

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

**MINUTES  
April 16, 2020  
Carson City – 1:00 PM  
(Teleconference only)**

**MEMBERS PRESENT**

Dr. Andrew Eisen  
Dr. Jay Fisher  
Yvette Wintermute

Susie Kochevar  
Donald Watson  
Don Pelt

Darlene Amarie-Hahn  
Jeremy Sonenschein

**MEMBERS EXCUSED**

Dr. David Slattery

Stephanie Mead

Shane Splinter

**IN ATTENDANCE**

Jenna Burton

Michael Bologlu

Bobbie Sullivan

**1. Roll call and approval of minutes from the meeting on January 16, 2020.**

**MOTION:** Dr. Jay Fisher motioned to approve minutes from the meeting on October 17, 2019.

**SECOND:** Susie Kochevar

**PASSED:** Unanimously

**2. Discuss the impact of the COVID-19 Pandemic on EMSC.**

Dr. Andrew Eisen inquired whether the Pandemic has disrupted EMSC operations. Darlene Amarie-Hahn mentioned that, unfortunately, several EMSC initiatives planned for launch by national organizations, such as the National Pediatric Readiness Project (NPRP), have been postponed, some indefinitely. Dr. Eisen requested further clarification the Pandemic to date had not had a negative impact on funding or on any aspect of the EMSC Program that potentially could disrupt the Committee's ability to meet its mission; Darlene said not currently.

Susie Kochevar asked Dr. Jay Fisher whether he had seen any pediatric cases of COVID-19 in the Emergency Room (ER). Dr. Fisher responded affirmatively, adding that one of the biggest frustrations they've experienced has been due to the lack of sensitivity of the test. He described the confusing circumstances surrounding one of the most prominent recent cases, where a pediatric ER patient whom they had tested twice as negative for COVID-19 was discovered, on the day she was supposed to be discharged, to have tested positively elsewhere, three days prior to her admittance into the ER.

Dr. Eisen explained that current instances of unreliable test results are one of the factors contributing, nationwide, to our lack of understanding what the real statistics are, adding he suspects the number of actual cases is grossly underestimated.

Dr. Fisher mentioned the possibility that COVID-19 may have a serious impact on the business of Emergency Medicine and Acute Care Medicine, explaining that emergency physicians are seeing only 20% of their usual volume of patients. Dr. Eisen pointed out the dramatic drops in hospital volumes, and emergency-department volumes, all over the country, due to the public's apparent reluctance to come into the hospital for reasons other than COVID-19. Organizations such as the Academy of Pediatrics, the State Medical Association, and the Governor's Task Force are encouraging people to make sure they're still attending to their regular medical needs.

Dr. Fisher commented he doesn't believe this virus is going to change the fact that humans require allopathic healthcare, but it could change pathways to receive that care. Dr. Eisen agreed that things are going to change, adding that he doesn't think anybody knows what that change is going to look like: we probably won't know for another five to ten years. Darlene remarked this situation also has affected her veterinarian, since people seem to be postponing wellness visits for their pets. Dr. Eisen mentioned it also is affecting dentists and optometrists. Dr. Fisher agreed, stating dental care most likely will be revolutionized because of this situation.

**3. Update on the lists (a) of EMS agencies that received medical-supply kits and equipment purchased during the FY19 project period, and (b) of the quantity and contents of remaining (undistributed) kits; and discuss and make recommendations on assigning responsibility for determining which agencies/colleges/training centers will receive the remaining kits.**

Dr. Eisen referred to receiving an attachment with a list of twenty-one kits that were distributed. Darlene inquired as to which counties did not receive a kit, and how many kits remain, asking Michael Bologlu if the original intention was to supply kits to International Life Support (ILS) agencies and if the number of kits left was in fact ten; Michael confirmed that was correct.

She asked if it was correct that, out of the ILS agencies, three did not receive a kit, including Mason Valley Fire, Smith Valley Fire, and SOC, and Michael explained the reason Mason Valley Fire and Smith Valley Fire did not receive a kit was that they had previously purchased Broselow kits at the ILS level, through grants. As for SOC, being an Army Depot base without children, and one that doesn't do any preliminary public transport, it was not appropriate to distribute pediatric equipment to them. Michael explained the distribution list had been created based on the supplies needed by agencies as determined during their annual inspections conducted by SEMS Representatives. Darlene thanked Michael for his clarification. She then referred to previous meeting discussions in which it had been suggested that distributing the remaining ten kits to entities to entice them become more involved with EMSC would benefit the grant, and that agencies should be polled to see which resources were needed. Darlene inquired if Michael has resolved how to be empowered to determine the manner in which the kits should be distributed, so that the Committee can entertain that motion. Michael said that issue had been discussed at prior meetings, where Stephanie Mead, the pediatric paramedic on the Committee, had suggested the extra kits be distributed to educational institutions, especially in the rural areas, so the equipment can be used for training. He said it would be appropriate for the committee members with authority to vote on such matters to make a motion.

