

# American Academy of Pediatrics Transport Dispatch

The Official Newsletter of the Section on Transport Medicine



Spring/Summer 2004

## Chairperson's Corner

Comments from David G. Jaimovich, MD

The Section on Transport Medicine (SOTM) had an eventful and productive year. Since our last Section newsletter, our newest editor, Michael Anderson, has fully taken the reigns of the position and I am sure that we will, once again, have an excellent newsletter. This has been a year of tremendous highs and also of unfortunate lows.

Last year, on July 4<sup>th</sup>, a great friend, educator, and excellent clinician who was an advocate for the best health care for children everywhere was taken from us as he lost his battle with cancer. Dr. C. Robert Chambliss worked tirelessly to improve the healthcare of children both locally, at his institution in Atlanta, and nationally through the Academy with the Sections on Transport Medicine and Critical Care. The SOTM Executive Committee has created the C. Robert Chambliss, MD Best Paper Award to honor him and his pursuit in improving the healthcare of children. The first award will officially be presented during the 2005 NCE in Washington, DC. (Please turn to page 5 for more information on Dr. Chambliss and the award.)

As many of you know, Stephanie Mucha, Manager of our Section for

several years, has moved on to a new position within the Academy as Manager of Leadership Initiatives for the Division of Children with Special Needs. I would like to ask you to help me welcome our new Section Manager, Niccole Alexander. Niccole comes to us from the American Academy of Dermatology with a tremendous amount of knowledge and experience in organized healthcare. She has a Bachelor of Science degree from the University of Pennsylvania's Wharton School of Business and a Master of Public Policy degree from the University of Chicago. She has transitioned into the position and has been intimately working with our Section on all of the developing areas.

SOTM continues to make great strides in developing transport medicine at a local, national and international level. *The Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients* is now in its third revision. An Editorial Panel has been selected to revise the manual and hopefully have it ready for print by early 2005. Due to major developments in the legislative, reimbursement, and technology areas, the revised guidelines will not only include

*continued on page 3*

## Submissions Wanted

Have an idea for a future article?

Interested in writing a featured column for an upcoming issue?



Want to share a story or newsworthy transport item?

Need to promote an educational activity or post a professional opportunity?

**WE WANT YOUR SUBMISSION FOR THE NEXT NEWSLETTER!**

**WE KNOW THERE IS PLENTY TO SAY!!**

Please contact Dr. Anderson at [michael.anderson@case.edu](mailto:michael.anderson@case.edu).

## Editors

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# 2004 Course on Neonatal and Pediatric Critical Care Transport Medicine and Section Program

Please plan on being a part of the 2004 Course on Neonatal and Pediatric Critical Care Transport Medicine. The course, held as part of the AAP National Conference & Exhibition (NCE), is scheduled for **October 11 and 12, 2004**, in San Francisco. By registering for the course, attendees have access to all educational sessions and activities that are offered during the NCE, including the Section on Transport Medicine's academic and scientific program that immediately precedes the course on **October 10**.



Topics that will be covered during this year's course and Section program include: "Legal Aspects of Transport Medicine," "The Referring Center's Perspective," "Transport Enigmas," "Advances in Neonatal Transports," "Septic Shock: News You Can Use," "Survival Training for Transport Personnel," "Family Presence During Transport," and "Procedural Sedation and Analgesia for Pediatric Patients." In addition, there will be an opportunity to hear abstract presentations and view posters on the latest neonatal and pediatric transport research.



For a nominal fee, attendees also have the chance to observe and participate in workshops at the Center for Advanced Pediatric Education (CAPE) at Lucile Packard Children's Hospital at Stanford. CAPE employs leading edge simulation-based technology that enhances training in the pediatric sciences. This is a fabulous opportunity to experience challenging medical scenarios that could be found on transports of critically ill children.



The course is an excellent venue to network with other transport teams around the world, share ideas, and learn more about the ever-growing specialty of transport medicine. We hope to see you in the Bay Area in October!

## Conference Highlights ...

### SUNDAY, OCTOBER 10

#### *Academic and Scientific Program*

The conference will open with plenaries on ambulance safety and the legal aspects of transport medicine. Included on this first day will be scientific presentations of the latest neonatal and pediatric transport research. Participants will have the fantastic opportunity to network with other transport teams.

### MONDAY, OCTOBER 11

#### *Breakouts & Optional Workshops*

The second day of the conference will address multiple aspects of neonatal and pediatric transport medicine. Breakout sessions and plenary topics will cover clinical and bioethical aspects of transport. An optional critical care simulation workshop will be available to all participants for an additional fee.

### TUESDAY, OCTOBER 12

#### *Panel Discussions & Final Thoughts*

The final day of the conference will have a plenary on the most recent guidelines on the treatment of shock. A panel will discuss the referring center's perspective on pediatric/neonatal transports. Participants will continue to have the opportunity to network with other transport teams.



To obtain copies of the course brochure, you may download the web version at [www.aap.org/sections/transmed/course.htm](http://www.aap.org/sections/transmed/course.htm) or contact Niccole Alexander at [nalexander@aap.org](mailto:nalexander@aap.org).

In order to participate in the course, you must register through the NCE. For registration information, you may:

- 1) Call 866/THE-AAP1 (866/843-2271)
- 2) E-mail your request to [nceinfo@aap.org](mailto:nceinfo@aap.org) (include your mailing address)
- 3) Register online or download the packet and hotel forms at [www.aap.org/nce](http://www.aap.org/nce).

*FYI: All meals noted in the program are included in the registration fees. Since conference activities take place at the Hilton San Francisco, you are STRONGLY encouraged to stay at that hotel.*

For additional information about the course or the Section on Transport Medicine, please visit [www.aap.org/sections/transmed](http://www.aap.org/sections/transmed).

# Chairperson's Report

Continued from page 1

the typical educational pieces, but also chapters that address those changing areas.

