**EMSC Quarterly Meeting**

**Meeting Minutes**

**September 9, 2022 9:00am**

**Attendees:** Michael Goldman, Mark Cicero, Brian Petrucelli, Megan Petrucelli, Thomas Martin, Jessica Anderson, Lindsey Reams, Marlene Schmidt, Peter S, Ellen White, Jay Bresky, Kristen Passaro, Lisa Bradshaw, Michael Edmond, Pete Hany, Rommie Duckworth, Shaileen, Steve Conley, Marge Letitia, Rick Goulding, Matt, Mariann Kelley, Lisa Bradshaw, Leigh Goodman, Caitlin Rafuse, Emily, Bill Lynders, Bonnie Mackenzie, Rober Rautio, John Pierce, Marc Auerbach, Jason Malia, and Amy Myers

**Meeting Items:**

**Welcome and “Story Time”**

* Lindsey Reams shared a case with a child that had a seizure – the case went well as they all had recent training through ImPACTs. The SIMs discussed can be found at [www.emergencysimbox.com](http://www.emergencysimbox.com) and are available to all at no charge.
* Congratulations, Dr. Cicero! Mark’s 2022 National Pediatric EMS Award of Excellence award from NAEMT and EMS World

**EMSC and the Pediatric Readiness Project: EMS and Emergency Departments**

Goals

* Understand Pediatric Emergency Care Coordination and how it can improve provider confidence, quality of care, and patient outcomes
	+ How to build connections between EMS and EDs
* Access and use a toolkit for designating and establishing the Pediatric Emergency Care Coordinator role
	+ Designate a PECC by looking for a leader in your agency
* Leave with easy-to-use simulations for improving pediatric readiness
	+ How IMPACTS training led to better outcomes

PECCS

2006: IOM *Emergency Care for Children: Growing Pains* recommends EMS agencies designate Pediatric Emergency Coordinator The IOM report suggests the individual(s) filling this role would:

* Oversee pediatric care quality improvement initiatives
* Provide skills training to agency staff
* Assure all medications, equipment and supplies needed for a child are available

Question: Do you have a PECC?

* Marlene Schmidt – Bridgeport PECC
	+ Introduced Kristen Passaro as her replacement – showing continuity of PECC program.
* Shaileen Morton – Milford Hospital
	+ They were looking for volunteers a couple of years ago – that is how she got into the role.
	+ Shaileen had her “baby” nurses (i.e. new nurses) do training this summer – she is training them to take over for her within the next year or two.
* Leigh Goodman – Director of EMS for town of Trumbull
	+ Leigh is the original PECC and they are trying to expand that
	+ They had an EMT that was interested that needed to take a leave of absence – so that is part of the challenge, we are in a time where people/team are/is spread thin and asking people to take on more is hard
	+ However, they recognize that this is an important role and want to expand and improve pediatric care
	+ Mark reminded the group that the person who is the PECC does not need to be the “most” educated – it could be a nurse or an EMT with dedication and excitement for the role.

Question: How does leadership support, enhance, and implement the idea of having a Pediatric Champion? How do we (CTEMSC) help you achieve that?

* Brian Petrucelli – Captain with city of Meriden Fire Department
	+ He was unaware of the separate EMS program for children and it wasn’t until he got involved with PEPP classes that he learned about this.
	+ He then wanted to learn what a PECC was and how to get one – this began a process of:
		- How to add this to their program?
		- How do we train?
		- How do we make sure we have the right equipment?
	+ Meriden is taking baby steps to get there with 11-12% of calls being pediatric
	+ Brian has taken on the PECC role (he was voluntold)
* Bill Lynders – Middlesex Hospital
	+ He has noticed comments from staff – training is desirable and wanted – one of the choices that made them want to come to Middlesex was the available training, sims, etc (for nursing)
	+ This would be helpful for leadership to know! This is a recruiting tool!
* Leigh Goodman – Trumbull EMS
	+ Uses the PECC when the advertise jobs – to show that there is training and growth potential – maybe not the major deciding factor, but shows a holistic approach.
* Lindsey Reams – L+M Hospital
	+ Works closely with our inpatient pediatric educator – all new hires do training in the ED for pediatric care – continuity of care
* Megan Petrucelli – CTEMSC
	+ Working on the Always Ready for Children Program which is emergency department focused right now.
	+ If that is something your department is interested in – please let Megan know. We are hoping to eventually do the same-type program for EMS agencies.
* **\*\*NOTE:** Please jot down some of these ideas for value of PECC for EDs and agencies, as a motivator for hospitals and agency leaders, e.g. staff recruitment and retention

Community Emergency Department Pediatric Readiness

* A national EMSC effort that provides:
	+ Protocols
	+ Training
	+ Equipment lists
	+ Guidance for implementing a pediatric champion

Emergency Department Pediatric Readiness and Mortality in Critically Ill Children

* Shaileen Morton mentioned a pediatric case:
	+ 10-year-old with Downs, tested for Covid, no repeat vitals were taken, and was sent home
	+ patient was at Yale 18-hours later and passed away
	+ The nurse that discharged was a floater – this is what happens when all of the bad swiss-cheese holes all line up – when you have the wrong person doing the job – when those who are trained are not on the case
	+ Mark – this brings up the burning issues of staffing and working with a less than optimal staffing system
	+ Michael – it is so important to share our successes and our deficits. This is a statewide and countrywide issue
	+ **\*\*REMINDER:** call Mariann, Mark, or Michael if you want to follow-up on a case – if you need it, good or bad – do not be shy! No hospital is immune from things not going the way we wanted.
* Marc - See Trauma Related Cases below
	+ <https://pubmed.ncbi.nlm.nih.gov/35107579/>
	+ <https://pubmed.ncbi.nlm.nih.gov/36045493/>
	+ For pitch on this highest readiness hospitals have 2-4X higher likelihood of survival from critical illness or injury
	+ A physician/nurse vs nurse only – prior work had showed one or the other – this showed the benefit of having both.
	+ This work and the pre-presentation of this data led to the requirement of the pediatric readiness program for trauma centers
	+ There will be more papers coming out regarding the outcomes and relation to pediatric readiness

