NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Nevada Emergency Medical Services for Children (EMSC) Committee

MINUTES
June 7, 2018
1:30 PM

VIA TELECONFERENCE
Phone No.: 866-590-5055 Access Code: 8177211#

MEMBERS PRESENT

Michael Bologlu	Tina Smith	Dr. Andrew Eisen
Stephanie Shadduck-Gilbert	Dr. David Slattery	Don Pelt
Kathryn Hooper	Yvette Wintermute	

MEMBERS EXCUSED

Cheri Sotelo	Michael Sullivan

IN ATTENDANCE

Jenna Burton	Donald Watson	Jeff Quinn
Dr. Jay Fisher	Christina Conti	

1. Roll call and approval of December 5, 2017 minutes.

MOTION: Dr. David Slattery motioned to approve the December 5, 2017 minutes.
SECOND: Dr. Andrew Eisen
PASSED: UNANIMOUSLY

Public Comment: No Public Comment.

2. Provide update from the Emergency Medical Services for Children (EMSC) annual meeting held in Austin, Texas and the 5-year grant renewal.

Michael Bologlu started the meeting by explaining that Dr. Andrew Eisen would not be available to run the meeting because he was driving. He explained that Dr. Eisen would be listening to the meeting by phone and will be able to participate with any motions made.

Michael provided an update from the Emergency Medical Services for Children (EMSC) annual meeting held in Austin, Texas and the 5-year grant renewal. He explained on June 1, 2018, the Emergency Medical Systems (EMS) program received notification from Health Resources and Services Administration (HRSA) that the remaining balance of $54,000 has been approved and the grant will be fully funded for fiscal year 2019. The total grant amount is $129,999. Michael informed the committee that he attended the annual EMSC meeting held at the end of April and into the beginning of May in Austin, Texas. He said there was a lot of very helpful information, and he would like to share

some of the key aspects that he learned. He provided a quick overview of the Emergency Medical Services for Children's Innovation and Improvement Center (EIIC), as well as, Pediatric Readiness Quality Collaborative (PRQC). The EIIC is housed in the Texas Children's Hospital at Baylor College of Medicine in Houston, Texas. They have collaborating partners including the Emergency Nurses Association, the National Association of State EMS Officials, the American Academy of Pediatrics, and the American College of Emergency Physicians. The EIIC utilizes clinical systems integration framework to provide emergency care community with training, support, and tools to use quality improvement methodology to reduce morbidity and mortality in children. The EIIC is the source of the founding research for the EMSC program and they help determine what the performance measures will be through HRSA. The PRQC works very closely with the EIIC. The PRQC is a brand-new hospital-based collaborative. It was initiated this year and the first meeting for the PRQC was at the annual conference in Texas. Currently there are twenty teams, with twenty training sites, and one hundred and sixty to two hundred and forty affiliate sites. They use a train-the-trainer model were participants will be supported through targeted quality improvement education, the provision of tools and resources to support local efforts and sharing of best practices. Michael explained when the EIIC comes out with findings in their research articles that they feel need to be pursued because they can potentially improve prehospital and hospital pediatric care for patients they go to these PRQC teams. The PRQC teams help determine the best way to make an impact with those individuals. Unfortunately, there is not a lot of information on the PRQC right now, but he and a few other program managers have requested that HRSA create a PRQC job description, as well as, Family Advisory Network (FAN) job description. Michael said he hopes Dr. Eisen and Dr. David Slattery would be willing to collaborate with the PRQC and get a PRQC initiative started here in Nevada. Michael informed the committee that as he receives more information on the EIIC or PRQC he will be forwarding it on to all committee members.

The next topic is the "Stop the Bleed" handout. He said most should be familiar with the stop the bleed campaigns, especially with the unfortunate tragedies that EMS providers and patients have had to face recently. There has been a huge push for the EMSC program to promote and support the "Stop the Bleed" campaign. He explained that training can be provided to EMS providers, but you can also use the schooling system to reach out to children to provide critical training for these situations. He explained if anyone wants more information on the "Stop the Bleed" campaign and how it is being introduced to the EMSC community they should read through this handout because there's a lot of valuable information. He looks forward to seeing how the committee could possibly integrate this and provide training from this grant.

The next topic is the "systematic review of Accuracy of Pediatric Trauma Field Triage" handout. A bunch of these folks were at the annual conference in Austin, Texas. They focus on the importance of field triage for pediatric patients with trauma. Field triage is critical for transporting the right patient to the right hospital. Mortality and lifelong disabilities are potentially attributable to erroneously transporting a patient in need of specialized care to a lower-level trauma center. Michael said this is a very interesting article that came out about how pediatric patients are currently being triaged in the country. He didn't want to go to in depth but asked that everybody to read through it at their own convenience.

