

Joint Report to the
General Welfare, Health and Human Resources Committee
Of the Senate and
Health and Human Resources Committee
Of the House of Representatives

Report On the Status of Emergency Medical Services for Children

A Report to the 109th Tennessee General Assembly

Tennessee Department of Health
July 2015



TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
220 ATHENS WAY, SUITE 104
PLAZA 1 METROCENTER
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BOARD FOR LICENSING HEALTH CARE FACILITIES
EMERGENCY MEDICAL SERVICES BOARD

July 1, 2015

The Honorable Rusty Crowe, Chair
Senate General Welfare, Health and
Human Resources Committee
301 6th Avenue North
Suite 8 Legislative Plaza
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 activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMSC objectives.

Improving the availability and quality of children's health care is a major goal for the state of Tennessee and the Department of Health. Our boards help coordinate the role of Tennessee's medical facilities and emergency medical services in providing appropriate pediatric emergency care.

Respectfully submitted,

Rene Saunders, M.D., Chair
Board for Licensing Health Care Facilities

Sullivan K. Smith, MD, Chair
Emergency Medical Services Board

C: John J. Dreyzehner, MD, MPH, Commissioner
Tennessee Department of Health



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BOARD FOR LICENSING HEALTH CARE FACILITIES
EMERGENCY MEDICAL SERVICES BOARD

July 1, 2015

The Honorable Cameron Sexton, Chairman
House Health and Human Resources Committee
301 6th Avenue North
Suite 114 War Memorial Bldg.
Nashville, TN 37243

Dear Representative Sexton:

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Tennessee Department of Health

Joint Annual Report of
The Board for Licensing Health Care Facilities
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, 2015

I. Requirement of the Report

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

Prior to the establishment of CoPEC there were significant barriers to access 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 health care 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 a 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. Children also require equipment specifically designed to meet their anatomic and physiologic requirements.
- Children can change rapidly from a stable to life-threatening condition 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 health care providers including physicians, nurses and EMS professionals
- Access to properly equipped ambulances and hospital facilities
- Location of comprehensive regional pediatric centers and other specialized health care facilities capable of treating critically ill and injured children

CoPEC has spent 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 size equipment specific for children and personnel training. The rules and regulations for hospitals can be found at <http://www.state.tn.us/sos/rules/1200/1200-08/1200-08-30.20150625.pdf> and EMS services at <http://www.state.tn.us/sos/rules/1200/1200-12/1200-12-01.20140803.pdf>.

Approximately 3 out of 4 children are seen at non-children's emergency departments in Tennessee. In 2012, a total of 686,806 children less than 18 years of age were seen in Tennessee's emergency departments with only 23% (149,022) 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.

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. 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 review the patient's chart 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 trainings that cater to the various needs identified.

As of June 19, 2015, there were a total of 680 pediatric patient care concerns among the four facilities. The top three categories of pediatric concerns by EMS providers and emergency departments initially were assessment of the patient (39%), medication (33%) and airway management (27%). As a result of capturing and interpreting this data, specific educational outreach was provided to these providers by the CRPC Coordinators. At the end of 2012, the data shows that the outreach had directly impacted some of the top concerns. Through the first 21 months of collected data (through 2012), 525 concerns were reviewed by the CRPC Coordinators. Of these 525, medication concerns had dropped to 22% and airway concerns dropped significantly to just 5%. Additionally, since 2011 the number of pediatric patient care concerns has dropped from 32% to 23%.

One of the most significant strengths of CoPEC is the involvement and participation of various stakeholders from across the state that advises the Tennessee Department of Health. These volunteers include EMS providers, doctors, nurses, parents of children with special needs, and professional organizations (See Appendix 1).

Key Accomplishments in Fiscal Year (July 1, 2014 to June 30, 2015)

A. Awards

- The TN EMSC Advocate for Children Award is bestowed upon an individual who has made an outstanding contribution of major significance to the Tennessee Emergency Medical Services for Children program. This year's recipient was Le Bonheur Children Hospital's Chief of Emergency Services **Dr. Barry Gilmore, MBA, FAAP**, for his constant dedication to TN Emergency Medical Services for Children and the Committee on Pediatric Emergency Care.
- The TN EMSC Joseph Weinberg, MD, Leadership Award is bestowed upon an individual who displays the attributes of a leader that can bring together diverse stakeholders and organizations to improve the care of critically ill and injured children. This year's award was presented to **Sue Cadwell, MSN, RN, NE-BC**

for her service as the current chair of the Committee on Pediatric Emergency Care and her strong leadership throughout the pediatric readiness assessment. Ms. Cadwell consistently demonstrates the leadership skills of Dr. Weinberg including pediatric expertise, advocacy, and civic duty.

