

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

August 18, 2011

Call to Order: Charles Macias, MD, Chair

The following committee members were present:

Charles Macias
Deb Brown
Britton Devillier
Patricia Gooch
Bonnie Hartstein
Chalres Jaquith
Sally Snow
Verne Walker

The following committee members were absent:

Juan Juarez
Julie Lewis
Janet Pointer

Discussion and possible action on the following items: Committee Members

1. Roll call and Introduction of new members: Charles Macias MD, Chair

2. Committee liaison reports:

a. Air Medical: Janet Pointer
Will meet this afternoon.

b. EMS: Patricia Gooch
Discussion over the rules review regarding capabilities for licensing for rigs. There may be conflict over the EMS desire for licensing and the pedi committee specifically for classification for the trucks. Jane clarified the process of submitting recommendations by committees—that conflicting recommendations are part of the expected evaluation and that the committee recommendations are integrated as is practical and possible.

c. Education: Charles Jaquith
Meet this afternoon at 4pm.

d. Injury Prevention: Deb Brown
Did not have a quorum so did not meet.

e. Medical Directors: Juan Juarez
Met today and discussion over pediatric equipment list. There was concern over the reference for ACEP/ENA recommendations becoming a part of the statute.

f. Stroke: Julie Lewis
No report available.

g. Trauma Systems: Verne Walker
Language of pediatric free standing facilities not being able to designate as a pediatric facility (rule excludes pediatric/children's facilities for level 3 and 4).

h. Regional Advisory Council chairs: Britton Devillier
Meeting today

i. Disaster planning: Bonnie Hartstein
The process for evacuating pediatric patients (transport teams) as pediatric representation is present during the discussion. Emergency medical task force teams and equipment and supplies have evolved. Drills have been run with great success. Confidence in the existing structure of children's hospitals.

2. EMS for Children State Partnership update: Anthony Gilchrest
Pediatric protocol review: submitted for supplemental funding for HRSA to contract an Evidence Based Outcomes Center at TCH to perform the protocol reviews. Goal is to have online reviews by first of the year. Goal is to have 3-4 over the next year.
Regionalized online pediatric medical control as a resource for those that want it. Met with Sally Snow and a group of medical directors to determine how best to measure impact on hospitals and EMS agencies—75% of agencies noted they would want such a service.
Continuing education: several classes have been conducted-3 planned with 4th tentative. Primarily focusing on children with special health care needs—have also crafted a specific program at the request of those initiating the invitation.

3. Texas Administrative Code Chapter 157 discussion: Charles Macias
The following rule revisions will be recommended unless the discussion listed after the section denotes otherwise. A motion passed unanimously to submit the revisions as listed below.

157.2 Definitions

Charles Macias

Consider defining an age for pediatrics.

Discussion over how to define pediatrics at the scene as an example.

Ex. ENA 15th birthday

Ex. ACS 15th birthday

Interpretive guidance- can wait for finalized language to submit. The group voted to table this based upon the opportunity to take existing language as is within the Chapter but define its interpretation.

157.11 EMS Provider Licensing

Verne Walker

Section (b) (6) (k)

Declaration of medical director (with current contact information) and a copy of the signed contract or agreement with a physician who is currently licensed in the State of Texas, in good standing with the Texas Medical Board, in compliance Texas Medical Board Rules, particularly regarding Emergency Medical Services as outlined in 22 Texas Administrative Code, Part 9, Texas Medical Board, Chapter 197, and in compliance with Title 3 of the Texas Occupations Code.

Section (b) (6) (P)

Plan for how the provider will respond to disaster incidents including mass casualty situations that are consistent with their RAC.

Section (d) (1)

All EMS vehicles must be adequately constructed, equipped, maintained and operated to render patient care, comfort and transportation safely and efficiently; including the safe transport of children per the National Highway Traffic Safety Administration (NHTSA) guidelines.

Section (h)

Treatment and Transport Protocols to have protocols differentiated in three categories: "Adult only", "Pediatric only", "Adult with Pediatric Considerations" Required

Section (h) (4)

The protocols shall address the use of all required, additional, and/or specialized medical equipment, supplies, and pharmaceuticals carried on each EMS vehicle in the provider's fleet; including the most current endorsed pediatric equipment list by ACEP and ACS (See Graphic).

Section (i) (1)

The EMS provider shall submit a list, approved by the medical director and fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried. The list shall specify the quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for Adult, Pediatric, and Neonatal age ranges.

Section (j) (1) (A)

Oropharyngeal / nasopharyngeal airways

Section (j) (1) add (J)

Mass Casualty Tags

157.25 Out-of-Hospital DNR

Juan Juarez, MD

No current changes to this rule for pediatrics

157.34 Recertification.

Patrica Gooch

Section (b) 2

Attached graphic should match/mirror the graphic in rule 157.38 with Pediatric CEUs specified

157.125 Requirements for Trauma Facility Designation

Sally Snow

Section (a)(3) strike the last sentence: A free-standing children's facility, in addition to meeting the requirements listed in this section, must meet the current ACS essential criteria for a verified Level III (trauma center)

Section (b)(2) add - All facilities sharing the same license with multiple locations shall be required to designate.

