



MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) & CHILD READY MT



MT EMSC CONNECTION NEWSLETTER

2019

This issue has information on the: EMS Agenda 2050; Maternal Mortality; NAS; health literacy; new parenting resource; and Disaster Triage-video game! Answer trivia and get a SWAT-T for your Stop the Bleed Kit!

The Future Starts Now: EMS Agenda 2050 Officially Released—

EMS Agenda 2050 describes a people-centered vision for the future of EMS-- After more than two years of stakeholder and public input, the Office of EMS at the National Highway Traffic Safety Administration and its federal partners today released "[EMS Agenda 2050: A People-Centered Vision for the Future of Emergency Medical Services](#)." The document describes a vision for evidence-based, data-driven EMS that is integrated with the rest of the nation's healthcare system. "The release of EMS Agenda 2050 marks a beginning, not an end. It is now up to all of us to work together to make this vision a reality," said Jon Krohmer, MD, director of the NHTSA Office of EMS. "NHTSA and our federal partners appreciate the work of the Technical Expert Panel, project team, and everyone who contributed to this effort. They have provided an inspiring framework on which to build." EMS Agenda 2050's people-centered vision is grounded in six guiding principles. The EMS system of the future should be:

- Inherently safe and effective
- Integrated and seamless
- Socially equitable
- Reliable and prepared
- Sustainable and efficient
- Adaptable and innovative



Achieving this vision will require deliberate actions of stakeholders at every level of EMS: EMS services of all models and sizes, public officials from local regulators to the Federal Government, and national associations. It will also require bold collaboration with our partners in this effort: our communities, local volunteers, payers, healthcare systems, social services, public health, and our partners in public safety. **Our first responders, paramedics and other EMS clinicians are key to the nation's health and safety**, whether responding to everyday medical problems, vehicle crashes or major incidents and natural disasters. The principles and recommendations within EMS Agenda 2050 build upon, rather than replace, the groundbreaking *EMS Agenda for the Future*, originally published in 1996.

EMS Agenda 2050 was developed with funding from the NHTSA Office of EMS, the Health Resources & Services Administration EMS for Children program, the US Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response, and the US Department of Homeland Security.

Visit [EMS.gov](https://www.ems.gov) to download EMS Agenda 2050 and access other resources, including a brief video about the project and complete footage of the EMS Agenda 2050 National Implementation Forum, held at the Department of Transportation headquarters on September 20, 2018.

<https://www.ems.gov/projects/ems-agenda-2050.html>

Designing a Health Care Destination: With ambitious children's medical center set to open in May, KRH aims to become Montana's pediatric epicenter



In May, Kalispell Regional Healthcare expects to unveil its Montana Children's Medical Center. An all-in-one destination for children's healthcare, this health and wellness opportunity is incredible for children and their families all across Montana, including its many rural areas. The hospital expansion will offer acute care that families currently have to travel to Spokane, WA, Seattle, WA, or Denver, CO to receive. KRH is very excited to improve children's healthcare and increase state-side opportunities. <https://flatheadbeacon.com/2019/01/30/designing-health-care-destination/> [Read the full article here!](#)

When We Talk about Maternal Mortality, We Must Talk about Mental Health

Recently, Congress passed the **Preventing Maternal Deaths Act**, which provides a grant program for states to address maternal mortality, which is the death of a woman during pregnancy, during birth, or shortly after birth. This program will allow us to better understand the issue, which is particularly important since from 2000-2014, the maternal mortality rate increased in nearly all U.S. states and Washington D.C. Approximately 700 women die each year from pregnancy or delivery complications with significant disparities across race and ethnicity.

Much of the focus in the maternal mortality crisis is on the physical causes of death, but mental health deserves a more prominent place in this conversation. **Seven percent of pregnancy-related deaths were associated with underlying mental health conditions**, according to findings from nine maternal mortality review committees published in 2018. **Of those deaths, approximately 42 percent had patient related mental health contributing factors such as the absence of social support systems and lack of adherence to medications or treatment plans.**

Another 27 percent had provider-related mental health contributing factors, such as using ineffective treatments or failing to screen. **Of all pregnancy-related deaths, roughly 63 percent were preventable. If these women had access to mental health supports and treatment, they may still be alive.**

Given the role of mental illness on maternal mortality, ignoring conditions such as maternal depression can be deadly. Indeed, more than half of poor infants live with a mother who has some level of depressive symptoms. Once again, women of color are disproportionately affected, as 1 in 4 white mothers, 1 in 3 Hispanic mothers, and 1 in 2 Black mothers who have ever experienced a major depressive episode are living in poverty. One study showed that 9 percent of mothers with low incomes with children under age 6 had at least one major depressive episode within the previous year. Untreated depression among mothers living with low incomes affects the health outcomes of the mother and the development of their young child(ren). Fortunately, maternal depression is highly treatable.

