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

MINUTES
January 31, 2019
1:00 PM

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

MEMBERS PRESENT

Nicolette Johnston	Michael Bologlu	Richard Fenlason
Andrew Eisen, M.D.	David Slattery, M.D.	Stephanie Mead
Susie Kochevar, R.N.		

MEMBERS EXCUSED

Jay Fisher, M.D.	Cheri Sotelo	Don Pelt
Shane Splinter	Kathryn Hooper	Yvette Wintermute

IN ATTENDANCE

Jenna Burton	Christina Conti	Danika Williams
Fergus Laughridge	Michael Klein	
Rachel Marchetti		

1. Roll call and approval of November 29, 2018, minutes.

MOTION: Dr. David Slattery motioned to approve the November 29, 2018, minutes.
SECOND: Susie Kochevar
PASSED: Unanimously

Public Comment: Dr. Andrew Eisen informed the committee that agenda item number two will be moved to agenda item number five to allow those on the phone to leave the meeting early if they would like since they will not be able to see the presentation. Christina Conti requested that the meeting invites for the Emergency Medical Services for Children (EMSC) include the meeting packet items or a link on where to find them, so she can follow along better during the meetings. Michael Bologlu informed Christina that the only public handouts for this meeting were the agenda and previous meetings minutes. He let her know that she can find them posted on the Emergency Medical Systems website.

2. Discuss current status on acquiring pediatric medical equipment for Emergency Medical Services for the remainder of this budget period ending March 31, 2019. EMSC Performance Measure 03

Nicolette Johnston provided the update on the current status of acquiring pediatric medical equipment for Emergency Medical Services (EMS). She explained they are in the last couple months for this budget period. She informed the committee that there is about

$60,000 that can be spent on pediatric equipment and supplies that can be divided up between about 14 rural agencies. She estimates they will be able to provide 2 color-coded pediatric bags per agency, as well as, extra color code pediatric tapes. She explained in the next couple weeks they will be working with purchasing to place the orders. Dr. Eisen asked Nicolette what the process was to determine what items should be purchased and sent to the agencies. Michael explained EMS Representatives must complete annual inspections on each agency, not including Clark County. When these inspections were done by the EMS Representatives, they noted which agencies were lacking pediatric supplies or needed updated equipment. That list was used to determine which agencies needed the equipment the most. He also explained that most agencies were given basic purple pediatric jump bags at the Basic Life Support (BLS) level approximately 10 years ago from the EMSC grant. He explained those bags and equipment have either been used or expired, so the goal is to provide agencies with better and updated equipment. He believes the color-coded kits will be best for medication administration for children. He explained the research was done by the EMS office and each EMS Representative that went out and physically inspected the pediatric equipment of each agency. Dr. Eisen suggested it may be helpful for the board to have a summary of each agencies needs and what the grant was able to provide them. With that information they can see the progress made on this performance measure. He explained having this information could also help them determine how to spend the equipment and supply funds in future years. Christina mentioned that one of their newer partners with Washoe County Health District, Mount Rose Ski Tahoe, has a significant need for pediatric equipment. She explained that the statistics show a lot of their calls are pediatric related. She asked how they can be included in this equipment order. Michael informed Christina that they have already been in contact with Mount Rose Ski Tahoe's director, Charlie Tabano, and he provided a list of pediatric equipment needs. Michael explained they are working to provide the requested items and will also include them in the next budget period.

3. Discuss and make recommendations to increase the number of Hospitals that have Interfacility Transfer Agreements and Guidelines. EMSC Performance Measure 06 & 07

Dr. Eisen asked if a list of hospitals without an Interfacility Agreement or Guidelines was provided to the committee. Michael informed him the list was provided to committee members only because that information is private and confidential. That information can't be shared to the public at this time because the surveys that were conducted stated the information would stay confidential. Dr. Eisen mentioned the list they received only included data on 28 facilities when there are several more than that in Nevada. He said the data is grossly incomplete and this will make this performance measure difficult to achieve without complete data. He would like to collect the missing data from the facilities that are not listed and did not participate in the surveys. Michael explained that several facilities did not respond to the surveys despite numerous attempts to contact them. Dr. Eisen stated if a facility cannot be reached to participate in the surveys that the committee members can assist with getting the results. He asked for a list of facilities that couldn't be reached and a list of facilities that did not respond be provided to the members to help complete the data needed for this performance measure. Dr. David Slattery suggested reaching out to the Nevada Hospital Association as a resource. Fergus Laughridge also suggested contacting the Nevada Rural Hospital partners for assistance with collecting data. He clarified that the Nevada Hospital Association deals with mostly urban hospitals and the Nevada Rural Hospital partners deal with rural hospitals. He

believes through both of these organizations; 100% participation can be achieved. Christina recommended contacting Healthcare Coalitions for additional information as well. She mentioned they complete annual surveys each year that have a 100% respond rate and EMSC can request to have survey questions added to get complete data on Interfacility Transfer Agreements and Guidelines. She mentioned going through the Nevada Hospital Association in the past meant the data they receive back would be propriety but going through the Healthcare Coalitions it would not be. Christina offered to work with Michael on reaching out to the Healthcare Coalitions in the next week or two.

