

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 115<sup>th</sup> Tennessee General Assembly

Tennessee Department of Health  
Health Facilities Commission  
July 2026



July 1, 2026

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 the activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMSC objectives. Our boards help coordinate the role of Tennessee's medical facilities and emergency medical services in providing appropriate pediatric emergency care.

Improving the availability and quality of children's health care is a major goal for the state of Tennessee and the Department of Health.

Respectfully submitted,

Steve Hamby, Chair  
Emergency Medical Services Board

C: John Dunn, DVM, PhD, Commissioner  
Tennessee Department of Health

---

Division of Health Licensure and Regulation/ • 665 Mainstream Drive • Second Floor • Nashville, TN 37243 •  
Tel: 615-741-8402 • Fax: 615-741-5542 • [tn.gov/health](http://tn.gov/health)



July 1, 2025

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

Dear Chairman Terry:

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 the activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMSC objectives. Our boards help coordinate the role of Tennessee's medical facilities and emergency medical services in providing appropriate pediatric emergency care.

Improving the availability and quality of children's health care is a major goal for the state of Tennessee and the Department of Health.

Respectfully submitted,

Steve Hamby, Chair  
Emergency Medical Services Board

C: John Dunn, DVM, PhD, Commissioner  
Tennessee Department of Health



July 1, 2025

The Honorable Todd Gardenhire, Chairman  
Senate Judiciary Committee  
425 5<sup>th</sup> Avenue North  
Suite 720, Cordell Hull Building  
Nashville, TN 37243

Dear Chairman Gardenhire:

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 the activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMSC objectives. Our boards help coordinate the role of Tennessee's medical facilities and emergency medical services in providing appropriate pediatric emergency care.

Improving the availability and quality of children's health care is a major goal for the state of Tennessee and the Department of Health.

Respectfully submitted,

Steve Hamby, Chair  
Emergency Medical Services Board

C: John Dunn, DVM, PhD, Commissioner  
Tennessee Department of Health

Joint Annual Report of  
The Health Facilities Commission  
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, 2026

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

Tennessee Code Annotated § 68-140-321(e) and §68-11-251 requires that the Health Facilities Commission and the Emergency Medical Services Board in collaboration with the Committee on Pediatric Emergency Care (CoPEC) shall jointly prepare an annual report on the 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 and the Health Facilities Commission created access to quality pediatric emergency care by establishing regional networks of care for 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 because of an injury or sudden illness, particularly when there is a threat to life or long-term functional abilities.

Before the establishment of CoPEC there were significant barriers to accessing 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 healthcare 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 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 often 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 stable to life-threatening conditions 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 healthcare providers including physicians, nurses, and EMS professionals
- Access to properly equipped ambulances and hospital facilities
- Location of comprehensive regional pediatric centers and other specialized healthcare facilities capable of treating critically ill and injured children

CoPEC has spent over 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 sizes of equipment specific to children and personnel training. The rules and regulations for hospitals can be found at <https://publications.tnsosfiles.com/rules/0720/0720-31.20251008.pdf> and EMS services at <https://publications.tnsosfiles.com/rules/1200/1200-12/1200-12-01.20240409.pdf>

In Tennessee, children make up about 22% of the state's population, or that over 1 out of 5 residents are children. Approximately 3 out of 4 children less than 18 years of age were seen in Tennessee's emergency departments with roughly 19,834 at-risk pediatric visits annually (referring to a child's clinical condition or social circumstances present an immediate danger to their life, development or long-term well-being). Approximately 23% of the emergency department visits are 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 there 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 for children is exceptional. Every child deserves to receive the best care possible, no matter where they live in the state. From May 1, 2024, to April 30, 2025, there were several hundred educational encounters (simulation/mock codes, lectures, courses, and hospital site visits) with over 5,000 providers trained in Tennessee (both EMS and hospital emergency department staff). Lectures and courses were conducted in person and virtually.

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. Each year national performance measures for emergency services (EMS and hospital based) are measured by state. These national performance measures work to improve the care children receive 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 have continued 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 training 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 advise the Tennessee Department of Health and the Health Facilities Commission. The immense expertise these individuals bring to CoPEC is what makes the pediatric emergency care provided in Tennessee so great and vastly unique in comparison to other programs across the country. These volunteers include EMS providers, doctors, nurses, parents of children with special needs, and professional organizations (Appendix 1).

### **Key Accomplishments in Fiscal Year (May 1, 2025 to April 30, 2026)**

#### **A. Strategic Plan**

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

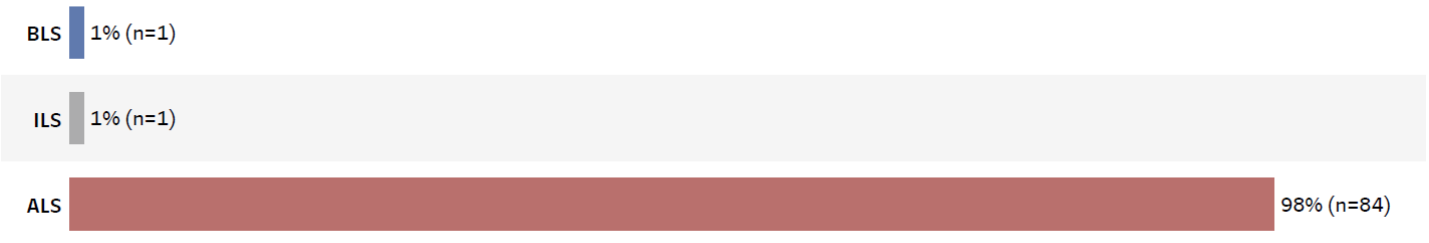
<b>EMS agencies were invited to participate in a nationwide assessment to help better</b>
---

**understand the utilization of Pediatric Education Care Coordinators, and the utilization of pediatric-specific equipment. Below is the result for the HRSA EMS Guideline measures. Congress has mandated that EMS agencies be surveyed annually. A short version survey will be conducted annually between a new, comprehensive assessment called the National Pre-hospital Pediatric Readiness Project (NPPRP). This survey was conducted between May 1 – July 31, 2024.**

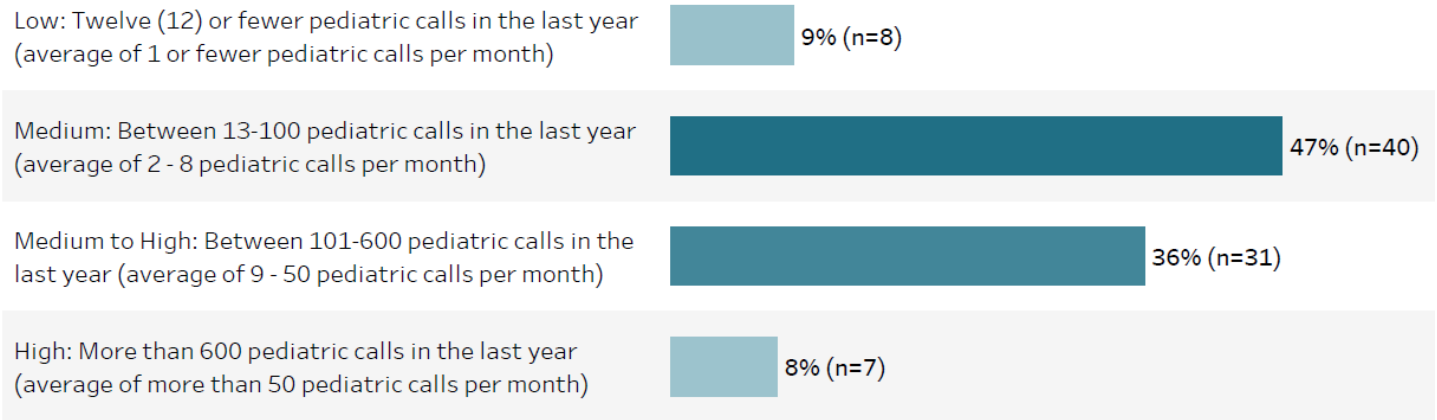
The most recent NPPRP was conducted May 1- July 31, 2024. Tennessee had a response rate of 81%. The results of this survey are below.