Section (j)(2) strike including free standing children's facilities

Section (k) (2) of all levels

Section (k) (3) add - level III free-standing children's facilities shall be surveyed by a pediatric trauma surgeon and a pediatric trauma nurse or a trauma nurse coordinator with pediatric experience.

Section (k) (4) add - level IV free-standing children's facilities shall be surveyed by a pediatric trauma surgeon and a pediatric trauma nurse or a trauma nurse coordinator with pediatric experience

(s) (3) (D)(5) add- if a facility is unable to comply with essential criterion (within five days) will

(s)(3) (D) (6) (B) add - (shall give at least 30 days notice to the) department, the (RAC) items in parenthesis are existing language

strike - and the office

add - other affected RAC's, and healthcare facilities to which it customarily transfers-out trauma patients or from which it customarily receives trauma patients of the changes in capabilities defining existing trauma designation level

attached Graphic 1 Basic (level IV) Trauma Facility standards

18. strike - with on-call surgeon(s)

add 19. The appropriateness of admissions of major or severe trauma patients presenting to the ED of a Level IV trauma facility shall be subject to 100% review by the trauma program and the hospital PI program.

attached Graphic 2 Advanced (level III) Trauma Facility Audit Filters

22. add - unscheduled (abdominal, thoracic, vascular, or cranial surgery performed greater than 24 hours after arrival) wording in parenthesis is existing.

157.131 Designated Trauma Facility and Emergency Medical Services Account
Deb Brown

Section (a) 4

Emergency transfer --any immediate transfer of an emergent or unstable patient, ordered by a licensed physician from a health care facility...

Change "licensed physician" to "licensed independent provider"

This change will include midlevel providers.

Section (a) 5

Trauma care - keep entire rule, but after "930-939 (foreign bodies)" add "or the equivalent under the current ICD coding system."

Section (a) 9

Operative intervention - Any surgical procedure resulting from a patient being taken directly from the emergency department to an operating suite regardless of whether the patient was admitted to the hospital.

Omit "directly from the emergency department to an operating suite" and replace with "to the operating room within the first 24 hours of the patient's hospital stay"

157.133 Requirements for Stroke Facility Designation

Deb Brown:

1. Beginning with (f) 4 through (f) 5, these rules refer to the survey process not the application process as said in (f). (f) 4 should be changed to (g) and say as follows:

(g) A stroke designation survey will be:

(1) Completed within one year of the date of the receipt of the application by the office; and

(2) A complete survey report, including patient care reviews, that is within 180 days of the date of the survey will be hand delivered or sent by postal services to the office.

2. Then (g) in the original rules should change to (h); (h) should change to (i).

3. (h) 3 should read any subsequent documents requested by the office submitted by the date requested by the office.

4. (h) 4 should change as follows:

(j) A stroke designation survey will be completed, including patient care reviews, that is within 180 days of the date of the survey and is hand delivered or sent by postal services to the office no less than 60 days prior to the designation expiration date.

5. (i) change to (k); (j) change to (l); (k) change to (m); (l) change to (n); (m) change to (o); (n) change to (p); (o) change to (q); (p) change to (r); (q) change to (s); (r) change to (t); (s) change to (u); (t) change to (v); (u) change to (w).

(a) 1 and 2

Both Comprehensive Stroke Facility designation, Level I and Primary Stroke Facility designation, Level II are defined the same in the rules. There should be defined criteria or explanation of how they are different in the rule.

(f) 3

Any subsequent documents submitted by the date requested by the office;

Add between "documents" and "submitted" the following: "requested by the office"

4. Pediatric categorization and trauma centers designation (documents previously posted):

Janet Pointer (and Sally Snow)

Early 90's there was statute requiring a pediatric services advisory committee to improve EMS for children. Level I and II were the tertiary children's hospitals in the state and not included in the development of criteria. Surveyed 7 hospitals with pediatric teams. Level III and IV were

included. Current models (such as Arizona) for state partnerships. Evidence of improved outcomes. EMSC role and investigating how they have dealt with this.

5. Registry solutions work group—recommended data elements for new Texas EMS Trauma Registry: reporting submersions (drowning and near drowning), TBI/SCI, and Hospital Performance Improvement: Mary Frost.

Overall, the group supported the infrastructure and plan of the new registry as proposed and is content with the attention by process for pediatric issues, including a robust submersion injury component.

6. Public comment

None

7. Summary of charges:

Revisions to be submitted Macias; sharing of revision regarding ACEP ENA equipment list reference to work together with medical directors and DSHS legal counsel regarding how verbage can be stated for non-prescriptive but resource/referenced equipment lists

Definition of pediatrics- will maintain on the agenda for future meetings as an interpretive guidance

Sally and Janet will update the group on pediatric categorization and trauma centers designation after meetings with EMSC

All members to review the RSWG data elements and process when posted.

8. Future meetings

Next meeting: November 20th, 2011 in conjunction with the EMS meeting. Macias will not be able to attend and Sally Snow has graciously agreed to chair that meeting. Agenda items and concerns should still be forwarded to Macias.