



Minutes: August 13, 2015

Mission - To ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.

Vision - To be the foremost advocate for children throughout the continuum of care in Tennessee and the nation.

MEETING CONFERENCE CALL

<p>Time: <u>Central Time Zone</u></p> <p>11:00 AM LUNCH 12:00 PM Call to Order</p>	<p>PLACE:</p> <p>LENTZ PUBLIC HEALTH CENTER</p> <p>2500 Charlotte Ave, Nashville, TN 37209</p>
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MINUTES OF PREVIOUS MEETING: Previous Meeting Date April 9, 2015
 Minutes: Approved Not Approved Distributed prior to Meeting Not Submitted – Not Completed

PRESENT: Voting: Kara Adams, Brandi Asbill, Lee Blair, Angie Bowen, Kevin Brinkmann, Seth Brown, Michael Carr, Chris Clarke, Christy Cooper, Kate Copeland, Colleen Costello, Beckye Dalton, Yvette DeVaughn, Neil Feld, Scott Giles, Barry Gilmore, Marvin Hall, Sandy Hayes, Deena Kail, Shannon Lankford
Non-Voting: Sue Cadwell, Joel Dishroon, Amber Greeno, Rudy Kink, Marisa Moyers, Missy Nelson, Lisa Nistler, Maureen O’Connor, Anissa Revels, Purnima Unni, Ben Welch
TN EMSC: Erin Davis, Rhonda Phillippi
State Liaisons: Rose Boyd, Kyonzte Hughes-Toombs, Terry Love, Robert Newsad, Ann Reed, Robert Seesholtz, Donna Tidwell, Donita Woodall
ABSENT: Voting: Tammie Alexander, Lisa Carter, Eric Clauss, Crile Crisler, Tamarrah Davis, Cristina Estrada, Joann Ettien, Neil Feld, Lis Henley, Tim Lankford, Laurie Lawrence, Leslie Phelps, Trisha Ross, Chris Siano, Charla Sparks, Gigi Taylor, Debi Tuggle, Allan Wallstedt, Michele Walsh, Rita Westbrook, Regan Williams, Jonathan Wood
Non-Voting: Paula Denslow, Veronica Elders, Trey Eubanks, Kenneth Holbert, Brittainy Jones, Randall Kirby, Bob Roth
State Liaisons: Joe Holley, James Tabor, Brandon Ward, Michael Warren
GUESTS: Mike Rodriguez

Overall Lead/ Time Allotted	Topic	Summary / Decisions	Assignment / Next Steps
LUNCH @ 11:00 AM			
Rhonda Phillippi Executive Director, TN EMSC	Introductions, Roll Call at Noon CST	Tentative Important Dates shared with group: <ul style="list-style-type: none"> November 12, 2015 – November CoPEC Meeting 	



		<ul style="list-style-type: none"> • February 11, 2016 – February CoPEC Meeting • April 7, 2016 – April CoPEC Meeting • April 8 – 9, 2016 – 2016 PEM Conference (Franklin, TN) • May 5, 2016 – 2016 Star of Life Awards • August 11, 2016 – August CoPEC Meeting • November 10, 2016 – November CoPEC Meeting <p>Dates to be discussed at November 12th meeting</p>	
Kyonzté Hughes-Toombs Assistant General Counsel, TN Dept. of Health	Conflict of Interest	Your organization may have nominated you, but as a member of CoPEC your primary role is to serve in the best interest of Tennessee’s children. Members should put conflict of interest on the record if there’s an issue and recuse themselves if needed. Take organizational hats off at the meeting.	
Kevin Brinkmann	CoPEC Chair, Vice Chair and TN EMSC Board of Directors elections	<p>As immediate past chair of CoPEC, Kevin explained his responsibility over a nominating committee.</p> <ul style="list-style-type: none"> • Votes were taken by written ballot for CoPEC Chair, Vice Chair and Board of Directors. • Floor was opened up for new nominations, none were brought forward <p>Dr. Barry Gilmore and Dr. Cristina Estrada were approved unanimously for Chair and Vice Chair, respectively</p> <p>Newly elected board members are: Scott Cormier, Shannon Lankford, Rudy Kink, Beckye Dalton, Michael Carr, Rita Westbrook and Sue Cadwell.</p>	
Scott Giles	Report out on May airport drill	There was a hot wash after the exercise, overall the drill went well. There were minor user errors and lessons were learned regarding patient tracking. This was the first time children were included in the drill. The ESF-8 Annex is getting close; a big thank you is owed to Rita Westbrook and Chris Siano.	
Lee Blair	Cuffed ETT Tubes	CRPC coordinators have proposed publicly sharing language for set	Final