**Findings for the 2024 Survey**

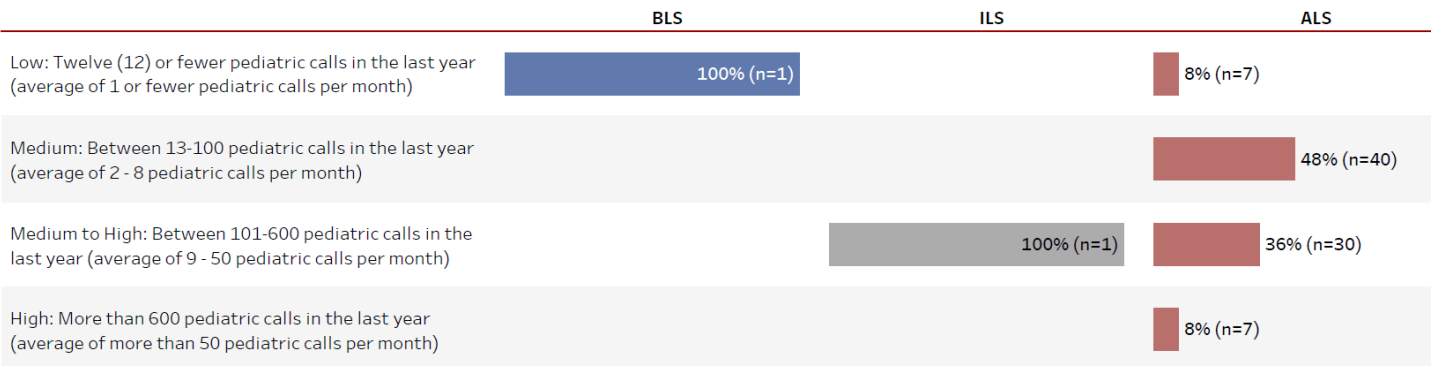
**Highest Licensure as Reported by Respondent**



**Pediatric Overall Call Volume**

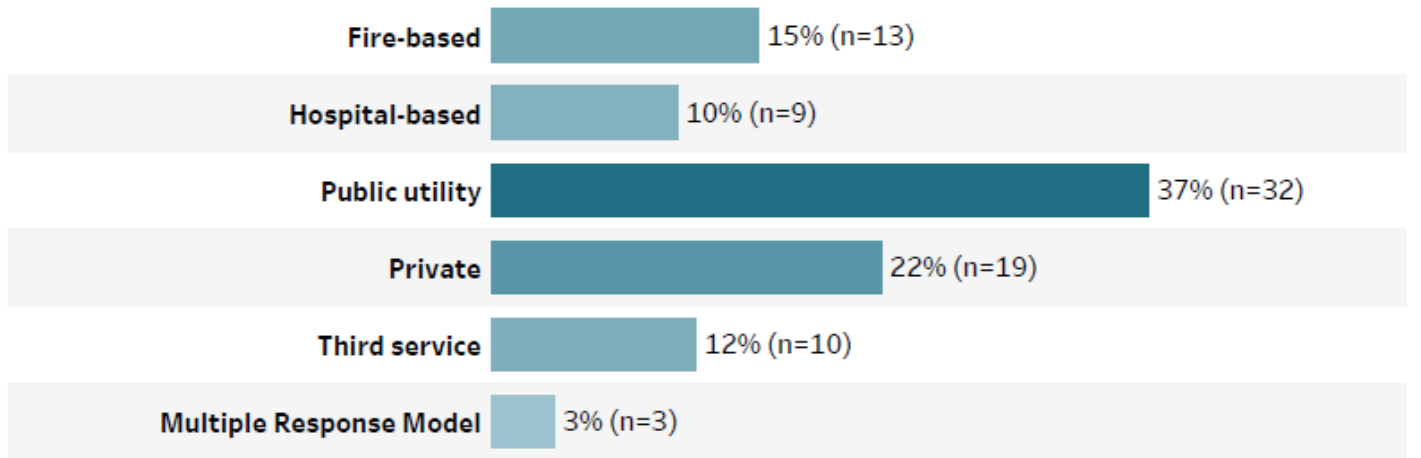


**Pediatric Overall Call Volume by Licensure**



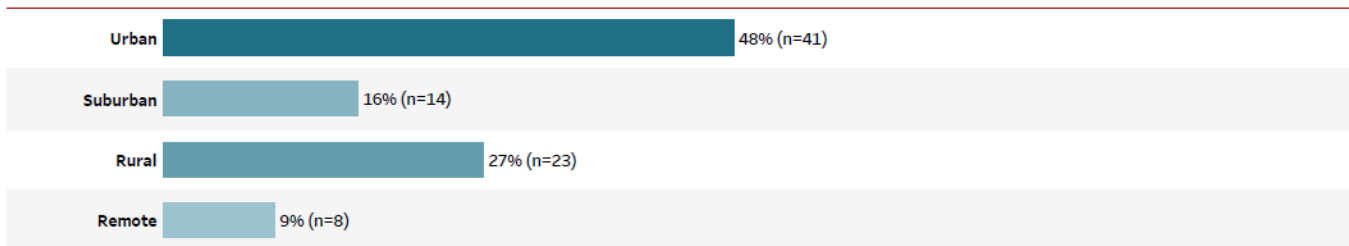
Paid vs. Volunteer Status by Licensure			Median Score
BLS	Volunteer Only	100% (n=1)	64
ILS	Paid Only	100% (n=1)	75
ALS	Paid Only	98% (n=82)	70
	Both Paid/Volunteer	2% (n=2)	70

