

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
Committee on Emergency Medical Services (EMS)
(Advisory Committee to DPBH)

MINUTES

September 19, 2019

1:00 P.M.

MEMBERS PRESENT

Temple Fletcher
Fergus Laughridge
Dr. Myron Gomez, M.D.

Donna Miller
Steve Towne

Darryl Cleveland
Marc Pinkas

ABSENT

Jon Stevenson II

Bodie Golla

IN ATTENDANCE

Jenna Burton
Dennis Nolan
Donald Watson

Lee Cabaniss
Richard Fenlason
Christina Conti

Bobbie Sullivan
Melanie Spencer

1. Roll call and approval of April 24, 2019, minutes.

Temple Fletcher, Chair of the Advisory Committee on EMS, took roll call to establish a quorum. A quorum was confirmed, and she moved on to approval of the previous meeting minutes from April 24, 2019. No corrections to the minutes were suggested.

MOTION: Darryl Cleveland motioned to approve the minutes from April 24, 2019.

SECOND: Steve Towne

PASSED: Unanimously

Public Comment – no public comment.

2. Update on activities within the State regarding EMS.

a) Update on the activities of the Nevada State Emergency Medical Systems (SEMS) Program.

Donald Watson, EMS Program Manager, informed the Committee that the SEMSP is heading into the busiest time of the year: renewal season. He told the Committee the new database, State Online Application Portal (SOAP), is up and running through the ImageTrend system. He confirmed that a notice for providers will go out shortly explaining that this year all applications are expected to be submitted online. The notice will include instructions on how to claim an account for existing users (anyone who has had a provisional license, certification, or attendant license), how to create an account for new users, and how to apply online. It also will include the new SEMSP-help email: healthEMS@health.nv.gov, which will be monitored continuously by staff during working hours. He explained this will be the easiest and best way to contact someone in the office as we move into the busy season. Donald also mentioned the ImageTrend ELITE Electronic Patient Care Report (ePCR) database is now up and running. He explained that getting ELITE to function was a joint

effort between Bobbie Sullivan, the EMS Representative in Elko, Nevada, and Steven Bradford, an Information Technology (IT) expert with the Office of Information Technology (OIT) program. Donald said they did an excellent job of getting it set up; ELITE launched much better than SOAP, with only a few bugs to date. He said all agencies are now reporting to ELITE, and the data has been accumulating. The data will be used to report statistics on many different emergency situations, noting which care was provided to patients in the state of Nevada. Donald reminded everyone that the SEMSP still has training-grant funds available. He stated that, to date, the office has allocated over \$20,000 to five (5) agencies that have submitted requests: there is still additional money that can be used. If an agency has training needs, he recommends they contact Michael Bologlu, EMS Representative, to submit a request.

Donald informed the Committee that the Emergency Medical Services for Children (EMSC) grant was able to purchase seventy (70) pediatric kits, of which fifty-five (55) have been issued to rural agencies. One hundred twenty-five (125) length-based tapes and thirty-six (36) infant-warming mattresses also were purchased and distributed. He told the Committee the EMSC grant is now in the process of trying to procure about one hundred twenty (120) infant/child restraint systems for ambulances. The hope is to be able to issue at least one (1) restraint system to each agency. Donald also told the Committee that legislation has ended, and there are three (3) bills that the SEMSP is actively considering. The first one, Assembly Bill (AB) 129, will require emergency responders to receive training concerning identifying and interacting with persons with developmental disabilities; this course will be mandatory before they can gain initial certification, or before their next renewal cycle. This will not affect the current renewal cycle, because it hasn't been codified yet. Donald said there isn't a designated training as of yet, explaining that is something that the SEMSP is working on currently. The SEMSP will keep everybody apprised of the training that is reviewed and approved. The SEMSP also is considering AB 317, which will rework the process for designating trauma centers, requiring the completion of a needs assessment and an impact statement. Level IV trauma centers now will be allowed as well. Lastly, the SEMSP is working on AB 319, which gives an individual permission to petition the DPBH or a background-check review prior to applying for certification or licensure. This will help alleviate the hardship providers face when they have completed their education, only to learn they can't work in the field they studied because of a disqualifying factor on their background-check results.