SOTM has grown by about 30% since the last NCE meeting, with slightly under 300 members. I encourage all of you to enlist colleagues and co-workers to become members of our Section. There are great advantages to membership as SOTM is the voice and platform for all Pediatric and Neonatal Transport Medicine healthcare providers. After gaining approval from the membership, we submitted to the AAP leadership an amendment to our bylaws allowing physician assistants (PAs) to join our Section as affiliate members. This amendment is currently being considered and – assuming all goes well – should be in place by the end of the year. If you know of any PAs that are doing transport as part of their daily clinical activities, ENCOURAGE THEM TO JOIN!!! We look forward to having them as new members in our Section.

We are currently planning for the 2004 Course on Neonatal and Pediatric Critical Care Transport Medicine and Section Program. Section members, Calvin Lowe, MD and Jean Reimer-Brady, RN, MSN, NNP, are the directors. They have lined up an excellent group of speakers and events, which promise to give us a fantastic transport symposium. Since the course was such a huge success during the NCE in Boston in 2002, we have been approved by the Academy to continue holding it in conjunction with the AAP National Conference & Exhibition in San Francisco, October 9-13, 2004. This 2 1/2 day course and scientific program will cover administrative, clinical, and investigative aspects of transport medicine. The latest technology will be on display and all new legislative and administrative developments will be presented.

Remember that your course tuition will cover not only the transport course but also the NCE and all educational programming attached to it. We look

forward to another successful course. Please let the Planning Committee know if there are any specific topics or issues that you would like covered by posting your comments on the SOTM LISTSERV®. The web e-mail address is: [transmedaap@listserv.aap.org](mailto:transmedaap@listserv.aap.org). In addition, I encourage everyone to use the LISTSERV® for interesting cases, questions, and topics in transport medicine that are important for all of us to share.

The Academy web site as well as the SOTM web site recently went through a transformation. We are looking for any ideas that members may have regarding or to our Section web site ([www.aap.org/sections/transmed](http://www.aap.org/sections/transmed)). Please send your suggestions directly to me at [david.jaimovich@advocatehealth.com](mailto:david.jaimovich@advocatehealth.com), or Nicole at [nalexander@aap.org](mailto:nalexander@aap.org), or through the LISTSERV®.

We are also currently working to establish an electronic directory of all pediatric transport medicine programs. We will keep you updated as to how this project is developing. Our Research Committee is creating an intake assessment tool to evaluate patients who are being referred to our facilities. If anyone is interested in working on this project or if you are interested in becoming a member of the committee, please let us know. We would very much appreciate your input and participation. Robert Insoft, MD chairs the Research Committee and can be reached by e-mail at [rinsoft@partners.org](mailto:rinsoft@partners.org).

Finally, I look forward to hearing from each and every one of you with recommendations, ideas, and suggestions on our ongoing projects and on new ones. These projects and the work that lies ahead of us will continue to improve our Section.

Have a healthy and safe summer,

## David

David Jaimovich, MD  
Chairperson

Section on Transport Medicine



### Do We Know How To Find You?

Reminder ... the "Membership Information Change Form" located within the Member Center of [www.aap.org](http://www.aap.org) ([www.aap.org/moc/memberservices/updatesmemberinfoform.cfm](http://www.aap.org/moc/memberservices/updatesmemberinfoform.cfm)) offers an opportunity to view your address, demographic, and subspecialty information and update it at your own convenience. We understand that members are changing information more frequently. Now, each time you make a change, simply enter it into the form and our database will be updated the following day. This way, there will be no delay in receiving your member benefits.

The AAP online Member Directory is available through the Member Center at [www.aap.org/moc](http://www.aap.org/moc). With 15% to 20% of our member contact information in a state of change at any given time, the online directory should be your primary resource to locate colleagues.

If you prefer to contact us by phone or fax, you can do this by calling 800/433-9016, extension 5897 and providing one of our service representatives with your updated address information, or by faxing your information to 847/228-7035.



### Be Informed!! Get Involved!!

**Join the Section on Transport Medicine  
LISTSERV® Today!**

The LISTSERV® allows SOTM members to communicate through periodic e-mail messages.

If you would like to join the LISTSERV® simply visit the SOHC web site at [www.aap.org/sections/transmed](http://www.aap.org/sections/transmed)

### Join the Discussion!!



# Help Save EMSC!!

## Background

Created in 1984, the national Emergency Medical Services for Children program (EMSC) is a fully authorized program that supports demonstration projects to expand and improve emergency medical services for children who need treatment for trauma or critical care. The EMSC program has been reauthorized 5 times since its creation, most recently in 1998, and is currently authorized through 2005. The national EMSC program received \$20 million in FY 2004. The President requested level funding for the program in FY 2005.

## At Issue - H.R. 3999

The legislation, H.R. 3999, introduced by Rep. Michael Bilirakis (R-FL), Rep. Gene Green (D-TX), Rep. Sherrod Brown (D-OH), and Rep. Jim Greenwood (R-PA), was drafted to reauthorize the federal trauma care grants program. However, as introduced, H.R. 3999 includes language that would eliminate the national EMSC program by striking section 1910 of Title XIX of the Public Health Service Act. Section 1910 is the authorizing language for EMSC - without that section in place, the national EMSC program will cease to exist. Although H.R. 3999 includes language to allow trauma care grant funds to be used to improve emergency medical services for children, among several other activities, history has made it clear that unless EMSC has distinct and dedicated authority and support, children's emergency medical needs will go unmet.

## Contact Your House Member

Take Action!! Contact your Representative!!! E-mail a letter directly to him or her from the AAP's Legislative Action Center, [www.aap.org/moc](http://www.aap.org/moc) (member id required, use subscription label on back of AAP News). Click on "Federal Affairs," "Issues and Legislation," then "Legislative Alerts and Issues," and last "Save the National Emergency Medical Services for Children Program." You may also contact Niccole Alexander at [nalexander@aap.org](mailto:nalexander@aap.org) for a copy of a

sample letter.