## Response Model

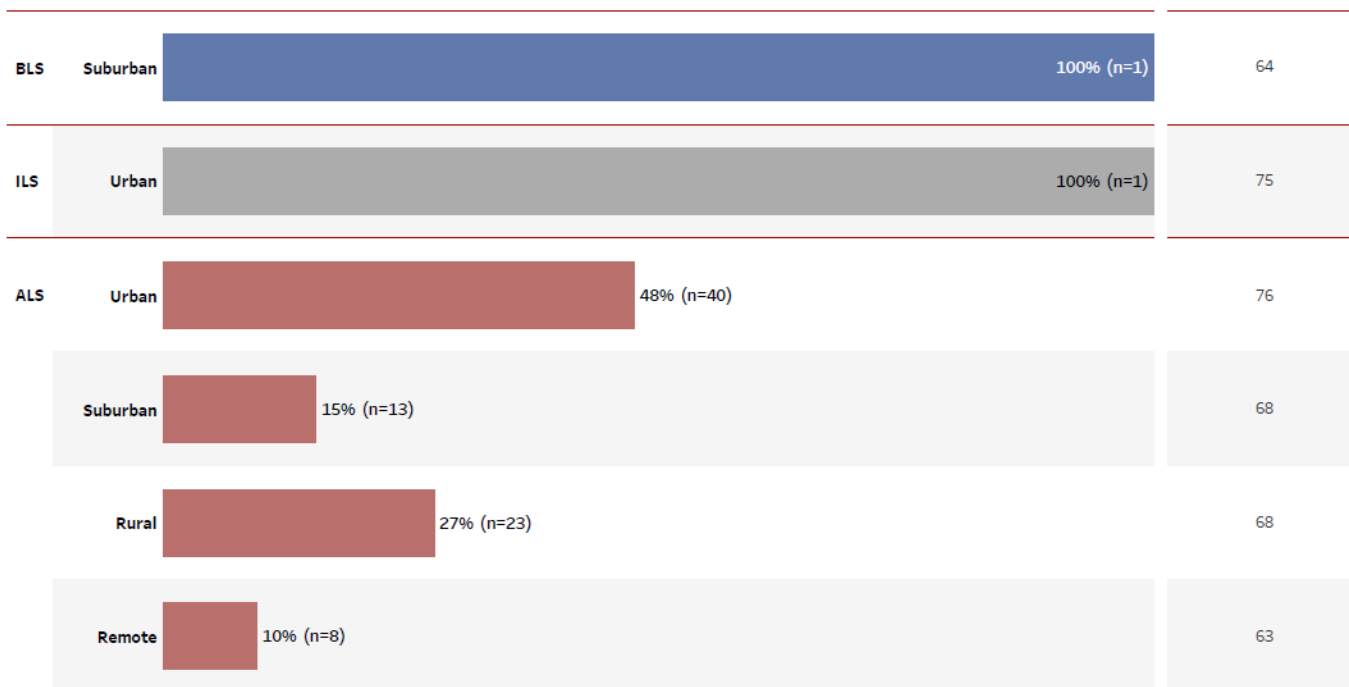


Licensure and Response Model		Median Score
BLS	Fire-based 100% (n=1)	64
ILS	Fire-based 100% (n=1)	75
ALS	Fire-based 13% (n=11)	73
	Hospital-based 11% (n=9)	63
	Private 23% (n=19)	63
	Public utility 38% (n=32)	75
	Third service 12% (n=10)	70
	Multiple Response Model 4% (n=3)	87

## Percentage of Participation by Urbanicity



## Urbanicity by Licensure



## Frequency Report - Education And Competencies For Providers (Q6-51)

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 34, 39.7, 41.7, 43.7. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
6	0.2	At a skill station (not part of a simulated event), does your agency have a process which requires your EMS providers to physically demonstrate the correct use of pediatric-specific equipment? (This is an isolated skill-check rather than part of a simulated event.)	Yes		100.0% (n=1/1)	82.1% (n=69/84)
			No	100.0% (n=1/1)		
7	0.2	[If yes to Q6] Skill station physical demonstration frequency	Once Per Two Years			7.2% (n=5/69)
			Once Per Year			44.9% (n=31/69)
			Two or More Per Year		100.0% (n=1/1)	47.8% (n=33/69)
8	0.2	Within a simulated event (such as a case scenario or a mock incident), does your agency have a process which requires your EMS providers to physically demonstrate the correct use of pediatric-specific equipment?	Yes		100.0% (n=1/1)	77.4% (n=65/84)
			No	100.0% (n=1/1)		

9	0.2	[If yes to Q8] Simulated event physical demonstration frequency	Once Per Two Years			10.8% (n=7/65)
			Once Per Year		100.0% (n=1/1)	46.2% (n=30/65)
			Two or More Per Year			43.1% (n=28/65)
10	0.2	During an actual pediatric patient encounter, does your agency have a process which requires your EMS providers to be observed by a field training officer, medical director, or supervisor to ensure the correct use of pediatric-specific equipment?	Yes		100.0% (n=1/1)	31.0% (n=26/84)
			No	100.0% (n=1/1)		

### Frequency Report - Education And Competencies For Providers (Q6-51)

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 34, 39.7, 41.7, 43.7. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
11	0.2	[If yes to Q10] Field observation physical demonstration frequency	Less Than Once Per Two Years			3.8% (n=1/26)
			Once Per Two Years			7.7% (n=2/26)
			Once Per Year		100.0% (n=1/1)	38.5% (n=10/26)
			Two or More Per Year			50.0% (n=13/26)
12	0.6	Does your EMS agency require physical hands-on demonstration (psychomotor) on the use of any pediatric equipment at least once every two years?	Yes	100.0% (n=1/1)	100.0% (n=1/1)	86.9% (n=73/84)

### Frequency Report - Education And Competencies For Providers (Q6-51)

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 34, 39.7, 41.7, 43.7. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
37	0.5	For your highest level of provider, what is the minimum number of pediatric continuing education hours that your EMS agency requires every two years?	One to Two Hours			7.1% (n=6/84)
			Three to Four Hours			16.7% (n=14/84)
			Five to Six Hours			11.9% (n=10/84)
			Seven to Eight Hours	100.0% (n=1/1)		36.9% (n=31/84)
			Nine or More		100.0% (n=1/1)	27.4% (n=23/84)
38	0	Does your EMS agency require a minimum number of hours of pediatric continuing education for BLS? (check all that apply)	Yes	100.0% (n=1/1)		86.9% (n=73/84)
			No		100.0% (n=1/1)	

### Frequency Report - Education And Competencies For Providers (Q6-51)

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 34, 39.7, 41.7, 43.7. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
40	0	Does your EMS agency require a minimum number of hours of pediatric continuing education for ILS? (check all that apply)	Yes			50.0% (n=42/84)
			No	100.0% (n=1/1)	100.0% (n=1/1)	

### Frequency Report - Coordination Of Pediatric Emergency Care (Q80 -114)

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 92, 104, 114. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
80	0.7	Which one of the following statements best describes your EMS agency?	Has a PECC		100.0%	44.0%
					(n=1/1)	(n=37/84)
			Interested in a PECC			17.9%
					(n=15/84)	
		Plan to Add a PECC			6.0%	
					(n=5/84)	
		No PECC	100.0%		32.1%	
			(n=1/1)		(n=27/84)	

### Frequency Report - Patient And Medication Safety (Q128-138)

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 135. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
128	1.9	Does your EMS agency use a length-based tape or volumetric dosing guide for medication administration?	Yes	100.0%	100.0%	100.0%
				(n=1/1)	(n=1/1)	(n=84/84)
129	2	Does your EMS agency have a process to identify and/or review pediatric medication dosing errors (i.e. provider reported, manual data query, or auto..	Yes	100.0%	100.0%	89.3%
				(n=1/1)	(n=1/1)	(n=75/84)

### Frequency Report - Policies, Procedures, And Protocols (Q139-164)

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 155, 163. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
139	0	Does your EMS Dispatch Center provide Pediatric-Specific pre-arrival instructions? (check all that apply)	Yes			50.0%
						(n=42/84)
			No	100.0%		
			(n=1/1)			
		Unknown		100.0%	21.4%	
				(n=1/1)	(n=19/84)	

