

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

Saturday, November 22, 2014 10:30am

Call to Order: (Charles Macias, MD, Chair)

1. Roll call: Macias

Present: Macias, Kraus, Hensley, Walker, Lewis, Jaquith, Snow, Devillier

Absent: Juarez, Hartstein, Sainz

2. Committee liaison reports:

a. Air Medical: Jorge Sainz. No pediatric issues from previous.

b. EMS: Verne Walker. Absent for previous meeting.

c. Education: Charles Jaquith. No interim meeting.

d. Injury Prevention: Diana Kraus. No pediatric issues.

e. Medical Directors: Juan Juarez. No pediatric issues.

f. Stroke: Julie Lewis. Will meet today. No known pediatric issues. Will be talking about 4 hours of recertification requirement.

g. Trauma Systems: Sally Snow. No pediatric issues at last meeting. Discussion on strategic plan will have some pediatric issues.

h. Regional Advisory Council chairs: Britton Devillier. SANE regulations pertinent to pediatrics and listings for pediatric listings who have SANE nurses. Perinatal designation—will it be RAC vs DSHS.

i. Disaster planning: Bonnie Hartstein. Discussion of projects for pedi evacuation with isolettes (AmBus projects). Discussion of prehospital screening of who should participate in disaster process.

Three members of the committee will be rotating off of the committee and were honored for their service: Drs Hensley, Devillier and Sainz.

Three new members would be joining in February. Additionally, Dr Juarez has resigned his position secondary to his new work affiliation.

3. Update on Child Fatality Review Teams update (process of liaison selection): Amy Bailey. Forming a drowning prevention workgroup over 8 week period. Comprehensive data set over drowning deaths. Will come from Trauma registry. EB drowning prevention action plan. Prevent child abuse Texas Conference. Feb 22-24 with CFRT track (in Irving TX). The committee recommends a proactive approach to incorporate into the data set of the trauma registry—*will provide efficiency in collection. Will add this agenda item for followup in the Feb meeting.*

4. Position paper on minimizing CT radiation; updates on implementation strategies and linkage to EMSC state partnership website: Juan Juarez and Jorge Sainz. Implementation strategy at manufacturer level—*Feb: rules revision to be discussed in that meeting with new members of the committee.*

5. Pediatric Facility Recognition program. Charles Macias and Sally Snow. Workteam of the EMSC initiative. Presented information in a webinar in April and accessible on the web. Illinois took 6 years to actually implement. Seeking professional society support for the activities. 83% of children are seen in general emergency departments from the most recent NRP data. This is not a project for improving outcomes in children's hospitals, it is a project for all hospitals across the state.

6. EMS for Children State Partnership update: Sam Vance.  
The EMS recognition program will recognize a 3 tier system of the agency. It is voluntary. The document has been posted in the prior minutes. Will repost the most recent document/revisions. Bronze, self evaluation for existence of equipment and protocols. Silver and Gold were education and community outreach which require an inspection. Proposing the RACs do the inspection. Investigating grant support. *Update in Feb*  
Sharon Evans: presenting how the SNAP program has been used (special needs assistance program). Voluntary registration program to locate special need residents in the event of a disaster. Can relay information to emergency responders. Program is free. Partnered with the office of emergency management in Fort Worth. Collaboration with hospital base. State base. Next steps—*Dr Hartstein to connect initiative with STEAR, CHAT and Texas Pediatric Society and the Texas Parent to Parent group who works with their special needs population and present her findings in Feb.*

7. Update on pediatric transfer guidelines/interfacility transport-review draft document with revisions to be shared with other GETAC subcommittees. Sally Snow.

Description: Covers medical and trauma patients. Physiologic and anatomic and other trauma, burns, criteria for transfer and non trauma transfer. Communication and equipment and method of transport following NHTSA guideline. Transport team consideration: construct and use.

Process: Multiple stakeholders with varied backgrounds and geographic representation have been involved. Feedback has been addressed. Most significant change from prior versions is the suspicion for Child Maltreatment section.

Intended uptake: voluntary document. No plan to put into statute. When and which patients to transport document.

Approval process: the committee approved this version pending changes noted.

Dissemination strategy: will discuss at Feb meeting for approval of GETAC. Sally Snow will submit the revised version as an addendum and present to key committees prior to the Feb GETAC meeting for endorsement of the document.

8. Update on EMS Clinical Guidelines Project: Manish Shah—Sam Vance presented. NASEMSO guidelines with NHTSA guidelines were released in October. 40 different clinical situations for protocol development. Airway management. Allergic reactions. Asthma. Bronchiolitis, Croup Pain management, Seizure, Shock, Spinal care, Hemorrhagic shock. [www.nasemso.org](http://www.nasemso.org)

9. PEGASUS protocols from EMS Evidence Based Guidelines: Spinal mobilization, shock, anaphylaxis/allergic reaction, airway management. Implementation in Houston has begun. 6 New England states in the spring. Manish Shah-Sam Vance presented.

10. Quality metrics: Sally Snow, Diana Kraus. Justin Hensley. Discussion over platform for quality metrics for how the data will be managed. CD5 is platform. Will work with Chris Drucker and epi to understand a refined version of the pediatrics report. *We anticipate a Jan 8 or 9 pediatric report with time to review for public discussion and suggested edits.* This discussion dovetails with that below on the trauma registry.

11. Trauma registry update. State update presented by Christopher Drucker. Anticipate final version release in 2 weeks. Push the communication strategy: email and webinar (intended for a webinar a week after each new release). The committee suggested a more rapid communication—FAQ portions would serve that purpose. Drowning data is mandated legislatively. Can the submersion data set be incorporated into the Trauma Registry. Epi will investigate consolidating the submission into a single data set. Will report this issue in the Feb agenda. Pedi Committee will review a report annually. Benchmarking from EMSC. Will invite Dr Drucker to the Dec 15 meeting, if time permits review of the report after discussion of the trauma strategic plan.

12. GETAC strategic plan update. Macias. In a crosswalk of the 2002 strategic plan with suggested benchmarks for revisions to the plan, domains were identified for the group to note that might be potential additions to the previous plan:

Additional domains include: Rehabilitation, special populations, community outreach, equipment resources, geographical challenges, performance improvement/patient safety, preparedness, professional education, sustainable funding, Reimbursement/payment, system access, system leadership, workforce

In the cross walk, the group noted that much of the pedi committee emphasis of work in the last few years has been on performance improvement/Quality improvement. The group is charges to review all of the strategic plan documents. A meeting is scheduled for Dec 15 at Dell Children's to review the strategic plan.

13. Future agenda items: *Paramedicine scope for pediatrics.* Charles Jaquith and Lori from Dallas/Parkland to talk about best practices for pediatric scope. Sam Vance to inform that discussion.

14. Public comment: disaster preparedness and incorporation into the plan. ? disaster preparation and how pediatrics is integrated for Feb meeting. Bonnie Hartstein, as liaison, can shepherd that work.

Assessment for Air Force and Army on a state level. Sam Vance will take through the EAC of the EMSC group.

*Dr Toi to describe the perinatal regionalization program. Dr. Cho from St David.*

15. Future meetings: December 15, Dell Children's.