- TN EMSC was selected as a finalist at the 2014 Center for Nonprofit Management's Salute to Excellence. TN EMSC was recognized by Baptist Healing Trust's Access to Care Award. The Access to Care Award was created to recognize nonprofit organizations that demonstrate boldness in expanding access to care, especially for the vulnerable and underserved in Middle Tennessee. Children are a vulnerable and underserved population. They are many times forgotten when conversations regarding critical care and emergency training and equipment arise. TN EMSC has created a system of care that has better prepared hospitals and ambulance providers to care for the unique needs of children. Legislation, rules and regulations have been implemented to ensure the adequacy of EMSC relative to hospital and ambulance equipment standards, qualification of EMS and hospital personnel; and continuing professional education. In fact, Tennessee was the first state in the nation to meet the nine national performance measures.
- In 2014, TN EMSC also received the Rural Health Association of Tennessee's Special Exemplary Award. The award, which was presented in November during the Association's 20th Annual Conference, recognized an organization or group that has successfully developed a unique program that advances rural health. With more than 20 years of service to Tennessee, TN EMSC has helped the state to implement exceptional pediatric emergency care in not only emergency departments and children's hospitals but also in the field. This exceptional care has especially taken hold among rural EMS providers and in community hospitals and emergency rooms in the state's rural communities. TN EMSC works closely with these communities, forming partnerships with their EMS agencies and hospitals. Beyond rural communities, TN EMSC works with a vast network of partners across the state to ensure Tennessee's hospitals and EMS providers have the training and equipment they need to care for critically ill and injured kids. Because of the work of TN EMSC and their partners, Tennessee is a leading model of care for children at their time of need.

B. Exceeding the National Performance Measures

The Pediatric Readiness Assessment demonstrated compliance with the HRSA/MCHB Performance Measures. These included:

- Having greater than 90 percent of pre-hospital provider agencies in the State/Territory that have on-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.

- Having greater than 90 percent of pre-hospital provider agencies in the State/Territory that have off-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.
- Having greater than 90 percent of patient care units in the State / Territory that have the essential pediatric equipment and supplies as outlined in national guidelines.
- The adoption of requirements by the State/Territory for pediatric emergency education for the license/certification renewal of basic life support (BLS) and advanced life support (ALS) providers.
- The degree to which Tennessee has established permanence of EMSC in the State EMS System.
- The degree to which the State/ Territory has established permanence of EMSC in the State/ Territorial EMS system by integrating EMSC priorities into statutes/ regulations.

C. To expand membership orientation and leadership capacity to address the various components to TN EMSC including CoPEC.

- Continued presence of the TN EMSC website (www.tnemsc.org), which contains content to enhance access to quality pediatric emergency care, has resulted in 441,777 hits, 31,200 visits and 13,929 first time visitors.
- Continuation of TN EMSC's efforts in reaching out to the Tennessee population, and beyond, through social media including both Facebook www.facebook.com/TNEMSC and Twitter accounts <https://twitter.com/tnemsc>.

D. To develop and integrate a statewide disaster plan for children.

Currently, children are not included in the disaster plans for Tennessee. The Tennessee Department of Health, Office of Hospital Preparedness, Division of EMS and CoPEC are collaborating to overcome this oversight. A draft of a pediatric disaster plan that will ultimately be woven into the state plan is being circulated for review. A milestone was met this year when pediatric patients were included in a large scale disaster drill. The Nashville Airport included a significant number of pediatric patients in the May 2015 Mass Casualty Drill.

E. Use education (including publications and data collection) to support, develop, and disseminate current best practice for emergency medical services for children.

