

EMSC/CHILD READY CONNECTION NEWSLETTER

February 2015: VOLUME 3, ISSUE 2

A word from the EMSC Program Manager:

Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (*prevention, emergency response, prehospital care, hospital care, interfacility transport, and rehabilitation*) is provided to children and adolescents, no matter where they live, attend school or travel.

THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME WITH THE RIGHT RESOURCES!



Child Ready Montana- State Partnership of Regionalized Care (SPROC)

The intent of the program is to develop an accountable culturally component and assessable emergent care system for pediatric patients across Montana.

Exciting news and events are going on this month!



Don't forget to Register for the free Pediatric Disaster Response and Emergency Preparedness - <http://dphhs.mt.gov/publichealth/EMSTS/calendar>

Cardiac Ready Communities & LUCAS devices, hands only CPR training, etc. -page 2

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EMS Wellness—are you as healthy as you could be??? See page 8



EMS & Trauma Section
EMS for Children,
PO Box 202951,
1400 Broadway,
Room C314A,
Helena MT 59620

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MT DPHHS RECEIVES \$3.2 MILLION GIFT TO ENHANCE HEART ATTACK SURVIVAL IN RURAL MT *Montana to promote 'Cardiac Ready Communities'*



Governor Steve Bullock announced the MT Department of Public Health and Human Services has received a \$3.2 million gift from the Leona M. and Harry B. Helmsley Charitable Trust to implement a three-year Cardiac Ready Communities initiative in Montana. Bullock said this funding will be used to enhance the overall emergency medical system (EMS) in Montana. “We are grateful to the Helmsley Charitable Trust,” Bullock said. “This initiative represents a significant investment in MT, especially to our rural areas. This will improve outcomes for those who suffer cardiac arrest and equip our first responders with additional tools they need to save lives.”

The centerpiece of the Cardiac Ready Communities initiative includes the purchase of 222 automatic compression devices, called the Physio-Control LUCAS® 2 Chest Compression System, which is enough to equip every Montana community that has an organized EMS service with the staff and vehicle to respond. Some units will also go to hospitals, including Critical Access Hospitals. The units cost about \$11,000 each, which equates to about \$2.4 million of the total funds.

DPHHS Emergency Medical Services and Trauma Systems Section supervisor Jim DeTienne said the process to distribute the new devices will begin immediately. **The process includes local communities signing an agreement stating they have agreed to work with the project to become a 'Cardiac Ready Community.'** The goal is to have all the devices distributed over the next 18 months.

DeTienne expects the broad introduction of automatic compression devices in Montana to be a difference-maker since they allow CPR to be performed longer and more consistently. He said that studies show two people can only perform ‘high performance’ CPR for 5-10 minutes due to fatigue. (High performance CPR means compressions are never interrupted or stopped unless absolutely necessary.) Patient transports in rural Montana often average over 20 minutes. “In emergency situations involving cardiac arrest, time is of the essence.. This will be an important tool going forward as we implement the Cardiac Ready Communities initiative.” A limited number of automatic compression devices are currently in use in MT, and have shown positive results. The devices are able to sustain a higher blood flow to the brain and heart compared to manual compressions. Nationally, when high performance CPR is used, patient outcomes are increasing from a historical 0-5 percent to outcomes reaching 40 to 50 percent in some parts of the U.S.”

The Cardiac Ready Communities initiative includes several additional key components all aimed at improving the overall EMS system, including:

More training opportunities. Plans are also underway to enhance training capabilities in Montana communities for dispatchers on bystander CPR and for the general public on hands-only CPR and the use of automatic external defibrillators (AEDs). This is especially important because most often the general public is the first to provide immediate care before EMS arrives.

New computer software. The state’s computer system to collect EMS data will be updated. The new system will improve MT’s ability to collect and share data with other states and participate in a seven-state research project by the University of North Dakota that will study the use of automatic compression devices in rural states.

Public education. Public education will also be distributed through the initiative. “To provide cardiac arrest patients the best opportunity to survive their event, the public needs to recognize the signs of heart attack and the need to call 9-1-1,” DeTienne said. “They need to know how to efficiently perform hands-only CPR and they need to know if an AED is available and how to use it.”