The next topic is on the "Recent Events Again Inform of the Need to Advocate for Children in Mass Casualty" handout. Michael believes it is very important information. Many people are very concerned about physical health when it comes to prehospital and hospital settings, but this really focuses on the mental health of children after they survive a traumatic event and how we can as prehospital and hospital providers assist these children to regain normalcy in their lives. Mental health has been in the spotlight for the past several years and he believes that this is a very informative list of courses that are available for prehospital and hospital providers to pass out their providers. He thinks the mental health of our children, not only after a traumatic event but before, is one of the big gaps in pediatric care that we can close. He explained suicide rates for children have been going up consistently as well. He thinks the mental health aspect is an area the grant could potentially focus on and improve.

He believes there are a lot of resources that are pushing for education for providers, both students and teachers. He would like to get this information out to schools, hospitals, ambulance agencies, fire agencies, etc. There are a lot of tools and resources that have come out in the last few months to really assist us with coming up with training ideas for the grant. If anybody has any questions, concerns, or ideas based on any of these articles they can send an email to him with the potential agenda item to be discussed at the next meeting. Michael asked if anyone had any questions, concerns, or public comment. Hearing none, he moved on to the next agenda item.

3. Discuss guidance on how to fulfill the new EMSC required performance measures.
Michael explained that with the new grant cycle comes new work to be done. He provided a quick rundown of the EMSC performance measures. He explained there are currently nine different performance measures this year that the committee will need to try to meet by the end of this a grant period.

EMSC performance measure number one is the degree of which EMS agencies submit National Emergency Medical Services Information System (NEMSIS) compliant version 3.x data to the State EMS office. By 2018, baseline data will be available to assess the number of EMS agencies in the state or territory that submit NEMSIS version 3.x-compliant patient-care data to the State EMS office for all 911-initiated EMS activations. The goal is to have 80 percent of EMS agencies in the state or territory submit NEMSIS version 3.x-compliant patient-care data to the State EMS office for all 911-initiated EMS activities by 2021.

EMSC performance measure number two is the percentage of EMS agencies in the state of territory that have a designated individual who coordinated pediatric emergency care. The goal is to have 30 percent of the EMS agencies in the state of territory have a designated individual who coordinates pediatric emergency care by 2020. By 2023 that number should increase to 60 percent and by 2026 it should increase to 90 percent.

EMSC performance measure number three is the percentage of EMS agencies in the state of territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment. The goal is to have 30 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of six or more on a

zero to twelve scale by 2020. The goal is to increase that number to 60 percent by 2023 and by 2026 is should increase to 90 percent.

EMSC performance measure number three is the percent of hospitals with and Emergency Department (ED) recognized through a statewide, territorial, or regional standardized program that can stabilize and/or manage pediatric medical emergencies. The goal is to have 25 percent of hospitals recognized as part of a statewide, territorial, or reginal standardized program that can stabilize and/or manage pediatric medical emergencies by 2022.
EMSC performance measure number 5 is the percent of hospitals with and ED recognized through and statewide, territorial, or regional standardized system that can stabilize and/or manage pediatric trauma. The goal is to have 50 percent of hospitals recognized as part of a statewide, territorial, or regional standardized system that can stabilize and/or manage pediatric trauma by 2022. The EMSC performance measure number six is the percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer guidelines that cover pediatric patients and that include the following components of transfer:

- Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication).
- Process for selecting the appropriate care facility.
- Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.)
- Process for patient transfer (including obtaining informed consent).
- Plan for transfer of patient medical record.
- Plan for transfer of copy of signed transport consent.
- Plan for transfer of personal belongings of the patient.
- Plan for provision of directions and referral institution information to family.

The goal is to have 90 percent of hospitals in the state or territory have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer by 2021.

EMSC performance measure number seven is the percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer agreements that cover pediatric patients. The goal is to have 90 percent of hospitals in the state or territory have written interfacility transfer agreements that cover pediatric patients by 2021.

EMSC performance measure number eight is the degree to which the state or territory has established permanence of EMSC in the state or territory EMS system. The goal is to increase the number of states and territories that have established permanence of EMSC in the state or territory EMS system. Each year the EMSC committee must have the required members as per the implementation manual, the committee must meet at least four times a year, the committee must have pediatric representation incorporated on the board, and one full-time EMSC Manager must be dedicated solely to the EMSC Program.