## Key Points for Correspondence

\* The national EMSC program is a dynamic and flexible program that is responsive to the nation's needs. Examples of cutting-edge work underway with support from the national EMSC program include projects to develop emergency educational and training programs for school officials and staff; design national, evidence-based quality measures for assessing care to children who have suffered serious injuries; and ensure that all state disaster plans address pediatric needs.

\* The national EMSC program and the federal trauma care grants program are complimentary, not competing, and not collapsible. In addition to funding projects that ultimately improve systems of care, the national EMSC program supports a broad array of initiatives that improve basic knowledge about pediatric emergency medicine.

\* While much has been accomplished to improve children's emergency medical services across the country, much work remains to be done. For example, many emergency departments and ambulances still lack the specialized equipment and supplies needed to care for children. Similarly, many emergency medical personnel still do not have the necessary education or training to provide quality pediatric emergency care.

\* The elimination of the national EMSC program, and the co-opting of \$20 million in EMSC funds into the \$3 million trauma care grants program, is a step back for children. It has taken 20 years for EMSC to grow from a \$2 million to \$20 million program and there are still significant projects left to complete. If children lose their dedicated resource and are forced to compete with adult populations, we know from experience that their prospects will suffer.

\* We know from experience that without dedicated, separate authority for children's emergency medical services,

many critically ill and injured children will not receive the care they need when they need it.

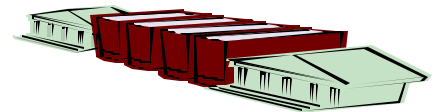
\* Children have unique physiological needs that must be addressed in all aspects of emergency care. From supplies and equipment, to drugs and therapeutics, to provider education and training, children's unique needs must be addressed if they are to survive emergency situations.

\* The Institute of Medicine (IOM) recently commenced a study on the Future of Emergency Care in the United States. This study will include an assessment of emergency medical services for children, as well as pre-hospital and emergency department care. Any proposed changes to the national EMSC program should benefit from the IOM's deliberate review and therefore be considered only after this study is complete.

## Questions?

For more information regarding the AAP's effort to save EMSC, please contact Graham Newson, Director of the Washington Office, at 800/336-5475.

*To find out how to get more involved in the AAP's federal legislative projects, turn to the Washington Office Update on page 6.*



## EMSC Celebrated on May 19

Emergency Medical Services (EMS) Week 2004 (May 16-22) included a special day highlighting the essential need for specialized emergency care for children. "EMSC Day" brought together local communities and medical personnel to publicize safety and honor the dedication of those people who provide lifesaving services on the medical "front lines."

# In Loving Memory of C. Robert Chambliss, MD



Dr. Chambliss with one of his patients

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## ***“His Love of Children”***

The child in Dr. C. Robert Chambliss endeared him to his intensive care pediatric patients.

When one critically ill child had a craving, Dr. Chambliss brought her her favorite ice cream. A child with a severe degenerative disease loved helicopters, and Dr. Chambliss arranged for him to visit a helipad and take a ride in a helicopter, said his partner, Dr. Jim Fortenberry of Atlanta.

His patients returned the kindnesses when Dr. Chambliss was diagnosed with colon cancer in July 2002. “He established a deep rapport with his patients and their families,” said his wife, Dana Franklin Chambliss of Atlanta.

The funeral for Dr. Chambliss, 43, of Atlanta is 1 p.m. today at Martin Luther King Jr. International Chapel at Morehouse College. He died of colon cancer Friday at Piedmont Hospital. Murray Bros. Cascade Chapel is in charge of arrangements.

Dr. Chambliss used games and teasing while diagnosing patients. “He was a big kid himself,” said his wife.

He had a stern outward appearance at work and was very easygoing socially, said his former partner, Dr. Robert Pettignano of Orlando. Besides his expertise as a physician, he brought valuable financial and administrative knowledge to their practice, said Dr. Fortenberry.

He easily could have taken over his mother’s medical practice in Washington, but she encouraged him to explore other aspects of pediatric care. Doctoring crack babies cemented his commitment to pediatric intensive care medicine, said his wife.

The Morehouse graduate was an associate professor at Emory University School of Medicine and lectured nationally on pediatric intensive care medicine.

When he began practicing at Children’s Healthcare of Atlanta in 1993, he immediately saw a need for a medical transportation system for critically ill children. With nurse Ellen Hansen, he founded what is now Children’s Response. The system is the nation’s busiest and employs ambulances, helicopters and fixed-wing aircraft, said Dr. Fortenberry.

His specialty brought Dr. Chambliss great sorrow and joy, said his wife. “He loved critical care. It was hard when it didn’t work and a joy when it did work,” she said.

He set aside time for his sons, playing golf and gourmet cooking. Thursday night was date night with his wife. He enjoyed his jazz through recordings and concerts at Chastain Park, where he and Dr. Pettignano provided the meals.

He grew up traveling and continued with his family. “Our first child has more frequent flier miles than most adults,” said Mrs. Chambliss. He took up golf as an adult and became a fanatic. He looked forward to his annual golf trip with the group of lawyers and doctors who call themselves Just the Fellows, said his wife.

Survivors include two sons, Cleveland Robert Chambliss III and Ryan Alexander Chambliss, both of Atlanta; his mother, Harriette Clark Chambliss of Washington; and a brother, Marque Chambliss of Park City, Utah.

## ***Highlights from a Remarkable Career in Transport Medicine***

\* Established a pediatric transport program at Eggleston Children’s Hospital in the Atlanta metropolitan area.

\* Worked intimately with the AAP Section on Transport Medicine as well as the Section on Critical Care in prominent leadership roles on crafting children’s health policy and educating young physicians just entering the field.

\* Served on the Planning Committee for the 1998 Course on Neonatal and Pediatric Critical Care Medicine and presented lectures on “Computer-Based Applications,” “Management Challenges,” and “Bells and Whistles of Equipment.”

