



**Minutes: March 25, 2019**

**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><b>Time:</b> <u>Central Time Zone</u>- - 10:05AM Call to Order</p>	<p><b>PLACE:</b> WILLIAMSON COUNTY EOC, 304 BEASLEY DRIVE, FRANKLIN, TN</p>
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**MINUTES OF PREVIOUS MEETING:** Previous Meeting Date Minutes:  Approved     Not Approved     Distributed prior to Meeting  
 Not Submitted

**PRESENT:**  
**Voting:** Tammie Alexander, Kara Adams, Lee Blair, Oseana Bratton, Kevin Brinkmann, Seth Brown, Christy Cooper, Kate Copeland, Alicia Duck, Trey Eubanks, Amber Greeno, Katherine Hall, Kevin Nooner, Samir Shah  
**Non-Voting:** Sue Cadwell (by phone), Paula Denslow, Cristina Estrada, Kevin Hammeran, Randall Kirby, Debe Newton, Anissa Revels (by phone),  
**State Liaisons:** Kyonzte Hughes-Toombs, Caroline Tippins, Ann Reed, Robert Seesholtz  
**ABSENT:**  
**Voting:** Leanne Bilbrey, Yuvraj Karla, Lonnie King, Shannon Lankford, Matthew Neal, Samir Shah, Brittany Stover, Brad Strohler, Glaze Vaughan, Michele Walsh, Rita Westbrook, Ryan Williams  
**Non-Voting:** Corrie Berry, Bracken Burns, Michael Carr, Paula Casey, Colleen Costello, Kery Griggs, Rebecca Kidd, Neil Kooy, Laurie Lawrence, Anne Melton, Robert Newsad, Wes Rainbolt, James Tabor, Margaret Williams, Jonathan Wood  
**State Liaisons:** Tracy Davis

Overall Lead/ Time Allotted	Topic	Summary / Decisions
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Cristina Estrada	Approval of Minutes	Minutes approved from February CoPEC meeting, with no changes.
Kevin Brinkmann	Edit of Rules Document	<p><b><u>1200-08-30-.01 DEFINITIONS</u></b></p> <ul style="list-style-type: none"> <li>○ CRPC –changed the end of the first sentence to “...acutely ill and injured children and shall have a dedicated pediatric intensive care unit. <del>Including but not limited to a dedicated pediatric intensive care unit.</del>”</li> <li>○ Misappropriation of patient/resident property. – Deleted as not used in the document outside of definitions.</li> <li>○ Neglect – Deleted as not used in the document outside of definitions.</li> <li>○ Primary Facility – Changed to “lower acuity pediatric admissions and <del>or</del> observations.”</li> <li>● Comments from last revision: Comment to review POST in the definition of DNR – the POST is used for both inpatient, transfer and outpatient patient care decisions by families. DNR is not used anywhere in the document and this definition was removed.</li> <li>● Comments from last revision: Question around addressing outpatient surgery within these rules or if there is another regulatory body already addressing this? Legal advised that this would be out of the scope of these rules as the outpatient surgeries would not be considered emergency situations.</li> <li>● Added the definition for Patient- and Family- Centered Care. Patient- and Family-centered care is a mutually beneficial partnership among health care providers, patients and families working together in the planning, delivery, and evaluation of health care. The four core concepts of patient- and family-centered care are Dignity and Respect, Information Sharing, Participation and Collaboration.</li> <li>● Changed Family-centered care to Patient- and family-centered care throughout the document</li> </ul>
		<p><b><u>1200-08-30-.03 ADMINISTRATION</u></b></p> <ul style="list-style-type: none"> <li>● (1)(a) Propose: The first two sentences of this paragraph and</li> </ul>