EMSC performance measure number nine is the degree to which the state or territory has established permanence of EMSC in the state or territory EMS system by integrating EMSC priorities into statutes or regulations. The goal is to integrate EMSC priorities into existing EMS, hospital, or healthcare facility statutes or regulations by 2027. Michael told the committee he is currently doing the baseline survey for interfacility transfer guidelines protocols and informed them it will end in mid-August. He let them know that as soon as the surveys are complete he will be forwarding a copy to each member. Michael said the committee is well on its way to meeting a number of these performance measures and asked the members if they have any questions or comments about any of the new required EMSC performance measures for the next eight years. Dr. Slattery asked for clarification on if these requirements come from HRSA or if these requirements are something that the committee develops. Michael clarified that these requirements were implemented by HRSA. They are National EMSC performance measure requirements and are not specific to Nevada. He explained these performance measures are researched and developed by HRSA and the EIIC. The EIIC determined these are the nine shortfalls that they feel like the EMSC grant needs to focus on and HRSA developed the required performance measures. He explained a term HRSA liked to use is "moving the needle." He said most of these performance measures are data related and they would like to see that baseline needle of where we are currently move in a positive trend toward our goals as we progress. Dr. Slattery thanked him for the clarification. Michael asked if there were any other questions, comments, or concerns and hearing none, move on to the next agenda item.

4. Discuss, make recommendation, and approve revisions to the bylaws for the EMSC Advisory Committee.

Michael explained to the committee that motions were made to revise the bylaws at the December 5, 2018, meeting. The revisions were added to article five, section six-a, and article six, sections one-a, b, and f. Article five, section six-a added a stipulation allowing the EMSC Advisory Committee to be held at an outside location if there are no costs are incurred by the State or EMSC Program unless the external costs are the responsibility or the outside organization. Article six, section one-a requires the Chair and Vice Chair to be elected from its members at the first meeting of the year, or as necessary, by a majority vote of all members. Article six, section one-b changed the term for which the Chair and Vice Chair can serve to one-year or until their successor is name. Article six, section f revised how the office of the chair will be fulfilled if it becomes vacant. It allows the Vice Chair to be elected to the position for a new term at the next regular committee meeting. He asked if anybody would like to make any additional changes or recommendations now would be the time to make those suggestions. Michael gave the committee a few minutes to review the revisions and asked them to make a motion to either approve or deny the changes. Michael asked if there was any public comment on the bylaws as presented. Hearing none, he moved on to the next agenda item.

MOTION: Dr. Andrew Eisen motioned to approve the revisions made to the bylaws for the EMSC Advisory Committee.
SECOND: Tina Smith
PASSED: UNANIMOUSLY

5. Discuss recruiting options to fill vacancies on the EMSC Advisory Committee.

Michael informed the committee that currently there are two positions that are vacant now since he moved to the EMSC Program Manager position. The potion he vacated was the EMSC State Agency Representative. He explained this individual oversees key operations of the EMS agency or department assigned to ensure quality pre-hospital patient care. This person should be responsible for enveloping and implementing the EMS system throughout the State, which includes setting standards for training and the scope of practice of various levels of pre-hospital providers. He or she will be helpful as grantees plan their work on pediatric continuing education requirements for license/certification renewal of pre-hospital providers, requirements for pediatric equipment on ambulances, as well as off-line and on-line pediatric medical control for EMS. The other vacancy is for a Nurse with emergency pediatric experience who will provide critical input on pediatric emergency care in the ED and pre-hospital environment, including inter-facility transfer agreements and guidelines. He or she can also help establish education standards. This person can help ensure successful data reporting for performance measures seventy-four and seventy-five. Michael explained this is a grant requirement to have a full committee and these vacancies must be filled as soon as possible. He is required to write a formal report after today's meeting that will be submitted to HRSA explaining what the committee's plan is to fill these vacancies. He asked the committee if they had any nominations of individuals who would be interested in filling the vacancies. Yvette Wintermute said she has a couple people in mind for the nurse's position and said she would forward that information on to Michael. He thanked her and said once those nominations are received he will forward them to the committee members for their review. Dr. Jay Fisher said he would be able to help with nominations as well and would reach out to those that might be interested. Michael asked Dr. Fisher if he would be interested in filling the position, Dr. Fisher said he would. Michael confirmed with Dr. Slattery that he is the Medical Director for Las Vegas Fire Rescue and asked if he would be willing to switch from the Emergency Physician position to the EMS State Agency Representative which would allow Dr. Fisher to be nominated for the Emergency Physician position. Dr. Slattery said he would be fine with the role change and nominated Dr. Fish for the Emergency Physician position because he believes he will be an excellent addition to the committee. Dr. Fisher thanked him for the nomination. Dr. Eisen requested to have Dr. Slattery's role change to EMS State Agency Representative included on the agenda for the next meeting, as well as, Dr. Fisher's nomination to the Emergency Physician role so members can vote on the proposed role change and vacancy. Michael asked if there were any public comments, hearing none, he moved on to the next agenda item.

6. Discuss, make recommendation, and approve providing pediatric education for Emergency Medical Technicians (EMTs) and Advanced Emergency Medical Technicians (AEMTs) in rural areas of Nevada.