\* Published numerous articles in *Pediatrics*, the *American Journal of Respiratory and Critical Care Medicine*, *Pediatric Critical Care*, and *Critical Care*, as well as co-authored several chapters within critical care textbooks.

\* Lectured extensively on topics related to pediatric pain medicine, transport, and areas related to critical care.

### ***Announcing ... The C. Robert Chambliss, MD Best Paper Award***

Last fall, the SOTM Executive Committee approved a measure that would allow the Section to rename one of the awards presented during the NCE the “C. Robert Chambliss, MD Best Paper Award” in memory of friend and colleague, Dr. Chambliss. Pending Board approval, the first award is scheduled to be presented at the 2005 NCE in Washington, DC.

The Best Paper Award is given to the person who presents the best paper during the SOTM program at the NCE. The winner receives a plaque along with \$500. For more information, please contact Niccole Alexander at [nalexander@aap.org](mailto:nalexander@aap.org).

## From the Section on Critical Care Executive Committee Meeting Minutes

The AAP Section on Critical Care (SOCC) Executive Committee met on November 1, 2003 in conjunction with the AAP National Conference & Exhibition in New Orleans, LA. Current SOCC membership is 639. A recruitment letter will be sent to the Society of Critical Care Medicine's (SCCM) Pediatric Section membership to encourage them to join SOCC. Candidates for two executive committee vacancies are being identified – one member and the chairperson. Elections will be held in the spring.

The SOCC educational program for the 2003 National Conference & Exhibition (NCE) included a joint session with Perinatal Pediatrics and Home Health on home care for infants with special needs, and a joint session with Nephrology on renal replacement therapy. In addition, the SOCC and Council on Sections sponsored a 1 1/2 day preconference for pediatric subspecialty fellows in training entitled, "Preparing for Life in Academics." There were 79 attendees and overall evaluations were so positive that the Section has been asked to consider submitting a proposal to repeat the program at the 2005 NCE. The 2003 SOCC Distinguished Career Award was presented to Dr. Ann E. Thompson.

The SOCC educational program for 2004 will include sessions on patient safety and medical errors in the pediatric intensive care unit and issues in organ transplantation. Nominations for the 2004 SOCC Distinguished Service Award will soon be solicited. In addition, the Section will seek AAP direct sponsorship of practice management course to be held in conjunction with the Pediatric Critical Care Colloquium in New York City in October 2004.

Other issues discussed included the section newsletter, an SOCC article on management of acute brain injury submitted to *AAP News* for the "Focus on Subspecialties" column, critical care as a stand alone specialty, support for the National Institutes of Health training grant program, and debate related to a Joint Commission response to a query on the "Rule of Six." The Executive Committee is planning to explore options to address critical care board exam preparation and tools to help

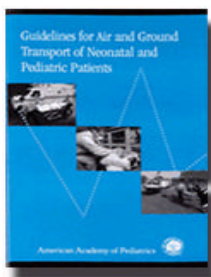
intensivists meet new performance in practice requirements of maintenance of certification.

Revisions to the SOCC bylaws regarding governance were also discussed to clarify the executive committee member, training fellow, and program chairperson positions. The status of two joint AAP/SCCM statements in progress was reviewed: "Admission and Discharge Guidelines for the Pediatric Patient Requiring Intermediate Care" and "Guidelines for Pediatric Intensive Care Units." Resolution of issues by SCCM is still pending. The Executive Committee voted to approve the following recommendation:

That the January 2000 AAP COPEM/SCCM statement, "Consensus Report for Regionalization of Services for Critically Ill or Injured Children" (RE9912) be retired.

Reports were provided by the SOCC chairperson, AAP Central Office, Council on Sections Management chairperson, and liaisons from COPEM, the Section on Transport Medicine, and the SCCM Pediatric Section.

### ***Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients - 2nd Edition***



This essential guide provides guidelines and education for all health care professionals who make decisions about the emergency inter-facility transport of

children.

To order, call the AAP Customer Service Center at 866/THE-AAP1 or order online at [http://www.aap.org/bst/showdetl.cfm?&DID=15&Product\\_ID=912](http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=912)

**3rd EDITION SCHEDULED FOR PUBLICATION IN 2005!!**

## AAP Washington Office Update

### ***FAAN Network***

The AAP Department of Federal Affairs invites you to be a part of FAAN. FAAN (or Federal Advocacy Action Network) is a network of Academy members who help support federal legislative and regulatory activities from their positions as constituents. Members choose the level and range of activities that suit their busy schedule, from simply faxing or calling congressional members about issues of concern, to requesting a personal meeting. Over the years, the FAAN network has affected numerous positive gains for children and pediatricians, thanks to AAP member commitment to child health advocacy efforts. FAAN members receive education and guidance and updated legislative information on the issues they take action on from the AAP Department of Federal Affairs.

### ***Federal Affairs Resources***

In between section newsletters, the Members Center's Federal Affairs page will keep you up-to-date on federal legislative efforts by the Academy. Another source is the monthly Washington Report column in *AAP News*. For breaking news on Capitol Hill, the Dept. of Federal Affairs sends out special alerts to members of the Federal Action Advocacy Network (FAAN) telling them to take action on legislation when needed.

### ***Contact Us***

You can contact the Washington office any time if you have a question about federal legislative efforts or if you are interested in advocating for children. Your participation is critical to our success! We can teach the easy steps it takes to help. The phone number is 800-336-5475 and e-mail is [kids1st@aap.org](mailto:kids1st@aap.org).



# Executive Committee Meeting Summary

## November 1, 2003

The Executive Committee (EC) of the AAP Section on Transport Medicine (SOTM) met in conjunction with the 2003 National Conference and Exhibition (NCE) on November 1, 2003 in New Orleans, Louisiana. The following is a summary of the Section's activities and initiatives discussed during that meeting:

### **Membership**

As of October 28, 2003, SOTM had 265 members - with 25 new members joining the Section from October 2002 to September 2003. The EC formally agreed to propose to the membership a Section bylaw amendment allowing physician assistants to join SOTM as Affiliate Members. In an effort to get Affiliate Members (comprised primarily of allied health professionals) more involved in the Section's decision-making process, the EC also decided to establish relationships with non-physician professional organizations such as the Emergency Nurses Association, American Association of Critical Nurses, and the American Association of Respiratory Care.