1. Education

- *Annual State Update in Acute and Emergency Care of Pediatrics Conference* hosted by Le Bonheur Children's Hospital held April 10 & 11, 2015 in Memphis. (See Appendix 2)

- The conference offered more than 150 healthcare providers practical clinical information on urgent and emergency pediatric issues over a day-and-a-half conference. Dr. Jay Kaplan opened the conference with "Quality Gets You in the Game, Service Helps You Win It", setting the tone for an engaging and interactive group of presentations from a range of experts.

2. Publications

Allison Paroskie, Shannon L. Carpenter, Deborah E. Lowen, James Anderst, Michael R. DeBaun, Robert F. Sidonio Jr.. A two-center retrospective review of the hematologic evaluation and laboratory abnormalities in suspected victims of non-accidental injury. *Child Abuse & Neglect*. November 2014; 38(11): 1794-1800.

Masato Yuasa, Nicholas A. Mignemi, Joey V. Barnett, Justin M.M. Cates, Jeffrey S. Nyman, Atsushi Okawa, Toshitaka Yoshii, Herbert S. Schwartz, Christopher M. Stutz, Jonathan G. Schoenecker, The temporal and spatial development of vascularity in a healing displaced fracture. *Bone*. October 2014; 67: 208-221.

Morgan, Clinton D., Scott L. Zuckerman, Young M. Lee, Lauren King, Susan Beaird, Allen K. Sills, Gary S. Solomon. Predictors of post concussion syndrome after sports-related concussion in young athletes: a matched case-control study. *Journal of Neurosurgery: Pediatrics*. 2015; 15(6): 589-598.

Patrick SW, Dudley J, Martin PR, Harrell FE, **Warren MD**, Hartmann KE, Ely EW, Grijalva GC, Cooper WO. Prescription Opioid Epidemic and Infant Outcomes. *Pediatrics*. Epub 2015 April 13.

Warren MD, Miller AM, Traylor J, Bauer A, Patrick SW. Implementation of a statewide surveillance system for neonatal abstinence syndrome—Tennessee, 2013. *MMWR Morbidity and Mortality Weekly Report*. 2015. Feb 13; 64(5): 125-8.

Warren MD, Dooley SD, Pyle MJ, Miller AM. Use of Competency-Based Self-Assessments and the MCH Navigator for MCH Workforce Development: Three States' Experiences. *Maternal and Child Health Journal*. 2015; 19(2): 335-342.

Westrick, AC, Moore MN, Monk S, **Greeno A**, Shannon CN. Identifying the Characteristics in Abusive Head Trauma: A Single Institutional Experience. *Pediatric Neurosurg*. 2015 Jun 9. PMID 26068322

Zuckerman, Scott L. Clinton D. Morgan, Stephen Burks, Jonathan A. Forbes, Lola B. Chambless, Gary S. Solomon, Allen K. Sills; Functional and Structural Traumatic Brain Injury in Equestrian Sports: A Review of the Literature. *World Neurosurgery*. June 2015; 83(6): 1113.

Zuckerman, Scott. L., Ilyas M. Eli, Manish N. Shah, Nadine Bradley, Christopher M. Stutz, Tae Sung Park, John C. Wellons III. Radial to axillary nerve neurotization for

brachial plexus injury in children: a combined case series. *Journal of Neurosurgery: Pediatrics*. 14(5): 518-526. Published online September 5, 2014.
Zuckerman SL, Lee YM, Odom MJ, Forbes JA, Solomon GS, Sills AK. Sports-Related Concussion in Helmeted vs. Unhelmeted Athletes: Who Fares Worse? *International Journal Sports Med*. 2015 May; 36(5) 419-425.

3. Presentations

Phillippi, R and Hansen, C. “Collaborating to Make a Difference in the Emergency Care of Children and Families.” Plenary presentation at the National Emergency Medical Services for Children Conference, Arlington, VA Summer 2014.

Warren MD. Neonatal Abstinence Syndrome: Tennessee’s Epidemic and the State’s Response. Presentation at NAS 101 Conference. Murfreesboro, TN. June 2015.

Warren MD. Potential Opportunities for Pediatricians in Public Service: The Perspective of a Pediatrician in State Government. American Academy of Pediatrics Legislative Conference. Washington, DC. April 2015.