For more information: jdetienne@mt.gov.

In photo above, MT DPHHS Director Richard Opper is joined at the podium by Governor Steve Bullock, Jim DeTienne of EMS & Trauma Systems and fireman/paramedic William Farhat. Picture below is the Lucas device.





NATIONAL "WEAR RED" DAY (FIRST FRIDAY OF FEBRUARY)



FEBRUARY IS PRENATAL INFECTION PREVENTION MONTH

- For women who are 35-37 weeks pregnant—Ask your health care provider about getting a group B strep test.
- Pregnant or planning a pregnancy? The best way to protect your unborn child from cytomegalovirus (CMV) is to protect yourself — especially by washing your hands.
- Pregnant women are about 10 times more likely than the general population to get a serious infection called listeriosis, but you can take steps to protect yourself as well as your unborn baby or newborn.

More Information on Group B Strep and Pregnancy

[Learn more about preventing group B strep.](#)

Learn about staying healthy [during pregnancy.](#)

[Protect Your Baby from Group B Strep \[PODCAST - 6:14 minutes\]](#)



Send a Health-e-Card to a friend or family member: <http://www.cdc.gov/Features/PrenatalInfections/>



BE FOOD-CONSCIOUS.

Consider making a healthy meal for Valentine's Day. Serve food lower in salt and fat content, provide more fruits and vegetables, and make less sugary sweets for an overall healthy Valentine's Day.

[Consume Less Sodium](#)

[Healthy Recipes](#)

[Healthy Eating for a Healthy Weight](#)

[Nutrition for Everyone](#)

[Beyond Chocolate: Love Your Health on Valentine's Day](#)

<http://www.cdc.gov/family/valentine/index.htm>



February is Children's Dental Health Month

tooth decay is the **most common** childhood disease

3 out of every 5 children are affected by tooth decay

5x more common than asthma

51 million school hours missed due to oral disease

tooth decay is **almost entirely preventable!**

Every \$1 spent on prevention in oral care can save you \$9-\$50 on restorative and emergency procedures



New Injury Prevention Coordinator

Jeremy Brokaw is the new health educator for the Injury Prevention Program. He was the Tobacco Cessation Specialist for the State of Montana for two years.

Originally from Upstate New York, Jeremy earned a BS in Clinical Science from Ithaca College before moving to Montana to complete a year of service with Adult Protective Services through AmeriCorps VISTA.

He has maintained his desire to serve his community and is excited for the opportunity to work in the Injury Prevention Program. He will be overseeing the "Stepping On" senior fall prevention program, the poison control system, and motor vehicle and seatbelt safety awareness.

Jeremy Brokaw, Injury Prevention Program, EMS & Trauma Systems, Montana DPHHS at (406) 444-4126 or jbrokaw@mt.gov.



Welcome Jeremy!

TAKE TIME FOR YOU: WORK-FAMILY CONFLICT-SLEEP & THE HEART

It is estimated that 50 to 70 million Americans chronically suffer from a disorder of sleep and wakefulness, hindering daily functioning and adversely affecting health and longevity. The cumulative long-term effects of **sleep loss and sleep disorders have been associated with a wide range of deleterious health consequences including an increased risk of hypertension, diabetes, obesity, depression, heart attack, and stroke.**



After decades of research, the case can be confidently made that sleep loss and sleep disorders have profound and widespread effects on human health. **Health care workers report a lot of musculoskeletal pain, work-related injuries and sleep deficiencies as well as work-to-family conflict.** New research explores whether work-to-family conflict is related to sleep deficiencies and whether these conflicts and sleep deficiencies lead to increased risk of cardiovascular disease.