### **Section Election**

Dr. Calvin Lowe (California) was elected to his first term as SOTM EC member, and Dr. Bruce Klein (DC) was appointed to complete the term of Dr. Robert Chambliss who passed away in July 2003. A brief tribute to Dr. Chambliss was presented during the Section program.

### **Awards and Programming at the 2003 NCE**

The Section held its annual awards ceremony during the Section program at the 2003 NCE. The recipient of the SOTM Best Paper Award was Yong Y. Han, MD for his presentation entitled "A Safe and Efficacious Strategy to Triage Physician Utilization during Pediatric Interfacility Transport." Dr. Yong received a certificate and a \$500 honorarium. The recipient of the SOTM Best-in-Training Award was Michael C. Bachman, MD for his presentation entitled "Impact of Increased Staffing of a Children's Hospital Transport Program on Hospital Admissions and Revenue." Dr. Bachman received a certificate and a \$250 honorarium. The EC thanked Dr. Brent King for all of his hard work pulling together the 2003 SOTM Program. Dr. Lowe and Section member Jean Reimer-Brady, RN, MSN, NNP agreed to serve as next year's Transport Course Directors and Section program chairs, and Drs. Klein and Deborah Hoy were appointed to serve as the 2005 Section Program Chairpersons.

### **Course at the 2004 NCE**

The Course and Section program are scheduled to be held from Sunday, October 10 until Tuesday, October 12 during the NCE. Topics under consideration include the legal aspects of transport medicine, ambulance safety, and the referring center's perspective.

### **Transport Guidelines Manual**

The third edition of the "Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients" Manual is set for release in early 2005.

### **Clinical Research Initiatives**

Dr. Insoft discussed current activities of the Section's Research Sub-Committee. Two projects currently being reviewed by the team are: 1) the creation of an assessment tool for transport teams and 2) the impact of attending room-run transport teams on CPT coding.

### **Electronic Database of Transport Medicine**

The SOTM EC is considering recreating the Electronic Database of Pediatric Transport Medicine programs and posting it to the Section's "Member Center" web site as a static document.

### **In Memory of C. Robert Chambliss, MD**

The Section donated \$250 to Morehouse College in memory of Dr. Chambliss. The EC also unanimously approved recommending that the SOTM "Best Paper Award" be renamed the "C. Robert Chambliss, MD Best Paper Award."

### **International Pediatric Transport Committee**

The International Pediatric Transport Committee goal of creating templates that would address educational skills, training, and basic equipment needs for developing a transport team should be met by early 2005.

### **Next Meeting**

The next Executive Committee meeting is scheduled for Sunday, October 10, 2004 during the NCE in San Francisco, California.

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### **Congratulations!!**

Please join us in congratulating Robert M. Insoft, MD for being elected as the next Chairperson of the Section on Transport Medicine. He will assume office immediately following the 2004 NCE in San Francisco, California. The results of the election were announced a couple of weeks ago by Melvin G. Perry, Jr., MD, Section Nominations Chairperson and Kenneth M. Ash, MD, Section Nominations Member.

Currently Dr. Insoft serves as Assistant Professor with the Harvard University School of Medicine and as Medical Director with Massachusetts General Hospital (MGH) NICU, and the Neonatal and Pediatric Transport Service at MGH and the Partners HealthCare System.

Dr. Insoft has been active member of SOTM since 1996. He has served as Co-Chairperson of the 2000 and 2002 Transport Course, and is currently serving as Research Subcommittee Chairperson, and Executive Committee member. Dr. Insoft's goals include ensuring the highest quality of Section educational offerings, establishing a national clinical research network, and improving collaboration with other transport organizations.

# From the Desk of the Newsletter Editor ...

## Michael R. Anderson, MD

### **Introduction**

As a new feature of the Transport Dispatch, we will summarize some of the articles recently published relating to Pediatric Transport Medicine. If an article of interest that you think should be featured comes across your desk, please feel free to email me at [michael.anderson@case.edu](mailto:michael.anderson@case.edu).

### **Articles**

#### Resident Training in Pediatric Critical Care Transport Medicine: A Survey of Pediatric Residency Program

Roger Fazio, MD, et al.  
*Pediatric Emergency Care*  
16 (3):166-169.

Fazio and colleagues completed a study that sought to determine the current level of resident participation as well as determining how individual residency programs were meeting the educational objectives set forth by the ACGME as they relate to pediatric transport medicine. The authors sent out a 27 item survey to 213 pediatric programs. The questions revolved around what type of training was required before residents participated in transport, how resident performance was evaluated, and whether pediatric transport was voluntary or required.

Of 213 programs surveyed 138 responded for a response rate of 65%. Of the responding programs, 76% had both NICU and PICU transport teams, 4% had only NICU teams, 1% had only PICU teams, and 19% had neither. When examining PICU transports, an average of 236 patients were transported per program each year with a wide standard deviation noted. In over 44% of the teams, the critical care nurse was considered the team leader. However, when compared to NICU transport teams, residents were considered the leader of the PICU transport team 44% of the time compared to 28% of the time for NICU teams.

Resident performance was consistently evaluated by 58% of the PICU teams. Participation in pediatric transport was mandatory for 49% of the programs and voluntary for 43% of the programs.

Analysis. This is an interesting study that shows pediatric residents are still used in a large percentage of NICU and PICU transport teams and the authors then go on to discuss how educational roles for transport can be improved. With more emphasis on primary care, it will be interesting to see if and when this data changes.

#### Should Parents Accompany Pediatric Interfacility Ground on the Transports? Results of a National Survey of Transport Team Managers

George A. Woodward, MD and Eric W. Fleegler, MD  
*Pediatric Emergency Care*  
17 (1): 22-27.