Warren MD. Public Health Updates: Maternal and Child Health. Presentation on Tennessee Hospital Association OB Webinar. Statewide (TN). March 2015.

Warren MD. Perinatal Health Updates. Presentation at Annual March of Dimes Advocacy Day. Nashville, TN. March 2015.

Warren MD. Tennessee’s CoIIN Experience Using Vital Statistics Data. National Institute for Children’s Health Quality Thematic Webinar. January 2015.

Warren MD. Neonatal Abstinence Syndrome: Tennessee’s Epidemic and the State’s Response. Connecting for Children’s Justice Conference. Nashville, TN. November 2014.

Warren MD. Tennessee’s Child Fatality Review Process. Vanderbilt Sudden Arrhythmia Death Syndromes Conference. Nashville, TN. October 2014.

Warren MD. Tennessee’s CoIIN Experience. Collaborative Improvement and Innovation Network (CoIIN) Rollout Meeting. Honolulu, HI. August 2014.

Warren MD. The First 1,000 Days. Keynote presentation at the Tennessee Home Visiting Institute. Murfreesboro, TN. August 2014.

Warren MD. Tennessee’s CoIIN Experience. Collaborative Improvement and Innovation Network (CoIIN) Rollout Meeting. Arlington, VA. July 2014.

Warren, MD. The Role of Prematurity Prevention in Improving Tennessee Birth Outcomes’ Sponsor: March of Dimes. Memphis, TN, November 2014

Warren, MD. Sleep-Related Infant Deaths in Tennessee and Opportunities for Prevention. Sponsor: West TN Healthcare. Jackson, TN, July 2014

Warren MD. “Sleep-Related Infant Deaths in Tennessee and Opportunities for Prevention”

Meharry Medical College Department of Pediatrics Grand Rounds
Nashville, Tennessee, May 2015

Warren, MD. Sleep-Related Infant Deaths and Opportunities for Prevention Alabama Department of Health/March of Dimes Prematurity Summit. Montgomery, AL, November 2014

F. Star of Life Awards Ceremony and Dinner

This year was the 7th annual Star of Life Awards ceremony 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 ceremony includes the presentation of the actual adult or pediatric patient scenarios and reunites the EMS caregivers with the individuals they treated. Recipients were chosen from seven of the EMS regions in the state. This is the premier event within the state to recognize and honor our excellent pre-hospital providers.

Overall State Winner (Region 3): Grundy Emergency Medical Services, Beersheba Springs Fire & Rescue, Air Evac Lifeteam, Coffee County & Mountain Central E911 Dispatch Center

EMS Region 1: Eastman Chemical Company Emergency Services

EMS Region 2: City of Oak Ridge Fire Department, Anderson County EMS & UT LIFESTAR

EMS Region 3: Bradley County EMS, Bradley County 911 & Erlanger Life Force

EMS Region 4: Putnam County EMS, Putnam County 911 & Cookeville Fire Department

EMS Region 5: Nashville Fire Department & Stratford High School

EMS Region 6: Giles County EMS, Giles County 911, Air Evac Lifeteam Base #110 & Frito Lay Safety Team

EMS Region 8: American Medical Response, Arlington Fire Department, Shelby County Fire Department & The Hospital Wing

III. The Needs of the State Committee on Pediatric Emergency Care that were met by the Tennessee Department of Health since last year’s annual report.

- Department of Health, Division of Health Care Facilities reported at the Board for Licensing Health Care Facilities the number of non-compliant issues when hospitals were surveyed.

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

- Ongoing statistical support to assist in defining outcomes of emergency care for pediatrics
- Requesting the Department of Health, Division of Health Care Facilities to share the inspection results for the health care facility survey - Pediatric Emergency Care Facilities- by December 2015 as a component for quality improvement of emergency care for children in our state.

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 very best in our healthcare system.

The Board for Licensing Health Care Facilities and the Emergency Medical Services Board work cooperatively with other programs of the Department of Health 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, 2016.

This report was reviewed by the respective boards on _____ and _____ and approved for presentation to the designated committees of the Tennessee General Assembly.