All women deserve effective and culturally relevant prevention, screening, and treatment services that meet the needs of them and their young children.

Creating policies that address and prevent maternal mental health problems is an important start to addressing the maternal mortality crisis. The **Preventing Maternal Deaths Act** is a good step forward in learning more about the cause of maternal deaths, so we can determine how to prevent them in the first place. For more information on CLASP's maternal mental health work please view our Maternal Depression and Young Adult Mental Health: Agenda for Systems that Support Mental Health and Wellness report and the Moving on Maternal Depression (MOMD) project overview. <https://www.clasp.org/blog/when-we-talk-about-maternal-mortality-we-must-talk-about-mental-health>

2019 Mission: Lifeline® EMS Application is Now Live!

Mission: Lifeline® Recognizes Excellence in Patient Care

The American Heart Association Mission: Lifeline® program is excited to offer a FREE opportunity designed to showcase Emergency Medical Service providers across the nation for excellence in ST-Elevation Myocardial Infarction (STEMI) care.

Application to apply for recognition begins now through Tuesday, April 2, 2019

Helpful Links:

- [2019 Mission: Lifeline EMS Recognition Tools and Resources](#)
- [2019 Mission: Lifeline EMS Recognition Application Link Request](#)
 - Please submit a request here if you do not already have a link to apply for recognition this year.

Please join us for an upcoming webinar!

Title: 2019 Mission: Lifeline EMS Recognition

Date: Thursday, January 31, 2019

Time: 12:00pm-1:00pm PST

Audience: 911 EMS Agencies, Training Officers, Non-Physician Quality Improvement Leadership and/or Medical Directors and Hospital Outreach Coordinators

Content: Review of 2019 Mission: Lifeline EMS recognition criteria and application process

[Register Today!](#)

If you have any questions, please reach out to your local [AHA representative](#). We look forward to recognizing your agency for its strong performance!

Neonatal Abstinence Syndrome: Addressing Models of Care Which Support the Baby and Family

Neonatal Abstinence Syndrome: Addressing Models of Care Which Support the Baby and Family focuses on strategies for supporting mothers, babies and families affected by neonatal abstinence syndrome.

Learning Objectives:

1. Explore new models of care for infants suffering from Neonatal Abstinence Syndrome
2. Compare and contrast these new approaches with the traditional care provided to these infants
3. Identify specific strategies for supporting the opioid exposed mother and baby during the hospital experience and beyond
4. Repudiate common myths with facts about opioid addiction and recovery
5. Discuss incorporating new approaches into your own practice, unit and institution

\$15 fee to view presentation and take test online --1.5 contact hours are available for this activity through 1/11/22.

Visit marchofdimes.org/nursing to access this activity.

March of Dimes is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

February is National Wise Health Care Consumer Month

For the most part, Americans are champ consumers. But we're not such good shoppers when it comes to our own health. Studies show that Americans spend more time researching car purchases and new appliances than they do choosing doctors and health plans.

We're not even sure we have options. Over half of all Americans said in a recent survey they did not feel confident that they could reduce the cost of health care by shopping around. And many of us are shy about negotiating with our doctors or asking if an expensive test is really necessary.

In February, join the American Institute for Preventive Medicine in observing Wise Health Care Consumer Month. This was established because medical self-care and wise health care consumer programs work. This will help you empower others in understanding their options, communicate with their care providers and make educated decisions about their own health.

Employers: Download the [Wise Health Care Consumerism Toolkit](#) for ideas and resources to get your wise health care consumerism programming started.

PLAIN LANGUAGE: IT'S ABOUT SMARTENING UP, NOT DUMBING DOWN (HLOL #179)

Check out This PODCAST: Dr. Schriver (author and presenter on ways to reach busy readers through evidence-based information design and plain language.) **In this podcast, Dr. Karen Schriver talks with Helen Osborne about:**

- Plain language. Includes not only simpler words but also sentence structure, design, and many other ways to help readers find, understand, and use information.
- Reluctance and skepticism about plain language (sometimes expressed as concerns about "dumbing down") from writers and subject-matter experts.
 - Examples and strategies to make a compelling case for using plain language (or, as Helen sometimes calls this approach, "smartening up"). <http://www.healthliteracyoutloud.com/>

Filed Under: [All podcasts](#)

Making Lab Test Results More Meaningful (HLOL #175)

In this podcast, Brian J. Zikmund-Fisher talk with Helen Osborne about:

- Why it is important that patients understand lab test results. And why this is so hard for many people to do.
- How visual cues such as number lines, ranges of relevant values, colors, and harm anchors (with simple words) can help patients not only understand lab results but also figure out what, if any, actions to take.
- Takeaways from this research that clinicians can use in everyday practice.

