

Joint Report to the  
Health and Welfare Committee  
Of the Senate and  
Health Committee  
Of the House of Representatives

## Report on the Status of Emergency Medical Services for Children

A Report to the 110<sup>th</sup> Tennessee General Assembly

Tennessee Department of Health  
July 2020



July 1, 2020

The Honorable Rusty Crowe, Chair  
Senate Health and Welfare Committee  
425 5<sup>th</sup> Avenue North  
Suite 720, Cordell Hull Building  
Nashville, TN 37243

Dear Senator Crowe:

As required by Tennessee Code Ann. §68-11-251 and §68-140-321(e), we are pleased to submit the annual report on the Emergency Medical Services for Children (EMSC) program; the Board for Licensing Health Care Facilities and the Emergency Medical Services Board collaborated with the Committee on Pediatric Emergency Care (CoPEC) in preparation of the report. The TN EMSC program focuses primarily on enhancing access to quality pediatric pre-hospital and hospital care, with consideration for injury prevention, disaster preparedness, and patient safety. This report reflects activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMSC objectives.

Improving the availability and quality of children's health care is a major goal for the state of Tennessee and the Department of Health. Our boards help coordinate the role of Tennessee's medical facilities and emergency medical services in providing appropriate pediatric emergency care.

Respectfully submitted,

A handwritten signature in blue ink that reads "Rene Saunders MD".

Rene Saunders, M.D., Chair  
Board for Licensing Health Care Facilities

A handwritten signature in black ink that reads "S Sullivan Smith MD".

Sullivan Smith, MD, Chair  
Emergency Medical Services Board

C: Lisa Piercey, MD, MBA, FAAP, Commissioner  
Tennessee Department of Health

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July 1, 2020

The Honorable Bryan Terry, Chairman  
House Health Committee  
425 5<sup>th</sup> Avenue North  
Suite 646 Cordell Hull Building  
Nashville, TN 37243

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Sullivan Smith, M.D., Chair  
Emergency Medical Services Board

C: Lisa Piercey, MD, MBA, FAAP, Commissioner  
Tennessee Department of Health

Joint Annual Report of  
The Board for Licensing Health Care Facilities  
And the  
Emergency Medical Services Board  
To the  
Tennessee General Assembly  
General Welfare Committee of the Senate  
Health and Human Resources Committee of the House of Representatives  
On the Status of  
Emergency Medical Services for Children

July 1, 2020

## **I. Requirement of the Report**

Tennessee Code Annotated § 68-140-321(e) and 68-11-251 requires that the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in collaboration with the Committee on Pediatric Emergency Care (CoPEC) shall jointly prepare an annual report on the current status of emergency medical services for children (EMSC) and on continuing efforts to improve such services beginning July 1, 1999.

The mission is “to ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.”

The vision statement is “to be the foremost advocate for children throughout the continuum of care in Tennessee and the nation.”

## **II. Executive Summary**

The Committee on Pediatric Emergency Care (CoPEC) in partnership with the Tennessee Department of Health created access to quality pediatric emergency care through establishing regional networks of care to ill and injured children 24 hours a day, 365 days a year. Emergency medical and trauma care services are defined as the immediate health care services needed as a result of an injury or sudden illness, particularly when there is a threat to life or long-term functional abilities.

Prior to the establishment of CoPEC there were significant barriers to access quality emergency care for children. It is important to understand that the delivery of healthcare to children is much different than adult care. “Children are not small adults,” and these differences place children at a disproportionate risk of harm. Examples include:

- Rescuers and other health care providers may have little experience in treating pediatric patients and may have emotional difficulty dealing with severely ill or injured infants and children.
- Providers not familiar with many of the unique anatomic and physiologic aspects of pediatric trauma, such as unique patterns of chest injury, head injury, cervical spine injury, and abdominal injuries, may make assessment and treatment errors.
- Medication dosing for children is based on weight and/or body surface area whereas with adults there is typically a standard dose for a medication regardless of age or weight. Children are therefore more prone to medication dosing errors by inexperienced health care providers who do not take weight based dosing into account. They many times do not fully understand the dangers inherent with metric conversion when weight is reported or documented in pounds. Children also require equipment specifically designed to meet their anatomic and physiologic requirements.
- Children can change rapidly from a stable to life-threatening condition because they have less blood and fluid reserves. Assessment of these patients can be challenging to inexperienced providers.
- Children have a smaller circulating blood volume than adults making them more vulnerable to irreversible shock or death. Children are particularly vulnerable to aerosolized biological or chemical agents because their more rapid respiratory rate may lead to increased uptake of an inhaled toxin. Also, some agents (i.e. sarin and chlorine) are heavier than air and accumulate close to the ground – right in the breathing zone of smaller children.

A child's outcome depends on factors including:

- Access to appropriately trained health care providers including physicians, nurses and EMS professionals
- Access to properly equipped ambulances and hospital facilities
- Location of comprehensive regional pediatric centers and other specialized health care facilities capable of treating critically ill and injured children

CoPEC has spent two decades ensuring access to quality emergency care for all children in our state. This has been achieved through the institutionalization of pediatric specific rules and regulations that govern hospital facilities and EMS services. These rules and regulations now require different size equipment specific for children and personnel training. The rules and regulations for hospitals can be found at <http://share.tn.gov/sos/rules/1200/1200-08/1200-08-30.20150625.pdf> and EMS services at <http://share.tn.gov/sos/rules/1200/1200-12/1200-12-01.20150401.pdf>.

