



The Pony Express

Headline News

EMSC Advisory Committee Sets the Sails at Annual Meeting

On September 11, 2009 the [Texas Pediatric Society](#) (TPS) Emergency Medicine Committee hosted the Annual Emergency Medical Services for Children Advisory Committee (EAC) Meeting. In this joint session, representatives from both organizations discussed the EMSC [Performance Measures](#), how emergency care for children in Texas measures up in each of these critical areas, and the obstacles and challenges we face in achieving our goals.

Measures discussed included pediatric EMS continuing education, the availability of pediatric equipment and supplies on Basic Life Support (BLS) and Advanced Life Support (ALS) transport ambulances, on-line and off-line EMS medical direction, recognition of pediatric medical and trauma facilities, pediatric inter-facility transfer guidelines and agreements, and EMSC representation in the State EMS system. With so many important goals to aim for, the EAC, with input from the EM Committee, prioritized the list and agreed upon two top goals on which to focus the Partnership's attention and resources: assuring the availability of pediatric equipment and supplies on BLS and ALS units, and the availability of on-line and off-line pediatric medical direction for ALS and BLS ambulances.

Now that the sails are set, the EMSC State Partnership can begin the journey ahead with clear focus and determination. The upcoming Stakeholder conference will be instrumental in determining objectives and developing strategy. For more information or to send us your comments, just drop an e-letter in the [Mail Pouch](#).

State Partnership Update

The Partnership is moving forward on several important fronts. In addition to identifying priorities and developing action plans for the performance measures, EMSC is taking an active role in the areas of education, research, and advocacy. These activities are vital to the assurance of real and lasting improvements in

(see Activities, p. 2)



Best Practices

By Andrea T. Cruz, MD.

The first cases of H1N1 influenza were seen in April of 2009, and promptly led to increased patient volumes seen both by EMS and emergency departments (EDs). The need to increase surge capacity and decrease patient waiting times led Texas Children's Hospital (TCH) in Houston to develop a 6-bed outdoor unit (Mobile Pediatric Emergency Response Team, MPERT) for low-acuity patients with influenza-like illnesses. This unit was operational for 7 days in May and cared for 353 children. MPERT saw 18% of the ED volume and its opening led to 30% decreased time in department for all patients.

As the outbreak has become more prolonged, MPERT has changed to an indoor location, but with the same flexible functionality. The lessons learned from H1N1 about resource utilization and reallocation and the creation of multifunctional spaces are applicable in a variety of ED settings requiring increased surge potential. MPERT has many potential uses, ranging from pandemic infections and bioterrorism events to more common seasonal viral infections.



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EMSC State Partnership, TX

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pediatric emergency medical care in Texas, and the success of these efforts is dependent on the participation of all EMSC stakeholders across the state.

Education. With the help of our partners at [Cook Children's Hospital](#) in Fort Worth, [Driscoll Children's Hospital](#) in Corpus Christi, and the [Carrollton Fire Department](#), EMSC is currently planning and developing educational programs for pediatric prehospital emergency medical care. Our goal is to provide train-the-trainer educational modules in each region of the state, which can then be disseminated to EMS providers in their respective regions. In addition, we are working with the [Texas EMS Trauma and Acute Care Foundation \(T.E.T.A.F.\)](#) to find better ways of getting pediatric prehospital training to EMS providers across the state, such as web-based training. Other educational initiatives are also in the planning stages and will be detailed in future Pony Express publications and on the EMSC website to be launched (keep your fingers crossed) later this month.

One of the most important elements in a successful continuing education program is the provision of meaningful training that is relative to the needs of the student. With that in mind, the Partnership is asking for your input. EMSC will be conducting a survey at this year's Texas EMS Conference at our booth in the Exhibition Hall on Sunday, November 22nd and Monday, November 23rd. The purpose of the survey is to find out what kind of pediatric EMS education you are most interested in and how it can best be delivered. Please take a few moments to come by and put in your two cents worth. Of course, you can also drop us a note in the [Mail Pouch](#). Either way, we are listening to you.

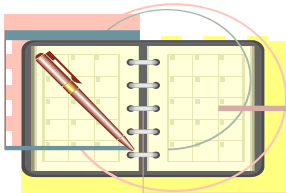
Research. Research is an important part of the EMSC program. Around the state there are a number of research projects, either on-going or in the proposal or planning stage, that are directly related to EMSC through our network of partners, or that will have a direct affect on the EMSC performance objectives and the future of pediatric emergency medical care in Texas. Some of the projects include a pediatric pain management protocol study under the direction of Dr. Halim Hennes at [Children's Medical Center of Dallas](#), a study evaluating the use of steroids for prehospital use in asthma headed by Dr. David Hooke at TCH, and a proposal by Drs. Manish Shah and Charles Macias of TCH to study clinical outcomes after the implementation of evidence-based prehospital guidelines. The November issue of the Pony Express will highlight research in pediatric emergency medical research and will provide a closer look into its importance and impact in Texas. If you have a research story, please share it with us in the [Mail Pouch](#).

Advocacy. Last, but not least, the EMSC State Partnership is taking a proactive approach to ensuring that children's issues are adequately represented in Texas through involvement in the Governor's EMS Trauma Advisory Council and its committees, and through participation in the legislative and regulatory process. On September 14th, the EMSC Program Manager attended the third [DSHS stakeholder meeting](#) to discuss the preliminary draft licensing rules for Freestanding Emergency Medical Care Facilities (Title 25 TAC, Ch. 131) and submitted comments and suggestions concerning appropriate pediatric equipment and transfer guidelines that we believe should be the minimum standard for any emergency care facility. A copy of the report from the stakeholder meeting is available on request through the [Mail Pouch](#).

Final Thought

Henry Ford once said, "Coming together is a beginning. Keeping together is progress. Working together is success." Through the collaborative efforts of the EMSC State Partnership, Texas, we can achieve our mission of reducing child and youth morbidity and mortality resulting from severe injury and illness by making sure that pediatric emergency medical providers in Texas have the skills and the tools they need, that they have sound, evidence-based medical direction available any time of the day or night, and that the interests of children and of the dedicated professionals who provide emergency care for them are well represented.

Upcoming Events



Mark Your Calendar

October 22, 2009: Stakeholders teleconference, 2:00 - 3:00 pm, call-in information forthcoming.

November 22-25, 2009: Texas EMS Conference. Look for the EMSC booth in the Exhibition Hall on the 22nd and 23rd.

December 17, 2009: EAC Teleconference, 2:00 - 3:00 pm, call-in information forthcoming.