More Ways to Learn:

- "Graphics help patients distinguish between urgent and non-urgent deviations in laboratory test results," Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5565988/>
- "Effect of Harm Anchors in Visual Displays of Test Results on Patient Perceptions of Urgency About Near-Normal Values: Experimental Study," by Zikmund-Fisher BJ, Scherer AM, Witteman HO, Solomon JB, Exe NL, and Fagerlin A. Published in *Journal of Medical Internet Research*, Volume 20, Number 3, March 2018. Doi: 10.2196/jmr.8889. Available at <https://www.jmir.org/2018/3/e98/>
- Research demonstration site showing examples (NOT verified medical information) of visual graphics to help patients better understand numbers from lab test results. MyLabResults.org
- "Best Case/Worst Case: A Strategy to Manage Uncertainty in Shared Decision Making." Health Literacy Out Loud (HLOL) podcast interview with Gretchen Schwarze MD, MPP. Listen to this conversation and access the transcript at <http://www.healthliteracyoutloud.com/2017/07/01/best-caseworst-case-a-strategy-to-manage-uncertainty-in-shared-decision-making-hlol-164/>
- "When Communicating Risk, Consider What Patients Need and Want to Know." HLOL podcast interview with Brian J Zikmund-Fisher, PhD. Listen to this conversation and access the transcript at <http://www.healthliteracyoutloud.com/2013/08/27/when-communicating-risk-consider-what-patients-need-and-want-to-know-hlol-102/>

HEALTH LITERACY

Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions.

Low health literacy is more prevalent among:

- Older adults
- Minority populations
- Those who have low socioeconomic status
- Medically underserved people

Patients with low health literacy may have difficulty:

- Locating providers and services
- Filling out complex health forms
- **Sharing their medical history with providers**
- Seeking preventive health care
- Knowing the connection between risky behaviors and health
- Managing chronic health conditions
- **Understanding directions on medicine**

Patients' health literacy may be affected if they have:

- Health care providers who use words that patients don't understand
- Low educational skills
- Cultural barriers to health care
- Limited English Proficiency (LEP)

How health care professionals can help:

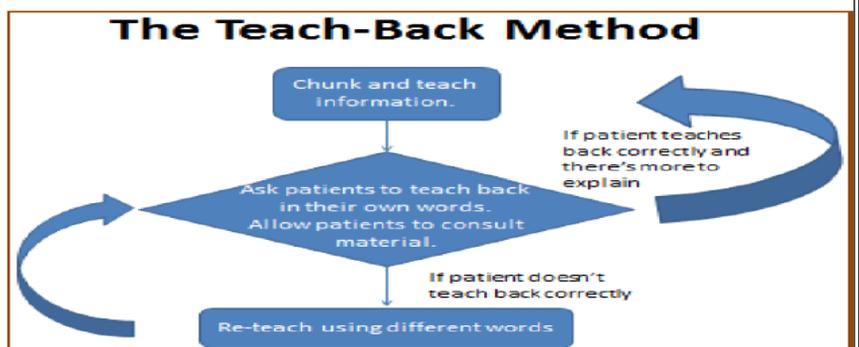
- Use simple language, short sentences and define technical terms
- Supplement instruction with appropriate materials (videos, models, pictures, etc.)
- Ask patients to explain your instructions (**teach back method**) or demonstrate the procedure
- **Ask questions that begin with "how" and "what,"** rather than closed-ended yes/no questions
- Organize information so that the most important points stand out and **repeat this information**
- Reflect the age, cultural, ethnic and racial diversity of patients
- Improve the physical environment by using universal symbols
- Help with completing forms

Resources: [Culture, Language, and Health Literacy](#); [Roots of Health Inequity Course](#) 

Teach Back Method

Ask patient (or family member) to explain **in their own words** what they need to know or do

If needed, re-explain and check again



Source: AHRQ Health Literacy Universal Precautions Toolkit, Tool 5

Millions of Invisible Children

Over 13 million children live in rural areas and of those 13 million, nearly a quarter live in poverty. NICHQ's Chief Health Officer, Elizabeth Coté, MD, MPA, has treated these children and witnessed first-hand the unique challenges their families face. [In this article](#), she expands on the urgent need to **see** these children, to understand their challenges, and address the disparities in their health outcomes.