Donald informed the members that, currently, both Emergency Services Unit (ESU) trailers have been deployed down south, one in Lincoln County, and one in Nye County, to support the Area 51 event; the event is being monitored closely by the SEMSP. Donald's last update announced an SEMSP-staff vacancy for an EMS Representative in the Carson City office. He requested members who know someone interested in this position to have them apply online on Nevada Employee Action and Timekeeping System (NEATS) website.

b) Update on the activities of the Southern Nevada Health District (SNHD).

No SNHD updates.

c) Update on the activities of the Washoe County Health District.

Christina Conti provided the update for Washoe County Health District. Following Donald's update regarding AB 129, she explained that Washoe County Health District had received a grant from the Nevada Governor's Council for intellectual developmental disabilities, enabling Washoe County to work with subject matter experts to create a training video. She believes this training may meet the intention of the bill, certainly for renewals. She suggested working with the SEMSP to make sure the training is available on the EMS¹ website for easy access. She told the Committee Washoe County Health District has a new, five-year strategic plan, approved during their August EMS Advisory Board meeting, encompassing the years 2019 through 2023. In 2022, they will restart the process for a brand-new strategic plan. She said there are three (3) big projects that they are working on right now. The first project is their trauma-data report; all the data has been received, and now they are working on publishing it for Washoe County. The second project is their annual data report for the previous fiscal year; this will be reviewed in November by the EMS Advisory Board. The third project is an annual review of the previous five-years of their calls on Regional Emergency Medical Services Authority's (REMSA's) franchise map and changes in population since a selected census year; this is also anticipated to be reviewed at the November EMS Advisory Board meeting.

d) Update on the activities of the local EMS Agencies.

No local EMS Agency updates.

e) Update from EMS Committee Members.

Fergus Laughridge, representing Humboldt General Hospital (HGH), thanked the EMS¹ staff and Donald for their assistance with getting HGH providers licensed prior to the 2019 Burning Man event. He explained that it's quite a big task for the SEMSP, with outside providers coming into the area, and the office was quite receptive to all of the phone calls and emails. He wanted it to be on the record that the experience was very positive and thanked the SEMSP again for their hard work and dedication.

Temple reminded everyone that the EMS Memorial bike ride starts next Monday, September 23, 2019. She explained they ride for all of EMS responders who have been lost, whether it be in line of duty or by suicide. The riders will start Monday in Reno, continue on to Carson City, circle Lake Tahoe, then arrive in California, ending in San Francisco on Saturday. There will be quite a few ceremonies with many of the local fire departments throughout California. She believes it is a worthwhile cause. She said the opening ceremony is Monday morning at 8:30 a.m. at REMSA's facility. Temple also informed the Committee that she is no longer with Care Flight and will be stepping down as air representative, which will also open up the position of Chair.

Dr. Myron Gomez, M.D., informed the Committee that the American College of Surgeons (ACS) will be reviewing Renown Regional on November 7, 2019, for their trauma-center verification. He explained prehospital care is part of that review, and Renown Regional is looking forward to the recommendations. Dr. Gomez also mentioned Renown Regional now is offering the ACS Rural Trauma Team Development course; Winnemucca was the first City in Nevada to complete it. He told the Committee that all the feedback on the course to date has been positive. He also mentioned

there are several more scheduled within the region; the last courses completed were in Gardnerville and Carson Valley. He told the Committee that anyone from an institution who thinks the course might be of benefit should contact the Trauma Service at Renown Regional.