Approximately 3 out of 4 children less than 18 years of age were seen in Tennessee's emergency departments with approximately 23% being seen at one of the four Comprehensive Regional Pediatric Centers (CRPCs). These CRPCs include Le Bonheur Children's Hospital in Memphis, Monroe Carell Jr. Children's Hospital at Vanderbilt in Nashville, Children's Hospital at Erlanger in Chattanooga, and East Tennessee Children's Hospital in Knoxville.

Within each CRPC is a coordinator (or coordinators) charged with going out into the community to offer pediatric education opportunities to prehospital and hospital providers. These opportunities can be classified as simulation/mock codes, lectures, courses, hospital site visits and community engagement events. Throughout the last year, thousands of providers from across the state have been directly impacted by the efforts of the CRPC Coordinators. Coordinators play an integral role in ensuring the system of care of children is exceptional. Every child deserves to receive the best care possible, no matter where they live in the state. From May 1, 2019 to April 30, 2020, there were over 228 educational encounters (simulation/mock codes, lectures, courses and hospital site visits) in Tennessee.

A key role for CoPEC is to support the implementation of clinically appropriate evidence-based care for all children in Tennessee, regardless of what facility, EMS service or physician provider delivers that care. This is accomplished through the standardization of rules and regulations, education to all providers and continuous quality improvement activities. Additionally, this year new national performance measures for EMS were measured in Tennessee. These national performance measures work to improve the care children received across Tennessee and the country.

TN EMSC is playing a vital role in offering feedback and input regarding the measures demonstrating that our state's program is highly regarded for its status as a leader in pediatric emergency care. Data collection as a quality improvement initiative is a key piece of enhancing the emergency medical services for children system in Tennessee. Each child whose care necessitates greater subspecialty pediatric care than their local community can provide, is transferred to one of the four CRPCs. Since 2011, the CRPC coordinators at each of the four locations continues to review patient's charts and records to identify opportunities for quality improvement. To address the needs of providers across the state, the coordinators use this information to offer educational outreach and trainings that cater to the various needs identified.

One of the most significant strengths of CoPEC is the involvement and participation of various stakeholders from across the state that advises the Tennessee Department of Health. These volunteers include EMS providers, doctors, nurses, parents of children with special needs, and professional organizations. This year we have expanded our membership to have representation from each of the 8 regions of the TN EMS Directors Association (Appendix 1).

## **Key Accomplishments in Fiscal Year (May 1, 2019 to April 30, 2020)**

### **A. 2019-2023 Strategic Plan**

**Data Goal: TN EMSC will utilize data to assess outcomes of pediatric emergency care, identify gaps in outcomes and/or care delivery processes, plan appropriate improvement interventions and evaluate the effectiveness of TN EMSC programs and services.**

**EMS agencies were invited to participate in a nationwide assessment to help better understand the utilization of Pediatric Education Care Coordinators are being used along with the utilization of pediatric specific equipment. Below captures the result for the HRSA EMS Guideline measures. Congress has now mandated that this survey will be**

conducted on an annual basis, verses every 3 years.

### Findings

#### Pediatric Call Volume by Number and % of Agencies:

	Num of Agencies	% of Agencies
HIGH: More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)	13	11.5%
MEDIUM HIGH: Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)	29	25.7%
MEDIUM: Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)	55	48.7%
LOW: Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)	14	12.4%
NONE: No Pediatric Calls in the Last Year	2	1.8%
<b>Grand Total</b>	<b>113</b>	<b>100.0%</b>

## PEDIATRIC EMERGENCY CARE COORDINATOR

### Pediatric Emergency Care Coordinator (EMSC 02):

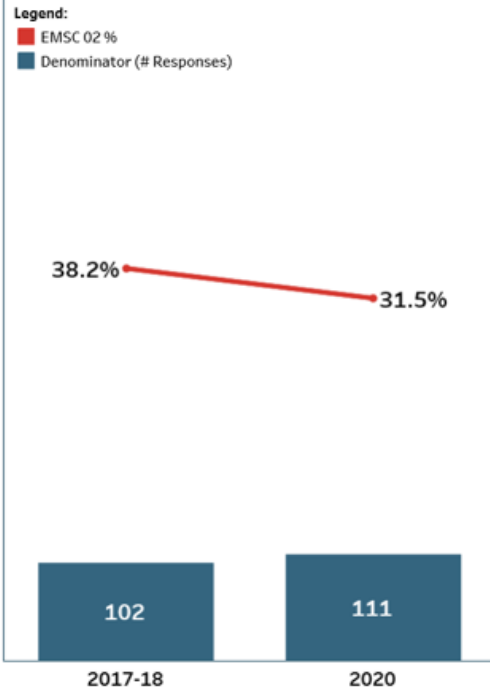
**31.5%**

**(35/111)**

(Exclusions See Above)

A respondent needed to answer YES to "Having a designated individual who coordinates pediatric emergency care" in the survey to meet this measure.

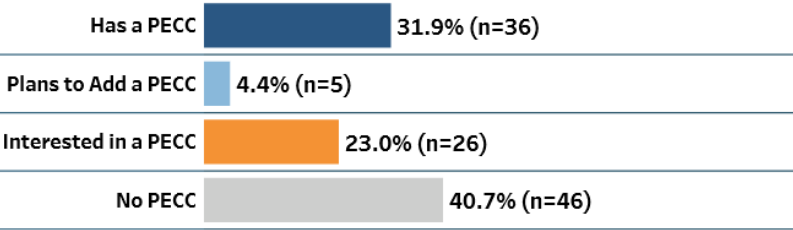
### EMSC 02 Trend Over Time:



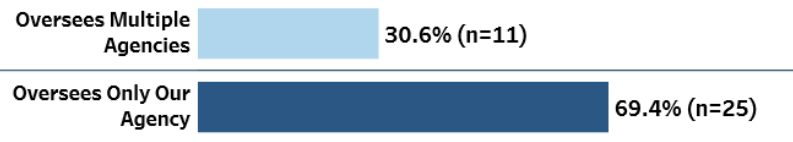
**NATIONAL EMSC 02:  
2020 Results**

**30.3%**  
(n=2586/8525)

### Pediatric Emergency Care Coordinator:



### Pediatric Emergency Care Coordinator Oversees:





### Agencies who Have a PECC - Reported PECC Duties:

Promotes pediatric continuing education opportunities	100.0%
Oversees pediatric process improvement initiatives	100.0%
Ensures that fellow providers follow pediatric clinical practice guidelines and/or protocols	97.2%
Ensures that the pediatric perspective is included in the development of EMS protocols	97.2%
Promotes agency participation in pediatric prevention programs	88.9%
Ensures the availability of pediatric medications, equipment, and supplies	83.3%
Coordinates with the emergency department pediatric emergency care coordinator	77.8%
Promotes agency participation in pediatric research efforts	52.8%
Promotes family-centered care	52.8%
Other Activities	33.3%

## USE OF PEDIATRIC SPECIFIC EQUIPMENT MATRIX

### Use of Pediatric-Specific Equipment (EMSC 03):

**43.2%**  
(48/111)

(Exclusions See Above)

See pg. 35 in the "EMSC for Children Performance Measures, Implementation Manual for State Partnership Grantees, Effective March 1st, 2017" for an explanation of the scoring.

### Use of Pediatric-Specific Equipment Matrix:

% of Agencies: 

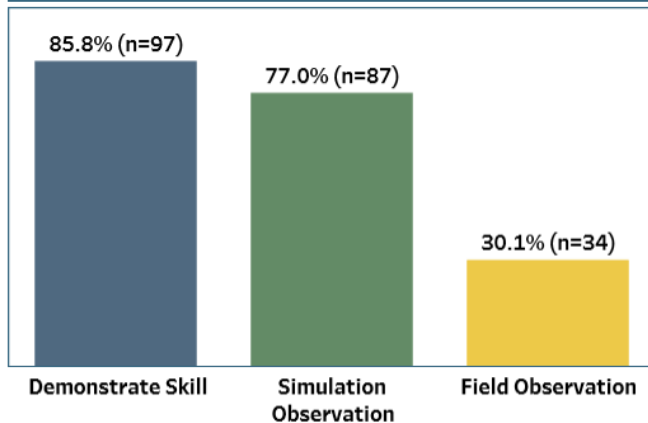
	Two or more times per year (4pts)	At least once per year (2pts)	At least once every two years (1pt)	Less frequency than once every two years (0 pts)	None
How often are your providers required to demonstrate skills via a SKILL STATION?	33.6% (n=38)	46.9% (n=53)	5.3% (n=6)		14.2% (n=16)
How often are your providers required to demonstrate skills via a SIMULATED EVENT?	24.8% (n=28)	39.8% (n=45)	11.5% (n=13)	0.9% (n=1)	23.0% (n=26)
How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?	13.3% (n=15)	13.3% (n=15)	1.8% (n=2)	1.8% (n=2)	69.9% (n=79)

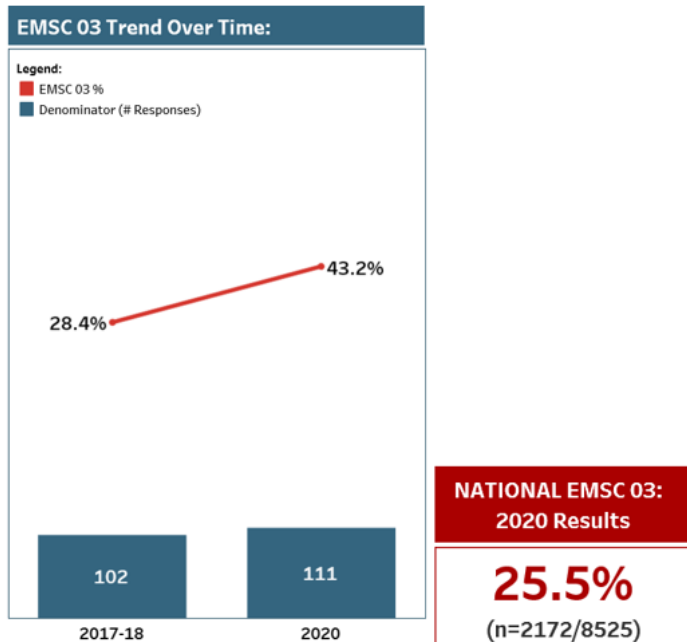
This matrix was used to score the type of skill demonstration/simulation and the frequency of occurrence. A score of 6 pts or higher "met" the measure. The darker the box the higher the percentage of agencies in that group. See pg. 35 in the "EMSC for Children Performance Measures, Implementation Manual for State Partnership Grantees, Effective March 1st, 2017" for additional information about this matrix.

