

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

**MINUTES
October 17, 2019
2:08 PM**

MEMBERS PRESENT

Andrew Eisen, M.D.	Jay Fisher, M.D.	Darlene Amarie-Hahn
Susie Kochevar, R.N.	Donald Watson	Don Pelt
Stephanie Mead	David Slattery, M.D.	

MEMBERS EXCUSED

Shane Splinter	Kathryn Hooper
----------------	----------------

IN ATTENDANCE

Jenna Burton	Yvette Wintermute	Michael Bologlu
Jeremy Sonenschein		

1. Roll call and approval of the minutes from the meeting on July 25, 2019.

MOTION: David Slattery motioned to approve the minutes from July 25, 2019.

SECOND: Darlene Amarie-Hahn.

PASSED: Unanimously

No public comment.

2. Update on the pediatric medical supplies and equipment that were purchased during the FY19 project period.

Michael Bologlu provided the update to the Committee. He explained that the Nevada State Emergency Medical Systems (SEMS) Program has been distributing the sixty pediatric kits that were funded through the grant. He explained there are approximately fourteen left to distribute and those kits are already scheduled to go out with SEMS Representatives during their mandated annual agency inspections.

Michael said the Basic Life Support (BLS) and Intermediate Life Support (ILS) rural agencies have all received the equipment and now they are focusing on the Advanced Life Support (ALS) and how they can utilize the equipment. He explained that, at the EMS Rural Conference held in September in Elko, Nevada, they made agreements with rural ALS agencies to upgrade the ILS kits they receive from the SEMS program to the ALS level by adding their own paramedic medications and equipment. Dr. Andrew Eisen believes this is a reasonable partnership between the ALS agencies of the SEMS program. Michael agreed, stating it's a benefit to the ALS agencies because they have a foundation to build from and don't have to start from ground zero.

Michael stated there has been a lot of feedback on the kits being distributed. He explained that all the agencies that have received equipment were very appreciative for the contribution. Don Pelt, with Pyramid Lake Fire Rescue EMS, told the Committee they received ILS kits from the SEMS program, and they will be upgrading two of them to the ALS level. He expressed to the Committee how grateful they are to have received the equipment. Michael told the Committee he hopes by the next meeting that more agencies will have expressed their gratitude towards the SEMS program and the Committee for allocating grant funds to this equipment purchase.

Dr. Andrew Eisen asked if the Committee will receive any data on how the agencies are utilizing the equipment, for consideration when using future grant funds. Michael explained that it has been expressed to the agencies that they will be responsible for maintaining those bags because we're not sure what the EMSC grant funding will be in the next few years. He explained, however, that this is certainly something that the Committee can accomplish, not only by the agencies' self-reporting which equipment they have used, but also by using the new ELITE database to track pediatric calls.

Michael told the Committee that the ELITE database has been operational only since July 1, 2019; so, the data is still populating and not very thorough at this time. The hope is that, in approximately six months, i.e., once all the agencies are on board with the new database, they will be able to track the sources and types of pediatric calls, to help determine what is needed by the agencies. Michael explained currently there isn't a way to track the equipment being used by the agencies, but he thinks that would be a great idea to consider in the future.

Dr. Eisen believes the data from ELITE, and being able to track the equipment being used by the agencies, could very helpful and also could be used as the basis for future grant requests. Don explained Pyramid Lake Fire Rescue EMS is already using the ELITE database and asked Michael if the data is received automatically or if he needs to manually input those calls. Michael explained the data is received automatically, and the type of call is determined when the provider inputs the electronic patient care report (ePCR) as a pediatric patient. He explained that, as long as the provider entering the ePCR marks the call as pediatric, the ELITE database can run reports to pull that specific data, which can be broken down by the type of call, e.g., drownings, trauma calls, respiratory issues, etc.

Stephanie Mead asked if there has been any discussion on possibly providing education on the ILS kits. Michael explained there have not been any discussions on strictly education. He explained that, approximately two years ago, there was talk about setting up Pediatric Education for Prehospital Professionals (PEPP) training opportunities for rural agencies, where a PEPP instructor could provide the initial training and the agencies would then maintain the education for their providers. He said the issue they encountered was that a lot of the agencies' pediatric equipment did not meeting acceptable standards and that their priority would be to obtain equipment first. He stated he thinks this would be a great option to consider now that the equipment has been distributed. He explained that pediatric calls are not only few and far between but also highly stressful; considering education would be valuable avenue to pursue.