"Rural children in poverty are effectively invisible to decision makers and power structures of society. These are children who don't live near pediatric hospitals or even their primary care provider. They are children who have fewer opportunities to play at public playgrounds, attend community events or engage with other families—they have fewer opportunities to be seen. So too often, policies and funding are not directed at these children, health systems don't account for their families' unique circumstances, and they fall through the cracks. It's invisibility as much as a lack of resources that leaves these children vulnerable to poor health outcomes."

- Elizabeth Coté, MD, MPA

[→ Click Here to Read Her Full Message](#)

<https://www.nichq.org/insight/millions-invisible-children> (see link for full message on Millions of Invisible Children.)

**Tuesday, February 19, 2019
12 PM ET / 11 AM CT**

Join the American Academy of Pediatrics' Family Partnerships Network for this free Webinar featuring Tamela Milan-Alexander and Dr James Perrin, as they discuss strategies for families and pediatricians to connect more meaningfully in health care settings. Tamela shared a part of her story during the [Stockman Lecture at the 2018 National Conference & Exhibition](#), and how the connection with her pediatrician "saved her life" and helped her overcome opioid addiction. This is your opportunity to hear the rest of her story and also learn from a well-respected pediatrician leader, as they both share tips and engage in honest dialogue about making authentic and meaningful connections.

As a result of attending the Webinar, participants will be able to:

- Understand the importance of authentic respect and relationship between pediatrician/provider and patient/family.
- Recognize that there's no one-size-fits all for connecting with families.
- Identify concrete strategies for health care professionals and families to connect more effectively.

REGISTER HERE

https://aap.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=aap&service=6&rnd=0_5088561739922564&main_url=https%3A%2F%2Faap.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b0000004433f2587bdbfc4ac05f7832b4071bb7a36b36b894aa2a0e131a6b7fd9b86cfd%26siteurl%3Daap%26confViewID%3D117948686906991049%26encryptTicket%3DSDJTSwAAAASzNmFxJaJgiuEWKTyvnaWYws9DZRazXJXDChCY8nug2%26

GOVERNOR BULLOCK LAUNCHES 'PARENTING MONTANA' PREVENTION RESOURCES FOR PARENTS

ParentingMontana.org to provide comprehensive, evidence-based resources to support the success of Montana's children

Governor Steve Bullock recently launched a new comprehensive set of resources to better equip anyone in a parenting role, youth, prevention specialists, counselors, and others with easy-to-use tools to support the success of Montana's children from kindergarten through the teen years. **"My most important and rewarding job is being a parent,"** Governor Bullock said. **"In Montana, we want what's best for our kids and we all want to be the best parent possible. Now, there's a new resource available to tackle the wide variety of challenges youth deal with and to support the success of each child in Montana."**

Parenting Montana is a universal prevention effort that braids together supportive tools grounded in evidence-based practices to help Montana families thrive. **The specific goal is to cultivate a positive, healthy culture among Montana parents with an emphasis on curbing underage drinking, and to provide tools and resources to address every day parenting challenges.** Parenting Montana includes a new media campaign and website with detailed information about the many challenges youth face as they mature. The new resources include evidence-based information to many common concerns parents struggle with, such as reducing risky behaviors like underage drinking.

The [ParentingMontana.org](https://parentingmontana.org) website is now available, and the media campaign of TV and radio PSAs will launch statewide next month. The website features practical tools for parents who want to know more about issues such as anger, bullying, chores, confidence, conflict, discipline, friends, homework, listening, lying, peer pressure, reading, routines and stress, and underage drinking. **The tools use a socially- and emotionally-informed process that is developmentally appropriate. The website is organized by age-appropriate topics for age five all the way up to 19-year-olds.**

Each tool uses a five-step process for dealing with simple and challenging parenting issues. This provides parents with a way to create intentional opportunities to build their child's social and emotional skills and avoids leaving these important skills to chance. And, the process can be implemented at any age and at any time.

Resources include: information on underage drinking and several other important topics are addressed. In Montana, alcohol is the most commonly used and abused substance among youth. Motor vehicle crashes, overdoses, and suicide account for six out of every 10 deaths of children and young adults between the ages of 5 and 25 in Montana.

When both youth and parents have strong social and emotional skills, better academic and workplace outcomes can be achieved. Parents can develop the social and emotional skills of their children at any age while addressing common parenting challenges like establishing routines and making sure homework is completed.

The website also includes a vast amount of information broken out under four major categories such as Media, Resources, the Montana Parent Survey Results and I Want to Know More.