Dr. Eisen commented that, since we have the extra equipment, he thinks getting the kits to educational institutions is an innovative idea and should be a priority. He thinks the Committee should specify the priorities for distributing the kits and then allow program staff to distribute those kits based on those priorities. In his opinion, since kits already have been distributed to the rural ILS agencies, educational institutions should be the next top priority.

Darlene mentioned she recalled that, since the original intended recipients of these kits were rural agencies, there had been a question raised as to whether the scope of recipients would encompass educational institutes as well. Michael explained performance measures do dictate we can give equipment to educational institutions, adding this question to the Committee had been posed to determine whether members would consider doing so in order to get the remaining kits into the field as soon as possible rather than storing them.

Donald Watson clarified that, after ensuring frontier and rural agencies had received updated kits, we had approached every other agency who might be interested in receiving a kit; we learned all agencies are well-covered. So, in his opinion, offering kits to the educational institutes, especially to some of the smaller programs, would be beneficial. Dr. Eisen agreed, suggesting we prioritize the educational institutes that prepare people to work in rural areas, as opposed to more-highly-funded areas.

**MOTION:** Dr. Jay Fisher motioned to empower the SEMS staff to distribute the kits to educational institutes and training centers, giving priority to centers preparing students to work in rural and frontier areas.

**SECOND:** Darlene Amarie-Hahn

**PASSED:** Unanimously

**4. Discuss guidance and make possible recommendations for filling the vacant Advisory Committee position (ex officio) of Child-Death Review Representative.**

Dr. Eisen stated he remembered having a conversation about possibly shuffling committee roles in order to fill this position, adding that, if necessary, he has the relevant experience to serve as the Child-Death Review Representative, unless someone else has any other suggestions.

Darlene remarked she has been investigating in more detail the construct of committee membership, as defined by the Health Resources & Services Administration (HRSA), explaining she has learned there are certain positions that may not serve two core-member roles simultaneously; these positions currently are filled by Dr. Eisen, Dr. Fisher, Susie Kochevar, and Jeremy Sonenschein. However, the Child-Death Review Representative, being an ex officio position, is not a core (voting) member. She explained HRSA recommends that committee membership include 16 ex officio positions – representing the perspectives of Child-Death Review, Fire-Based, Police, Bioterrorism, Disaster Preparedness, Hospital Association, etc. She explained the core-member position of a licensed physician with pediatric training, the position Dr. Eisen fills, also may serve to enhance the Committee’s perspective by virtue of his background and experience in child-death review.

She said she will send to the committee members a list of additional HRSA-recommended ex officio positions, so members can inform her if they have the experience required to fill any of those roles. Dr. Eisen approved, remarking that would enable members attending the next meeting to have a better idea of which roles need to be addressed.

Darlene mentioned one of the ex officio roles currently open is for an EMS Data Manager. She said Bobbie Sullivan, our EMS Data Manager, is available and willing to serve, and Darlene would like to make a motion to appoint her to fill that ex officio position. Dr. Eisen clarified that, unfortunately, the Committee will not be allowed to vote today on this issue, since the specific action item is not included in today's agenda, and requested this be included as an action item on the next meeting agenda.

**5. Discuss guidance from the Advisory Committee on plans over the coming year to revise the current Skills Verification Form to include pediatric skills.**

Darlene provided background on this item, explaining she is pursuing it because it will contribute to advancing Performance Measure 03. When she mentioned it to Michael, she learned he had been interested as well in developing this, even creating the preliminary version of a revised form, but, unfortunately, at that time the project didn't go any further. Using Michael's initial ideas for revision, Darlene would like to pursue the project.

Darlene informed the Committee she had asked our FAN Rep, Jeremy Sonenschein, to review the form, and she requested he address this item. Speaking from his experience as a paramedic who has taken the exam many times, as well as a preparedness coordinator for Valley Health Systems who works with many different agencies, he expressed his approval of the proposed revisions. He said he had shared the form with representatives at some agencies with which he is familiar, such as Medic West and Clark County Fire, and had spoken with some of his colleagues, all of whom agreed the only addition they would suggest would be skills on splints. Jeremy commented this form is one he has used in the past, adding he thought Michael had done an excellent job..