Positive interventions modifying sleep as a component of wellness aligns with the National Institute for Occupational Safety and Health (NIOSH) Total Worker Health program,

For more information: [workplachttp://blogs.cdc.gov/niosh-science-blog/2012/03/08/sleep-and-work/](http://blogs.cdc.gov/niosh-science-blog/2012/03/08/sleep-and-work/)



NEW HEALTH EQUITY ONLINE TRAINING COURSE

The Division of Community Health (Training, Translation and Communication Branch and Office of Health Equity) has developed a new online training module, [Community Approaches to Advance Health Equity](http://www.cdc.gov/Learning/). <http://www.cdc.gov/Learning/>

The course is designed to help community health practitioners learn how to incorporate health equity principles into all aspects of their work. Participants will be encouraged to consider proven policy, systems, and environmental improvement strategies that address health disparities in chronic diseases.

Learning objectives:

- Define five (5) key health equity terms
- Describe three (3) areas to consider when building capacity to advance health equity
- Use available data to identify health inequities
- Use identified best practices to select health equity-oriented strategies
- Describe three (3) approaches organizations can use to make the case for health equity
- Identify three (3) ways to integrate health equity goals into evaluation efforts



CHILD READY MONTANA

Child Ready Montana is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 6 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.

CULTURE OF HEALTHCARE IN MONTANA

Please feel free to contact Kassie Runsabove Program Manager and Cultural Liaison to schedule Cultural sensitivity presentations in your facility. Kassie Runsabove 406-238-6216 or Kassie.runsabove@sclhs.net

Resources for Family Centered Care and Cultural Sensitivity

Patient centered care and Cultural Sensitivity are two concepts in patient and provider contact that play hand in hand in treatment and discharge of patients. The Joint Commission has tools available for hospitals to meet the standards of care. Feel free to check out the following website for resources. <http://www.jointcommission.org/>

This video features staff from the Division of Healthcare Quality Evaluation discussing Joint Commission standards and resources that advance health equity and patient centered care. <http://www.jointcommission.org/multimedia/promoting-health-equity-and-patient-centered-care/>

Upcoming Child Ready Events:

EMS mock code Miles City February 24th and 25th

MGT 433: ISOLATION AND QUARANTINE FOR RURAL COMMUNITIES

A management-level, instructor-led course designed to provide small, rural, and remote communities with the knowledge, skills, and abilities to effectively plan for and respond to events that require isolation and/or quarantine of their populations in a variety of low- and high-impact situations. This course serves as a primer for additional courses on this issue in discipline-specific areas. Course Topics: include I&Q case studies and research; I&Q trigger situations; Levels of I&Q; List of quarantinable diseases and corresponding signs and symptoms; Necessity and effectiveness of non-pharmaceutical interventions

PER 308: RURAL ISOLATION AND QUARANTINE FOR PUBLIC HEALTH AND HEALTHCARE PROFESSIONALS

This course expands on concepts introduced in MGT 433, and consists of two customized training modules specifically tailored toward course participants in the public health and medical fields. In this course, participants will become familiar with guidance that assists communities in planning for isolation and quarantine (I&Q), such as the National Response Plan and its implications in the healthcare community. **Successfully completing MGT 433: Isolation & Quarantine for Rural Communities is a prerequisite for attending PER 308.**

Please sign-up no later than February 25, 2015 as a minimum of 20 registrations must be received by this date in order to confirm the class will be held. Should you have any questions please contact Sue Hansen at 406-683-3179 or shansen@beaverheadcounty.org.

<https://www.ruraltraining.org/training/schedule/2015-03-11-mgt433-dillon-mt-001/>

<https://www.ruraltraining.org/training/schedule/2015-03-11-per308-dillon-mt-001/>



