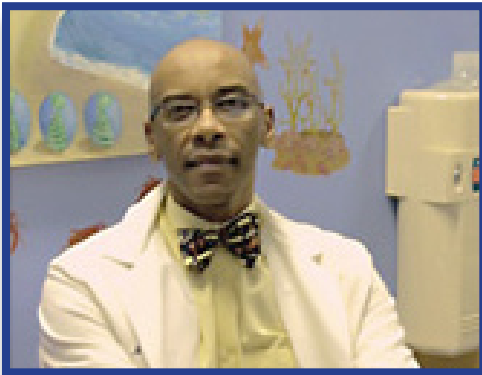


2009 National EMSC Heroes Awards Honors Six Remarkable Individuals/Teams

Since 1998, the EMSC National Heroes Award selection committee has solicited nominations from throughout the country to recognize and reward outstanding achievement in emergency medical services for children (EMSC). The individuals who are selected reflect the best of the best. They are compassionate, tireless advocates who have made a real difference within the pediatric health care community at the local, state, and national levels.

On June 11, during the Annual EMSC Program Meeting in Alexandria, VA, five individuals, one family, and one team received a 2009 EMSC National Heroes Award for their commitment, creativity, and resourcefulness in successfully addressing one or more challenging EMSC issues. They include:



Michael Shannon, MD, MPH, MA, is this year's recipient (posthumously) of the **EMSC Lifetime Achievement Award**. Dr. Shannon's entire career was devoted to advocating for children and advancing pediatric emergency care throughout the nation.

In 2004, Dr. Shannon became the first African-American to be named a full professor of pediatrics at Harvard Medical School. Until recently, he had been chief of the Division of Emergency Medicine and chief of Clinical Pharmacology at Children's Hospital in Boston.

In 2003, Dr. Shannon became director of the newly-created Center for Biopreparedness, a nationally-recognized program developing models for managing biological, chemical, or radiation events affecting children and their caregivers.

Dr. Shannon has held several key leadership roles within the American Academy of Pediatrics (AAP), including chair of its Committee on Environmental Health. He is also arguably the "MVP" on the more recently-formulated AAP Disaster Preparedness Advisory Council. His broad range of expertise, his superior writing and speaking abilities, and his commitment to the cause made him an invaluable resource.

During three decades in medicine, he was also a consultant to the U.S. Defense Department, the Environmental Protection Agency, and the Food and Drug Administration. He has contributed more than 300 publications to the fields of emergency medicine, pediatric emergency medicine, and pediatric toxicology. He served on more

than 50 major committees at the local, regional, national, and international levels.

In addition, Dr. Shannon contributed directly to the EMSC Program as a grantee. Under his leadership, the Center for Biopreparedness was recently the recipient of a Targeted Issues Grant for the development of a novel imaging system to assist the identification and tracking of unaccompanied children during a disaster. One of the last pieces that Dr. Shannon was involved in writing was "Pediatric Hospital Surge Capacity in Public Health Emergencies" for the Agency for Healthcare Research and Quality. With the recommendations provided in this review, clinicians and hospital administrators will be able to develop unique responses to mass casualty events involving pediatric patients.



Arkansas Governor Mike Beebe is the recipient of this year's **EMSC Policy Leader of Distinction Award** for his leadership in affecting policy change, for safeguarding the

health and well-being of children, and for promoting an EMSC priority or pediatric emergency care issues within state government.

Please note: Each photo on pages 2-4 include: Dr. Mary Wakefield, administrator for the Health Resources and Services Administration; Dan Kavanaugh, program officer for the EMSC Federal Program; Tina Turgel, nurse consultant for the EMSC Federal Program; and the awardee.

Governor Beebe has been a public servant in Arkansas for more than two decades; first as a state senator and then as the state's attorney general. In January 2007, he was sworn in as Arkansas's 45th governor. In a mere 18 months, Governor Beebe has made drastic changes in the state's safety laws, and the progress in trauma system development has been remarkable.

Governor Beebe immediately recognized that the health and safety of the people of Arkansas needed to be a top priority for the General Assembly. In July 2008, he announced the release of \$200,000 in emergency funds to establish a Trauma Dashboard. The Trauma Dashboard established a real-time communication mechanism for hospitals throughout the state to ensure patients got the critical care they needed as quickly as possible.