### Use of Pediatric-Specific Equipment:



### Percent and Type/Method of Skill Checking Reported:





**Membership Goal: To develop and sustain membership quality and support to achieve optimal organizational mission delivery.**

Findings	Action
New members unclear of history, organization relationship, goals and objectives for EMSC in Tennessee	Member attendance tracked. CoPEC History and strategic plan presented, reviewed and approved by CoPEC

**Standardization Goal: Best evidence-based pediatric emergency care for every patient in every location of Tennessee.**

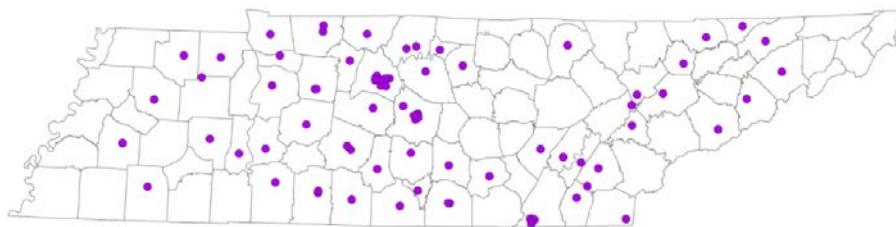
Findings	Action
EMS protocols needing update with most recent evidence based pediatric practice	Worked with EMS medical director to review and update all EMS protocols; fall 2019
Lack of accurate pediatric dosing tool.	Remaining pediatric dosing tool distributed. Currently 837 RightDose dosing guides have been distributed.
Lack of knowledge regarding pediatric needs during a disaster	FEMA Pediatric Disaster Response and Emergency Preparedness Course provided in all eight regions since the start of strategic plan.  Representatives of CoPEC worked with Children’s Emergency Care Alliance (CECA) to write a Pediatric Disaster Annex Template for all eight Healthcare Coalition Regions to reference as a guide when writing their

	regional pediatric disaster plans.
Need to exercise the infrastructure of disaster response for the pediatric population.	Pediatric patients included in each of the eight healthcare coalition disaster drills.
<p>Maintaining the National EMSC Performance Measures including</p> <ul style="list-style-type: none"> <li>• Percent of hospitals recognized through a statewide, territorial or regional system that are able to stabilize and/or manage pediatric Medical and trauma emergencies.</li> <li>• Percent of hospitals that have written interfacility transfer agreements and guideline components</li> </ul>	Standards for Pediatric Emergency Care Facilities are in the process of being updated and revised to reflect current evidenced based care. This work involves CoPEC members and pediatric content experts who meet regularly to discuss and collaborate on the proposed updates. This work requires committed and dedicated individuals across our state who devote their time and talent to this important work to reach our goal for completion in the fall of 2020.

**Funding goal: Increase revenue base**

<b>Findings</b>	<b>Action</b>
Congress approved the federal funding of the EMSC program	HRSA grant has been approved for another 5-year duration.
Funding needed for tool to address pediatric drug dosing errors	Secured \$1,126.87 donation to fund remaining RightDose Medication Tools for distribution to remaining facilities that have expressed interest in participating in this program.

**ALS Ambulance Services Currently Funded to Receive the RightDose Pediatric Dosing Tool**



Ambulance Services



Map produced by Division of Population Health Assessment, Tennessee Department of Health

B. All TN EMSC stakeholders will recognize the TN EMSC program as a resource and authority for providing the best emergency care information and guidance for caring for critically ill or injured children in Tennessee.

Continuation of the TN EMSC website ([www.cecatn.org](http://www.cecatn.org)) which contains content to enhance access to quality pediatric emergency care, has been maintained throughout the year. Available educational opportunities and resources has been updated routinely on the website and distributed via e-mail to TN EMS Consultants, CRPC Coordinators and the state healthcare coalition advisory council for further distribution.

C. National Performance Measures

Tennessee has demonstrated achievement with all previous HRSA/MCHB Performance Measures. These included:

- By 2022, 25 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized program that can stabilize and/or manage pediatric medical emergencies. Tennessee has met this performance measure at 100% as all hospitals go through state designation program.
- By 2022, 50 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that can stabilize and/or manage pediatric trauma. Tennessee has met this performance measure at 100% as all hospitals go through state designation program.
- By 2021, 90 percent of hospitals in the state or territory have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer. As of 2017, Tennessee was at 69% of hospitals with an Interfacility Transfer Guideline and 93.1% of Tennessee hospitals have an Interfacility Transfer Agreement. This is reassessed every 3 years. This will be re-evaluated fall of 2020.
- Goal: To increase the number of states and territories that have established permanence of EMSC in the state or territory EMS system.
  - Each year: All Components Achieved
    - The EMSC Advisory Committee has the required members as per the implementation manual.
    - The EMSC Advisory Committee meets at least four times a year.
    - Pediatric representation incorporated on the state or territory EMS Board.
    - The state or territory requires pediatric representation on the EMS Board.
    - One full-time EMSC Manager is dedicated solely to the EMSC Program.

Spring 2017 New HRSA Performance Measures were added and a strategic plan to achieve these four measures has been developed and will be achieved by stated year.

- By 2027, EMSC priorities will be integrated into existing EMS, hospital, or healthcare facility statutes or regulations.
- By 2021, 80 percent of EMS agencies in the state or territory will submit NEMSIS version 3.x-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations.
  - Tennessee Department of Health, Division of EMS awarded a contract to ImageTrend and compliance is going through the final stages of implementation.

New National Performance Measures for EMS were published in 2020 and a national survey with a 100% response rate from EMS agencies with 911 services. Once again, Tennessee is above the national level.

- By 2026, 90 percent of EMS agencies in the state or territory will have a designated individual who coordinates pediatric emergency care. TN is currently at 31.5% TN and the nation is at 30.3%.
- By 2026, 90 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment, which is equal to a score of 6 or more on a 0–12 scale. TN is currently at 43.2% TN and the nation is at 25.5%.

D. Educational outreach, publications and presentations to promote the goal of deploying the best evidence-based pediatric emergency care for every patient in every location of Tennessee.