CRITICAL CONGENITAL HEART DEFECT (CCHD) AWARENESS WEEK

FEBRUARY 7-14



CCHD FACTS

- Critical Congenital heart defects (CCHDs) occur when a baby's heart fails to form properly during early pregnancy. In most cases, the cause is unknown, although scientists feel both genetic and environmental factors play a role. Some environmental factors that increase the risk of CHDs include the mother's use of cocaine, alcohol or certain medications while pregnant. Some maternal medical conditions – such as diabetes may also increase risk.
- CCHDs are the most common birth defect – and the leading cause of birth defect related deaths. There are approximately 35 different types of congenital heart defects. It is estimated that 40,000 babies with CCHDs are born in the United States each year – that's one in every 125 babies.
- CCHDs occur more often than Spina Bifida, Down Syndrome or hearing loss – and kill twice as many children as childhood cancer.
- Some CCHDs may be treated with surgery, medicine and/or devices, such as artificial valves and pacemakers. In the last 25 years, advances in the treatment of heart defects have enabled half a million U.S. children with serious CCHDs to survive into adulthood.
- Many cases of sudden cardiac death in young athletes are caused by undiagnosed CCHDs and childhood-onset heart disease.
- Early detection is critical to the successful treatment of CCHDs. Some heart defects can be detected by a routine ultrasound – but the most effective prenatal test is an echocardiogram performed by a Pediatric Cardiologist.

https://www.littlehearts.org/.../PR_Toolkit_CHD_Awareness_Week_2015

Find more resources at <http://www.heart.org/HEARTORG/Conditions/CongenitalHeartDefects/CongenitalHeartDefectsToolsResources/Congenital-Heart-Defects-Tools-and->

MONTANA' S GOAL—ALL BABIES BORN IN MT ARE SCREENED FOR CCHD WITH A PULSE OXIMETRY TEST

DPHHS Roles:

- Provide technical assistance to hospitals, birth centers, and midwives on screening implementation and follow up.
- Provide education to parents and providers about the routine use of pulse oximetry to detect CCHD, interpretation of results, and best next steps when a baby fails the screening.
- Provide data surveillance and implement quality improvement measures.
- Maintain a program for comprehensive follow up services for children diagnosed with CCHD.

For more information: see <http://dphhs.mt.gov/publichealth/cshs/NewbornScreeningPrograms/CriticalCongenitalHeartDiseaseScreening/CCHDScreeningInformation>.

ONSTAR OFFERS FREE NEWSLETTER GEARED TO EMS AND PUBLIC SAFETY



OnStar's public safety e-Newsletter containing content specifically for law enforcement officers, fire fighters, emergency medical service and 9-1-1/public safety answering point personnel is distributed three/ four times per year and contains current and new information about OnStar's emergency services, available training materials and other public safety-related content that can help you on the job. The most recent issue can be found at: <http://newsletter.onstaremergencyservices.com> and readers are encouraged to sign up from the site to automatically receive future issues.

Additionally, there is a **COMPLIMENTARY** one hour online course for public safety available on the OnStar Public Safety website at www.onstar.com/publicsafety which is approved for continuing education credit with IAED and APCO. With more and more OnStar-equipped/subscribed vehicles on the road, the e-Newsletter and training are valuable ways to stay up to date with OnStar's connected vehicle technology.

NEW ASPR GUIDE URGES HCF PLANNING FOR ACTIVE SHOOTER INCIDENTS

Though the majority of recent active shooter incidents have occurred in business and school environments, for many reasons **health care facilities (HCF) also face the threat of an active shooter**. A new document from the Office of the Assistant Secretary of Preparedness and Response (ASPR) at the US Department of Health and Human Services (HHS) is primarily designed to encourage **facilities to consider how to better prepare for an active shooter incident**. Though hospitals and many other HCFs have emergency operations plans (EOPs), this document **provides** emergency planners, disaster committees, executive leadership, and others involved in emergency operations planning with **detailed discussions** of unique **issues faced in an HCF**. This document also includes discussions on related topics, including information sharing, psychological first aid (PFA), and law enforcement/security.

To obtain copies of this report: Download **online** from the Office of the Assistant Secretary for Preparedness and Response at <http://www.phe.gov> or at the Federal Emergency Management Agency at <http://fema.gov>.

THE NATIONAL QUALITY STRATEGY FOCUSES ON SIX PRIORITIES

Mandated by the Patient Protection and Affordable Care Act, the National Quality Strategy was developed through a transparent and collaborative process with input from a range of stakeholders.

National Quality Strategy established a set of **three overarching aims** that builds on the Institute for Healthcare Improvement's Triple Aim®, supported by **six priorities** that address the most common health concerns that Americans face.

- Making care safer by reducing harm caused in the delivery of care.
- **Ensuring that each person and family is engaged as partners in their care.**
- **Promoting effective communication and coordination of care.**
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices to enable healthy living.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

DID YOU KNOW?