Six months later, the Arkansas General Assembly received the Governor's new Health Plan. The Plan requested a 56 cent increase on tobacco taxes to fund a state trauma system and to implement evidence-based policies to prevent Arkansans from ever needing one. Additionally, the Plan requested vital prevention legislation – including a primary seat belt law, a graduated driver's license law for teens, a law prohibiting text messaging for all drivers, a law prohibiting cell phone use by young drivers, and a law to increase the minimum age to operate a personal water craft from 14 to 16. Every bill passed including Act 435: To expand the ARKIDS First Program from 200% to 250% above the federal poverty line ensuring access to needed health-care for children.

It took Governor Beebe less than two years to do what others have tried to do for more than 16 years. His efforts to secure a funding mechanism through a tobacco-tax increase helped pave the way for approval. The trauma system will receive \$25 its first year and an addition \$28 million annually.



of her state's pediatric emergency medical care issues

Utah's **Kristin Gurley** is the recipient of the **2009 EMSC Project Coordinator/Manager of Distinction Award** for her comprehensive understanding

and for successfully integrated EMSC into state EMS programs for the long term.

Ms. Gurley joined the Utah EMSC program in the winter of 2006. In the short time she has been with the program, she has amassed an impressive list of accomplishments, and demonstrated a broad understanding of EMSC-related issues.

For instance, Ms. Gurley helped to develop a statewide program to educate emergency department staff about the roles and responsibilities of EMS personnel. She also developed and implemented a Children with Special Health Care Needs registry, and helped to establish statewide pediatric protocols for EMS personnel.

Under her persistent and patient leadership, Utah has made significant progress at meeting EMSC performance measures 66 a and b, and has already met performance measures 66 c, d, and e; performance measure 67; and performance measures 68 a, b, and c.

Thanks to her hard work, Ms. Gurley secured not one but two additional funding sources for Utah's EMSC program – an Office of Rural Health Flex Grant and an ASPR Grant – making Utah one of the first states to secure outside funding for the Program.

Ms. Gurley is the current chair of the Intermountain Regional EMS for Children Coordinating Council, a member of the National EMSC Data Analysis Resource Center Advisory Board, and an active participant in many EMSC National Resource Center activities.

The **EMSC Family Volunteer of the Year Award** went to **Wayne, Peggy, and Matt Hackett**

of Little Rock, AR, for dedicating their

time and energy to support community activities aimed to improve the well-being of children, and for providing a commendable service that has addressed a particular need of the emergency medical care system for children in the community.

In 2006, Hannah Hackett, daughter of Wayne and Peggy Hackett and sister to Matthew Hackett, was killed in a motor vehicle crash at the age of 17. Both she and her boyfriend were thrown from the backseat



of the vehicle after unbuckling for one moment to be closer together.

Since then, Peggy and Matthew have turned grief into strength and determination to increase safety for other teen drivers and their passengers. Together with the Injury Prevention Center at Arkansas Children's Hospital they have worked to increase awareness on motor vehicle safety for young drivers and their passengers. They have held numerous events and shared their story with thousands of people. It was Hannah's story that helped influence state policymakers to pass a record number of safety-related bills, including laws for primary seat belts and graduated driver's licenses.



Michael Carr, MD, of Tennessee is the recipient of this year's **EMSC Advisory Board Member Award**. This award recognizes an advisory

council member who works collaboratively with EMSC at the state level and has taken on a leadership role to improve pediatric emergency care in one or more states.

Dr. Carr has been the chair or a member of the Tennessee Committee of Pediatric Emergency Care – which also serves as the state's EMSC Advisory Council – for nearly 15 years. Prior to this, in 1994, he served as a principal investigator on the state's original EMSC grant.

His dedication to EMSC was inspired by his years of service at TC Thompson Children's Hospital in Chattanooga, TN. Under his leadership, the hospital developed a first-class pediatric trauma program. Dr. Carr also played a leading role in acquiring its designation as a Level I trauma center, the first children's hospital in Tennessee to be accredited as such by the American College of Surgeons.

In addition, Dr. Carr provided the necessary leadership in getting EMSC legislation passed by the legislature. He testified, met with key committee chairs whenever asked, spoke to the press, and traveled throughout the state building support for EMSC. Worried that the state government might hamper the Council's ability to react nimbly to new needs and

opportunities, he began focusing his time on developing the Tennessee EMSC Foundation. The Foundation opened in 2005 and Dr. Carr still serves as its guiding force and leader.

The Mountain Plains Health Consortium of Fort Meade, SD, is the recipient of the **2009 EMSC Provider Leadership Award**, which recognizes



clinically-based health professionals who have dedicated their time, talent, and energy to achieve the highest level of care for children in the community.