### Frequency Report - Policies, Procedures, And Protocols (Q139-164)

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 155, 163. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
149	0.8	Integrated Pediatric-Specific Guidance: Assessment	Yes	100.0%	100.0%	94.0%
				(n=1/1)	(n=1/1)	(n=79/84)
150	0.9	Integrated Pediatric-Specific Guidance: Abuse/maltreatment	Yes	100.0%	100.0%	86.9%
				(n=1/1)	(n=1/1)	(n=73/84)
151	0.8	Integrated Pediatric-Specific Guidance: Refusal of minors	Yes	100.0%	100.0%	91.7%
				(n=1/1)	(n=1/1)	(n=77/84)
152	0.8	Integrated Pediatric-Specific Guidance: Children with behavioral or developmental disabilities	Yes	100.0%	100.0%	61.9%
				(n=1/1)	(n=1/1)	(n=52/84)
153	0.8	Integrated Pediatric-Specific Guidance: Children who are technology dependent	Yes	100.0%	100.0%	41.7%
				(n=1/1)	(n=1/1)	(n=35/84)
156	0.8	During direct patient care, do your EMS agency's providers have 24-hour/day access to a physician(s) with pediatric emergency care expertise (may be based within your own EMS agency, another EMS agency, an EMS base station, or a hospital emergency department)?	Yes	100.0%	100.0%	66.7%
				(n=1/1)	(n=1/1)	(n=56/84)

**Frequency Report - Quality Improvement/Performance Improvement (Q165-190)**

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 171, 181. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
165	0.7	Does your EMS agency have a performance improvement process that includes reviewing patient charts or gathering information from pediatric encounters?	Yes		100.0%	91.7%
			No	100.0%		
				(n=1/1)		(n=77/84)
				(n=1/1)		

**Frequency Report - Quality Improvement/Performance Improvement (Q165-190)**

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 171, 181. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
178	0.6	[If yes to Q174] Tracked Patient-Level Data: Patient outcomes (e.g. mortality)	Yes		100.0%	84.4%
			No			
				(n=1/1)		(n=27/32)
179	0.4	[If yes to Q174] Tracked Patient-Level Data: Patient refusals	Yes			93.8%
			No		100.0%	
				(n=1/1)		(n=30/32)
180	0	[If yes to Q174] Tracked Patient-Level Data: Other	Yes			12.5%
			No		100.0%	
				(n=1/1)		(n=4/32)
182	1.5	Which of the following best describes your EMS agency's approach to improving the quality of pediatric emergency care?	Our agency has defined pediatric quality metrics, and collects data on our own patient care			34.5%
			Our agency has not defined pediatric quality metrics, but collects data on our own patient care	100.0%	100.0%	26.2%
			Our agency has defined pediatric quality metrics, and plans to collect data from our own patient care			14.3%
			Our agency has not defined pediatric quality metrics, and does not collect data from our ow..			25.0%
				(n=1/1)		(n=29/84)
				(n=1/1)		(n=22/84)
						(n=12/84)
						(n=21/84)

**Frequency Report - Quality Improvement/Performance Improvement (Q165-190)**

Denominator Changes Based on Gateway Questions

Open-Ended Text Questions: 171, 181. These answers (if available) are shown on the following pages.

Q#	QScore	Question	Answer	BLS	ILS	ALS
186	0.6	Method to Obtain Hospital Pediatric Data: ED and hospital disposition	Yes			47.6%
			No	100.0%	100.0%	
				(n=1/1)		(n=40/84)
187	0.5	Method to Obtain Hospital Pediatric Data: ED and hospital diagnoses	Yes			42.9%
			No	100.0%	100.0%	
				(n=1/1)		(n=36/84)
188	0.5	Method to Obtain Hospital Pediatric Data: Survival to hospital admission	Yes			42.9%
			No	100.0%	100.0%	
				(n=1/1)		(n=36/84)
189	0.5	Method to Obtain Hospital Pediatric Data: Survival to hospital discharge	Yes			38.1%
			No	100.0%	100.0%	
				(n=1/1)		(n=32/84)
				(n=1/1)		

**Hospitals were invited to participate in a nationwide assessment called the National Pediatric Readiness Assessment (NPRP) to help better understand the pediatric readiness of hospitals across the country. This assessment is completed every four or five years. The current assessment just concluded on May 31, 2026. Those results will be available later this year.**

The most recent survey which we have the data for was conducted May-July 2021. Tennessee had a response rate of 79.1%. The data results from this survey are below.

### Findings for the 2021 Survey

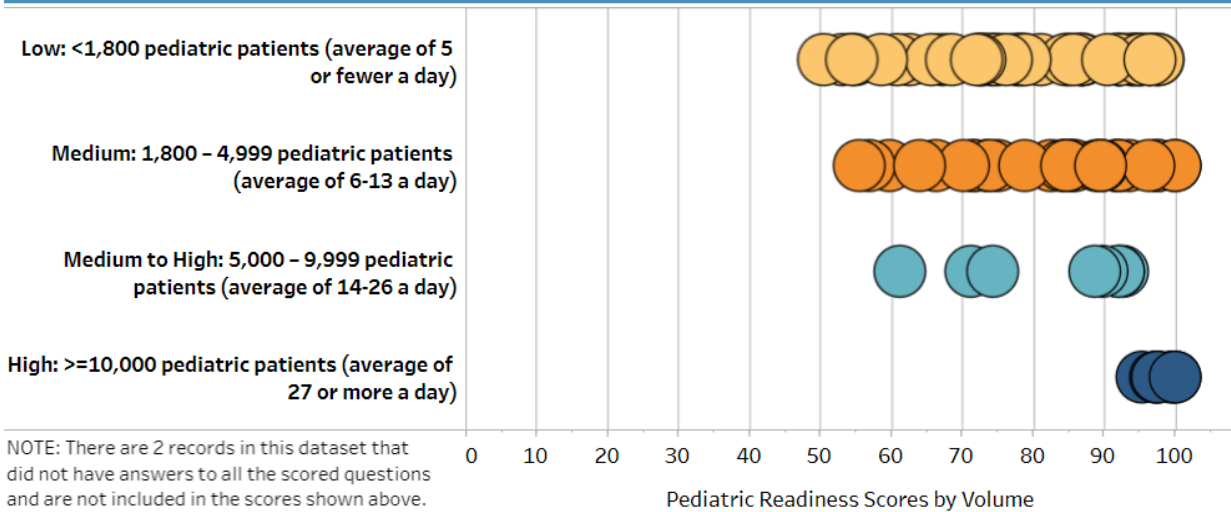
#### 2021 Pediatric Readiness Response Rate

Numerator: 91  
 Denominator: 115  
 Response Rate: 79%

2021 Average State Score	2021 Median State Score
<b>82</b>	<b>85</b>
State AVERAGE Hospital Score out of 100 (n=88)	State MEDIAN Hospital Score out of 100 (n=88)

NOTE: There are 2 records in this dataset that did not have answers to all the scored questions and are not included in the scores shown above.