Michael requested that, if anyone has any ideas or knows of anyone planning a PEPP course, we get the Committee involved to see how to expand that training or how possibly to bring in an outside source, such as other EMS training coordinators from specific EMS agencies, so they can become PEPP instructors to teach their individual programs in the future.

Stephanie explained she is currently waiting to take the PEPP course to become an instructor and was previously working with Tina Smith but, since Ms. Smith is no longer with the program, Basic Life Support will have to investigate that more. She also clarified that she was talking more specifically about training on the ILS kits themselves at training centers or educational institutions, since most of the training tends to be specific to the length-based tapes. She agrees that PEPP is something to pursue and would like to see movement on that, but she is suggesting providing specific education on the use of the ILS kits to ensure providers have the education necessary to use the equipment.

Mike agreed this is a gap to consider, but emphasized the priority is to get the equipment to the agencies first. He said there will be an excess of approximately seven kits and suggested possibly distributing them to training centers such as Banner Churchill, Truckee Meadows, Great Basin Community College, and Western Nevada College, with the main focus on the rural training centers. He explained all the kits going to agencies should be distributed by December, 2019. Once that is complete, a list of agencies, indicating which equipment was received, and the remaining number of kits, will be sent out to the Committee for review, so they can determine where the extra kits would be best utilized by the training centers. Stephanie agreed and would like to revisit this topic at the next meeting.

Darlene Amarie-Hahn asked how many agencies that have received equipment have acknowledged or sent a thank you letter. Michael explained he has required every EMS agency to submit a letter of appreciation, and he has asked that they not only acknowledge which medical equipment they received but also formally agree they are responsible for maintaining that equipment. He estimated that approximately 90% have been received. Once all those letters are received, that information will be compiled and submitted to the Committee.

Don asked, regarding the PEPP course, if that is something that can be funded through the Committee as a train-the-trainer course, if not this year, perhaps next year, so agencies can instruct the course in-house. Michael said there is a good possibility that they could pursue that. He explained the person wanting to instruct the PEPP course would need to complete the course and pass it, then take the instructor course and pass, and, once that is complete, the person can start teaching courses. Don told the Committee that Pyramid Lake Fire Rescue EMS has numerous instructors and holds Emergency Medical Technician (EMT) and Advanced Emergency Medical Technician (AEMT) courses once every other year, and that adding the PEPP course to the curriculum would be very beneficial to their agency.

Stephanie explained that, in the past, they were not able to find a PEPP instructor in Nevada. A person would have to go out of state in order to take the course. She is working with Cassandra Fox with Banner Churchill Community Hospital, who is a PEPP

instructor, and they will be putting on a PEPP course in the next couple of months. She will ask Cassandra to send the SEMS program some information on the course that could go out on the listserv. That way anyone in the state who is interested in the PEPP course can have an opportunity to take it. She believes this would be a good starting point in terms of getting people trained in PEPP; after researching the instructor course, she can send out information on that process.

Dr. Eisen reviewed the items to consider as the Committee moves forward, including data collection of pediatric calls, as this could be useful in the future to apply for grants; the distribution of the remaining kits to rural agencies; distribution of any extra kits to educational entities as a training resource; and the possibility of providing PEPP courses and train-the-trainer instructor PEPP courses to agencies.

3. Update on the proposal by the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM), being developed under the direction of Dr. Deborah Kuhls, for a multi-state, pediatric-disaster-preparedness grant offered through the Office of Assistant Secretary for Preparedness and Response (ASPR).

Darlene provided an update on the WRAP-EM proposal, developed under the direction of Dr. Deborah Kuhls, for the Alliance to be awarded a \$3.5-million, multi-state, pediatric-disaster-preparedness grant offered through the Office of Assistant Secretary for Preparedness and Response (ASPR). The grant will be designated to create a “Pediatric Disaster Care Center of Excellence.”

Darlene asked Dr. Jay Fisher to share with the Committee the latest development with WRAP-EM’s proposal, and Dr. Fisher announced the exciting news that the consortium has been awarded the highly competitive grant. He explained the coalition seeks to bring together all the resources in the Western region of the United States, including Washington, Oregon, California, Nevada, and Arizona, to collaborate over the course of a year, synthesizing efforts in order to provide the best care possible in the event of a major disaster, from field-triage all the way to rehabilitation.