Five years ago, the American Recovery and Reinvestment Act created the meaningful use of electronic health records (EHRs) requirement as an incentive to adopt electronic health records and to do so in a way that would be meaningful to the health care system and patients.

The meaningful use requirements included four items relevant to the topic.

First, patients are entitled to electronic discharge instructions if they want them.

Second, patients must be provided with an after-visit summary at the end of every outpatient visit to help address the fact that **they forget 40–80 percent of everything they hear in the doctor’s office or ED by the time they get home.**

Also required are patient reminders that are relevant not just to preventive care, such as cancer screenings and immunizations, but also to follow-up care.

Patients are also supposed to receive patient-specific educational resources to help put the conveyed information into a context that, together with education, **would improve health literacy.**

Research has shown that there are eight patient-identified items that might be missing from discharge instructions:

Define complex words and concepts with precise terms.

Present a contextual framework and motivational information that would clearly state the implications of not following the discharge instructions.

Provide specific, practical information with examples that are meaningful to the patient’s everyday experiences.

Clarify uncertainty and manage expectations about how their condition might evolve after therapy.

Provide visual aids and pictographs to illustrate key concepts.

HPRC OFFERS WELLNESS RESOURCE AVAILABLE TO EMS PERSONNEL

A resource supported by the US Department of Defense (DoD) intended for military personnel and their families offers exceptional advice on optimizing human performance that EMS practitioners and agencies will find interesting and beneficial. Total Force Fitness (TFF) is a framework for building and maintaining health, readiness, and performance in the DoD. It views health, wellness, and resilience as a holistic concept where optimal performance requires a connection between mind, body, spirit, and family/social relationships.

Whether or not you have a health resolution in the new year, **EMS “warriors” will find the Human Performance Resource Center (HPRC) resource providing tools for increasing strength, endurance, speed, focus and concentration, motivation, improved memory, sleep and overall performance quick in a “one-stop” online resource, available at <http://hprc-online.org/>**





TRIVIA CONTEST:

Answer the questions and win a free EMS Field Guide (either ALS or BLS !)

Email rsuzor@mt.gov (1st 3 to answer)

1. What is the percentage of instructions that people forget?
2. What is one of the February awareness's?
3. Dental decay is how much more common than asthma?

TRAINING RESOURCES:

The Emergency Medical Services for Children (EMSC) Program is pleased to announce the release of the **Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies** created by a multidisciplinary workgroup of pediatric and disaster preparedness experts from across the country as a result of findings from the National Pediatric Readiness Project; data reported indicated that less than half of all U.S. hospitals reported having written disaster plans addressing issues specific to the care of children.

The Checklist is a tool to help hospitals incorporate essential pediatric considerations into existing hospital disaster policies. It consists of 10 essential pediatric domains and corresponding considerations to guide hospital administrators, clinical managers, and disaster planning committees through a review of current disaster plans and inform policy development or revision. Additionally, a list of references and resources specific to each domain is provided to assist users in finding relevant literature and best practices.

The Checklist is available in both interactive and static (printable) pdf versions from the following websites:

Emergency Medical Services for Children (EMSC) National Resource Center (NRC)

<http://www.emscnrc.org>

National Pediatric Readiness Project

<http://www.pediatricreadiness.org>

Health Resources on Children in Disasters and Emergencies

<http://disasterinfo.nlm.nih.gov/dimrc/children.html>



EMSC ONLINE TRAINING PORTAL

The EMSC National Resource Center's (NRC) new website features an [Online Training Portal](#). These flexible, pediatric-focused trainings are convenient and available 24 hours a day to meet the participant's lifestyle. In general, the courses are all self-paced and should take approximately 30 to 90 minutes to complete, depending on the course selected. Participants may enter and exit a course at any time, then re-enter to complete the course at their convenience. Many of the courses offer continuing education credit.

A variety of courses are available targeting [EMS Professionals](#), [Acute Care Professionals](#), [Residents and Fellows](#), [School Nurses](#), and [Family and Caregivers](#). Check it out today!