**1. Education**

*19<sup>th</sup> Annual Update in Acute and Emergency Care of Pediatrics Conference* hosted by Monroe Carrell Jr. Children’s Hospital at Vanderbilt was scheduled for April 2-3, 2020 in Franklin, TN. This event has been postponed to September 17-18 due to COVID-19. (Appendix 2)

**2. TN EMSC Impact to National EMSC program**

This past year Tennessee contributed as a leader to the National EMSC Program. The state’s hospital regulations and the TN EMSC legislation were used as an example for other states still trying to attain both of those performance measures. TN EMSC program was also represented in a national EMS Week Thank You video from EMSC programs across the nation.

TN EMSC continued its participation in the EMSC Innovation and Improvement Center's QI collaborative. This collaborative is to assist state programs in accelerating their progress in improving the pediatric readiness of EDs and to develop a program to recognize EDs in their state that are ready to care for children with medical emergencies. State improvement teams will benefit by interacting with experts in both pediatric readiness and facility recognition, as well as a cadre of QI specialists.

East Tennessee Children's Hospital demonstrated their leadership throughout this project by presenting their steps towards this initiative on national webinars. They displayed advanced knowledge to enhance the quality of care for children in their region. East Tennessee Children's Hospital was one of 16 teams selected. The two affiliate sites participating are Hawkins County Memorial Hospital and Sweetwater Hospital.

The TN EMSC program also developed a pediatric disaster annex template in response to HRSA requirement of healthcare coalitions in developing a pediatric disaster annex. After completing a state guidance document, it was shared among other states as a standard for their pediatric disaster plan.

### **3. Poster Presentations**

Kurth, N. "Medication Dosing Tool". 2019 EMSC All Grantee Conference, Alexandria, Virginia.

Rao, M., Unni, P. & Chung, D. "Determining Barriers and Facilitators to setting up a Car Seat Recycling Program". 2019 American Academy of Pediatrics (AAP).

### **4. Lecture Presentations**

Unni, P., Lovvorn, C., Lovvorn III, H., & Estrada, C. A pilot program promoting ATV safety among rural youth: Community partnerships at work. Platform Presentation Sessions of the 2019 Injury Free Coalition for Kids Conference, Ft. Lauderdale, Florida.

Unni, P., Lovvorn, C., Lovvorn III, H., & Estrada, C. "It Takes a Village: Promoting ATV Safety among Rural Youth in Middle Tennessee. Platform Presentation Sessions at National Prevention Conference 2019 (Safe Kids National Conference), Washington, D.C.

Bratton, O. Kids & Cooties: A review of contagious childhood illnesses. University of Tennessee Trauma Symposium, Knoxville, TN.

Bratton, O., Brinkley, J. & Roberts, W. Cause and Effect: The evolution of the coalition from real world events. National Healthcare Coalition Conference, Houston, TX.

Lee, B. Middle TN 2019 EMS Directors Association

Dindo, J. & Blair, L. 2019 Tennessee EMS Educators Association

Blair, L. South Central 2019 EMS Directors Association

Dindo, J. & Blair, L. 2019 National Healthcare Coalition Preparedness Conference, Houston, TX.

Blair, L. 2019 Upper Cumberland EMS Directors Association

## **5. Journal Publications**

Parents' Perspectives on Safe Storage of Firearms-Aitken ME, Minster SD, Mullins SH, Hirsch HM, Unni P, Monroe K, Miller BK.J Community Health. 2020 Jun;45(3):469-477

## **6. Injury Prevention**

Injury prevention is an integral component of the EMS for children continuum of care. A CoPEC representative is an active member on the Commissioner's Council on Injury Prevention and TN's Suicide Prevention Task Force.

Each of the four comprehensive regional pediatric centers (CRPC) have robust injury prevention programs. Together, the CRPCs have had hundreds of events in Tennessee to keep children safe.

To develop injury prevention programs each CRPC reviews their local injury data and develops targeted interventions to keep children safe. To highlight one program, the Pediatric Trauma Injury Prevention Program at Monroe Carell Jr. Children's Hospital at Vanderbilt strives to reduce unintentional injuries among children and promote safe behaviors in their community. The program has several initiatives under it that are all data driven:

**Be in The Zone- Turn Off Your Phone (Teen Driver Safety Program):** The Be in The Zone (BITZ) program is a unique hospital-school collaborative program that educates teenage drivers on the dangers of distracted driving. The goal of the program is to increase awareness regarding the dangers of distracted driving especially cell phone use and to educate the teens on the Tennessee Hands Free law. After an increase in awareness, the BITZ program aims to change both behaviors and the social norms around cell phone use and driving. Ultimately, reducing the use of cell phones while driving.

During the 2019-2020 school year, the BITZ program partnered with 14 high schools across 12 counties in Middle Tennessee. During the campaign year, the Be In The Zone Program was able to spread the message of distracted driving to over 14,000 students. These students were able to take knowledge that learned during the Phase 1 of the program and coordinate various activities in Phase 2 of the program.

Phase 1 of the BITZ program teaches teens motor vehicle safety in a hospital setting. During this day long program, our students can hear a trauma presentation from a trauma surgeon, participate in a mock trauma simulation in the Emergency department and work with our rehabilitation staff in an injury assignment activity.



Phase 2 of the BITZ program encourages the students to coordinate and implement their new knowledge of motor vehicle safety into various activities that fits their student body. Some of these activities can range from organizing a mock crash, hosting a safety day event at their school, or a youth empowerment project. All of our schools continue to do an outstanding job in getting both the school and community involved. We are proud of the leadership role they have taken and the support the schools have shown in spreading this important message.