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Appendix 1

Baptist Memorial Hospital for Women

Children's Hospital at Erlanger Health Systems

East Tennessee Children's Hospital

Family Voices of Tennessee

Hospital Corporation of America (HCA)

Jackson-Madison County General Hospital

Le Bonheur Children's Hospital

Monroe Carell, Jr. Children's Hospital at Vanderbilt

Project B.R.A.I.N.

Niswonger Children's Hospital

Rural Health Association of Tennessee

The Right Dose Foundation

TN Academy of Family Physicians

Tennessee Ambulance Service Association (TASA)

Tennessee Association of School Nurses

TN Chapter of the American Academy of Pediatrics (TNAAP)

TN Chapter of the American College of Emergency Physicians

TN Chapter of the American College of Surgeons

TN Congress of Parents and Teachers

Tennessee Department of Health

TN Disability Coalition

Tennessee Emergency Nurses Association (ENA)

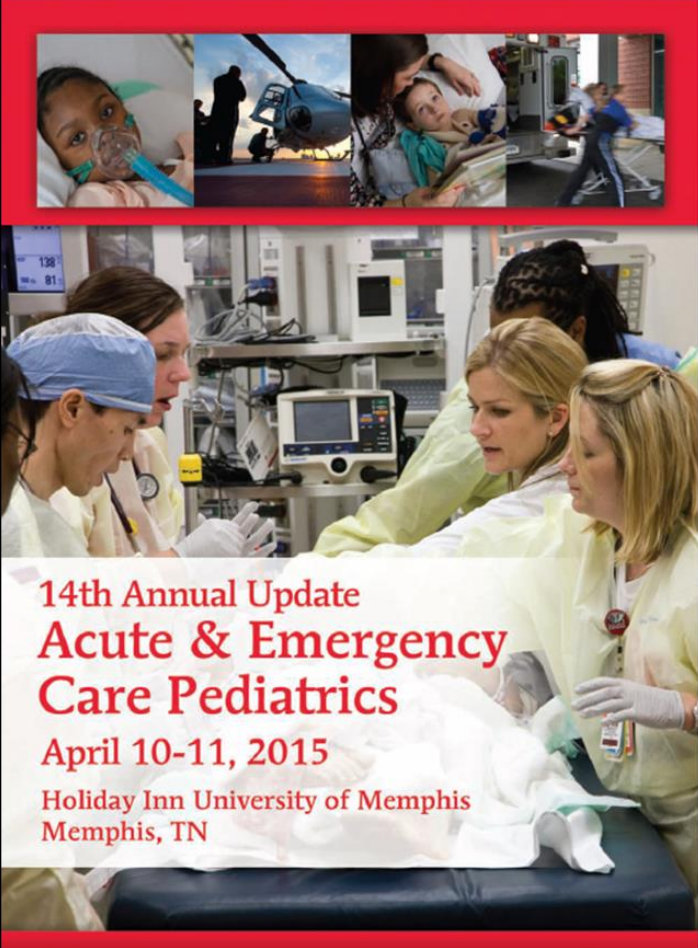
Tennessee Emergency Services Education Association (TEMSEA)

TN Hospital Association

UT Medical Center

Williamson Medical Center

Appendix 2



**14th Annual Update
Acute & Emergency
Care Pediatrics**
April 10-11, 2015
Holiday Inn University of Memphis
Memphis, TN

**14th Annual Update
Acute & Emergency
Care Pediatrics**
April 10-11, 2015
Holiday Inn University of Memphis
Memphis, TN

Le Bonheur
Children's Hospital

Tennessee EMSC
Emergency Medical Services for Children

children's
Hospital at Erlanger

East Tennessee Children's Hospital
Leading the Way in Pediatric Care

Monroe Carell Jr. Children's Hospital at Vanderbilt

14th Annual Update Acute & Emergency Care Pediatrics

April 10-11, 2015
Holiday Inn University of Memphis
Memphis, Tennessee

OVERVIEW

The 14th Annual Update in Acute and Emergency Care Pediatrics is a result of collaboration between Tennessee's four Comprehensive Regional Pediatric Centers (CRPCs) and Tennessee Emergency Medical Services for Children (TNEMSC). The course will provide practical clinical information on urgent and emergent pediatric issues in an atmosphere that encourages participant interaction.