	<p>Discussion</p>	<p>guidelines regarding cuffed ETT tubes. They have noticed issues with the tubes such as when to inflate them and how much air. Lee asked the group, what can we soundly recommend?</p> <p>Donna Tidwell: Every September the equipment list is brought before the Clinical Issues Committee/EMS Board. If there are changes the list is submitted to December to the legislative body. If a change is made it will take effect in July.</p> <p>Marvin Hall: Expressed concern that setting forth this language (see below) will discourage people from inflating the cuffs altogether.</p> <p>General conversation around the pros and cons of making a recommendation followed:</p> <ul style="list-style-type: none"> • Does this preclude uncuffed tubes? • Can the language be updated to sound less discouraging? • Language around the concept of minimal leakage could be added • Update last point to say that the provider should make sure air is removed before taking the tube out <p>Yvette DeVaughn: What is the cost of doing it incorrectly?</p> <p>Angie Bowen: Adopt best practices for cuffed ett tubes and post it on the TN EMSC website and through the EMS Board once the language has been wordsmithed</p> <p><u>Guidelines for Cuffed ETT Utilization in the Pediatric Patient</u></p> <p>When using a cuffed ETT for a pediatric patient:</p> <ol style="list-style-type: none"> 1. Select the appropriate size ETT (typically ½ size smaller than the recommended uncuffed ETT size as per length based resuscitation 	<p>recommendation with evidence-based references can be sent to Donna Tidwell to pass along to the EMS agencies and consultants</p>
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		<p>tape).</p> <ol style="list-style-type: none"> 2. Check the integrity of the cuff prior to insertion. 3. After insertion of the ETT, inflate the cuff as necessary to achieve minimal air leak around the ETT (amount of air not to exceed the manufacturer’s specification for maximum air inflation). 4. Completely deflate the cuff prior to removal of the ETT. <p>Move to approve made by Marvin Hall</p> <p>Colleen Costello seconded the motion</p> <p>Approval by the group on the above language with the contingency evidence-based research will be attached before sending to the EMS Board</p>	
<p>Brad Gray</p>	<p>August Meeting Strategic Planning Process</p>	<p>Brad reviewed organizational assessment process and findings:</p> <ol style="list-style-type: none"> 1. STATE OF EMSC & CoPEC <ul style="list-style-type: none"> • EMSC/CoPEC are ready and able to do more than they are comfortable doing. 2. DATA <ul style="list-style-type: none"> • Consensus that a robust data collection, interpretation and strategic use is necessary to secure future viability and relevance. 3. STANDARDIZATION <ul style="list-style-type: none"> • The unequal application of, or lack of standardized protocols are impeding the next level of pediatric care. 4. BRANDING <ul style="list-style-type: none"> • Branding it is not as well understood unless you are under the tent. 5. AMBIGUITY 	



- Ambiguity prevails with respect to who CoPEC is and who TN EMSC is.

- 6. PASSION
 - CoPEC/EMSC are a passionate group of medical professionals who have made a significant mark on emergency care for children and legislation to that effect.

- 7. MEMBERSHIP
 - Membership recruiting, developing, educating has almost become a non-activity of COPEC.

- 8. LEADERSHIP
 - COPEC/EMSC Leadership

- 9. STRUCTURE
 - Organization structure for CoPEC & EMSC

- 10. REINVENT
 - CoPEC/EMSC need to reinvent themselves

- 11. DANGLING PROJECTS
 - Purpose

- 12. DEFINITION & FOCUS
 - Define who you are and who you aren't, "Don't try to boil an ocean."

- 13. COMPETITIVE ENVIRONMENT
 - A lot of competition going on in the three states of Tennessee.

- 14. ASPIRATIONS



		<ul style="list-style-type: none"> • Seen as the premier voice on pediatric care. • If Best Practices on pediatric care are being promulgated, we want to know what is being done, and we want to be the preferred “go to” source to come to for pediatric advice <p>Overview of the five strategic goal areas: Branding Data Standardization Membership Funding</p> <p>Brad introduced the chairs of each committee and everyone broke out to meet with their groups and work on their respective strategic plans.</p>	
5 Strategic Plan Goals Work Groups			
1. Maureen O’Connor and Marisa Moyers	Branding		
2. Sue Cadwell and Barry Gilmore	Data		
3. Scott Giles and Kevin Brinkmann	Standardization		
4. Kate Copeland and Angie Bowen	Membership		
5. Michael Carr and Kara Adams	Funding		
ADJOURNMENT: 3:10 []AM [X]PM RECORDED BY: Erin Davis APPROVED BY:	NEXT MEETING: November 12, 2015 LENTZ PUBLIC HEALTH CENTER, 2500 Charlotte Ave, Nashville, TN 37209		