#### 2021 Distribution of Scores by Volume

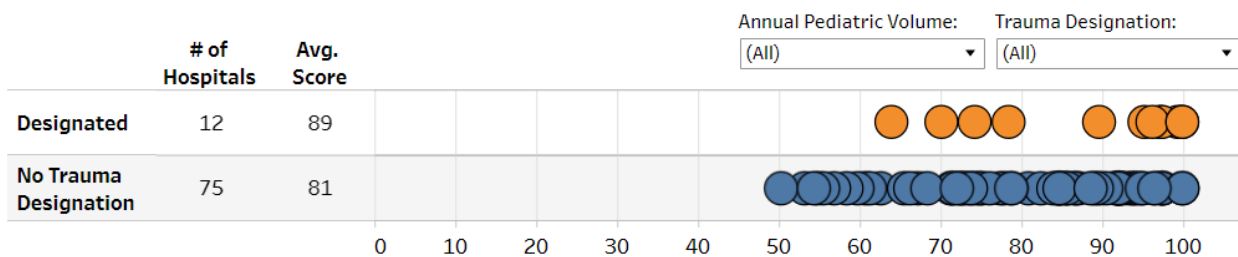


### Breakdown of Scores by Volume Type:

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low: <1,800 pediatric patients (average of 5 or fewer a day)	42	79	79	50	98
Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)	31	82	85	56	100
Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)	8	83	89	61	93
High: >=10,000 pediatric patients (average of 27 or more a day)	7	98	98	95	100
<b>Grand Total</b>	<b>88</b>	<b>82</b>	<b>85</b>	<b>50</b>	<b>100</b>

NOTE: There are 2 records in this dataset that did not have answers to all the scored questions and are not included in the scores shown above.

### Breakdown of Scores by Trauma Designation



NOTE: There are 2 records in this dataset that did not have answers to all the scored questions and are not included in the scores shown above.

### Average Scores By Section

Section	Missing Records	Avg Section Score	Possible Score
Guidelines for Administration and Coordination of the ED for the Care of Children (19 pts)	0	11.4	19
Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 pts)	0	6.3	10
Guidelines QI/PI in the ED (7 pts)	0	4.6	7
Guidelines for Improving Pediatric Patient Safety in the ED (14 pts)	1	13.2	14
Guidelines for Policies, Procedures, and Protocols for the ED (17 pts)	1	14.0	17
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 pts)	2	32.3	33

NOTE: If there are missing values from any of the assessments (specifically from PDF assessments), they are shown in the "Missing Records" column. This indicates records that were missing scored questions and could not be included in the calculation of the average section score.

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

Findings	Action
Member participation varies greatly.	<ul style="list-style-type: none"> <li>• Member attendance was tracked.</li> <li>• CEOs of hospitals, agencies, and organizations updated quarterly on member participation.</li> <li>• Review positive outcome cases to emphasize the origins of CoPEC.</li> <li>• Guest speakers present at CoPEC meetings to share local, state, and national resources with members.</li> <li>• Quarterly meetings were held in May 2025, August 2025, November 2025, and February 2026.</li> <li>• CoPEC members are broken into 3 sub-committees: Facility Standards, EMS Standards, Community Outreach, and Injury Prevention.</li> <li>• The sub-committees meet monthly between the quarterly CoPEC meetings.</li> </ul>

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

Findings	Action
EMS pediatric transportation addressed based on recent evidence-based pediatric practice	The purchase of 182 devices was provided through the Rural Healthcare Resiliency Program Grant award. All EMS ambulances in Tennessee should have received a device if they did not have one previously.
Pediatric Education Modules	<p>A CoPEC working group was created to develop educational training modules that cover the various topics outlined in Tennessee’s EMS State Protocols. Five videos have been completed and housed on the CECA website for easy viewing as refresher training on pediatric topics.</p> <p>Educational links to additional resources are located on the CECA website.</p> <p>A guest speaker is invited to the quarterly Pediatric Emergency Care Coordinator (PECC) meetings. These are recorded and</p>

	uploaded to the CECA website for agencies to use as supplemental pediatric training within their training programs.
Need to exercise the infrastructure of disaster response for the pediatric population.	Pediatric patients were included in discussions of each of the eight healthcare coalitions' disaster drill planning. An emphasis is to include community representation in all drills. Thus, children make up 22% of Tennessee's population; therefore, pediatric patients should reflect this as well, unless conducting a specific pediatric mass casualty scenario.
Maintaining the National EMSC Performance Measures including: <ul style="list-style-type: none"> <li>Percent of hospitals recognized through a statewide, territorial, or regional system that can stabilize and/or manage pediatric Medical and trauma emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>Standards for Pediatric Emergency Care Facilities were revised to reflect current evidence-based care and were approved through the 2024 legislation and became effect October 8, 2025.</li> <li>Surveyor training should be coordinated to review updated standards.</li> <li>CRPC Coordinators worked with hospitals and EMS agencies in their respective regions to review and address any gaps identified by the National Pediatric Readiness Project Assessment and the National Prehospital Pediatric Readiness Project Assessment.</li> </ul>

**Funding goal: Increase revenue base**

<b>Findings</b>	<b>Action</b>
Congress approved partial federal funding of the EMSC program	TN EMSC was awarded a 4-year HRSA grant to continue the TN EMSC program through 2027. However, currently the TN EMSC program has only received one third of its funding for 2026-2027 with no estimated date as to when the remainder will be received. This funding covers salary expenses for the TN EMSC Program Manager and the Administrative Assistant for the program through July 2026. Additional funding is needed to continue the EMS for Children program.
Funding needed for pediatric transportation safety device	<ul style="list-style-type: none"> <li>Goal was to outfit every ambulance with a device if it currently did not have one available. All EMS agencies that did not have a device have been provided with</li> </ul>

	<p>one.</p> <ul style="list-style-type: none"> <li>• Since the inception of this project, a total of \$365,812 in grant funding has been received to purchase pediatric emergency transport devices for EMS.</li> <li>• Phase 2 of the project is to replace ACR4 devices that have been discontinued and old Pedi Mate devices that are ripped or unusable. There are approximately 232 devices needed, an estimated total of \$161,472.</li> <li>• Will continue to work with the EMS Board Ambulance Committee on standardizing requirements based on national evidence-based recommendations.</li> </ul>
<p>Funding needed for the MyHero Program</p>	<ul style="list-style-type: none"> <li>• The MyHero program will provide EMS with crucial information on children with complex medical needs. This program also aids in disaster planning for families.</li> <li>• Previously received a \$27,000 grant from the United Way-Greater Middle Tennessee.</li> <li>• Received the Rural Healthcare Resiliency Program grant from the state to cover operational expenses for three years. The grant contract became effective in May 2025.</li> <li>• Continuing to enroll EMS agencies and families into the Pilot Program from across Tennessee.</li> <li>• Will need long-term funding for sustainability of this program.</li> </ul>
<p>Sustainment of the TN EMSC Program outside of the HRSA Grant</p>	<ul style="list-style-type: none"> <li>• A third budget amendment request was submitted during the 2026 legislative cycle but was not fulfilled. Another request will be submitted in the 2027 legislative cycle.</li> </ul>

**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 have been updated routinely on the website and distributed via e-mail to CoPEC members, TN EMS Consultants, CRPC Coordinators, Pediatric

Emergency Care Coordinators (PECCs), and the state healthcare coalition advisory council for further distribution.

In Tennessee Code Annotated 68-11-251, the Committee on Pediatric Emergency Care must be operated by a 501(c)(3) that includes the TN EMSC Program Director and Program Manager.