The Mountain Plains Health Consortium was formed in May 1997 to provide continuing and basic education – as well as other health-related services – to Tribal EMTs, paramedics, first responders, and community health representatives within the consortium. Through an interagency agreement with the Health Resources and Services Administration's EMSC Program, the Indian Health Service Program provides the Consortium with resources for pediatric instruction. The instructor's primary responsibility is to ensure that the Consortium's out-of-hospital providers receive the education needed and have the proper equipment available to deliver appropriate emergency care for pediatric patients in the American Indian and Alaskan Native communities.

Thus far, the Consortium has presented 26 pediatric training classes involving 218 students. Its extensive commitment to the pediatric population is further exemplified by the amount and level of training each Consortium instructor has received. For example, of the five full-time Consortium instructors, all are course coordinators for Pediatric Education for Prehospital Providers, are instructor trainers for the American Heart Association's Pediatric Advanced Life Support, and two are instructor trainers for the American Safety and Health Institute's Pediatric Advanced Life Support.

Being a "traveling" instructor whose primary audience lives on a reservation involves more than having the appropriate medical knowledge. Instructors for the Mountain Plains Health Consortium also prepare for

such unique challenges as spending up to 40 weeks a year on the road visiting various American Indian or Alaskan Native communities. These instructors often face hazardous weather and terrain, traveling for miles by mule or on foot.

Despite these challenges, the consortium remains steadfast in their commitment to ensure American Indian and American Native communities receive the most current and appropriate pediatric emergency care possible.



This year's recipient of the **Outstanding EMSC Research Project** honors **Frank Moler, MD**, of Ann Arbor, MI, for completing a significant EM-

SC-related research study that confirms current practice or has the potential to impact the provision of pediatric emergency care at a national or international level.

In 2002, the National Institutes of Health requested proposals to consider studying hypothermia after pediatric cardiac arrest. Therapeutic hypothermia after cardiac arrest has been studied in adult patients, and hypothermia after neonatal asphyxia has been studied in newborns. In both instances, hypothermia improved the neurological outcome and reduced mortality.

In Dr. Moler's study, which was done through EMSC's Pediatric Emergency Care Applied Research

Network (PECARN), nearly 500 medical records were abstracted to determine the feasibility of attempting a randomized trial of hypothermia in the future. A large amount of data was collected on these charts, and the information was used to plan and develop the protocol for carrying out the actual trial.

Two publications have been accepted and are in press describing these medical record data. They are:

1. "Multi-center Cohort Study of In-hospital Pediatric Cardiac Arrest" to appear in *Pediatric Critical Care Medicine* and
2. "In-hospital Versus Out-of-hospital Pediatric Cardiac Arrest: A Multi-center Cohort Study" to appear in *Critical Care Medicine*.

However, Dr. Moler's greatest and most far reaching research accomplishment has been his recent award of funding from the National Heart Lung and Blood Institute that will allow PECARN and the Collaborative Pediatric Critical Care Research Network at the Eunice Kennedy Shriver National Institute of Child Health and Development to undertake two simultaneous randomized controlled trials of therapeutic hypothermia, one for out-of-hospital pediatric arrest and the other for in-hospital pediatric arrests.

Ultimately, the Therapeutic Hypothermia After Pediatric Cardiac Arrest trials will enroll nearly 850 children. If hypothermia has a beneficial effect after cardiac arrest in children, this will have a profound effect on the way we manage the emergency resuscitation of these children. These studies will also be the largest acute care randomized trials ever carried out in children.

The EMSC National Resource Center (NRC), located just outside Washington, DC, was established in 1991 to help improve the pediatric emergency care infrastructure throughout all 50 states, the District of Columbia, and the five U.S. territories. The NRC is housed within Children's National Medical Center, one of America's leading pediatric institutions serving sick and injured children and their families. In 2008, the NRC received its fourth (multi-year) funding award to provide support to the Federal EMSC Program.

The Federal EMSC Program is designed to ensure that all children and adolescents – no matter where they live, attend school, or travel – receive appropriate care in a health emergency. It is administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration, Maternal and Child Health Bureau. Since its establishment, the Federal EMSC Program has provided grant funding to all 50 states, five U.S. territories, and the District of Columbia.

The NRC oversees and coordinates the National EMSC Heroes Awards and the Annual EMSC Program Meeting. For more information on either event, contact NRC staff at (202) 476-4927 or at emscinformation@cnmc.org. Additional information is also located on the web at: <http://www.childrensnational.org/emsc>.