Darlene remarked she noticed the items Jeremy added are not marked "pediatric." Jeremy clarified they were just general splints, and said no other items for pediatric needed to be added. Darlene referred to Donald's mentioning in the past that, while this form must align with requirements of the National Highway of Traffic Safety Administration (NHTSA) and the National Registry of Emergency Medical Technicians (NREMT), EMS is granted authority by the Nevada Administrative Code (NAC) to declare which skills will be verified; and he had suggested this form be implemented over the next year within educational institutions and, during the next renewal cycle in 2021, for all other providers. Donald verified this was correct, emphasizing we would need to confirm the form doesn't need to go before the Division or Board of Health for approval. Darlene remarked she is seeking support from the Committee for the revised form and asked for input from members, if any, as to whether the form needed further revision, or, if acceptable, a motion to approve. Dr. Eisen requested a member make that motion.

**MOTION: Darlene Amarie-Hahn motioned to approve the Skills Verification Form.**

**SECOND: Dr. Jay Fisher**

**PASSED: Unanimously**

**6. Update on EMS Annual Data Collection for 2020 (Part 1-February 7<sup>th</sup> to March 31st): EMS-agency survey from National EMSC Data Analysis and Resource Center (NEDARC), a national initiative to improve critical care for children (Performance Measures 02 and 03).**

Darlene explained the data collection launched in January by NEDARC was a three-month agency-survey related to Performance Measures 02 and 03, with 02 referring to whether agencies have a Pediatric Emergency Care Coordinator (PECC), and 03 pertaining to the use of pediatric-specific equipment. She reminded the Committee that the Skills Verification Form just discussed will improve the outcome of performance measure 03. She remarked 54 Nevada agencies were requested to take the survey (not including air- or water-only), and, with determined follow-up by EMS staff, Nevada achieved a response rate of 100% – one of only seven states to do so.

She explained NEDARC was still in the process of “cleaning” the data, meaning EMSC hasn’t received it yet. Once NEDARC distributes that information, the baseline data will be very accurate to work with in devising strategies to improve outcomes for Performance Measures 02 and 03.

**7. Discuss guidance from the Advisory Committee in creating a plan for devising strategies, to be developed during the next four quarterly meetings and implemented over the remaining grant year, to assist Nevada in achieving targets for the nine Performance Measures, beginning with 02 and 03.**

Darlene reminded committee members she had provided several documents relating to Performance Measures 02 and 03, explaining each in detail and explaining why they are needed. She emphasized the main goal today is to review the spreadsheet with the proposed timeline for strategizing a work plan.

She commented, for grant-year three, which began on April 1, 2020, strategies for Performance Measure 01 were not given priority on the spreadsheet because PM 01 relates to the requirement to submit NEMSIS-compliant version-three data, and as of this date EMS is nearly 100% compliant. On the spreadsheet she has arranged the other performance measures by the years in which the outcomes must be met and also by the current status, adding 02 and 03 are the most problematic both in terms of status and year.

The next performance measures for priority are 06 and 07 (regarding interfacility-transfer guidelines and agreements); these appear “out of order” because, with specific outcomes due in June of 2021, they are more urgent. Darlene suggested that (in terms of coming up with strategies) 02 and 03 should be addressed during this meeting; 06 and 07 should be addressed during the July meeting; 04 and 05 should be addressed during the October meeting; and 08 and 09 should be addressed at the last meeting of the grant year, in January, 2021.

Dr. Eisen remarked, regarding 03, he hopes EMSC is well over the required 30% benchmark, especially since we recently distributed pediatric equipment to so many agencies. He said we will need to review the NEDARC data to make sure we have met the goal. Regarding 02 he said we just need to identify which agencies have a PECC, and who that person is, so we can begin working with them to make advances on the other

items. Darlene said HRSA has suggested we determine the reason some agencies do not have a PECC. Dr. Eisen said knowing why they aren't interested would help us to develop strategies to improve these performance measures. He said committee members can't really develop any strategies today without having that knowledge.

Darlene inquired whether the Committee should wait three months until the next meeting, to discuss strategies for 02 and 03, or whether a "special" meeting should be called as soon as we know the baseline data. Dr. Eisen suggested we distribute the data first and then call another meeting, if necessary. Dr. Fisher agreed, commenting he thinks the strategy will be self-evident once the data has been collected.

