2nd Annual PECC Conference – Minute Notes

Friday, March 22, 2024

9:00 AM

* **Welcome & Introductions of CT-EMSC Team**
  + Review of Agenda for the day

* **Child Fatality Review in CT - Child Advocate Presentation**
  + Challenges with data collection on use of Narcan
  + Cases could be underreported if not called into Poison Control
  + Importance of focusing efforts on education for mothers who carry Narcan.
  + Getting the message out to EMS providers to spread the word as a way to eliminate the stigma against carrying Narcan.
  + Since the incidence of overdose is higher in children of color, where is the education and community training happening.
  + Questions arising around what's the accountability on DCF's part when reports are made by EMS providers and maybe not accepted or followed up on.
  + EMS providers report challenges with being comfortable administering Narcan to infants and very young children.
  + Importance of education to parents and families to recognize the symptoms, be comfortable administering it, and then being aware of the desired affect

* **Closing the Gaps in Your Emergency Department**
  + Importance of engaging senior leadership to enhance buy-in
  + For pediatric readiness, focus on QI, availability of equipment.
  + Benefits of simulation, new hires appreciate the opportunity.
  + Surveys post-simulation help justify the need.

* **FAN Update**
  + File of Life Project spanning across CT
  + $20,000 in grant funding to support the project.
  + Suggestions around utilizing a QR code for File of Life so it is more easily updated electronically and can be printed.
  + The focus will be on distributing to children's hospitals and community hospital's pediatric patients ie: children with special needs, chronic illnesses.

* **EMS Care Influences ED Care**
  + The continuum of care improves patient outcomes.
  + Enhanced communication between pre-hospital and ED providers is essential.
  + Fire EMS, EMS, mutual aid - multiple agencies!
  + Crucial that EMS practices at the top of their training ie: pain reduction for broken bones, splinting (non-pharmacological interventions within their scope)
  + Specific cases highlight the need for integration and communication.
  + Address pain early and appropriately.

* **Pediatric ED Readiness**
  + Focus groups for survey to get family feedback re: pediatric readiness designation.
  + ED Competency Based Orientation -what would a community hospital want to do to orient their current staff and new hires.
  + Bootcamp type of orientation to validate clinical competence.
  + What is the overall learning objectives
  + Work being done between CH ED educators and ENA to build pediatric specific curriculum for new hires to be used as a standard competency-based orientation nationally.