

**PEDIATRIC COMMITTEE
OF GOVERNOR'S EMS AND TRAUMA ADVISORY COUNCIL (GETAC)
OF THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)
MEETING AGENDA
Wednesday, February 8, 2012**

Call to Order: Charles Macias, Chair

1. Roll call and Introduction of new members: Chair

Present:

Deb Brown, Charles Jaquith, Juan Juarez, Julie Lewis, Janet Pointer, Sally Snow, Verne Walker, Jorge Sainz

Absent: Britton Devillier, Bonnie Harstein,

Discussion and possible action on the following items: Committee Members

2. Committee liaison reports:

- a. Air Medical: Janet Pointer – Meeting tomorrow. MOU status discussion. QA standardization. Jorge Sainz will assume this
- b. EMS: Verne Walker. Will attend tomorrow.
- c. Education: Charles Jaquith, LP- meets tomorrow. Had workshop on Jan 27th. Need for preceptors onsite in hospital.
- d. Injury Prevention: Deb Brown. Start work on strategic plan. Announced Injury Prevention Conference in June at Dell Children's. Not pediatric. Program MADD is sponsoring for April –Alcohol Prevention month.
- e. Medical Directors: Juan Juarez, MD. Absent
- f. Stroke: Julie Lewis. Work group for education modules for online. Stroke recognition, protocols, pediatric considerations, transport systems.
- g. Trauma Systems: Verne Walker, RN, LP. Workshop in Jan on recommendations for 157. Performance improvement tools. Event report recommendations. Worked on injury prevention. Additions to RAC-concise report on work by that group. Age criteria for pediatrics—establish criteria for age-considered an adult on 15th birthday. (For definitions for statistical purpose for trauma, we endorse a definition of children as age less than the 15th birthday, but **for regulatory and educational and clinical activities, we will further evaluate the impact**).
- h. Regional Advisory Council chairs: Britton Devillier, MD absent
- i. Disaster planning: Bonnie Hartstein, MD absent, no report

3. EMS for Children State Partnership Update

Anthony Gilchrest reported:

- a. EMS provider survey. Assessing experiences with on line and off line EMS medical direction.
- b. Medical Directors Survey. IRB approved to understand the development of a regionalized access to online pediatric medical direction. Results by August.

- c. **2009 Equipment for Ambulances.** To be revised. Organizations and website input open. Proposed by this committee for a resource document in TAC 157.11.
- d. Essential Pediatric Airway Project. 288 neonatal BVMs and 96 Pediatric colorimetric EtCO₂ detectors-17% BLS and 15% ALS currently missing neonatal BVM. Will distribute through the RACs. Priority to small, rural agencies. Not intended for replacement of equipment.
- e. Education. Developing online modules for respiratory distress and failure. Also budgeted for at least 6 regional CE programs.
- f. Evidence based pediatric protocol development. End of year will have targeted 3.
- g. Regionalized systems of care/categorization. Prior grant that was discussed across states with Dr Ranne. Given the scope of the grant and size of the region, was not feasible as a stand-alone-project. However, great discussions and lessons learned that will inform future initiatives. Tomi St Mars from Arizona with designation system for AZ who brought in the AZ chapter of the AAP.
- h. Pediatric ED preparedness program to reassess through QI by the federal EMSC program.

4. Child Fatality Review Team update: Susan Rodriguez presented an updated report. Dr Juan Parra stepped down, Dr. Tellez has replaced. 2 new members elected. 73 teams (up 2). 206 counties have teams (94.4%). Working with RACs to close that gap. Annual report expected by next meeting. Recommendations prepared to go to governor in that annual report: to pass amendment for distracted drivers for full ban on communication devices while driving; legislation to make offense to have any detectable alcohol while transporting a minor; repeal code that allows for custodian taught driver's education-NHTSA data; legislation to amend legislation that parent or guardian must appear with child in court for moving violations; 4 sided fencing with self locking gate on all new residential pools; working towards April as water awareness month; statute amended to add new 2 reps on CFRT to include an EMS director and a family violence service provider; requesting a birth match system against abuse neglect death for the purpose of outreach

5. Pediatric categorization and trauma centers designation update. Nothing to add beyond the discussion of EMS partnership.

6. Discussion of pediatric imaging. Sally Snow and Charles Macias. Pediatric imaging for trauma in Pennsylvania served as a discussion point over the need for a policy statement to reduce ionizing radiation for children in both trauma and medical emergent care settings. The importance of avoiding protocols that automatically increase multiple CT scans, avoiding further imaging once a decision to transfer to definitive care is made, the use of pediatric dose-reduction protocols for the process of imaging, and the avoidance of repeating scans unnecessarily are supported. The committee will create a position paper for vetting at the next GETAC meeting in May. Dr. Ranne discussed the importance of emphasizing clinical decision making in the process.

General Public Comment: There was no public comment offered

Action Items for GETAC: supporting a consideration of caveats of a definition of pediatric trauma (for statistical and reporting purposes)

Announcements: None

Agenda items for next meeting:

1. EMS for Children State Partnership update: Anthony Gilchrest
2. Definition of pediatrics for trauma purposes: clinical care, regulatory measures, educational initiatives
3. Pediatric categorization and regionalization: updates on efforts
4. Pediatric imaging statement- a position paper

Next meeting date: May 8-10, 2012 Hilton Austin Airport

Respectfully submitted by Charles Macias MD, MPH