		<p>the last paragraph (1)(m) in the first section of administration for all PECF facilities both discuss that administration should provide staff who are trained, etc. was consolidated</p> <ul style="list-style-type: none"> <li>• (1)(a) Physician and Nurse Pediatric Care Coordinators – this is listed in both (1)(a) and (2)(f)7 and proposed to consolidate these as a separate new rule entry under all hospital administration as this applies to all and solely list responsibilities. Suggestions for language will be provided based on the IOM document, by Oseana Bratton</li> <li>• (1)(e)added “with at least one CRPC” to the line guarantee transfer and transport agreements</li> <li>• (1)(h)added “The Board or the EMSC program” to Participation in data collection to assure that the quality indicators determined by CoPEC....</li> </ul>
		<ul style="list-style-type: none"> <li>• (1)(k) This is similar to (1)(k)11 – New language is “A QA/QI program in all areas that provide pediatric care that shall include but is not limited to the following topics:”</li> <li>• (1)(k) – List of quality indicators: Need to include in the Interpretive Guidelines, per legal, as they are subject to change             <ul style="list-style-type: none"> <li>○ Some possible additions we discussed adding:                 <ol style="list-style-type: none"> <li>i. Central line-Associated Blood Stream Infections</li> <li>ii. Catheter-Associated Urinary Tract infections</li> <li>iii. Ventilator-Associated Events</li> <li>iv. Pressure Injuries</li> </ol> </li> </ul> </li> <li>• (1)(m)(8 and9) deleted (mock code language) – was moved to (1)(b) with new rule “A policy requiring annual pediatric multidisciplinary mock codes for staff caring for pediatric patients.”</li> <li>• (2)(a)(4 and 5) deleted (redundant medical control language) – added “indirect” medical control to (2)(a) and (b) under Admissions, Discharges and Transfers.             <ul style="list-style-type: none"> <li>(i) Amended and added new responsibilities for the CRP coordinator position: responsibilities include but are not limited to: being a reginal liaison and coordinator</li> </ul> </li> </ul>



		<p>with the statewide EMSC project including participation on CoPEC as an active/voting member and participation in CRPC Coordinator meetings quarterly; planning and providing educational activities to meet the needs of the emergency network hospitals and pre-hospital providers; support of maintaining and updating the CRPC Pediatric Facility Notebook, which may be in electronic format; review and coordination of quality improvement indicators for emergency network hospitals and pre-hospital providers; attending a conference on pediatric emergency and/or critical care on a yearly basis; serving as a resource person for national, state and regional EMS health professionals, health department officials, community colleges/universities, hospitals, physicians, and professional societies to coordinate EMSC project activities and share program expertise in their regions; and utilizing data collected by the CRPC from pre-hospital and hospital records to provide data for performance improvement, education and research.</p>
		<p>Discussed defining amounts of pediatric continuing education with regards to (1)(a), no amount was agreed upon and will not be stipulated.</p>
		<p><b><u>1200-08-30-.04 ADMISSIONS, DISCHARGES and TRANSFERS</u></b></p> <ul style="list-style-type: none"> <li>• (2)(a and b) add indirect (off-line medical control)</li> </ul>
		<p><b><u>1200-08-30-.05 ESSENTIAL FUNCTIONS</u></b></p> <ul style="list-style-type: none"> <li>• (a), (b), (c) - advanced airway skills - changed from needle thoracostomy and intubation to deleting these examples as well as vascular access example (intraosseous needle insertion).</li> <li>• (1)(c) discussed General facilities, added the requirement that a <i>pediatrician</i> or emergency physician be present and that they should be BC/BC in Pediatrics or Emergency Medicine.</li> <li>• (2)(b) Changed stabilizing “pediatric trauma patients” to stabilizing “pediatric patients” as this would be inclusive of both trauma and medical patients.</li> <li>• (2)(d) and (2)(f) Changed references of nursing leadership/nurse manager to nursing director/manager.</li> <li>• (2)(k) Remove readily available after the statement “The CRPC</li> </ul>



		<p>shall have pediatric subspecialty trained surgical and medical providers.”</p> <ul style="list-style-type: none"> <li>• (3)(b) changed to “nutritionists/registered dietician”</li> </ul>
		<p><b>Table revisions</b>  <b>Facilities: Other:</b></p> <ul style="list-style-type: none"> <li>• Deleted “transfer agreement” for hemodialysis, rehab medicine and acute spinal cord injury and removed requirements for these for CRPC, General with PICU, General and Primary.</li> </ul> <p><b>Access, Triage, Transfer and Transport:</b></p> <ul style="list-style-type: none"> <li>• Changed ECLS to Extracorporeal Life Support</li> <li>• Rehabilitation care: removed ES for PTC</li> </ul> <p><b>Administrative support and Hospital commitment:</b></p> <ul style="list-style-type: none"> <li>• Added Radiology technician as E for CRPC, General w/PICU and PTC</li> <li>• Added E for CRPC, General w/PICU for the following: Case Management, Chaplain Support, Biomedical Technician, Nutritionist/Registered Dietician, and Pharmacist with Pediatric Training.</li> </ul>
<p>Adjourn</p>		
<p><b>ADJOURNMENT:</b>  <b>4:00 [ ]AM [X]PM</b>  <b>RECORDED BY:</b> C. Estrada  <b>APPROVED BY:</b> CoPEC  Standards Committee 4/9/19</p>		