The Media section can be used to help share these resources with others, including video, radio, and print materials. These can be shared on social media, in newsletters, or through traditional channels such as television, radio, and direct mail. All the tools and information on the website can be easily viewed, downloaded, or shared electronically. **The website also has a link of how Montanans can connect with a Prevention Coordinator in their area.**

The Center for Health and Safety Culture will continue to develop additional tools and resources over the next several years.

MORE EVIDENCE THAT THE PUSH-PULL TECHNIQUE FOR FLUID INFUSION INCREASES CONTAMINATION RISK

Journal of Infusion Nursing: January/February 2019 - Volume 42 - Issue 1 by [Hillary Spangler, MD](#)

["Improving Aseptic Technique During the Treatment of Pediatric Shock,"](#) published in the Jan/Feb edition of the *Journal of Infusion Nursing*, details a study evaluating the aseptic violations associated with the push-pull technique (PPT) for rapid infusion of fluids. The study found that with push-pull there was an average of 23 aseptic violations for each 500mL fluid bolus.

What does this mean? Does it matter? Do you observe these same aseptic violations on your ward?

<https://410medical.com/2019/01/10/more-evidence-that-the-push-pull-technique-for-fluid-infusion-increases-contamination-risk/>

DISASTER TRIAGE: AN INTERACTIVE GAME FOR EMS PROVIDERS

Did you know that gaming can enhance pediatric preparedness.... Check this out!
60 seconds to Survival Disaster Triage (combined START/JUMPSTART triage tool)
Great for Fire and First Responders!



<https://emscimprovement.center/categories/disaster/resources-ems-providers/>

<http://disastertriagegame.org/help.html>

60 Seconds to Survival: The video game emphasizes patient triage and initial stabilization of casualties after a school shooting; a large house fire; and a tornado.

Webinars & Trainings of Interest

Behavioral Health Technician Training

Earn a certificate of technical studies and boost your IQ and earning potential by becoming a Behavioral Health Technician. Designed for entry level or additional training in the medical and behavior health fields with 90% of the course online via distance technology and interactive education. Offered through Highlands College in Butte with FULL REIMBURSEMENT available upon completion. [Learn more & register here!](#)

AHA Webinar: Partnering to Address Behavioral Health:

A Deep Dive into Hospital/Health System Partnerships with Community Behavioral Health *NEW!*

During this webinar, you'll hear lessons learned from Atrium Health Systems, a large multi-health system, that undertook a series of initiatives to integrate behavioral health in emergency rooms and specialty clinics over the past six years.

Wednesday, February 6, 2019 1:30:00 PM MST

[Register here!](#) <https://events->

na1.adobeconnect.com/content/connect/c1/2260329217/en/events/event/shared/2316170480/event_landing.html?sco-id=2880425868

2019 Montana STEMI Conference - Thursday, May 2 - The Lodge at Whitefish, MT

The Cardiac Ready Communities Program and the American Heart Association Mission Lifeline Program, with support from the Helmsley Charitable Trust, are once again hosting the **state wide STEMI Conference**.

The Mission Lifeline initiative was created by AHA to assist healthcare professionals such as EMTs, physicians, nurses, and quality improvement specialists, improve the current STEMI system of care in Montana. In the spring of 2018, the Cardiac Ready Communities Program at MT DPHHS assumed responsibility for the goals and outcomes of the Mission Lifeline initiative into the larger Cardiac System of Care for Montana.

The mission of the program is to increase survival and decrease disability from cardiovascular emergencies through development and implementation of high-performance systems of care across the state.

The **2019 STEMI Conference will focus on recognition and treatment of STEMI conditions within the context of a system of care.** General sessions will provide an overview of current treatment guidelines and goals, discuss consequences of STEMI, and look to developing a team approach to care. **Breakout sessions will be aimed at the EMS professionals and hospital providers.** The day will conclude with a panel presentation of a case study in STEMI care from the patient perspective. EMS professionals will receive CEUs from the EMS TS office and nursing CEUs will be provided through MNA.

Registration is \$35 – Late Registration \$50 after 3/28/19

For more information, contact Janet Trethewey at 406.444.0442 or jtretthewey@mt.gov. A block of rooms has been reserved at the Lodge for conference attendees. Contact the Lodge at 406.863.4054 to make your reservations

TRIVIA

Answer the trivia and win a SWAT-T (pediatric stop the bleed)- the first 3 to email answers to Robin -rsuzor@mt.gov **NOT** to the listserve.

1. What % of maternal deaths are associated with mental health conditions?
2. What is health literacy?
3. When is the 2019 STEMI Conference?
4. What is the teach back method?



MONTANA
EMS & TRAUMA
SYSTEMS PROGRAM

EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -
CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901

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