He explained WRAP-EM’s proposal received the highest score of all the applicants across the country; it was a great testimony to all the people who contributed to the proposal’s success. Development of the “Pediatric Disaster Care Center of Excellence” has leadership by and contributions from multiple medical centers, coming together for mutual support, to optimize the delivery of care in the event of a disaster affecting a large number of children. The evolving “Center of Excellence” also includes all the partner universities, bringing together expertise in EMS, trauma, pediatrics, toxicology, neonatal care, mental health, and mass casualty. Since the initiation of this project on October 1, 2019, about ten subgroups have been formed.

Dr. Fisher explained that everyone involved is very excited about this opportunity. He said there is a big EMSC presence in this effort that is being enabled by Dr. Marianne Gausche-Hill, a physician trained in pediatric-emergency-medicine who has been active in EMSC for two decades. He commented that attempting to coalesce so many forces is a very interesting process.

Darlene said she was aware there were two recipients of the grant and asked Dr. Fisher if he knew which coalition had been awarded the other grant: Dr. Fisher believes it was the regional alliance of which Cleveland, Ohio, is a member. Darlene also inquired whether the award comprised one grant of \$3.5 million, which would be shared by the two recipients, or whether each recipient will receive \$3.5 million; Dr. Fisher clarified that each recipient would be awarded \$3.5 million. He explained that, as of now, the Board of Directors includes an individual from each of several medical institutions; the Board is allowed to hire a full-time employee as an administrator, who hopefully will be heading the local Nevada region by the end of the month.

Dr. Eisen congratulated the whole team on their achievement and asked Dr. Fisher to continue to provide updates as to on how the group is developing and which resources are becoming available. Dr. Fisher explained that one of the issues they've struggled with is the availability of local expertise in toxicology: they have connections electronically, but do not have anyone physically located in Southern Nevada. Dr. Fisher is part of the subgroup evaluating gap analysis; among the first things to accomplish with this type of effort is to take inventory. He explained that some people are less willing than others to share information about their gaps; they may come to Dr. Eisen for help with gap analysis. In this way the subgroup will learn which resources are available initially and develop understanding of strengths and weaknesses.

Dr. Fisher also informed the Committee that the University of Nevada, Las Vegas (UNLV) had a couple of announcements pertinent to EMSC. First, he announced they have hired a board-certified toxicologist who will be able to help out locally. Second, he told the Committee that, following many years of repeated attempts to acquire approval by the Accreditation Council for Graduate Medical Education (ACGME) for a pediatric-emergency-medicine fellowship, he finally has been successful: the fellowship will begin in July of 2020. He said he would keep the Committee updated on the progress of the fellowship. Dr. Eisen agreed this is good news all around, adding that, in terms of gap analysis, there are many gaps, and it's good to know that some of those are being filled: this is a fantastic opportunity to identify them. He said, on behalf of the EMSC Committee, if there is anything this group can do to help identify gaps, or if he can help individually, to let him know.

4. Discuss and make recommendations to fill the vacant position on the ESMC Advisory Committee of Family Advisory Network (FAN) Representative.

Unfortunately, due to illness, Jeremy Sonenschein had to disconnect from the teleconference before he could speak on his behalf as to why he should be selected to fill the vacant position of Family Advisory Network (FAN) Representative on the ESMC Advisory Committee. Darlene commented that he has an impressive resume. She also mentioned he is a parent of a child with special needs, making him a very viable candidate for this position. Darlene asked that Jeremy's interview be postponed until the next available voting opportunity, which will occur during the January meeting.

Darlene informed the Committee, regarding the position itself, she has been able to network as a result of attending the All Grantee State Partnership Conference in Virginia this past August. Following the seminar, she contacted an EMSC program manager from

Missouri who is very experienced in the FAN arena and who indicated she knows of some Nevadans who might be interested in participating; she offered to put Darlene in touch with them.

Darlene explained that filling the vacant FAN-Representative position is one of her priorities: she would like the Committee to have three FAN Representatives, one each from the Las Vegas, Carson City, and Reno areas. Dr. Eisen requested to have this agenda item marked as a possible action item, which will enable the Committee to take a vote to fill the position. He also requested that, if any additional letters of interest or resumes are received, they be distributed to the Committee members in advance, allowing sufficient time to review the candidates.

5. **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.**

No public comment.

6. **Adjournment at 2:49 PM.**