### C. National Performance Measures

The National Performance Measures have changed with the renewal of the EMSC program in 2023. Tennessee has demonstrated achievement with the following HRSA/MCHB Performance Measures. These included:

- Hospital Goals
  - 1.1: By 2027, 45 percent of hospitals will be recognized as part of a statewide, territorial, or regional standardized pediatric readiness recognition program for emergency departments. Tennessee has met this performance measure at 100% as all hospitals go through the state designation program.
  - 1.2: By 2027, 75% percent of hospitals will have a designated pediatric emergency care coordinator. Tennessee will meet this performance measure at 100% as all hospitals transition to the newly passed updated state designation program that went into effect on October 8, 2025.
  - 1.3: By 2027, 84% of hospitals will weigh and record children's weight in kilograms. Tennessee will meet this performance at 100% as all hospitals go through the state designation program where this is a requirement.
  - 1.4: By 2027, 75% of hospital emergency departments will have a disaster plan that addresses the needs of children. Tennessee will meet this performance at 100% as all hospitals go through the updated state designation program where this is required.
- EMS Goals
  - 2.1: By 2027, 25% of EMS agencies will participate in a statewide standardization pediatric readiness recognition program for prehospital EMS agencies. CoPEC created an EMS Pediatric Readiness Recognition Program that was approved by the EMS Board. Reference documents to be utilized by applicants are being finalized. The implementation roadmap is currently being executed. Tennessee is anticipated to meet this performance goal.
  - 2.2: By 2027, 50% of EMS agencies will have a designated pediatric emergency care coordinator. Tennessee currently is at 44% of agencies having a PECC. This performance measure is being addressed in the newly approved Pediatric Readiness Recognition Program.

- 2.3: By 2027, 46% of EMS agencies will have a process for conducting pediatric skills checks on the use of pediatric equipment. Tennessee is currently at 87.2%. Tennessee meets this performance measure.
- 2.4: By 2027, 75% of EMS agencies will have a disaster plan that addresses the needs of children. Tennessee currently is at 87.2% for this performance measure. Improvement to this performance measure will be seen through the implementation of the EMS Pediatric Readiness Recognition Program.
- Goal: To prioritize and advance family partnership and leadership in efforts to improve EMSC systems of care.
  - By 2027, EMSC Advisory committees will have a family representative as a permanent member to represent the emergency needs of children in their community. CoPEC has a permanent member represented by Family Voices.
- Program Performance Evaluation
  - By 2024, each state will have established permanence of EMSC in the state EMS system. Tennessee’s State Advisory Committee, CoPEC, is legislated to report to the EMS Board and the Health Facility Commission.
  - By 2024, each state will integrate its EMSC priorities into existing hospital statutes, regulations, and rules. Tennessee’s State Advisory Committee, CoPEC, is legislated to report to the Health Facilities Commission under the Health Facility Commission.

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**

The 25<sup>th</sup> Annual Update in Acute and Emergency Care of Pediatrics Conference hosted by Dolly Parton Children’s Hospital was held on April 17, 2026. This event was held both in person and virtually at the DreamMore Resort in Pigeon Forge, Tennessee. There were 119 participants in attendance at this conference, registered attendees were broken down between the following credential levels:

Physicians, PA, APN – 10  
 Nurse – 67  
 EMS – 36  
 Allied Health – 3  
 Non-Licensed Students - 3  
 Other - 0

See Appendix 2 for additional conference details about this conference.

## **2. TN EMSC Impact on National EMSC Program**

This past year, Tennessee continued to be a top contributor as a leader to the National EMSC Program. Tennessee participated in the National Pediatric Readiness Quality Improvement (NPRQI), the Pediatric Pandemic Network (PPN) PsySTART Triage to Care Learning Collaborative and the Pediatric Readiness Recognition Program (PPRP) Exchange.

TN EMSC program continues to participate on several national EMSC committees. These include the EMSC Innovation and Improvement Center's (EIIC) Pediatric Emergency Care Coordinator (PECC) Community of Practice (COP), the NASEMSO Pediatric Emergency Care (PEC) Council, the PEC Southern States Chapter, and the American College of Pediatrics (AAP) Pediatrics Readiness Subcommittee.

The Tennessee State Partnership Program Manager serves as a Southern Regional Representative on the State Partnership Advisory Committee (SPAC). The purpose of SPAC is to provide ongoing strategic direction and feedback to the EIIC, ensuring that State Partnership perspectives help guide priorities, activities, and resources. It is where the EIIC can provide updates to program managers, and where the regional representative managers can bring questions/concerns to the EIIC leaders.

The National Association of EMS Officials annual conference and meeting was held in Kansas City, Missouri, from April 27-30, 2026. The TN EMSC Program Manager attended the meeting and participated in the Pediatric Emergency Care Council (PEC) and met with other EMSC Program Managers and National EMSC leaders.

The State Partnership Advisory Committee meets regularly with regional state partnership representatives and the EIIC (EMSC Innovation and Improvement Center) State Partnership Domain to discuss matters of interest for State Partnership Program teams, provide feedback on needed resources, and contribute creatively and strategically to identifying successful outcomes to challenges in their work. Tennessee continues to represent the Southern EMSC Region on this committee.

## **3. Lecture Presentations**

Bratton, O. "Why Are You Acting So Funny? Altered Mental Status Case Studies." Region II Director's Conference, Gatlinburg, TN November 2025

Bratton, O., Hastings, L., Horner, M., & Mitzelfeld, E., "Not Just Little Adults: Pediatric Airway Skills." Secret City EMS Expo, Oak Ridge, TN, August 2025

Bruccoleri, R. "The Many Hats of the Tennessee Poison Center", 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

Dhanarajan, C. "Autism Centered Care: Recognizing and Responding with Compassion", 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

Hill, A. “Seizure Recognition and Acute Management”, 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

Hood, C. “Unnatural Supports: The Familial Responsibility in a Complex Healthcare System.” Tennessee Health Care Campaign, Chattanooga, TN, September 2025.

Hood, C. “Unnatural Supports: The Familial Responsibility in a Complex Healthcare System.” Vanderbilt Kennedy Center's Community Advisory Council, Nashville, TN, March 2026.

Horner, M. “Don’t wait; Educate. Accessing Community Partnerships to Keep Schools Safe”. Coordinated School Health Conference, Nashville, TN, March 2026.

Horner, M., Mitzelfeld, E. "Pediatric Drowning Skills." TARS EMS Symposium, Pigeon Forge, TN, September 2025

Horner, M., Mitzelfeld, E. "Pediatric Drowning Skills and Airway Management." Tennessee Region II Directors Conference, Gatlinburg, TN, November 2025

Mitzelfeld, E. "Small Bodies, Big Forces: Pediatric Trauma." Battle of the Smokies, Pigeon Forge, TN, March 2026

Mitzelfeld, E. "Pediatric Cases Solved: From Dispatch to Diagnosis." Northeast Tennessee Emergency Medical and Rescue Conference. Johnson City, TN, September 2025

Porter, J. “Sign Here: A Guide to Pediatric Refusal Risks and Practices”, 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

Rayman, J. “Understanding How to Best Support Someone with Brain Injury.” University of Tennessee Center for Learning, Education and Employment Statewide Webinar for Vocational Rehabilitation, TN, May 2025.

Rayman, J. “Becoming Brain Injury-Informed to Optimize Mental Health Services for Tennessee Students, Schools and Families.” Project RAISE (Rural Access to Interventions in School Environments) Mental Health Conference, Nashville, TN, May 2026.

Rybczynski, S. “Pediatric Suicide Risk Screening in Emergency Departments and Beyond”, 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

Sears, C. “Orthopedic Injuries: When to Worry...or Not”, 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

Thomas, V. “Sepsis in Children: Spotting the Signs, Saving the Future”, 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

Watkins, N. "Trends in Pediatric Cannabis Exposures Before and During the COVID-19 Pandemic." Injury Free Coalition for Kids, Ft. Lauderdale, FL, Dec 2025.