OBJECTIVES

Upon completion of this course the participant should be able to:

- Define how service and quality are interdependent in creating optimal clinical outcomes for patients
- Recognize and remediate pediatric patient safety issues
- Verbalize understanding of acute emergency care needs of children
- Identify available resources to assist with the care of pediatric patients

TARGET AUDIENCE

This conference is designed for Pediatricians, Nurses, Emergency Medicine Physicians, Pediatric Specialists, Family Practitioners, Intensivists, Nurse Practitioners, Physician Assistants, EMS Providers, Pharmacists, Residents, Fellows, and all other disciplines involved in the care of treating pediatric emergencies.

COURSE DIRECTOR:

Rudy J. Kink, MD
Assistant Professor of Pediatrics
University of Tennessee Health Science Center
Pediatric Emergency Medicine
Le Bonheur Children's Hospital
Memphis, Tennessee

FACULTY:

Kara Adams

Family Consultant/ Program Coordinator
Tennessee Parent-to-Parent
Family Voices of Tennessee/TN Disability Coalition

Lee Blair, RN, CEN, EMT-P IC

EMS Coordinator - CRPC Outreach Team
Department of Pediatric Emergency Services
Monroe Carell Jr. Children's Hospital at Vanderbilt
Nashville, Tennessee

Lai Brooks, DNP, FNP-BC

Program Director of the Neuroscience Institute
Le Bonheur Children's Hospital
Memphis, Tennessee

Sue Caldwell, MSN, RN, NE-BC

Director ED Initiative
Hospital Corporation of America
Nashville, Tennessee

Bethany Chu

Mother
Le Bonheur Children's Hospital

Miriam "Mimi" Clemons, JD, MBA

Assistant Vice President and Director
of Memphis Operations for
State Volunteer Mutual Insurance Company
Memphis, Tennessee

Francis W. Craig, MD, FAAP

Medical Director, Pediatric Analgesia and
Sedation Specialists
East Tennessee Children's Hospital Department of
Emergency Medicine
Knoxville, Tennessee

Yvette DeVaughn RN, MSN

Pediatric Nurse Manager
Spence and Becky Wilson Baptist Pediatric Hospital
Memphis, Tennessee

Tim Flack

Director of Patient & Family Centered Care
Director of Volunteer Services
Le Bonheur Children's Hospital

Barry Gilmore MD, MBA

Medical Director of Emergency Services
Le Bonheur Children's Hospital
Associate Professor, The University of Tennessee
Health Science Center
Memphis, Tennessee

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Pediatric Intensivist, Associate Medical Director
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Emergency Department Patient Care Coordinator
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Jay Kaplan, MD, FACEP

Medical Director Studer Group
Director of Service and Operational Excellence
CEP America Emergency Physician Partners
San Francisco, California

Mindy Longjohn, MD, MPH

Assistant Professor, Fellowship Director
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Le Bonheur Children's Hospital
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Jonathan McCullers, MD

Dunavant Professor and Chair Department of Pediatrics
University of Tennessee Health Science Center,
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Marisa Moyers, RN, ADN

CRPC Coordinator/Trauma & Injury Prevention Manager
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Jeanann P. Pardue, MD

Medical Director, CPG Inpatient Service
Chief Quality Officer, ETCH
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Beth Paton, MSN, PNP-BC, CPEN, FAEN

Pediatric Surgery Nurse Practitioner
Le Bonheur Children's Hospital
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Rhonda G. Phillippi, RN, BA

Executive Director
Tennessee Emergency Medical Services for Children
Nashville, Tennessee

Margie Quin

Assistant Special Agent in Charge
Tennessee Bureau of Investigation
Nashville, Tennessee

Andy Savage

Teaching Pastor
Highpoint Church

Saralyn R. Williams, MD, FACMT, FACEP

Associate Professor of Emergency Medicine,
Medicine and Pediatrics
Monroe Carell Jr. Children's Hospital at Vanderbilt (VCH)
Nashville, Tennessee