**Kohl's Stay Seat Smart Program (Child Passenger Safety Initiative):** Kohl's Cares and Monroe Carell Jr. Children's Hospital at Vanderbilt have partnered to create the Kohl's Stay Seat Smart Program. We address child safety seat misuse through education, community outreach and media awareness. The goal is to improve knowledge and correct usage of child seats. Education plays a pivotal role in getting the message of car seat safety into the community.

The Child Passenger Safety Class for adults and the "Booster Up" Class for elementary aged students are both offered free of charge. Education is imparted through Child Passenger Safety 101 Classes, Day care and childcare family and provider education, "Booster Up" classes for Kindergarten through second-grade students and Child Passenger Safety Booths at community events.

Between September 2018-August 2019:

186 adult workshops conducted

15 daycare workshops completed

28 PTA meetings

71 children's booster up classes were offered

Total of 1,605 children were taught the importance of booster safety.

Total Number of People Educated through Classes - 2,877.

Total number of community boosts -27

Total number of Community members reached - 206,108.

**TN ATV Safety Program:** All-Terrain Vehicle crashes are among the top 5 leading causes of admission to Monroe Carell Jr. Children's Hospital at Vanderbilt. The goal of this program is to offer teens in Middle Tennessee an empowering opportunity to make a difference in their school and community surrounding ATV safety. The program is a partnership between Monroe Carell Jr. Children's Hospital at Vanderbilt, TN 4-H and the TN FFA. Nine schools across nine high risk counties in Middle Tennessee participated in the Ride On TN-ATV Safety Project. The projected school and community reach was 6,500 encounters.

**Safe Kids Program:** One of the initiatives that each CRPC is actively engaged in is **Safe Kids**. Safe Kids is an international campaign, focusing on preventing the serious injuries-- the leading health risk that children face today. The risk areas the CRPCs address include home safety, firearm, car and road safety, sports and play safety.

There is also a collaboration with **Brain Links**, an organization that provides professional development trainings for those who serve people of all ages who have a brain injury. In addition to family education, their trainings support those who serve young children, such as daycare professionals, educators, school nurses and statewide athletic organizations in schools and the community. They have partnered with TN's Chapter of the American Academy of Pediatrics regarding Concussion Management and returning to home and school settings following an injury. Several educational opportunities have been conducted throughout the past year regarding this topic.

**Safe Stars Initiative:** There is also a CoPEC representative involved with the Safe Stars initiative which is a program that recognizes youth sports leagues throughout Tennessee for providing the highest level of safety for their young athletes. Safe Stars is a collaboration between the Tennessee Department of Health and the Monroe Carell Jr. Children's Hospital at Vanderbilt.

Sports leagues should be encouraged to achieve the highest possible safety standards for their young athletes. Safe Stars consists of 3 levels: gold, silver, and bronze, and involves implementation of policies around topics such as concussion education, weather safety and injury prevention. Safe Stars is a free and voluntary initiative in which all youth sports leagues can participate.

Safe Stars' goal is to provide resources and opportunities for every youth sports league to enhance their safety standards. The criteria for achieving recognition as a Safe Stars league has been developed by a committee of health professionals dedicated to reducing sports-related injuries among youth.

## G. Star of Life Awards Ceremony and Dinner

The Star of Life Awards ceremony is held to honor the accomplishments of EMS personnel from all regions of Tennessee who provide exemplary life-saving care to adult and pediatric patients. The 12<sup>th</sup> occurrence of this event was held on May 15, 2019. The emcee for the ceremony was Jennifer Kraus of News Channel 5 Nashville and included the presentation of the actual adult or pediatric patient scenarios and reunited the EMS caregivers with the individuals they treated. Recipients were chosen from all eight of the EMS regions in the state that provided nominations. This is the premier event within the state to recognize and honor our excellent pre-hospital providers.

***Overall State Winner:*** Michael G. Carr State Star of Life Award

***Coffee County EMS, Vanderbilt LifeFlight, National Event Services, Erlanger Health Systems LifeForce, Air Evac Manchester and National Event Services***

**EMS Region 1:** Eastman Emergency Services

**EMS Region 2:** Priority Ambulance of Loudon County

**EMS Region 3:** Erlanger Life Force, Puckett EMS, Puckett EMS Dispatch

**EMS Region 4 (tie):** Putnam County EMS, Putnam County 911, Putnam County Fire Department, Putnam County Rescue Squad, Baxter Fire Department, Putnam County Sheriff's Office, Vanderbilt LifeFlight

**EMS Region 4 (tie):** Erlanger Life Force 2, Sparta Police Department, White County EMS, White County Sheriff Department, White County 911

**EMS Region 5:** Williamson Medical Center, Williamson County Rescue Squad, Williamson County Emergency Communications

**EMS Region 6:** Marshall County EMS, Lewisburg Fire Department, Marshall County 911, Air Evac Base #9, Marshall County Sheriff Department

**EMS Region 7:** Weakley County Ambulance Service, Weakley County 911 Dispatch, Air Evac Life Team

**EMS Region 8:** Elvis Presley Trauma Center at Regional One Health, Memphis Fire Department

## H. Awards

The TN EMSC Joseph Weinberg, MD, Leadership Award is bestowed upon an individual who displays the attributes of a leader that can bring together diverse stakeholders and organizations to improve the care of critically ill and injured children. This award is presented in conjunction with the Annual Update in Emergency Care Pediatrics Conference; therefore, will be presented in September 2020 due to the conference being postponed. This year's award is given to **Trey Eubanks, MD** for his dedication to Tennessee's children and moving forward the system of pediatric care. Dr. Eubanks consistently demonstrates the leadership skills of Dr. Weinberg including pediatric expertise, advocacy, and civic duty. He demonstrates this in a multitude of ways, as he actively participates on the Trauma Care Advisory Council, CoPEC and on the national level through his service on the Board of Trauma Centers of America Association where he serves as the Director.