White, T. “Calm Under Pressure: When to Worry and What to Do!”, 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

Williams, R. “Pediatric Trauma Across Tennessee,” 25<sup>th</sup> Annual Acute and Emergency Care Pediatrics Conference, Pigeon Forge, TN, April 2026.

#### 4. Poster Presentations

Bratton, O. “QI Project to Reduce Multi-Facility Pediatric Trauma Transfers in East TN.” Pediatric Academic Societies Meeting, Boston, MA, April 2026

Ogunmayowa, O.; Pilgreen, K.; Major, M. Measuring Impact: A Data-Driven Approach to Expanding High-Risk Perinatal Care in Tennessee’s Maternity Care Deserts. Association of Maternal and Child Health Programs (AMCHP) 2026 Annual Conference, Washington DC, March 2026.

#### 5. Injury Prevention

Injury prevention is a vital component of the Emergency Medical Services for Children (EMSC) continuum of care. The Tennessee EMSC Program Manager actively contributes to statewide safety efforts as a member of both the Tennessee Injury Prevention Coalition and the Tennessee Suicide Prevention Task Force.

Each of the four Comprehensive Regional Pediatric Centers (CRPCs) operates a strong, data-informed injury prevention program. These programs are developed using local injury surveillance data to design targeted interventions aimed at reducing risk and improving safety for Tennessee children. Collectively, the CRPCs have hosted hundreds of community events to raise awareness and promote safety across the state.

- **Project ADAM** supports schools and youth-serving organizations in developing cardiac emergency response plans, providing CPR/AED training, and promoting preparedness to prevent sudden cardiac death in children. Three CRPC hospitals in Tennessee house Project ADAM programs, working to increase the number of “Heart Safe” certified schools across the state.

Highlighted programs by each CRPC in the past year include:

- **Children’s Hospital at Erlanger:** Pediatric fall prevention, bike safety, furniture tip-over awareness, playground safety, and trampoline injury prevention.
- **East Tennessee Children’s Hospital:** Bike safety, burn and scald prevention, car seat safety, heatstroke awareness, medication safety, playground safety, and water safety initiatives.
- **Le Bonheur Children’s Hospital:** Lawn mower injury prevention, poison prevention, and prevention of traumatic head injuries.
- **Monroe Carell Jr. Children’s Hospital at Vanderbilt:**

- *Be in the Zone*: A teen driver safety initiative
- *Kohl's Stay Seat Smart Program*: A child passenger safety campaign
- *Ride on TN*: An ATV safety education program
- *Be Smart*:

In addition to CRPC-led efforts, the Children's Emergency Care Alliance and CoPEC actively support several broader state initiatives, including:

- **Safe Kids Program**: All four CRPCs are engaged in *Safe Kids*, a global injury prevention campaign focused on the leading causes of childhood injury. Tennessee's CRPCs support prevention efforts in areas such as home safety, firearm safety, road and car safety, and safety in sports and play.
- **Safe Stars Initiative**: The TN EMSC Program Manager was invited to sit on the newly organized advisory committee in the *Safe Stars* program, a statewide initiative recognizing youth sports leagues for prioritizing safety. A collaboration between the Tennessee Department of Health and Monroe Carell Jr. Children's Hospital at Vanderbilt, Safe Stars provide tools and guidelines to help leagues elevate their safety standards and reduce sports-related injuries. The recognition criteria were developed by a panel of healthcare experts. The TN EMSC Program Manager is a member of the newly revamped Safe Stars Advisory Committee.
- **Children in Disasters Task Force**: The Children's Emergency Care Alliance participates actively in this statewide task force. Tennessee is divided into eight regions, each responsible for organizing a minimum of two community events and two educator training sessions annually. In the past year, this work included:
  - Hosting safety summits
  - Car seat installation
  - ATV/UTV safety
  - Trauma-informed resources for parents and caregivers
  - Childcare provider training on facility level evacuations, shelter-in-place and parent reunification protocols.
  - Community events

### **Collaborative Partnerships Supporting Families:**

- **Brain Links**: This organization offers professional development for individuals working with people who have brain injuries. Trainings are tailored to support those who care for young children, including daycare providers, educators, school nurses, and community athletic organizations.
  - They launched a [new website](#) this last year and all of their Toolkits were updated last fall <https://tndisability.org/programs/brain-injury/toolkits/> This is a direct link to the Healthcare Providers Toolkit <https://tndisability.org/resources/healthcare-providers-toolkit-2025-edition/>
  - They created a 5-minute educational video: "[Brain Injury is BIGGER Than You Think](#)"

- This guide has been distributed nationally by our national & federal groups. - [\*Brain Injury and Co-Occurring Conditions Across All Systems: A Guide to Implementing Brain Injury–Informed Best Practice\*](#)
- Two webinars were held in February 2026: <https://tndisability.org/resources/2026-webinar-series/>
- They are ending their 5-year grant cycle and are awaiting a new RFP (Request for Proposals).
- **Family Voices:** Focused on families of children with special healthcare needs, chronic illnesses, or disabilities, Family Voices provides information, support, and advocacy. Their mission is to empower families to find community, raise their voices, and achieve the best possible outcomes for their children.
- **Be SMART** is a national campaign promoting responsible firearm storage to help prevent child gun deaths and injuries. In Tennessee, the program is supported by the Tennessee Department of Health and Monroe Carell Jr. Children’s Hospital at Vanderbilt. Presentations are provided to schools, medical professionals, and public safety personnel as part of a statewide effort to improve gun safety awareness.

## 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 18<sup>th</sup> occurrence of this event was held on May 13, 2026, in Murfreesboro, Tennessee. The emcees for the ceremony were Eric Clauss, Director of the EMS Center of Excellence at Vanderbilt University Medical Center and Dr. Jared McKinney, Associate Professor of Emergency Medicine at Vanderbilt University Medical Center. The ceremony included the presentation of the actual adult or pediatric patient scenarios and reuniting 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.

### *2026 Award Recipients*

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

***Murfreesboro Fire Rescue Department, Rutherford County EMS, Murfreesboro Emergency Communications, Vanderbilt LifeFlight***

**EMS Region 1:** Johnson County Rescue Squad and EMS, Johnson County Sheriff’s Department

**EMS Region 2:** Anderson County EMS, Andersonville Volunteer Fire Department

**EMS Region 3:** Resolute EMS, AMR McMinn County, Control One, Life Force

**EMS Region 4:** Dekalb County 911 Dispatch, Dekalb County Fire Department, Dekalb County Sheriff Department, Dekalb County Emergency Medical Services, Vanderbilt LifeFlight

**EMS Region 5:** Franklin Police Department, Franklin Fire Department, Williamson County Department of Emergency Communications, Williamson Health EMS

**EMS Region 6:** Vanderbilt LifeFlight, Hickman County Ambulance Service, Hickman County E-911 Communications, Centerville Fire Department, Coble Volunteer Fire Department, Centerville Police Department, Hickman County Sheriff's Department, Air Methods-Air Communications, Tennessee Highway Patrol

**EMS Region 7:** Henderson County EMS

**EMS Region 8:** Memphis Fire Department

**Project ADAM Heart Hero Award:** Sumner County Schools, Sumner County EMS

**Outstanding Achievement in Maternal and Neonate Emergency Response:** Rutherford County EMS, Smyrna Fire Department

**Mutual Aid Partnership Award:** Wilson County Emergency Management Agency, Wilson County Sheriff's Office, Air Evac Life Team, Wilson County Emergency Communications District, Tennessee Highway Patrol, Tennessee Wildlife Resources Agency

### **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 the Tennessee Department of Health and the Health Facility Commission staff implementing the strategic plan.

