and every aspect of definitive care; the main focus is pre-hospital care. In West Virginia, there are 212 separate EMS agencies running approximately 1,000 ambulances, 200 non-transporting vehicles (this excludes EMT-Miners), and 5,000 certified EMS responders.

The EMS has a strong medical direction with the involvement of physicians, who serve as medical directors for seven different regions throughout the state. These

medical directors all work with Dr. Ramsey, the Medical Director for the state EMS office. Every EMS agency throughout the state must have a medical director affiliated with them. All medical directors develop pre-hospital protocols that are implemented statewide, and all five regional command centers use these same set of protocols. Four of these regional command centers are located in major hospitals, and the fifth is located in a 911 station tied to a hospital. These command centers follow the same protocols for directional provisions. In 1975, the Legislature delegated responsibility of EMS operation to the counties. Volunteers are concentrated in the eastern part of the state, which is more rural. Volunteers comprise of less than 20% of the agency. Jerry also stated that the equipment list for every ambulance is the same no matter where it is located in the state.

Diana Fendya reported that 10% of all EMS responses involve children, and 10% of that 10% are for critically ill children who need special care. She stated that it is important to educate the community that children have different needs from adults. According to Jerry, in order to provide this equipment, some communities must raise the funds needed to purchase them.

Jerry stated that the Office of EMS also handles certification and recertification. A data system is being created that will include all aspects involved in the EMS agency, including the collection of electronic patient care data. Twenty-six agencies are submitting electronically out of 200, and the major focus of the year is getting the data system set up. By June 30th, every agency in the state will be enrolled in the system and by December 31st, all agencies will be submitting electronically.

The WVEMS Technical Support Network has been around since 1976 and is a collection of regional offices. It serves as the local starting point for the EMS system. It serves as the collection point for forms and training. The employees at these offices are not state employees and work under grant funding. The TSN receives all paper forms, and the electronic data base currently being developed is based off the system currently used in North Carolina.

Jerry also discussed Agency Licensing section within the WVOEMS, which handles licensing agencies in the state and performs ambulance inspections.

Deron stated that the EMSC is still in its infant stages and continues to grow and change with the EMS.

Jerry informed the members that organizationally the Office of EMS is set within the Department of Health and Human Resources under the Bureau of Public Health, and as such, it is a medical model.

Deron stated that most leadership in EMS agencies throughout the country has no EMS experience and for the past twelve years, the West Virginia OEMS has been led by a paramedic.

Paula Fields stated that as a family representative, she applauds the EMS for its efforts in pediatric care.

Deron also said that multi-disciplinary involvement, such as the groups represented by the committee members, is vital to guiding the EMSC on all matters, as many facets can be missed without diverse input. He said that all these groups will make the EMSC a stronger program.

Diana reported that progress has been on Performance Measures within the EMSC over the past three years, and that the majority of early grant money given to national EMSC programs was used on injury prevention.

Vicki said that the EMSC will have a booth at the 2009 West Virginia State Fair in Lewisburg, WV this year and ATV safety will be the focus; however, everything depends on finances. Cindy stated the Department of highways would be willing to partner with the EMSC and could provide sponsorship.

IV. Performance Measures (Diana Fendya/Craig Hemingway/Mike Ely)

Diana Fendya, Mike Ely, and Craig Hemingway presented a slideshow on EMSC Performance Measures. Diana discussed the background of the EMSC, its organizational structure, 2010 Appropriations and authorizations, how funding is distributed, future of emergency care in the US Health System, EMS performance measures, EMSC National Resource Center role, and policy and partnerships.

Mike discussed NEDARC, National EMSC Data Analysis Resource Center, and the importance of data collection.

Diana went over EMSC Performance Measure XXi, which covered appropriate pediatric medical direction from pick up to hospital arrival and XXii which covered the availability of offline medical direction for Advanced Life Support (ALS) and Basic Life Support (BLS) provider agencies.

Craig covered data collection process and the planning and considerations for performance measures XXi and XXii. He also discussed the National Guidelines for pediatric equipment in Performance Measure XXiii.

Deron said that procuring the missing equipment needed on ambulances is not only a matter of money, but storage space, as well.

Diana covered Performance Measures XXiv – XXvii. Performance Measures XXiv and XXv call for the existence of a standardized system that recognizes which hospitals can stabilize and manage pediatric medical emergencies and pediatric trauma emergencies. Performance Measures XXvi and XXvii cover the need for written pediatric inter-facility transfer guidelines and agreements within hospitals.

Craig discussed performance measure XXviii, which covers the licensure and certification renewals of BLS and ALS providers. Jerry said that West Virginia has no online pediatric training courses; Craig stated that the University of New Mexico does and it seems a viable option.

Mike discussed Performance Measure XXix, which covers the stipulations for an EMSC Advisory Committee. Diana suggested including a pediatric representative on the EMS Board. Jerry said the OEMS has no EMS Board specifically, and instead suggested a pediatric representative be appointed to the Medical Policy and Care Committee (MPCC) because it advises the EMS on what equipment to include in ambulances. He suggested this committee over the EMS Advisory Committee, because members of the MPCC are not appointed legislatively.

Mike stated that the EMSC is the most important aspect to include in state EMS offices, and that they must meet at least four (4) times per year and that it is not necessary to meet in person.

Diana covered Performance Measure XXX that covered the integration of EMSC priorities into existing EMS statutes or regulations. She said this is the most confusing to EMS agencies and her office receives the most questions regarding this Performance Measure. She said that New York is the only state that has all mandates in effect, but they aren't enforced. She said that ideally all the mandates would be in effect *and* enforced.

V. Wrap-Up (Vicki Hildreth/Jerry Kyle)

Vicki thanked Diana, Mike and Craig for flying in to attend the meeting and providing their advice. She then asked the committee to discuss some of the next steps they would like to take, what projects to start on, and decide when to hold the next meeting.

Jerry suggested that the members select a chairperson that is not a member of the staff at the next meeting. He also said that the State Fair project is EMSC focused this year, and members should decide who should work it and what to take to it. He also suggested that members decide where the EMSC is regarding the Performance Measures during or before the next meeting; specifically, members who are not part of the staff should assess these points. The committee agreed on this non-staff centric assessment of Performance Measures. He also asked who was interested in working the State Fair and Cindy Cramer, Debbie Kyle, and Paula Fields volunteered.

Amy Johnson-Veazey stated that data collection should start soon because it depends so heavily on finances.

Vicki asked members to think of ideas for interactive activities for the kids at the fair. Amy said that CAMC does ATV safety programs and they could plan

something along those lines. Debbie Kyle suggested that Vicki contact Kevin Best with HealthNet.

VI. Next Meeting

The next meeting is scheduled for July 23, 2009 at 10:00 a.m. The location is to be determined, but is tentatively scheduled for the Professional Development Center in Institute.

VII. Adjournment

The meeting was adjourned at 2:30 p.m.