The TN EMSC Advocate for Children Award is given to an individual(s) who has made an outstanding contribution of major significance to the Tennessee Emergency Medical Services for Children program. This award is presented in conjunction with the Annual Update in Emergency Care Pediatrics Conference; therefore, will be presented in September 2020 due to the conference being postponed. This year's award recipient is **Alex Diamond, MD** for their exemplary dedication to the well-being of children. In conjunction with the Tennessee Department of Health, Dr. Diamond created the Safe Stars Program. This program is the nation's first statewide safety rating system for all types of youth sports leagues.

### **III. The Needs of the State Committee on Pediatric Emergency Care met by the Tennessee Department of Health since last year's annual report.**

- Participation and input from Tennessee Department of Health staff implementing the strategic plan.
- Map created by the Division of Population Health Assessment.

### **IV. The Needs of the State Committee on Pediatric Emergency Care**

- Ongoing support to achieve the goals of the 2019-2023 Strategic Plan to meet the needs of ill and injured children.
- Ongoing statistical support to assist in defining outcomes of emergency care for pediatrics
- Ongoing input, questions or ideas on pediatric emergency care gaps identified during normal business operations brought to CoPEC for review and recommendation development.

### **V. Conclusion**

The mission of CoPEC is *to ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury*. That mission draws people together and has brought out the very best in our healthcare system.

The Board for Licensing Health Care Facilities and the Emergency Medical Services Board work cooperatively with other programs of the Tennessee Department of Health to improve the quality of health care and medical services available to the citizens of Tennessee.

We will further describe the impact of the rules on pediatric emergency care by utilizing data collected in our next report on July 1, 2021.

This report was reviewed by the respective boards on June 3, 2020 and June 24, 2020 and approved for presentation to the designated committees of the Tennessee General Assembly.

## **Appendix 1**

Baptist Memorial Hospital for Women	Tennessee Department of Health
Children's Hospital at Erlanger	TN Disability Coalition
Children's Hospital at TriStar Centennial	Tennessee Emergency Nurses Association
East Tennessee Children's Hospital	Tennessee Emergency Services Education Association
Family Voices of Tennessee	TN Hospital Association
Hospital Corporation of America (HCA)	Tennova Healthcare-Cleveland
Jackson-Madison County General Hospital	UT Medical Center
Le Bonheur Children's Hospital	TN EMS Directors Association
Monroe Carell, Jr. Children's Hospital at Vanderbilt	
Project B.R.A.I.N.	
Niswonger Children's Hospital	
Rural Health Association of Tennessee	
Sumner Regional Medical Center	
TN Academy of Family Physicians	
Tennessee Ambulance Service Association	
Tennessee Association of School Nurses	
TN Chapter of the American Academy of Pediatrics	
TN Chapter of the American College of Emergency Physicians	
TN Chapter of the American College of Surgeons	
TN Congress of Parents and Teachers	

## Appendix 2

The 19th Annual Update in  
**ACUTE & EMERGENCY CARE PEDIATRICS**  
September 17-18, 2020  
Drury Plaza Hotel Nashville • Franklin, TN

**EAST TENNESSEE STATE UNIVERSITY**

**SPONSORED BY:**

**CECA**  **TN**  
CHILDREN'S EMERGENCY CARE ALLIANCE

 **children's Hospital**  
at Vanderbilt

 **LeBonheur**  
Children's Hospital

 **Children's Hospital**

 **children's**  
Hospital at Erlanger

Using interdisciplinary approaches throughout a series of plenary and breakout sessions, learners will be able to develop skills surrounding pre-hospital care of the medically complex child, as well as skills for the pediatric trauma patient.



Thursday, September 17, 2020			
7:00 a.m. - 7:30 a.m.	Breakfast and Registration		
7:30 a.m. - 7:40 a.m.	Welcome and Opening Remarks		
7:40 a.m. - 8:40 a.m.	<b>Brent Dyer (A)</b> General Session Pediatric Triage in MCIs		
8:40 a.m. - 9:40 a.m.	<b>Dr. Regan Williams (A)</b> General Session State of the State in Pediatrics		
9:40 a.m. - 10:00 a.m.	Break		
10:05 a.m. - 10:50 a.m.	<b>Group A (A)</b> <b>Dr. Stephanie Moore-Lotridge</b> How Immersive Digital media will Revolutionize Medical Education	<b>Group B (N, M)</b> <b>Dr. Larry Stack</b> Which is Which? Can you tell the difference?	<b>Group C (E)</b> <b>Clinical Skills Rotation</b> I/O, Ultrasound IV, RSI Set up
11:05 a.m. - 12:05 p.m.	<b>Lacy Monday (A)</b> General Session Pediatric Psychology in a Disaster		
12:05 p.m. - 1:20 p.m.	Lunch		
1:20 p.m. - 2:05 p.m.	<b>Group D (A)</b> <b>Dr. Matthew McCallister</b> Understanding and Caring for the Concussed Child	<b>Group E (N &amp; M)</b> <b>Jacelyn Holland</b> Kawasaki Disease: Don't CRASH and Burn	<b>Group F (M)</b> <b>Dr. Rudy Kink</b> Can Opioids be Safely Used and Prescribed (Part 1)
2:05 p.m. - 2:25 p.m.	Break		
2:25 p.m. - 3:25 p.m.	<b>Dr. Jeffrey Birnbaum (A)</b> General Session PEDS Burn Assessment and Management		
3:25 p.m. - 4:25 p.m.	<b>Heather Williams (A)</b> General Session Responding to Child Physical Abuse		