Donna Miller informed everyone that in Las Vegas they are applying for the Emergency Triage, Treat, and Transport (ET3) Request for Proposal (RFP). The description for ET3 from the Centers for Medicare and Medicaid Services (CMS) website is the following:

“Emergency Triage, Treat, and Transport (ET3) is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. Under the ET3 model, the CMS will pay participating ambulance suppliers and providers to 1) transport an individual to a hospital emergency department (ED) or other destination covered under the regulations, 2) transport to an alternative destination (such as a primary care doctor’s office or an urgent care clinic), or 3) provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth. The model will allow beneficiaries to access the most appropriate emergency services at the right time and place. The model will also encourage local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches to promote successful model implementation by establishing a medical triage line for low-acuity 911 calls. As a result, the ET3 model aims to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports.”

Since the program is so new, with a lot of controversy surrounding it, Donna requested anyone with thoughts on it to contact her directly to discuss.

3. Discuss and make recommendation to consider the addition of the Commission on Accreditation for Prehospital Continuing Education- (CAPCE-) approved Transport Nurse Advanced Trauma Course (TNATC) or the Transport Professional Advanced Trauma Course (TPATC) as a trauma equivalent to the International Trauma Life Support (ITLS) course or Prehospital Trauma Life Support (PHTLS) course requirement.

Marc Pinkas clarified this was an agenda item at the last meeting in April; at that time the Committee had agreed to give the SEMSP additional time to review the courses to make sure they meet the requirements. The Committee was in support of granting the equivalency. Temple agreed and asked Donald if he had any comments; after his review, Donald hadn’t seen any reason why it couldn’t be accepted. However, being new in his position, he was not certain where the SEMSP stood on the issue. He said he would make it a priority for the SEMSP to review it and decide as quickly as possible.

Darryl Cleveland reminded the Committee that the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) had changed its name to the Commission on Accreditation for Prehospital Continuing Education (CAPCE). He said that, as he recalled, CECBEMS courses were approved and accepted previously by the State. Since it is the same organization with the same purpose, the State would need just to accept the name change to CAPCE. Marc said that, while there was a name change for CAPCE, the issue that was brought up in the April meeting was whether these courses satisfy the trauma requirements for recertification as an equivalency for ITLS. Temple asked the State whether there was still an objection, or whether this item should be tabled for the next committee meeting. Donald requested the item be

tabled; he needs additional time to review the courses to ensure they meet all of the trauma requirements. He said he definitely would make that a priority. Donna would like to add the TNCC (Trauma Nurse Core Curriculum) to the list of courses to review; she thinks the course is as good as the others at preparing a nurse for work in the field. Temple noted her request and confirmed with Donald that these items will be reviewed; the State will have an answer at the next meeting.

4. Discuss and make recommendation to consider the addition of the Advanced Cardiovascular Life Support (ACLS) course and the Pediatric Advanced Life Support (PALS) course from American Red Cross (ARC) as equivalent to ACLS and PALS courses from the American Heart Association (AHA).

Darryl reminded the Committee this was brought up at the April meeting; the decision at that time was to table this item to give the SEMSP time to review. He told the Committee he thinks this would benefit the EMS prehospital community if added to the current AHA guidelines, since they follow the same standards, same science, and same basic platform. Darryl told the Committee it's been his experience that AHA has become increasingly difficult and expensive to deal with. He said having the ARC as another option would be viable, and potentially less expensive for providers and educators in providing the alphabet cards that providers are required to carry. Marc echoed Darryl's comments regarding AHA and ARC. He believes the AHA has created a monopoly of sorts, while accepting ARC courses gives providers and educators another avenue for their education. He also mentioned, regarding consideration of ARC as an equivalent, that in 2018 the United States military transitioned from AHA to the ARC training. Temple thanked Darryl and Marc for their comments and asked the state if there was any objection to the addition of the ACLS and PALS courses from ARC as equivalents to the ACLS and PALS courses from AHA. Donald requested that this item be tabled again. Although there had been some discussion on the topic, he wasn't sure if a decision had been made by his predecessor. To be completely fair and to guarantee due diligence, Donald would like more time for review, in order to make an appropriate recommendation. Fergus reminded the Committee that members are advisory to the office, allowing them to act on these items now in an advisory capacity. This will allow the SEMSP time to review, and, provided no negative reason is found, the SEMSP would have carte blanche to accept these courses as equivalents. Fergus clarified that the regulations specify "or equivalent, as approved by the DPBH." He suggested that, in order to move things along, and since a similar discussion took place in April, the Committee pass a motion to accept the courses as alternative equivalents. Following this vote, the SEMSP can inform the Committee of their decision whether to accept the courses.

Darryl requested the SEMSP define some kind of mechanism for letting everyone know when that has been completed. He said he doesn't recall having seen any notice to members about the change in program managers, although Donald has been in the position now for quite a few months. Darryl said improved communication would benefit the Committee. Donald said the SEMSP definitely will send out a notification and will use the EMSNEVADA listserv. He explained that, while a notification about the new program manager was issued, it went through the old system and was "hit or miss" as to whether people received the notification. He said the new ImageTrend system has increased success with disseminating information and notifications. Since the new system requires a valid and current email address to log in, the information on file is current and

updated. The SEMSP will use those email addresses to send out the notification for the decision on these agenda items.

Dennis Nolan, representing Reno Fire Department, inquired whether the National Registry of Emergency Medical Technicians (NREMT) has considered or adopted the ACLS and PALS courses from ARC. Darryl said it's his understanding that NREMT doesn't adopt or approve the alphabet cards, adding that is up to local state requirements rather than to NREMT. He said that, for instance, in some jurisdictions, once an receive ACLS card, the provider is not required to renew it; he doesn't know if that's required by NREMT. Marc clarified, for NREMT, an ACLS card is not needed to register. A provider with an alphabet card is allowed to claim Continuing Education Units (CEU) of credit, but the actual card is not required.

Lee Cabaniss, Director of Elko County Ambulance Service, said there are a few things the State should consider pursuing separately from simply approving ARC courses as equivalents. He would like to see the SEMSP implement something similar to SNHD's list of all approved courses; their list includes any course that meets the standard for Cardiopulmonary Resuscitation (CPR,) for ACLS, for PALS, and for the trauma course. He recommended, rather than address each one per se, it may be more prudent to produce a list of all acceptable trainings. This would clarify and validate for each agency or provider coming into the State, or for those trying to certify for the first time, whether the course they intend to take, or have already taken, will be considered valid or not. For those purposes, he recommends that, if a CPR, ACLS, or PALS course utilizes the Emergency Cardiovascular Care (ECC) guidelines, it should be considered acceptable, under the current regulation, where the State makes that determination of equivalency.

MOTION: Fergus Laughridge motioned that the Committee recommend the addition of the ACLS and PALS courses from ARC as equivalents to the ACLS and PALS courses from AHA.

SECOND: Darryl Cleveland

PASSED: Unanimously

Public Comment – no public comment.

MOTION: Fergus Laughridge, agreeing with Lee Cabaniss's recommendation, motioned that the SEMSP produce and publish a list of all equivalent courses that they deem appropriate, as a guide for providers to help with certification.

SECOND: Donna Miller

PASSED: Unanimously

Public Comment – no public comment.

5. Discuss and make recommendation to consider the addition of the TPATC course as a trauma equivalent.

Temple noted that this agenda Item 5. is actually the same as agenda Item 3. Steve requested the Committee return to agenda Item 3. to readdress it as they had done with agenda Item 4.

With recertification coming up, he would like to give the state the same authority to decide to accept the TNATC and TPATC courses as trauma equivalents, as previously voted upon in agenda

Item 4. Fergus expressed trepidation with moving forward with that, being unfamiliar with the nuances of the TNATC and TPATC courses. He inquired whether they truly meet prehospital-care standards, or whether they are more in line with interfacility transport trauma care. Temple informed the Committee of a comparison with TPATC made the previous year considering whether the course met the EMS trauma requirements, stating that the course not only met but exceeded the requirements. The comparison, completed by an ITLS and TPATC instructor, can be reproduced if needed. Steve agreed, stating that all of these courses under consideration exceed the sixteen-hour ITLS and PHTLS courses, and that it would be of great benefit to move this forward. Donna explained she has the same understanding and noted that, in addition, the Commission on Accreditation of Medical Transport Systems (CAMTS) actually requires TNCC for nurses; equivalent courses definitely would be a benefit for nurses who are working in the prehospital arena and for agencies that are CAMTS accredited. Lee stated that, according to his brief research, it appears that the TPATC does meet the standard. However, his concern is that he can't locate information on the recertification process. While there is a recertification process that is online only, comparable to ITLS or PHTLS courses, his concern is whether the online verification meets the same standard as the online ACLS course; with no in-person skills verification, the online ACLS course is not accepted by the state.

With regard to the TNCC course, Lee's understanding of the regulation is that, although there is an Emergency Medical Services Registered Nurse (EMS-RN,) the SEMSP does not grant that type of certification. He is uncertain which benefits the TNCC would provide to EMS certified-individuals, first responder through paramedic, but, so long as there are benefits, he wouldn't have any concerns. Lee echoed his initial recommendation to evaluate all of this holistically, as opposed to just piecemealing it together, and to allow the state to make a complete list of all acceptable trauma courses, rather than adopting one or two at a time. He thinks it would be extremely beneficial to have a complete list available to providers and educators. Temple asked the Committee if there were motions on agenda Items 3. and 5.

MOTION: Steve motioned the Committee recommend to the state, for agenda Items 3. and 5., the addition of a TNATC or TPATC course as an equivalent to the EMS trauma requirement. Marc Pinkas amend the motioned to include TNCC in the list of equivalent courses.

SECOND: Donna Miller

PASSED: Unanimously

Public Comment – no public comment.

6. Discuss the future of the SEMSP under the DPBH.

This item, which Darryl had requested be included on a previous meeting's agenda, was tabled at the last meeting due to the change in program managers. Darryl stated that the EMS community, including fire services, believes the SEMSP struggles greatly within the level of government under which it's structured; as an organization, the office operates from a general-fund, rather than from a line-item, budget. Of the numerous members of this community who have had opportunities to deal with SEMSP staff over the years, many have developed good working relationships. However, he added, as the EMS community continues to increase emphasis on advancing the

quality of prehospital care, it seems that, at some point, there needs to be a conversation, if not an outright move, to re-evaluate the correct organizational location of the SEMSP. Darryl recommended there be an official review as to whether the SEMSP's remaining in the DPBH is the best fit. Because of the mission of EMS community, with its emphasis on advancing the quality of prehospital care rather than public health, he proposed the SEMSP become a standalone division within the Nevada Department of Public Safety (DPS), on a level with the Nevada State Fire Marshal's Office, with its own chief.

Marc commented that both this particular Committee, charged to fill a specific advisory role, and the specific division within which it functions (DPBH), actually are chartered under the Nevada Revised Statutes (NRS), which can be revised only by the Nevada Legislature; this situation itself, in the opinion of many, requires almost an act of Congress. Marc said he doesn't believe that advocating one way or another on the organizational placement of the SEMSP is within the charge of this Committee; the most this Committee could do would be to pass a resolution, which he didn't see having any real impact.

Fergus, as the unofficial historian of this Committee since 1999, pointed out it is advisory to the DPBH, SEMSP; Darryl's proposed change would need to be accomplished at the administrative level. He said Marc is absolutely correct that the decision would be legislative, accomplished through the executive branch of government, and could not be implemented until the Nevada Legislature had completed a full, systematic review of the SEMSP and the consequences of moving its organizational placement. Fergus commented that it seems this issue of relocating the organizational placement of the SEMSP typically is pursued by the fire services; he is uncertain the proposed change would be for the best. He suggested working with lobbyists during the legislative pre-sessions, with the intent of having the change addressed during the next session, provided the Governor's office agrees.

Darryl clarified he is aware that the proposed change would require a legislative act. In his previous conversations with members of the fire services, he had the impression they were in favor of placing the SEMSP organizationally under the Nevada State Fire Marshal's office. Darryl said, considering the very distinct mission of that office, he completely agrees this would not be a good fit. He reiterated that what he is envisioning, and proposing, is that the SEMSP become a standalone division under the Nevada Department of Public Safety (DPS), on a level with the Nevada State Fire Marshal's Office, which would address all EMS matters, especially prehospital care, absent any aspects related to fire services. He stated that no change will occur without a starting conversation: this observation prompted his request that discussion of this issue be included as an item on the meeting agenda.

7. Discuss the Beyond the Call Responder/Caregiver Health and Wellness Summit that was held on May 22, 2019.

Temple thanked those that helped with the Beyond the Call Responder/Caregiver Health and Wellness Summit. She feels it was well received. While attendance was low, she thinks it was a good beginning and hopes the Committee will be doing more summits in the future, including providing education. Fergus asked Temple if there is a plan to replicate and build on the awareness

of caregiver health and wellness. Temple replied that, while that was her goal, unfortunately she must step down from her position because she is no longer qualified as an air provider. She will continue to teach health and wellness throughout California and Nevada, through peer support and Critical Incident Stress Management (CISM.) She hopes the Committee will continue to support the health and wellness summit, explaining the biggest challenge was submitting the documentation in time to obtain training grants that can be used for funding. She also mentioned that Truckee Meadows Community College (TMCC) provided all the CEUs, David Sanchez provided all the materials (such as flyers), and the instructors were very graciously offered their time as well. Marc shared his hopes that this conference will occur on an annual basis. He said one of the challenges faced was creating this conference with the limited amount of time they had and the fact that it was scheduled during EMS week. Temple agreed, stating that if there were more time to plan, more time to apply for grant funds, and more time to get the word out, the summit would have benefited greatly. Temple also mentioned that there will be a Safety Summit for California which starts the week after the EMS Memorial Bike Ride. Although it will be located in California, rather than Nevada, they will provide a full free day of education to any first responders who attend.

8. Public Comment - No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.

Lee made two comments related to the Rural EMS Conference. First, he explained that the Conference, which has been located in Elko for many years, was sponsored by the SEMSP, University of Nevada Reno (UNR), and the Rural Health Initiative. The Conference, held last weekend, was attended by hundreds, and he thanked the SEMSP for continued support, especially for the emphasis on rural agencies. Second, he suggested the Caregiver Health and Wellness Summit be co-located, even if only partially, one location being the Rural EMS Conference. He pointed out the Conference already is supported by the three sponsors, with many attendees already scheduled. He said it may be something to consider, as it would keep the health and wellness piece moving forward. Temple thanked Lee for his suggestion. She said she thinks that is a great idea and hopes the Committee can tap into that. Temple also noted that Steve, from Banner Churchill, had offered to host at a second location, but, unfortunately, time was too limited to plan two separate events.

Fergus inquired about the Committee's plans for the approaching new year; many members are coming up on their term limits. He said the Committee has been able to stagger members' terms, so a complete turnover of the Advisory Committee won't occur in June of 2020. He inquired if the SEMSP has decided how to solicit new members to fill the upcoming vacancies. Darryl agreed, commenting on the importance of succession planning. He also mentioned that, like Temple, he has resigned his official position (with the Storey County Volunteer Fire Department) but is happy to remain in place until the Committee can find a replacement, or until he terms out in June of 2020; he is still a member of the Nevada State Firefighters Association (NSFA), primarily a volunteer organization. He said he doesn't plan to vacate his seat on the Committee until there is a replacement; so, now would be an appropriate time to start the search. Marc asked for an item on the next meeting agenda to discuss the upcoming vacancies. Since today's meeting was

rescheduled, with the next quarterly meeting scheduled less than a month away, Marc inquired if the October meeting will be moved; the SEMSP confirmed the meeting will still be held in October. Temple inquired as to the specific date. Darryl clarified that, at the beginning of the year, the Committee had agreed to designate the last Wednesday of the month for quarterly meetings, recommending the pattern be continued. Temple noted that the last Wednesday of October occurs on the 30th. Temple asked if there were any other public comments, and, hearing none, she adjourned the meeting.

9. Adjournment at 2:43 p.m.