SUBJECT: **PEDIATRIC ADVISORY COMMITTEE (PedAC)** REFERENCE NO. 216

PURPOSE: To describe the composition and function of the Pediatric Advisory Committee (PedAC).

POLICY:

I. General Committee Description

A. The PedAC acts in an advisory capacity to the Emergency Medical Services Agency. This committee is responsible for all matters regarding pediatric care and policy development pertinent to the practice, operation and administration of prehospital care, emergency departments (ED), and pediatric intensive care units (PICU).

B. The Chairperson shall have general supervision of all members pertaining to the PedAC.

C. A Committee member shall not take any action on behalf of, or in the name of PedAC unless specifically authorized to do so by the PedAC.

D. All Committee meetings shall be open to the public. This policy shall be stated in all agendas.

E. PedAC agendas shall be provided to members in advance of the meetings.

II. Officers

A. Chair and Vice Chair with pediatric expertise to be elected by the PedAC at its March meeting and shall serve a term of three years or until their successor is elected.

B. The Chair or Vice Chair shall be a physician.

III. Election and Replacement of Officers

A. Election of Officers:

1. At the December meeting, the Chair shall appoint three Committee members, subject to the approval of the PedAC to form a Nominating Committee.

2. At the March meeting, the Nominating Committee shall present a slate of candidates for the offices of the Chair and Vice Chair. Additional nominations of willing candidates may be made from the floor.

APPROVED: Cathy Chidester
Director, EMS Agency

Marianne Pauache Hill
Medical Director, EMS Agency

3. An election shall be conducted at the March meeting. If there is only one nominee for either office, the Chair can declare that the nominee is elected; otherwise, election shall be by majority vote (50% + 1) of the PedAC.

4. The newly elected Officers shall assume Duties at the next scheduled meeting.

B. Replacement of Officers

1. If, for any reason, the Chair is unable to complete a term of office, the Vice Chair will assume the Chair position for the remainder of the term and an election for the Vice Chair will be held at the next meeting.

2. If, for any reason, the Vice Chair is unable to complete a term of office, a new Vice Chair shall be choses as follows:

a. The Chair shall appoint three members to form a Nominating Committee, subject to the approval of the PedAC.

b. The Nominating Committee shall present a slate of candidates for the office of the Vice Chair at the first regular meeting following their nomination.

c. Additional nominations may be made and the elections shall be conducted in compliance with III.A., Items 3 and 4 of this policy.

d. If neither the Chair nor Vice Chair is able to preside at any PedAC meeting, the Committee shall elect a member to act as Chair Pro Tempore. Election shall be by majority vote of the PedAC.

IV. Duties of Officers

A. The Chair shall:

1. Preside over all meetings of the PedAC.

2. Rule on all points of order.

3. Represent PedAC at public functions or appoint a PedAC member to do so on their behalf.

4. Sign all official PedAC documents.

5. Ensure that minutes are maintained.

B. The Vice Chair shall:

1. Perform the duties of the Chair in their absence.

2. Perform other duties as assigned to them by the Chair or the PedAC.

V. Committee Membership Structure

A. Chair elected by PedAC.

B. Vice Chair elected by the PedAC.

C. Pediatric Physician Specialist appointed by the EMS Agency (Staff).

D. Pediatric Program Coordinator appointed by the EMS Agency (Staff).

E. One Pediatric Liaison Nurse (PdLN) from each Emergency Department Approved for Pediatric (EDAP) Regions, appointed by the Pediatric Liaison Nurses of Los Angeles County.

F. One EDAP Medical Director (or ED Physician designee) from each of the EDAP Regions.

G. One Pediatric Medical Center (PMC) Nurse Coordinator (PICU nurse) from each of the PMC Regions.

H. One PMC Medical Director (or PICU Physician designee) from each of the PMC Regions.

I. One Pediatric Trauma Center (PTC) Program Manager, appointed by the Trauma Hospital Advisory Committee.

J. One PTC Medical Director, appointed by the Trauma Hospital Advisory Committee.

K. One alternate for each member listed in V., Items E. through J of this policy.

L. Both the member and alternate members are encouraged to attend each meeting.

M. Each term is three years.

IV. EDAP Regions

A. Northern Valley Region

1. Antelope Valley Hospital
2. Dignity Health – Northridge Hospital Medical Center
3. Henry Mayo Newhall Hospital
4. Los Robles Hospital and Medical Center
5. Providence Holy Cross Medical Center
6. West Hills Hospital and Medical Center
7. LAC Olive View-UCLA Medical Center

B. Southern Valley Region

1. Adventist Health – Glendale

2. Dignity Health – Glendale Memorial Hospital and Health Clinic
3. Encino Hospital Medical Center
4. Providence Tarzana Medical Center
5. Providence St. Joseph Medical Center
6. Sherman Oaks Hospital
7. Valley Presbyterian Hospital
8. USC Verdugo Hills Hospital

C. Eastern Region

1. Beverly Hospital
2. Emanate Health Queen of the Valley Hospital
3. Huntington Hospital
4. Methodist Hospital of Southern California
5. PIH Health Hospital – Whittier
6. Pomona Valley Hospital Medical Center

D. Metro/Western Region

1. Adventist Health White Memorial
2. Cedars Sinai Medical Center
3. Centinela Hospital Medical Center
4. Children's Hospital Los Angeles
5. Dignity Health – California Hospital Medical Center
6. LAC+USC Medical Center
7. Ronald Reagan UCLA Medical Center
8. Santa Monica-UCLA Medical Center

E. Southern Region

1. Dignity Health – St. Mary Medical Center
2. LAC Harbor-UCLA Medical Center
3. La Palma Intercommunity Hospital

4. Long Beach Memorial Medical Center
5. PIH Health Hospital – Downey
6. Providence Little Company of Mary Medical Center San Pedro
7. Providence Little Company of Mary Medical Center Torrance
8. St. Francis Medical Center
9. Torrance Memorial Medical Center

VII. PMC Regions

A. Northern Valley Region

1. Dignity Health – Northridge Hospital Medical Center
2. Providence Tarzana Medical Center
3. Valley Presbyterian Hospital

B. Eastern Region

1. Adventist Health White Memorial
2. LAC+USC Medical Center

C. Metro/Western Region

1. Cedars Sinai Medical Center
2. Children's Hospital Los Angeles
3. Ronald Reagan UCLA Medical Center

D. Southern Region

1. LAC Harbor-UCLA Medical Center
2. Long Beach Memorial Medical Center

VIII. Meeting and Activity Requirements

A. Regular meetings of the PedAC shall be held at 10:00 am in March, June, September, and December. If any regular meeting falls on a holiday, the regular meeting shall be held one week later. Additional meetings may be held as determined by the Chair.

B. A quorum is required for any official business, including regular and special meetings. A quorum shall consist of a majority (50% + 1) of the committee members.

C. A minimum of 50% committee attendance is required for each voting members and alternate members. Member not meeting this requirement may be replaced.

D. Committee members are appointed, to ensure the five EDAP and four PMC regions are represented.

E. For non-committee members, a minimum of 50% attendance is highly encouraged for Pediatric Liaison Nurses and PMC Nurse Coordinators.

F. The Committee shall review, evaluate and make recommendations on issues related to emergency medical services which impact the pediatric population.

G. Minutes of Committee meetings shall be maintained by Staff, and distributed to all Committee members before the regular PedAC meeting.

IX. Policy Amendment

This policy maybe amended by a three-fourths (3/4) vote of the voting PedAC members if notice of intention to amend the policy, setting forth the proposed amendments, has been sent to each member of the PedAC no less than ten days before the date set for consideration of the amendments.