

GETAC Pediatric Sub-committee
Dell Children's Signe Auditorium in the Pat Hayes Conference Center
Meeting Minutes
July 8, 2011

- I. Roll Call:
Present
Deb Brown
Patricia Gooch
Bonnie Hartstein
Charles Jaquith
Juan Juarez
Julie Lewis
Charles Macias
Sally Snow
William Walker
Absent:
Britt Devillier
Janet Pointer

II. Chapter 157 Rule Comments:

157.2 Definitions

Charles Macias

Consider defining an age for pediatrics

157.11 EMS Provider Licensing

Verne Walker

Section (b) (6) (k)

Declaration of medical director (with current contact information) and a copy of the signed contract or agreement with a physician who is currently licensed in the State of Texas, in good standing with the Texas Medical Board, in compliance Texas Medical Board Rules, particularly regarding Emergency Medical Services as outlined in 22 Texas Administrative Code, Part 9, Texas Medical Board, Chapter 197, and in compliance with Title 3 of the Texas Occupations Code.

Section (b) (6) (P)

Plan for how the provider will respond to disaster incidents including mass casualty situations that are consistent with their RAC.

Section (d) (1)

All EMS vehicles must be adequately constructed, equipped, maintained and operated to render patient care, comfort and transportation safely and efficiently; including the safe transport of children per the National Highway Traffic Safety Administration (NHTSA) guidelines.

Section (h)

Treatment and Transport Protocols to have protocols differentiated in three categories: "Adult only", "Pediatric only", "Adult with Pediatric Considerations" Required

Section (h) (4)

The protocols shall address the use of all required, additional, and/or specialized medical equipment, supplies, and pharmaceuticals carried on each EMS vehicle in the provider's fleet; including the endorsed pediatric equipment list by ACEP and ACS (See Graphic).

Section (i) (1)

The EMS provider shall submit a list, approved by the medical director and fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried. The list shall specify the quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for Adult, Pediatric, and Neonatal age ranges.

Section (j) (1) (A)

Oropharyngeal / nasopharyngeal airways

Section (j) (1) add (J)

Mass Casualty Tags

157.25 Out-of-Hospital DNR

Juan Juarez, MD

No current changes to this rule for pediatrics

157.34 Recertification.

Patrica Gooch

Section (b) 2

Attached graphic should match/mirror the graphic in rule 157.38 with Pediatric CEUs specified

157.125 Requirements for Trauma Facility Designation

Sally Snow

Section (a), (b) (j)(k)

Section (a)(3) strike the last sentence: A free-standing children's facility, in addition to meeting the requirements listed in this section, must meet the current ACS essential criteria for a verified Level III (trauma center)

Section (b)(2) add - All facilities sharing the same license with multiple locations shall be required to designate.

Section (j)(2) strike including free standing children's facilities

Section (k) (2) of all levels

Section (k) (3) add - level III free-standing children's facilities shall be surveyed by a pediatric trauma surgeon and a pediatric trauma nurse or a trauma nurse coordinator with pediatric experience.

Section (k) (4) add - level IV free-standing children's facilities shall be surveyed by a pediatric trauma surgeon and a pediatric trauma nurse or a trauma nurse coordinator with pediatric experience

(s) (3) (D)(5) add- if a facility is unable to comply with essential criterion (within five days) will

(s)(3) (D) (6) (B) add - (shall give at least 30 days notice to the) department, the (RAC) items in parenthesis are existing language

strike - and the office

add - other affected RAC's, and healthcare facilities to which it customarily transfers-out trauma patients or from which it customarily receives trauma patients of the changes in capabilities defining existing trauma designation level

attached Graphic 1 Basic (level IV) Trauma Facility standards

18. strike - with on-call surgeon(s)

add 19. The appropriateness of admissions of major or severe trauma patients presenting to the ED of a Level IV trauma facility shall be subject to 100% review by the trauma program and the hospital PI program.

attached Graphic 2 Advanced (level III) Trauma Facility Audit Filters

22. add - unscheduled (abdominal, thoracic, vascular, or cranial surgery performed greater than 24 hours after arrival) wording in parenthesis is existing.

157.131 Designated Trauma Facility and Emergency Medical Services Account

Deb Brown

Section (a) 4

Emergency transfer --any immediate transfer of an emergent or unstable patient, ordered by a licensed physician from a health care facility...

Change "licensed physician" to "licensed independent provider"

This change will include midlevel providers.

Section (a) 5

Trauma care - keep entire rule, but after "930-939 (foreign bodies)" add "or the equivalent under the ICD-10 coding system."

Section (a) 9

Operative intervention - Any surgical procedure resulting from a patient being taken directly from the emergency department to an operating suite regardless of whether the patient was admitted to the hospital. Operative intervention - Any surgical procedure resulting from a patient being taken directly from the emergency department to an operating suite regardless of whether the patient was admitted to the hospital.

Omit "directly from the emergency department to an operating suite" and replace with "to the operating room within the first 24 hours of the patient's hospital stay"

157.133 Requirements for Stroke Facility Designation

Deb Brown:

1. Beginning with (f) 4 through (f) 5, these rules refer to the survey process not the application process as said in (f). (f) 4 should be changed to (g) and say as follows:

(g) A stroke designation survey will be:

- (1) Completed within one year of the date of the receipt of the application by the office; and
- (2) A complete survey report, including patient care reviews, that is within 180 days of the date of the survey will be hand delivered or sent by postal services to the office.

2. Then (g) in the original rules should change to (h); (h) should change to (i).

3. (h) 3 should read any subsequent documents requested by the office submitted by the date requested by the office.

4. (h) 4 should change as follows:

(j) A stroke designation survey will be completed, including patient care reviews, that is within 180 days of the date of the survey and is hand delivered or sent by postal services to the office no less than 60 days prior to the designation expiration date.

5. (i) change to (k); (j) change to (l); (k) change to (m); (l) change to (n); (m) change to (o); (n) change to (p); (o) change to (q); (p) change to (r); (q) change to (s); (r) change to (t); (s) change to (u); (t) change to (v); (u) change to (w).

(a) 1 and 2

Both Comprehensive Stroke Facility designation, Level I and Primary Stroke Facility designation, Level II are defined the same in the rules. There should be defined criteria or explanation of how they are different in the rule.

(f) 3

Any subsequent documents submitted by the date requested by the office;

Add between "documents" and "submitted" the following: "requested by the office"

III. Public Comment

No additional comments

IV. Next Meeting:

August 2011

V. Meeting Adjourned