PECC Predictions

Potential benefits of having a PECC described in the IOM report are:

* Identifying gaps and ensuring availability of pediatric resources
* Maintaining a relationship with the **state EMSC partnership**
* **Disaster planning** with state and local authorities and coalitions
* Establishing and maintaining pediatric EMS **protocols**
* Establishing **quality improvement plans**
* Coordinating with **dispatch** to provide evidence–based, pre-arrival instructions
* Reviewing pediatric **medications and devices**
* Liaising with hospitals to improve pediatric readiness of emergency departments
* Education of EMS providers in the pediatric, family centered care

Needs Assessment and Gaps

* The patient is the center of this model.
* Quality
* Training
* Equipment
* Protocols
* PECC Activity and Longevity

EMS Pediatric Champions in Connecticut

* Consider whether there is an EMS Pediatric champion already
* Work with CT EMSC and CEMSMAC to develop protocols, training and quality efforts
* Collaborate with nearby agencies
* Use existing training resources to improve skill and comfort with pediatrics
	+ [www.disastertriagegame.org](http://www.disastertriagegame.org)

Models for Rural PECCs

Regional PECC

* Serves as a resource for multiple agencies or hospitals
* Low pediatric volume
* Facilitates training and resource sharing across agencies

Agency PECC

* Based in one service or hospital
* May hold an officer role, may have a clinical shift reduction
* Performs education, QA, QI, equipment in-servicing, inventory

Shift PECC

* Pediatric expert during a given shift
* Resource for peers
* ”If you’re looking around and asking who the PECC is…”

Question: How does your hospital interact with EMS agencies that transport pediatric patients to it? What sorts of connections do you have with your receiving facilities or your EMS agencies?

Milford has a connection between the ed and the EMS

* Shaileen Morton – Milford Hospital
	+ We don’t usually get peds from EMS – they usually pass on to the other area hospitals
	+ If they do, they pull the tapes and go over why it would be better to send the child elsewhere
	+ She would like to get a contact at Milford Fire and Dane to get a better connection there – making sure that appropriate patients are brought to Milford
* Marlene Schmidt – Bridgeport Hospital
	+ speaking to work with EMS agencies overall – Bridgeport has worked very hard to develop the relationships with EMS
	+ The first two minutes are for EMS to report on what has been done and what needs to happen
	+ Nurses do ride alongs with EMS, so they understand what happens on the field and give more respect to the EMS team upon arrival
* Leigh Goodman – Trumbull EMS
	+ Bridgeport has done a great job –
	+ One of the things that we have done are the EMS Coordinators/Directors. Etc. to come and talk with them– they want to learn from them and improve the understanding of what happens at the hospitals helping them make the decisions on where to transport – leading to better outcomes

**What is in your toolbox? Prehospital and Hospital Pediatric Readiness Toolkits**

Achieving Aim 1: Assess Family Satisfaction with EMS Care for Children

The FAMILY (Family Assessment of Medical Interventions & Liaisons with the Young) Instrument will assess the family perception of:

* Safety
* Communication
* Family Presence and Participation
* Awareness of Cultural Differences
* Approach to Children with Special Healthcare Needs
* Overall satisfaction

Achieving Aim 2: Determine effective means for designating and implementing PECCs in EMS agencies

* Reach
* Effectiveness
* Adoption
* Implementation
* Maintenance

Achieving Aim 3: Define the characteristics of an effective PECC

* Derive the PECC Effectiveness Evaluation Tool (PEET)
* Validate with comparison of PEET scores to Aim 1 outcomes
* Implement the PEET (e.g. share with PECC Community of Practice)

Toolkit for EMS PECCS

* Family Survey
	+ Allows assessment of EMS by families
	+ EMS assesses interaction with families, too
	+ Individual and team feedback
	+ Tracking impact of family-centered care initiatives
* SimBox Simulations ([www.emergencysimbox.com](http://www.emergencysimbox.com))
	+ Any motivated pediatric champion can facilitate and debrief a simulation with:
		- Low-fidelity manikin
		- Practice equipment
		- An internet connection and means to show a video
		- Simbox instructor packet
		- Please let Dr. Mar Auerbach know if there are other cases that you would like to see and if you would like to help develop these cases
* Pediatric Activity Log
	+ Allows tracking of:
		- Training
		- Equipment in services
		- Formal courses
		- Quality assurance and improvement activities
		- Creates a record of what works well and where there are opportunities for improvement
* Coming soon: PECC Onboarding and Maintenance Kit

**Hospital Based Success Stories**

QI Projects

* Feedback and Follow-up on Transfers
* Pediatric Appendicitis and CT Scans
* Child friendly procedures (Anxiolysis) project

CT-EMSC SIM Menu

* Mega SIM Day – Stamford
* IMPACTS – L/M, Milford, Pequot, Westerly
* Combined EMS/ED SIM – Bristol
* SIM-Box with or without EMSC teams
* PECC Lead SIM Series – Middlesex, Greenwich

**PECC Summit/Conference**

* What would you like to see at a PECC Summit/Conference?
* What would improve your success in the PECC role?
* What would help you be a better PECC?
* Email megan.petrucelli@ynhh.org with ideas!

**PEPP Classes**

* Hybrid PEPP Courses available FREE of charge for EMS agencies.
	+ 15 - Hours CME credit attached for course completion.
	+ Contact megan.petrucelli@ynhh.org for more information!