This survey, conducted in 2001, was focused on evaluating transport team attitudes toward parents accompanying children on interfacility transports. The study used a questionnaire mailed to over 156 programs identified from the NACHRI data base. Of the mailed surveys, 103 surveys were available for analysis. Seventy percent of the teams stated they had a specialized pediatric team while 83% stated they had a specialized neonatal team. Of the respondents, 55% represented non-physician transport systems. Of the responding programs, 63% of teams allowed parents to accompany their children in a ground vehicle. Parents actually accompanied children an average of 28% of the time amongst these teams. Also of note, 25% of all respondents felt a parent should be allowed to travel with their child while 29% felt that a parent should not accompany their child. Thirty-one percent of the respondents felt that parental accompaniment would provide support for the child during transport.

Finally, 18% of respondents expressed problems with allowing a parent on transport which included team and parental anxiety, interference, and lack of parental understanding. Thirty-nine of respondents felt the child did not or would not benefit from parental presence on transport.

Analysis. This is one of the first studies to examine the role of parental presence on pediatric transports. As evidenced by the wide range of answers, there appears to be a lack of national consensus regarding parental accompaniment on pediatric transport. The authors conclude that more study is required in this field as well as education of transport professionals as to the positive benefits on having the parents on transport.

#### Appropriateness of Endotracheal Tube Size and Insertion Depth in Children Undergoing Air Medical Transport

*Pediatric Emergency Care*  
2000;16 (5):321-327

These authors, in a retrospective chart review conducted in Boston, examined the appropriateness of endotracheal tube placement in children undergoing air medical transport. Patients included all patients under the age of 14 that had been intubated either before or during the transport by the flight team or Emergency Department personnel. The study examined 216 patients in total, the majority of which had initial tube depth lip line recorded. Of the 216 intubated patients, 42 cases or 19% of the population, had their endotracheal tube depth changed by the flight team. Of note was a marked difference in the need for changing lip line depth when comparing ground EMS vs. ED physician intubators. More thoroughly examining lip line guideline appropriateness, these authors found that there was a statistically significant correlation between study year, and appropriateness of ET tube depth was correlated with a later year of inclusion in the study.

*continued on page 11*

## From the Section on Emergency Medicine Executive Committee Meeting Minutes

The AAP Section on Emergency Medicine (SOEM) Executive Committee met in conjunction with the AAP National Conference & Exhibition on November 2-3, 2003 in New Orleans, LA. Current SOEM membership has reached 1,058 and continues to grow. Approval to raise the dues from \$35 to \$40 has been obtained and will go into effect July 1, 2004. A recruitment letter targeted to Pediatric Section members of the American College of Emergency Physicians has been finalized and will be sent along with an application for Section membership. Candidates for three executive committee vacancies are being identified – two member and one chair-elect.

Reports from each SOEM subcommittee chairperson were provided, including: administrative/practice management, emergency medical services, fellowship, pediatric emergency medicine (PEM) in non-children's hospitals, and research. Liaison reports were provided on activities of the AAP Central Office, Council on Sections, Council on Sections Management, AAP Committee on Coding and Nomenclature, AAP Committee on PEM, and the American College of Emergency Physicians. A report on the AAP grant project on implementation and evaluation of preparedness guidelines for the care of children in the emergency department was also provided.

Highlights of the fall 2003 SOEM educational program were discussed and plans for the 2004 program were finalized. The 2003 Ken Graff Young Investigator Award was presented to Dr. Madhumita Sinha for a project on "Evaluation of Non-pharmacological Methods of Pain and Anxiety Management for Laceration Repair in the Pediatric Emergency Department." The 2004 program will include scientific abstract and poster presentations, as well as educational sessions on patient safety, shunt management (joint with Neurological Surgery) and finding balance in PEM. Suggestions for the fall

2005 program were provided and will be further discussed at the next meeting.

To promote PEM advocacy, the Section will again sponsor an advocacy scholarship to facilitate attendance by 1-2 SOEM members at the spring 2004 AAP Legislative Conference. In addition, proposals for the 2004 Ken Graff Young Investigator Research Award will soon be solicited. The Graff endowment goal of \$100,000 has been met, and a new goal of \$200,000 has been set to ensure annual funding of this award. The current endowment balance is \$112,285. In remembrance and honor of Dr. Jim Seidel, the Section has recommended renaming one of their most prestigious awards to the Jim Seidel Distinguished Service Award. The executive committee voted on the proposed 2004 award recipient, pending approval by the Academy.

The Section sponsored a Pediatric Emergency Medicine Leadership Conference in August. There were 140 attendees and overall evaluations have been positive. The PEM Fellow's Conference is being planned for March 27-29, 2004 in St Louis. In addition, the next PREP-EM course will be held on August 7-11, 2004 in Toronto.

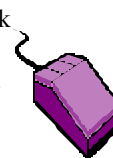
Other issues of interest discussed were the SOEM newsletter and web site, development of an on-line image gallery of PEM photos (PEMpix), development of a PEM coding primer, the Section bylaws, and the Section strategic plan. Both the bylaws and strategic plan require revision. New SOEM projects to be explored include development of a database of PEM experts, strategies to improve fellowship training and to address workforce issues, and development of an Education in Quality Improvement for Pediatric Practice (eQIPP) module on PEM to fulfill the maintenance of certification requirement of performance in practice.

### Rosters Available on the "Members Only" Channel

One of your benefits as a member of the Section on Transport Medicine is the ability to network with your peers in the field. To make it easier to find and contact your colleagues, the AAP has posted a roster of SOTM members in the Section's area of the Member Center (MC).

To find the SOTM MOC home page, log on to the MC at

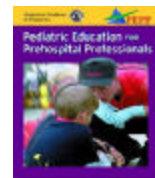
[www.aap.org/moc](http://www.aap.org/moc) and click on the "Transport Medicine" on the left-hand side of the screen, under the heading "Section."