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

- Sustainable financial support to maintain pediatric emergency care initiatives considering the anticipated loss of HRSA EMSC grant funding.
- Ongoing support to achieve the above-outlined goals 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 best in our healthcare system.

The Emergency Medical Services Board and the Health Facilities Commission work cooperatively with other programs of the Tennessee Department of Health and the Health Facility Commission 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, 2027.

This report was reviewed by the respective boards on June 17, 2026, and June 24, 2026, and approved for presentation to the designated committees of the Tennessee General Assembly.



## Appendix 2

# THE 25th Annual Update in Acute & Emergency Care Pediatrics Conference

April 17, 2026  
Pigeon Forge, TN



Jointly provided by



## THE 25th ANNUAL UPDATE IN Acute & Emergency Care Pediatrics Conference

### OVERVIEW

The 25th Annual Update in Acute and Emergency Care Pediatrics Conference is a result of collaboration among East Tennessee Children's Hospital, Le Bonheur Children's Hospital, Monroe Carell Jr. Children's Hospital at Vanderbilt, Children's Hospital at Erlanger and Children's Emergency Care Alliance of Tennessee (CECA).

### 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 any others involved in the care of pediatric emergencies.

### ACTIVITY DIRECTOR

Michael Riker, MD  
Pediatric Emergency Medicine  
East Tennessee Children's Hospital

### CONFERENCE OBJECTIVES

As a result of participating in this activity, the attendee should be able to:

- Discuss and understand emergency cases, and examine new considerations in acute and pediatric care.
- To discuss and prepare for the complications that caring for pediatric populations present in the acute setting.

## THE 25th ANNUAL UPDATE IN Acute & Emergency Care Pediatrics Conference

### FACULTY

**Carrie Dhanarajan, MA, BCBA, LBA**  
TN START Director, State of  
Tennessee

**Rebecca Bruccoleri, MD**  
Asst Professor of Clinical,  
Emergency Medicine  
Toxicology/Poison Center  
Department, Vanderbilt  
University Medical Center

**Amy Hill, DO**  
Neurology - Pediatric,  
East Tennessee Children's  
Hospital

**Jennifer Porter, BSN, RN, CPEN**  
Manager, CRPC Pediatric Outreach  
Team, Monroe Carell Jr. Children's  
Hospital at Vanderbilt

**Suzanne Rybczynski, MD, MSHCM,  
FAAP**  
Chief Medical Officer, East Tennessee  
Children's Hospital

**Cameron Sears, MD**  
Orthopedics, Pediatric and Orthopedic  
Surgery, East Tennessee Children's  
Hospital

**Vanessa Thomas, MD**  
Emergency Medicine - Pediatric,  
East Tennessee Children's Hospital

**Tracy S. White, RRT, EMT, ECMO  
Specialist**  
Children's Respiratory Services Clinical  
Educator, Children's Hospital at  
Erlanger

**Regan Williams, MD, MS**  
Medical Director, Trauma Services,  
LeBonheur Children's Hospital

## THE 25th ANNUAL UPDATE IN Acute & Emergency Care Pediatrics Conference

### FACULTY DISCLOSURE

As a provider accredited by The Accreditation Council for Continuing Medical Education (ACCME), Monroe Carell Jr. Children's Hospital at Vanderbilt must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course director, planning committee, faculty and all others who are in a position to control the content of this educational activity are required to disclose all relationships with ineligible companies. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of these financial relationships or absence of relevant financial relationships will be disclosed to the audience.

### COURSE ALTERATIONS

The office of CNE reserves the right to change topics/speakers if necessary.

### CREDIT

Application for CNE credit has been submitted to the American Nurse Credentialing Center (ANCC). Credits are anticipated but not guaranteed. The CECA Pediatric Emergency Medicine (PEM) Conference has been approved by the Tennessee Office of EMS for 7 hours of in-person Pediatric Continuing Education contact hours. These hours are eligible to be applied toward the Tennessee EMS Training stipend requirements for licensed EMS providers.

### CANCELLATION POLICY

Registration fees will be refunded less a \$50.00 administrative fee for cancellations received in writing a minimum of 14 days prior to the activity date. No refunds will be given when the registration fee is \$50.00 or less, or when a cancellation request is received less than 14 days prior to the start of the activity. Children's Emergency Care Alliance reserves the right to alter, reschedule or cancel this program. If an activity is cancelled, then a full refund of registration fees will be given.

## THE 25th ANNUAL UPDATE IN Acute & Emergency Care Pediatrics Conference

### HOTEL ACCOMMODATIONS

**DreamMore Resort & Spa - 2525 DreamMore Way, Pigeon Forge, TN 37863**  
Built around the rich traditions of storytelling, family and togetherness, Dollywood's DreamMore Resort and Spa is just minutes from Dollywood's award-winning theme parks. This hotel in Pigeon Forge near Gatlinburg upholds the spirit of the South in a fresh new way, as it can only be imagined by Dolly and Dollywood.



### REGISTRATION

Online registration is available at <https://cecatn.org/2026-conference/>

Fees per Specialty	
Physicians, PAs, and APNs	\$185
Nurses	\$125
Fellows/Residents	\$120
Allied Health*	\$120
EMS Providers	\$100
Non-Licensed Students**	\$85

\* Examples include RRT, MHA, PT, OT, etc. If you are unsure of your registration type, please contact (615-875-4397) for assistance.

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

## THE 25th ANNUAL UPDATE IN Acute & Emergency Care Pediatrics Conference

### Conference Agenda

7:45 a.m. - 8:20 a.m. EST	Check-in/Breakfast	
8:20 a.m. - 8:30 a.m. EST	Welcome and Opening Remarks	
8:30 a.m. - 9:25 a.m. EST	Regan Williams, MD, MS Pediatric Trauma across Tennessee	
9:30 a.m. - 10:25 a.m. EST	Amy Hill DO Seizure Recognition and Acute Management	
10:25 a.m. - 10:45 p.m. EST	Vendor Break	
10:45 a.m. - 11:30 a.m. EST	Suzanne Rybczynski, MD, MSHCM, FAAP Pediatric Suicide Risk Screening in Emergency Departments and Beyond	Jennifer Porter, BSN, RN, CPEN Sign here: A guide to pediatric refusal risks and practices
11:35 a.m. - 12:30 p.m. EST	Rebecca Bruccoleri, MD The Many Hats of the Tennessee Poison Center	
12:30 p.m. - 1:20 p.m. EST	Lunch and Vendor Networking	
1:20 p.m. - 2:15 p.m. EST	Carrie Dhanarajan, MA, BCBA, LBA Autism Centered Care: Recognizing and Responding with Compassion	
2:20 p.m. - 3:05 p.m. EST	Vanessa Thomas, MD Sepsis in Children: Spotting the Signs, Saving the Future	Cameron Sears, MD Orthopedic Injuries: When to Worry...or Not
3:05 p.m. - 3:25 p.m. EST	Vendor Break/Snack	
3:25 p.m. - 4:20 p.m. EST	Tracy S. White, RRT, EMT, ECMO Specialist "Calm Under Pressure": When to Worry and What to do!	
4:25 p.m. - 4:30 p.m. EST	Closing Remarks	