Friday, September 18, 2020			
7:00 a.m. - 7:30 a.m.	Breakfast, Registration and Welcome		
7:30 a.m. - 8:30 a.m.	<b>Dr. Jeffrey Upperman (A)</b> General Session Preparing for Disasters: Keeping Kids in the Plan		
8:30 a.m. - 8:50 a.m.	Break		
8:50 a.m. - 9:35 a.m.	<b>Group G (A)</b> <b>Dr. Don Arnold</b> Asthma Attack: Paradigm for the Safe Emergency Department	<b>Group H (M)</b> <b>Dr. Rudy Kink</b> Can Opioids be Safely Used and Prescribed (Part 2)	<b>Group I (E)</b> <b>Clinical Skills Rotation</b> I/O, Ultrasound IV, RSI Set up
9:40 a.m. - 10:25 a.m.	<b>Group J (E)</b> <b>Jill McClintock</b> See tracks? Think Train	<b>Group K (A)</b> <b>Dr. Gilbert Gonzalez</b> The Importance of Affirming LGBTQ+ and Transgendered Patients in a Healthcare Environment	<b>Group L (A)</b> <b>Mark Buck</b> Sports Medicine Protocols
10:30 a.m. - 11:15 a.m.	<b>Group M (A)</b> <b>Wendy Ellmo</b> Improving Diagnosis and Management of Pediatric Mild Traumatic Brain Injury	<b>Group N (A)</b> <b>JR Tinch</b> Venomous Snakes of Tennessee	<b>Group O (E &amp; M)</b> <b>Holly Hanson</b> Utility of Apneic Oxygenation in Pediatric Intubation
11:15 a.m. - 11:35 a.m.	Break		
11:35 a.m. - 12:35 p.m.	<b>Jim Kendall (A)</b> General Session Emotional Impact of Adverse Events for Clinicians		
12:35 p.m. - 12:40 p.m.	Closing Remarks		

The 19<sup>th</sup> Annual Update in Acute and Emergency Care Pediatrics is a result of collaboration between Monroe Carell Jr. Children's Hospital at Vanderbilt, Children's Hospital at Erlanger, Le Bonheur Children's Hospital; East Tennessee Children's Hospital, Children's Emergency Care Alliance (CECA), and the East Tennessee State University Quillen College of Medicine Office of Continuing Medical Education.

Using interdisciplinary approaches throughout a series of plenary and breakout sessions, learners will be able to develop skills surrounding pre-hospital care of the medically complex child, as well as skills for the pediatric trauma patient. This program is designed for providers involved in the diagnosis, treatment, transportation, and management of pediatric trauma patients in Tennessee, Virginia, and Georgia Level 1 Pediatric Trauma Units.

## Activity Target Audience

This conference is designed for pediatricians, nurses, emergency physicians, family practitioners, intensivists, nurse practitioners, physician assistants, respiratory care practitioners, EMS professionals, fellows, residents, health care students and others involved in the care of pediatric emergencies.

## Activity Conflicts of Interest

Activity Director	Disclosure
Cristina Estrada	None
Planning Committee Members	Disclosure
Lee Blair	None
Oseana Bratton	None
Kate Copeland	None
Jennifer Dindo	None
Donna Dougherty	None
Amber Greeno	None
Patricia Harnois-Church	None
Rudy Kink	None
Natasha Kurth	None
Marisa Moyers	None
Maureen O'Connor	None

## Activity Accommodations

### Drury Plaza Hotel Nashville Franklin

1874 West Mcewen Drive  
 Franklin, TN 37067  
 Guest Reservations: 866-238-4218

When making reservations reference Group Number 2367133 to receive the group rate of \$129.00. All rooms are subject to applicable taxes. Reservations must be received before 5:00 pm local time on March 5, 2020. After that date, reservations will be taken on a space available basis and may revert to a higher rate.

### Fees:

Registrant Type	Fee
Physicians, PAs, & APNs	\$250
Nurses	\$165
Fellows/Residents	\$150
Allied Health*	\$150
EMS Providers	\$125
Non-Licensed Students**	\$100

\*Examples include RRT, MHA, PT, OT, etc. If you are unsure of your registration type, please contact [423-439-8027](tel:423-439-8027) for assistance.

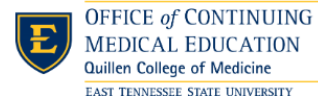
\*\*Student fee includes medical, nursing, APN, PA, and EMS students from any University/College with **no prior certification**.



## Activity Accreditation



**ACCME Accreditation:** This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Quillen College of Medicine, East Tennessee State University and the Children’s Emergency Care Alliance (CECA), Children’s Hospital at Erlanger, East Tennessee Children’s Hospital, Le Bonheur Children’s Hospital, and Monroe Carell Jr. Children’s Hospital. The Quillen College of Medicine, East Tennessee State University is accredited by the ACCME to provide continuing medical education for physicians.



**CME Credit:** Quillen College of Medicine, East Tennessee State University designates this live activity for a maximum of **10.25** AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.



6.75 continuing nursing education contact hours (CNE) have been approved for Thursday, April 2 and 4.25 CNE hours have been approved for Friday, April 3 with a maximum time for both days of 11.0 CNE hours for this conference. East Tennessee State University College of Nursing is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. This event is presented by the College of Nursing Office at East Tennessee State University and the Quillen College of Medicine Office of Continuing Medical Education.

**EMS Credit:** Day One Only: Approved by the TN Office of EMS for Continuing Education Hours in the following category: 5.5 hours in Pediatric.

Day Two Only: Approved the TN Office of EMS for Continuing Education Hours in the category: 4.3 hours in Pediatric.