The roster provides mailing address, phone number, fax number, and e-mail, where available.

### Pediatric Education for Prehospital Professionals

Pediatric Education for Prehospital Professionals (or PEPP) is a national continuing education course, developed by



the Academy. It is the first of its kind and provides a comprehensive source of prehospital professional training in assessing and managing ill or injured children. The PEPP course is a completely integrated teaching and learning system, designed to support both a 1-day BLS and 2-day ALS version.



PEPP materials available from the Academy include: PEPP textbook,

resource manual, slide kit, teaching packages with CD-ROM or slides, ToolKit CD-ROM, and a variety of videos.

To order, call the AAP Customer Service Center at 866/THE-AAP1 or order online at [http://www.aap.org/bst/showdetl.cfm?&DID=15&Product\\_ID=2218](http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=2218)

# New Clinical Reports and Policy Statements

## Admission and Discharge Guidelines for the Pediatric Patient Requiring Intermediate Care

David G. Jaimovich, MD, FAAP  
AAP Committee on Hospital Care  
AAP Section on Critical Care  
Society of Critical Care Medicine

**Abstract:** During the past 3 decades, the specialty of pediatric critical care medicine has grown rapidly, leading to a number of pediatric intensive care units opening across the country. Many patients who are admitted to the hospital require a higher level of care than routine inpatient general pediatric care, yet not to the degree of intensity of pediatric critical care; therefore, an intermediate care level has been developed in institutions providing multidisciplinary subspecialty pediatric care. These patients may require frequent monitoring of vital signs and nursing interventions, but usually they do not require invasive monitoring. The admission of the pediatric intermediate care patient is guided by physiologic parameters depending on the respective organ system involved relative to an institution's resources and capacity to care for a patient in a general care environment. This report provides admission and discharge guidelines for intermediate pediatric care. Intermediate care promotes greater flexibility in patient triage and provides a cost-effective alternative to admission to a pediatric intensive care unit. This level of care may enhance the efficiency of care and make health care more affordable for patients receiving intermediate care.

PEDIATRICS Vol. 113 No. 5  
May 2004, pp. 1430-1433

## Pediatric Care in the Emergency Department

Society for Academic Emergency  
Medicine Board of Directors

**Background:** On April 3, 2003, the Executive Committee approved Academy Endorsement of the Society for Academic Emergency Medicine (SAEM) joint position statement on emergency care of children. This endorsement will apply for 5 years unless sooner retired or revised by the SAEM.

**Position Statement:** Physicians are certified in emergency medicine by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM), or those who are certified in pediatric emergency medicine by ABEM or the American Board of Pediatrics (ABP), possess the knowledge and skills required to care, the emergency physician must have all necessary and age-appropriate medical equipment readily available. The emergency physician must also have access via consultation, admission, or transfer, to appropriate specialty and subspecialty physicians, to who will provide any needed patient care after emergency department treatment. Although physically separate care areas for children are ideal, they are not mandatory to provide high-quality care.

PEDIATRICS Vol. 113 No. 2  
February 2004, pp. 420

## Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies: The Medical Emergency Response Plan for Schools. A Statement for Healthcare Providers, Policymakers, School Administrators, and Community Leaders

**Background:** School nurses, athletic trainers, and teachers are often required to provide emergency care during the school day and for extracurricular activities, including sports. In a survey of elementary and high school teachers in the Midwest, 18% of all teachers surveyed indicated that they personally provided some aspect of emergency care to more than 20 students each academic year, and 17% indicated that they had responded to life-threatening student emergency during their teaching career. A survey of school nurses in New Mexico documented that each year 67% of schools activated the EMS system for a student and 37% of the schools activated the EMS system for an adult. Unfortunately, the data are limited regarding the type and severity of emergency calls from schools to EMS systems. A review of the medical literature yielded no published reports of the national frequency and causes of life-threatening medical emergencies in schools.

PEDIATRICS Vol. 113 No. 1  
January 2004, pp. 155-168

# PEDIATRICS

For the complete text of statements and reports published in *Pediatrics*, please visit their web site at [www.pediatrics.org](http://www.pediatrics.org).



# From the Desk of the Newsletter Editor ...

## Michael R. Anderson, MD

*Continued from page 8*

In a full 23% of cases where the patient was intubated by EMS, a full one endotracheal tube size difference than recommended by PALS was noted by the authors. Likewise when the EMS group was the intubator, 78% of the time the ET tube was greater than 1 centimeter deeper than guidelines would suggest. If the patient was intubated by the referring facility, ET tubes were too small in 8% of the cases and too deep in 45% of the cases.

Analysis: The authors concluded in a large percentage of the cases of patients who were intubated prior to air medical team arrival, endotracheal tube sizes are too small and endotracheal tubes are positioned too deeply.

As we continue to debate airway management in the field and in the aeromedical industry, more rigorous studies of age "appropriate" endotracheal tube size and depth placement will be indicated.

### Intubated Pediatric Patients Requiring Transport: A Review of Patients, Indications and Standards

Nieman et al.  
*Air Medical Journal*  
2002; 21:22-25.

These authors conducted a retrospective review over a 2 year period of pediatric patients transported by their busy aeromedical service. Seven hundred thirty-two children were transported by this system over a 2 year period of which 148 or 20% were intubated. Most patients were admitted for seizures or respiratory failure. Sixty-two percent of the patients were intubated by the referring physician, whereas 33% were intubated by the flight crew, and 5% by EMS personnel. Of note was the wide variance in rapid sequence medications used and 30% documented tracheal tube depth outside the PALS guidelines.

The authors conclude that in their relatively large set of patients, referring

physicians intubate the majority of children and that no one medication regimen for pediatric intubation is favored. Likewise, the authors conclude that a great number of children who are intubated have endotracheal tube placement either above or below the depth recommended by PALS.