Michael reminded the committee that at the December 5, 2018, meeting that one of the education options they discuss was to provide train-the trainer Pediatric Education for Prehospital Professionals (PEPP) to the rural areas of Nevada. He believes this would help bridge the gap in pediatric care, especially out in the rural areas. He also mentioned Dr. Slattery's suggestion of American Heart Association's (AHA) Resuscitation Quality Improvement (RQI) program training that uses a low-dose, high-frequency model.

Michael asked Stephanie Shadduck-Gilbert to provide a brief description of the pediatric training she held at the Nevada Rural Preparedness Summit. She explained it mostly went over assessment, specifically the pediatric assessment triangle. The Pediatric Assessment Triangle is a tool used in emergency medicine to form a general impression of a pediatric patient. They also went over assessment physical exams and common medical emergencies that immerge with pediatrics. She also said they had Jillian Swope, a fight nurse with Petroleum Helicopters International, Inc. (PHI), talked about Handtevy. Handtevy is a software solution that gives providers rapid access to customized, lifesaving medicine dosing and equipment information. Stephanie explained she didn't get into trauma training as much as she had wanted to at the Summit, but she can provide addition training on trauma as needed. Michael thanked her for the information and said he has heard remarkable things about her training from other State EMS employees, especially the Handtevy training. Michael went on to say that these are a few options the committee can consider and that he doesn't think there is one training model that is far superior to other training models and incorporating a little bit of everything is the best way to go when it comes to pediatric training. Michael asked if there were any other suggestions for pediatric training or if any of the members are currently doing any pediatric training that they would like to share with the committee for its consideration. Dr. Slattery echoed the recommendation for Handtevy training and fully supports the training program. He also reiterated the American Heart Association's (AHA) Resuscitation Quality Improvement (RQI) program. He explained it is a low-dose, high-frequency training system that reviews the providers skill every ninety days. He said they use very impressive life-like mannequins that keep the providers skills up to date. If the provider passes the review they are given a renewed Cardiopulmonary Resuscitation (CPR) and Pediatric Advanced Life Support (PALS) for another ninety days until the next skills review. It gives providers continuous certification for those cards. He believes this has improved his departments CPR and pediatric care tremendously. Dr. Slattery said he will bring in mannequins to the next meeting to demonstrate to the committee members how they work. Tina Smith asked Dr. Slattery if he knew if the agency providing the training is required to have AHA qualified instructors. Dr. Slattery couldn't give a definitive answer but said he didn't think that was a requirement because the mannequin is the instructor and gives feedback to the provider in real time. Stephanie informed the committee that Banner Churchill Community Hospital will be implementing RQI next year as well and can help with training in Northern Nevada. Jeff Quinn mentioned that Southern Nevada Health District has hosted the pediatric and disaster course for the hospitals down south for the last two years and it is scheduled again next February. Tina informed the committee that the funding came somewhat late this year and there is a very short amount of time to implement any training the committee suggests. The grant period ends February 2019. She suggested building off Stephanie's existing pediatric training and providing PEPP training geared for instructors in the North and South for now. She said members should expect to receive emails shortly after the meeting to start preplanning the implementation some of these training suggestions. Michael asked if there were any public comments, hearing none, he moved on to the next agenda item.

7. **Public comment:** Jeff explained he was listening in on the meeting to see how it relates to what he is currently working on with Southern Nevada Health District. He said it can be difficult sometimes to gain an understanding of how the different Healthcare Coalitions and other grant programs all integrate and interchange but when done correctly

provides a huge benefit to the quality of care provided to patients. He was unaware this committee existed or that it has been meeting for as long as it has and thanked the committee for letting him listen in. He appreciates the opportunity to learn about the things the committee is working on currently. Dr. Fisher said he thought the grant for EMSC began in the late 1980's to begin establishing standards for pediatric training and care. He said it was very big during the 1990's. He explained the EMSC grant actually lead to one of the largest pediatric emergency medicine research projects that is still on going. Michael let Jeff know that he has been added to the distribution list and will receive invites and information on future meetings, so he can continue to attend if he would like. He explained that the Healthcare Preparedness Program's (HPP) grant requires they be integrated with the EMSC and one of the EMSC's grant requirements is to be integrated with HPP. Unfortunately, Malinda Southard was unable to attend this committee meeting but she, or another representative from HPP, will be involved in future meetings to provide an update on the Healthcare Coalitions and other projects they are working on that relate to EMSC. Tina explained the EMSC committee hasn't always been active in the past, so everyone should try to promote EMSC as much as possible and recruit anyone interested in participating with the committee and improving pediatric care. She appreciates all the evolvement from the members for this committee and thanked them for their involvement. Michael thanked everyone for attending.

8. Adjournment – 2:33 p.m.