FRIDAY

6:30-7:15	Registration / Hot Breakfast		
7:15-7:25	Welcome		
7:25-8:25	"Quality Gets You in the Game, Service Helps You Win It" Jay Kaplan, MD		
8:35-9:40	"First, Do No Harm. A Patient Safety Discussion" - Marvin Hall, MD, Sue Caldwell, MSN, RN, Barry Gilmore, MD, MBA, Jeanann P. Pardue, MD, Yvette DeVaughn, RN & Marisa Moyers, RN		
9:40-10:00	Break / Visit Exhibition		
	Breakout Session #1	Breakout Session #2	Breakout Session #3
10:00-11:00	"Diabetic Ketoacidosis: When Sugar Isn't Sweet!" W. Ricks Hanna Jr, MD	"All Stressed Out - How to Prevent Burnout!" Jay Kaplan, MD	"The Perils of Practice: Staying Out of the Courtroom and Off Social Media" Miriam "Mimi" Clemons, JD, MBA
11:00-12:15	Lunch / Awards		
12:15-1:15	"Infectious Emergencies in Pediatrics" Jonathan McCullers, MD		
1:15-1:45	Break / Visit Exhibition		
	Breakout Session #4	Breakout Session #5	Breakout Session #6
1:45-2:45	"Pediatric Emergency! There's an App for That!" Lee Blair, RN, CEN, EMT-P	"Emergent Bum Care and Specialized Plastic Surgery" Debbie Harrell RN, MSN	"Strategic Communications: How Did We Get Here and What is Ahead?" Rhonda Phillippi, RN, BA
2:45-3:45	"Tennessee Human Sex Trafficking and Its Impact on Children and Youth" - ASAC Margie Quin		
3:45-4:00	Break		
4:00-5:00	"If Disney Can Do It, Can We? Patients' Experiences in the New Healthcare Environment" - Rudy Kink, MD, Kara Adams, Bethany Chu, Tim Flack and Andy Savage		

SATURDAY

7:30-8:00	Breakfast / Registration / Exhibitors		
8:00-9:00	"Seize the Moment: Empowering Medical Providers in the Care of the Pediatric Patient with Epilepsy" - Lal Brooks, DNP, FNP-BC		
<i>Breakout by provider type EMS, Nursing, MD</i>	Breakout Session #7 EMS FOCUS	Breakout Session #8 NURSE FOCUS	Breakout Session #9 MD FOCUS
9:00-10:00	Pediatric Assessment for EMS Providers: "What You Don't Know Can Kill Them!" Lana Helton-Clark, BSN, RN-BC, CPEN, EMT-P	"Blue Babies, Twitchy Toddlers, and Kool Kids- A Series of Scenarios for the ED Nurse": Case Reviews - Beth Paton, MSN, PNP-BC, CEN, FAEN	"A Day in the Peds ED" A Case in Review Mindy Longjohn, MD, MPH
10:00-10:30	Break and Visit Exhibitors		
10:30-11:30	"Acute Pain Management in the Pediatric Patient" Francis W. Craig, MD, FAAP		
11:30-12:30	"K2 to Kratom Update on Novel Drugs of Abuse" Saralyn Williams, MD, FACMT, FACEP		
12:30-12:40	Closing Remarks / Evaluations		

FACULTY DISCLOSURE

As a provider accredited by ACCME, The Quillen College of Medicine, East Tennessee State University must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course director, planning committee, faculty and all others who are in the position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been established. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentations.

ACCREDITATION

Joint Providership: This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Quillen College of Medicine at East Tennessee State University and Tennessee Emergency Medical Services for Children. Quillen College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

ACCME Accreditation: Quillen College of Medicine, East Tennessee State University, is accredited by the Accreditation Council for Continuing Medical Education for physicians.



CME Credit: Quillen College of Medicine, East Tennessee State University designates this live activity for a maximum of 12.0 AMA PRA Category 1 Credits[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.



CNE Credit: 12.0 continuing nursing education contact hours for this conference. East Tennessee State University College of Nursing is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This event is presented by the College of Nursing Office of Continuing Education at East Tennessee State University, and the Quillen College of Medicine Office of Continuing Medical Education.

Nurse practitioners may apply the number of contact hours from this conference as designated on the certificate issued by the ETSU College of Nursing to pharmacotherapeutics continuing education required by ANCC.

*There is a \$15 fee per attendee for Continuing Nursing Education (CNE) contact hours to register for CNE Credit go to www.etsu.edu/cme.

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.



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