MOTION: Dr. David Slattery motioned to proceed with efforts to get complete data on the list of hospitals with or without Interfacility Transfer Agreements and Guidelines, and to increase the number of hospitals with Interfacility Transfer Agreements and Guidelines
SECOND: Susie Kochevar
PASSED: Unanimously

4. Discuss and make recommendations to increase the number of Fire and EMS agencies that have a Pediatric Care Coordinator. EMSC Performance Measure 02

Dr. Eisen stated they received better responses from the survey on the number of Fire and EMS agencies that have a Pediatric Care Coordinator. He explained there have been 38 responses to the survey and of that, nearly half stated they do not currently have a Pediatric Care Coordinator or plans to hire one. Dr. Eisen allowed members to discuss different options the committee can consider to increase the number of agencies with a Pediatric Care Coordinator. He asked if there has been any research into what other States have done to increase this number. Michael explained he and Nicolette have access to view an overview of the data from the other States, but they would need to reach out to each States point of contact for more detailed information. Michael informed the committee that this performance measure correlates closely with pediatric equipment and training. They are hopeful that providing agencies with new pediatric equipment will allow them to take off the equipment they are currently using so it can be used for a training program. He also informed the committee that the Pediatric Care Coordinator does not need to be agency specific. A coordinator can be assigned by region and would coordinate pediatric care for multiple agencies within that region. Dr. Eisen stated he would like to know why more than half of the agencies that responded have no interest or plan to assign a Pediatric Care Coordinator. He believes the reason could have to do with money and not having the funding necessary to support the role. Knowing why the agencies aren't not interested in having a Pediatric Care Coordinator is important to note when considering how to improve on this performance measure. Lacking the understanding of why it is that an entity doesn't have or doesn't want to have a plan to have a Pediatric Care Coordinator will make it very difficult to come up with the kinds of recommendations that will support and motivate them to do it. Dr. Eisen stated he wasn't aware if this had been a question that was asked during the survey. He suggested if an entity answered no in the survey, they should also be asked why they are not interested. That will tell the committee what sort of information they need to feedback to that entity to encourage them. He explained to the committee if the entity doesn't think it will help them, the committee could supply data showing improved pediatric patient outcomes to educate on how it could be beneficial to them. If the entity says there are no resources,

the committee can help find them, or possibly help reduce the cost by sharing that burden to make it worthwhile to an entity. Dr. Slattery agreed the reasons for an agency having no interest in a Pediatric Care Coordinator could be used to fill the gaps and improve on this measure. He stated the primary reasons most likely are funding and resources. He doesn't think most agencies have the funding available and they don't know where to begin. He suggested creating a toolkit with a strategic plan that agencies can use as a resource. Christina agrees having Pediatric Care Coordinators for each agency is important but thinks a Regional Pediatric Care Coordinator would be more valuable, especially for rural agencies. Dr. Eisen agreed and thought it would be a good follow-up question to ask uninterested agencies if they would consider a Regional Pediatric Care Coordinator where the roles and responsibilities would be shared by the agencies.

MOTION: Susie Kochevar made a motion to reaffirm the committee's stance to increase the number of Fire and EMS agencies with a Pediatric Care Coordinator by contacting agencies to better understand why they are uninterested. This information will be used to improve these numbers.
SECOND: David Slattery
PASSED: Unanimously

5. Presentation on Resuscitation Quality Improvement (RQI) system by Dr. David Slattery, M.D.

Dr. Slattery gave a presentation on Resuscitation Quality Improvement (RQI) system. He apologized for not having a way to show those participating by phone and said he would get some sort of presentation to Michael to distribute if they are interested. He explained that traditional American Heart Association (AHA) training is done in a classroom and the provider receives a card that is valid for two years. He said during training the instructor assesses the student's abilities visually. He explained some people give feedback, some people don't, and mentioned it is pretty easy to pass these courses. Then people go into the field and may or may not have any real-life encounters with children or adults going into cardiac arrest during those two years that their card is valid. The skills often aren't being used or practiced enough to be confident and competent in them. He explained the purpose of RQI is to train providers low dose high frequency psychomotor skills and cognitive knowledge. Las Vegas Fire Rescue's over 700 personnel are currently using RQI and has seen dramatic improvements in patient care. He explained after a person's initial certification they must complete two psychomotor skills on infant, child, and adult mannequins every 90 days and an online cognitive assessment annually. The provider must reach a certain level of confidence before they can pass the skills. Dr. Slattery said reassessing their skills every 90 days gives providers a continuous level of confidence in their training. The providers certification is also continuous and is extended another 90 days each time they pass a reassessment. He stated the agencies and hospitals that have implemented the RQI system have seen dramatic improvements in chest compressions and quality of ventilations. The RQI system comes with a cart, an adult mannequin and skill set, child mannequin and skill set, and an infant mannequin and skill set. He stated the mannequins are some of the best simulators in terms of compression and ventilation feedback. Dr. Slattery explained hyper-ventilation can be extremely dangerous for the patient. These mannequins provide real-time feedback on compressions and ventilations to improve patient care. The feedback the mannequins give on chest compressions includes proper rate, proper depth, and proper release. The feedback given on ventilations includes proper rate and proper volume. Dr. Eisen asked Dr. Slattery what the cost if for an RQI

system. Dr. Slattery said he was unsure but could research the price. Dr. Eisen stated the price for these systems may be so high that that are not a viable option for the grant right now. He questioned if the AHA would consider discounting one or two systems to run a pilot test here in Nevada. Purchasing RQI systems at a discounted price would allow the State to collect data on the quality of provider's skills and the care they provide to patients. The data would show improvements to care over time during the pilot. This information could justify researching other funding opportunities to purchase additional systems in the future.

6. **Public Comment –** No comment.

7. **Adjournment at 2:04 PM.**