Darlene inquired whether committee members had any other questions on the materials she had provided on Performance Measures. Dr. Eisen remarked 02 and 03 require an agency's identifying someone to fill the PECC role, which role doesn't require dedicating huge amounts of time, rather serving mainly as an EMSC contact when we have information or resources to provide. He said, with many agencies, it would not be a substantial increase in the amount of work they are already doing, remarking there is a difference between how important something is versus how much time it takes for someone to include that in their existing work. From a resource standpoint, he said, it doesn't make a huge difference, and some of the agencies might be under the assumption that it is a big resource drain; so, we can help them understand we aren't asking for a full-time position to do this, and that we just want to make sure there is someone in the agency who advocates for children. Darlene said Dr. Eisen's perspective is a great slant on the issue and gives her somewhere to start. Darlene inquired if the Committee approves of her timeline and priorities, as expressed in the spreadsheet; Dr. Eisen said he does approve of her timeline, adding the Committee should include these Performance Measures on future agendas in line with the priorities she proposed.

**8. Discuss and make recommendations on most effective methods (considering current challenging healthcare situation with its restrictions) to achieve statewide recognition of the national observance of annual EMSC Day (May 20<sup>th</sup>, on Wednesday during EMS Week 5/17-5/23/2020).**

Dr. Eisen remarked that, unfortunately, national EMSC Day cannot be celebrated this year by in-person events, but that obtaining a proclamation from the Governor's office would provide desired acknowledgment. Darlene explained there will be many promotional materials available to celebrate, from home, the five themed days – such as activity sheets for children, and appreciation certificates and thank-you cards to EMS agencies – to be provided by the National EMS for Children Innovation and Improvement Center (EIIC). She explained there is a big push from several national organizations to shine a spotlight on improving emergency medical care for children, providing an opportunity to engage families in working together for a worthy cause. She is looking for committee members' support to move forward with Nevada's celebrating EMSC Day, including possibly creating press releases, articles, and radio and TV promotions, as well as contests for posters, cell-phone videos, poetry, and more, adding she has put in a call to the wife of the Mayor of Carson City to request her assistance in brainstorming ideas for ;promotion. Darlene wants to use the acknowledgement of EMSC Day as an opportunity to support togetherness within families isolated at home and to engage the arts organizations in the community.

Susie remarked that, while she thinks all these ideas are great, she believes it will be difficult to reach a large audience of people, considering not only the effects of the Pandemic, but also the fact that school ends the week following EMSC Day. She said these ideas will be a great foundation to use for next year's EMSC Day. Darlene explained that the very fact the Pandemic will prevent promoting the event through the schools is the reason she was looking into other options to bring the public's attention to the day, such as TV, radio, etc. Dr. Eisen said he thinks getting the word out is important, but he doesn't think they will get much support from people who are already stretched in terms of resources, particularly on such short notice. He said if we can use this year to begin to get the word out, then next year there will be an opportunity to do even more on a larger scale.

**9. Update on activities and progress of the Western Regional Alliance for Pediatric Emergency Medicine (WRAP-EM).**

Dr. Fisher said things are moving forward. The Alliance has had discussions on mass casualty and is now gathering experts on this topic from around the country. WRAP-EM is working on a "Just in Time" educational PowerPoint, which is hoped to be completed this summer for presentation to some of the community hospitals here in Nevada. Coalition members from the states of Washington, Oregon, California, Arizona, Utah and Nevada have been teleconferencing twice a week on COVID-19 response. The website, [wrap-em.org](http://wrap-em.org), is now live, for anyone interested. Dr. Fisher explained the Alliance is seeking additional funding after current funding expires October. He said everything is going well. Dr. Eisen thanked him for the update and asked him to provide another update at the next meeting.

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

Dr. Fisher mentioned a situation that had occurred when a patient was flown into Nevada from out of the country, inquiring whether committee members were aware that a patient could be received by the country without having an accepting physician. Dr. Eisen responded he had not been aware of that. He remarked that, apart from the legalities of the situation, as a matter of medical practice it was incredibly bad form. He said in his experience some strong action has been taken against patient "dumping," that is, where a facility has sent out a patient by private care to the ER at another facility, instead of doing an appropriate transfer. Dr. Fisher commented he had spoken with the Department of Homeland Security at McCarran Airport, who confirmed that an accepting physician is not required for an international patient drop-off.

**11. Announcement of next meeting dates.**

Dr. Eisen informed members of the remaining committee-meeting dates in Grant Year 3: July 16, 2020; October 15, 2020; and January 21, 2021.

**12. Adjournment at 2:22pm.**