### A Novel Integrated Pediatric Air and Ground Transport System

Shawn De Safford, et al.  
*Journal of American College of Surgeons*  
2002;195:790-795

In an interesting retrospective study out of Duke, these authors evaluated a "hub and spoke transport team" where four ground ambulances are stationed at referring facility emergency departments and compared this system with a hypothetical 100% air medical transport team. The hypothesis tested was that the use of a hub and spoke system of ground transport would be more cost affective than a 100% air medical transport system. A total of 96 patient charts were reviewed over a 6 month time period. Forty-eight percent of patients were transported by ground and 52% by air. The average age of the patients in the ground and air group were similar; however, the patients transported by air had a slightly higher PRISM score. The number of hospital days and 24 predicted mortality rates were similar between the groups. The total mortality was slightly higher in the group of children transported via air. Transport mileage was not different between air and ground groups with an average distance of 82 miles for the air group and 77 miles for the ground group. Ground transport groups spent less time on the scene (36 minutes vs. 55 minutes for the air team). However, the air group took significantly less time to arrive at the Duke University Medical Center, (36 minutes compared to the ground team transport time of 71 minutes). Compared to a hypothetical

system of 100% air transportation, the use of a hub and spoke system hypothetically saved over \$240,000 per year.

Analysis. The authors performed an interesting comparison of their unique hub and spoke system compared to a total air medical system. It appeared that outcomes were similar between the air and ground teams. What was not discussed, however, is the controversial issue of staffing by specialty teams vs. "one stop shopping teams." When one is developing a pediatric transport system, the use of the hub and spoke ground system would seem to have significant cost savings over a completely air based system.

### *Other Interesting Reading ...*



### Long Distance Transports of Newborn Infants with Congenital Heart Disease

Dr. L. Hellstrom-Westas, et al.  
*Pediatric Cardiology*  
2001;23:380-384.

### Improving EMS Services for Children with Special Health Care Needs. Does Training Make a Difference?

Daniel W. Spaite, MD  
*American Journal of Emergency Medicine*  
October 2001;19 (6):474-478.

### Evaluation of Nontransported Pediatric Patients by a Large EMS System

Gary Gerlaceher, MD et al.  
*Pediatric Emergency Care*  
2001;17 (6):421-424.

### Guidelines for Inter and Intra Hospital

Jonahan Warn MD et al.  
*Critical Care Medicine*  
2004;32 256-262.

## Educational Opportunities Offered by Associated Groups

## Transport Medicine Awards

### ***APLS Course Offered at NCE***

October 9-10, 2004  
7:30am - 5:00pm  
San Francisco Hilton

All new fourth edition course materials will be provided to all participants and the APLS Course Completion Exam will be given. More than 14 CME credits are awarded for this course which will be led by Course Directors Susan Fuchs, MD and Augusta Saulys, MD. Over 20 faculty will be presenting and will include Michael Gerardi, MD, Benjamin Silverman, MD, Robert Wiebe, MD, Loren Yamamoto, MD, MPH, MBA. For more information, please contact Eileen Schoen at [eschoen@aap.org](mailto:eschoen@aap.org).

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### ***Pediatric Critical Care Practice Management Course***

Held in Conjunction with the Pediatric Critical Care Colloquium

October 2, 2004  
Park Central Hotel  
New York, New York

Download a brochure or register online at [www.pedialink.org/cmefinder](http://www.pedialink.org/cmefinder)

*Sponsored by the AAP Section on Critical Care*

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### ***PREP:EM***

### ***An Intensive Review Course of Pediatric Emergency Medicine***

August 7-11, 2004  
Hilton Toronto  
Ontario, Canada

If you are an emergency medicine physician who is interested in updating your skills in acute care pediatrics or needs a comprehensive review of pediatric emergency medicine, this Course may be for you.

Download a brochure or register online at [www.pedialink.org/cmefinder](http://www.pedialink.org/cmefinder)

*Sponsored by the AAP Section on Emergency Medicine*

### ***CATCH & Medical Home National Conference***

July 15-17, 2004  
Sheraton Hotel and Towers  
Chicago, Illinois

All of us can agree that quality, comprehensive health care is a priority for our country's children and youth, including those with special health care needs. So take the opportunity to be part of a national discussion on this very important topic, and learn what you can do at the community level to make that priority a reality!

Why wait to register? Register to hear Tim Shriver, CEO of Special Olympics, discuss the needed partnership between pediatric health care providers and Special Olympics; be part of a national conversation about improving access to care for all children and youth, including those with special health care needs; and experience Chicago in the summer time! Attend the Community Pediatrics reception at the Chicago Children's Museum or wander around Navy Pier's shops and eateries between conference sessions!

For more information on the conference, including session descriptions, visit: <http://www.aap.org/catch/nationalconf.html>

CATCH & Medical Home National conference...helping communities grow healthier!



The CATCH & Medical Home National Conference is sponsored by the Federal Maternal and Child Health Bureau, Wyeth, and the American Academy of Pediatrics.

The Section on Transport Medicine presented two awards during the Section's education program at the AAP's National Conference and Exhibition in New Orleans on Monday, November 3, 2003 ... the Best Paper Award and the Best-in-Training Award.



***Congratulate the 2003 Winners !!!***

### ***Best Paper Award***

The primary author/presenter received a certificate and a \$500 honorarium.

"A Safe and Efficacious Strategy to Triage Physician Utilization during Pediatric Interfacility Transport"

Michelle A Dragotta, BSN, RN; Yong Y. Han, MD; Bradley A Kuch, BS, RRT; Debra M Bills, RN; Richard A Orr, MD

### ***Best-in-Training Award***

The primary author/presenter will receive a certificate and a \$250 honorarium.

"Impact of Increased Staffing of a Children's Hospital Transport Program on Hospital Admissions and Revenue"

Michael C Bachman, MD; Bruce L Klein, MD; John P Harding, MBA

If you would like additional information on the abstracts and posters presented during last year's Section program, or if you are interested in competing for one of the prizes, please contact Niccole Alexander at [nalexander@aap.org](mailto:nalexander@aap.org).



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