

Meeting Invitees:

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Х	Michael Kim	Χ	Jason Selwitschka	Χ	EMS Section-James Newlun
Х	Lorin Browne	Χ	Andrew Werth	Χ	EMS Section-Chuck Happel
Х	Erica Kane	Χ	Heather Goodman	Χ	EMS Section-Paul Wittkamp
Х	M. Riccardo Colella		Ben Harris	Χ	EMS Section-Helen Pullen
Х	Duane Erschen	Χ	Melody Mulhall	Χ	EMS Section-Sandy Ryce
	Dustin Ridings	Χ	Mary Jean Erschen-Cooke	Χ	EMS Section-Ray Lemke
	William Oemichen		Jacob Detterming	Χ	Ashley Bergeron
Х	Patrick Drayna	Χ	E. Brooke Learner	Χ	Matt Pinsoneault
	Kia LaBracke	Χ	Ben Eithun		Karen Ordinans
		Χ	Robin Schultz	Χ	Paul Cooke

Agenda:

Time:	Topic:	Lead:	Follow-up Items:	Notes:
11:00	Meeting called to order	M. Kim/L. Browne		Dr. Kim called the meeting to order.
11:02	Introductions	M. Kim/L. Browne		All committee members present introduced themselves.
11:05	Approval of minutes: August 4, 2016 and October 4, 2016	M. Kim/L. Browne		August 4, 2016 and October 4, 2016 minutes were approved by the committee members present.



11:07	New performance measures	L. Browne	Erica will follow-up with NEDARC to confirm which groups are considered "EMS agencies" when calculating measures.	 Dr. Browne introduced EMSC 01, 02 and 03 which will replace EMS 71, 72 and 73 in 2017. EMSC 01 will focus on using NEMSIS to identify pediatric patient care needs, with a goal of 80% of EMS agencies submitting version 3.x data, or higher, in 2021. EMSC 02 will focus on improving pediatric care coordination within EMS agencies, with a goal of 90% of EMS agencies designating a pediatric care coordinator by 2026. EMSC 03 will focus pediatric specific equipment training, with a goal of 60% of EMS agencies establishing protocols requiring providers to physically demonstrate correct use of pediatric equipment. EMS agencies will be surveyed July 2017 – September 2017 to establish baseline measurements for EMSC 02 and 03. Updates regarding survey planning, survey promotion and response will be provided at future EMSC meetings. Results of baseline surveys will inform future priorities for WI EMSC. Question was raised on how we would define the number of 'EMS Agencies' in the state – this will need to be determined as we move forward
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11:17	DHS 118	M. Kim/L. Browne	Erica will share dates for public hearings when available.	 DHS 118, the state trauma rule which establishes requirements for level 3 and 4 trauma centers is being updated. EMSC drafted a letter to support inclusion of pediatric specific equipment and protocol requirements in DHS 118. Children's Hospital of Wisconsin and American Family Children's Hospital drafted a joint letter and with specific recommendations for equipment and protocols. The DHS 118 Advisory Committee decided not to include pediatric specific recommendations. Next steps for DHS 118 will include public hearings and submission to legislature. No specific timeline is set at this time. Comment was made that it would be extremely helpful to see the details of WI hospital responses on the Pediatric Readiness Project. If there are interventions or resources that all hospitals failed on, these could be the first interventions targeted
11:22	Data management updates	B. Eithun/A. Bergeron/C. Happel	Committee will continue to discuss opportunities to use child abuse data to inform EMSC trainings.	 EMS agencies will be required to submit NEMSIS 3.0 compliant data by March 31, 2017. Wisconsin's trauma registry is transitioning to Image Trend software. Extensive regional trainings are ongoing. 2014 data on non-accidental pediatric injuries were shared. Of the 99 cases captured, 5% of patients died as a result of their injuries. Children under one made up the greatest portion and subdural hemorrhage was the leading injury. The possibility of using data related to child abuse to inform training priorities was discussed.
11:32	Annual progress report	M. Kim/L. Browne		Progress report was submitted to HRSA on November 1, 2016.



11:37	Carry over request	M. Kim	Requests for funding or ideas for projects should be directed to Erica.	 The annual carry over request was approved by HRSA for 30,393.00 and includes 12,600.00 for Patient at Risk, 10,000.00 for training and 7,793.00 for facility recognition. Dr. Kim shared that avenues to begin facility recognition have been explored and suggested that a collaborative approach be used to pilot facility recognition at several hospitals. A request was made to fund the Wisconsin Youth Preparedness Conference, in the amount of 5,770.00. Committee members present voted to approve funding. Additionally, funds from this the current budget must be spent by Feb. 28, 2017. In total, 34,000.00 is available and must be spent on trainings, facility recognition, equipment or other requests by Feb. 28, 2017.
11:47	Status update on family representative recruitment	E. Kane	 Erica, Dr. Browne and Dr. Kim will speak with Jennifer regarding her interest. Erica will share Jennifer's statement of interest for further consideration. 	Jennifer Rubusch, a registered nurse at AFCH has expressed interest in the family representative role.
11:50	DNR forms	M. Kim	AFCH and CHW legal counsel will be consulted and asked to provide their interpretation of Wis. Stat. s. 154.17 (4)	 DNR forms for children were discussed. Several hospitals have developed DNR forms or DNR letters. Wis. Stat. s. 154.17 (4) does not apply to children. Potential legal ramifications of issuing and honoring DNR orders for children were discussed. Members expressed interest in exploring this topic further and potentially advocating for new legislation or developing best-practices for EMS agencies and hospitals.



11.55	Wrap up topics	M. Kim/L.	•	No additional wrap up topics were discussed.
11.55		Browne		

"Parking Lot" Items: