

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

**MINUTES
January 16, 2020
Carson City - 2:08 PM**

MEMBERS PRESENT

Dr. Andrew Eisen
Darlene Amarie-Hahn
Dr. Jay Fisher

Susie Kochevar
Stephanie Mead

Dr. David Slattery

MEMBERS EXCUSED

Donald Watson

EX OFFICIO MEMBERS EXCUSED

Shane Splinter

EX OFFICIO MEMBERS NOT EXCUSED

Don Pelt

Yvette Wintermute

IN ATTENDANCE

Jenna Burton
Jeremy Sonenschein

Michael Bologlu

Bobbie Sullivan

1. Roll call and approval of minutes from the meeting on October 17, 2019.

MOTION: Stephanie Mead motioned to approve minutes from the meeting on October 17, 2019.

SECOND: Darlene Amarie-Hahn

PASSED: Unanimously

2. Update on the pediatric medical supplies and equipment purchased during the Fiscal Year (FY) 19 project period.

Michael Bologlu presented an update on pediatric items purchased during the FY 19 grant period, explaining that, as of the end of December, delivery had been finalized to the sixteen rural agencies that received pediatric kits. He invited anyone who would like to review a list of agencies that received kits to reach out to him or Darlene.

Michael referred to a conversation during the previous meeting in October when the Committee had discussed what to do with any extra pediatric kits that aren't being utilized. At that time a suggestion had been made possibly to give those kits to the Emergency Medical Services (EMS) training centers or to other rural training programs. While he did not have at-hand the exact number of extra kits, he said he would send out that information to the Committee as soon as possible. In the meantime, he asked the Committee which EMS training centers or rural training programs they think would receive the most benefit from acquiring pediatric training equipment or medical supplies.

Stephanie Mead commented that, since Western Nevada College (WNC) is emphasizing education in the rural areas, she thinks they should receive a kit. She then recommended that Banner Churchill Community Hospital be considered, as well, because currently they are emphasizing education. Stephanie also mentioned the more rural areas as possibilities, such as Great Basin College, adding that, while she was sure Truckee Meadows Community College (TMCC) would love to receive the kits, she thought they would understand that some other areas might receive more benefit from the equipment. Michael agreed that it would be great if we could give kits to everybody, but that less privileged and rural services should be priorities.

Michael said he would like to get these kits out in the field, or to training centers to be utilized, rather than just collecting dust as they are at this point. He proposed that, when he sends out the list of remaining kits and training centers in Nevada, the Board will decide how many kits should be distributed and which training centers should receive them, and will determine at that time if there is a need for any other supplies. Dr. Eisen agreed, echoing that it is a good idea to get the kits out in the field, and suggested we attempt to prioritize kit-distribution by polling agencies to determine their level of need and interest. This would create a type of rank order: if a particular agency didn't express need for a kit(s), the available equipment could "roll down" to another agency. In this way, an entity such as TMCC, for example, could receive equipment that other entities, although first-in-line, didn't need.

Michael agreed, stating he likes the idea of "inviting" entities to receive a kit(s); he thinks using distribution of kits as an incentive for entities to become more involved with the EMSC program would be a huge benefit to the Committee, because wider participation in our meetings is a challenge for us. He commented that, while we have great participation from board members, he would love to have training center directors, training center instructors, and EMS coordinators join these teleconferenced meetings as well.

Dr. Slattery agreed, stating he thinks all would agree that getting the kits into the hands of agencies and training centers is a priority. He suggested, so long as it is not against the bylaws of the Committee, that members consider deferring kit-allocation to Michael and his team, who already have done some research, with adequate staff to accomplish review and approval. Dr. Slattery said he trusts that the State Emergency Medical Systems (SEMS) Program staff can assure the available kits are distributed to the most appropriate and deserving agencies.

Dr. Eisen explained that, since this agenda item had not been designated "for possible action," the Committee during this meeting did not have the authority to implement this

decision. He deferred to Michael to research and to determine where the authority for this decision rests and suggested that this item be included on the agenda for the next meeting.

Michael commented that this is a concern of his, as well. He said he recalls a discussion, at the end of 2018 or the beginning of 2019, about distributing the kits to rural EMS agencies, but added he is uncertain whether we would be allowed during this meeting to make the decision to distribute to training centers. He said he recalls the previous discussion's being very specific about distribution to rural and frontier EMS agencies operating at the Advanced Life Support (ALS) or Intermediate Life Support (ILS) levels; he is uncertain whether that specification encompasses colleges and training centers.

Dr. Eisen proposed that Michael send out the list, after which the Committee would call a special meeting to approve delegating the responsibility for determining which specific colleges and training centers will receive the kits. Michael commented he thinks that is a great idea. Darlene agreed, stating it is an appropriate solution. Dr. Eisen said he didn't think it would be much of a problem to get together a quorum of this Committee for a teleconferenced meeting to approve just the one item.

Dr. Eisen inquired whether, at this time, Michael had any additional updates on the equipment, and he replied that he did not.

3. Discuss and make recommendations to fill the vacant Advisory Committee position of Family Advisory Network (FAN) Representative (Rep).

Dr. Eisen commented that this item has been included on quarterly-meeting agendas for quite some time and inquired as to its current status. Darlene said she has recruited a promising candidate for FAN Rep, Jeremy Sonenschein, who is attending this meeting via teleconference; she had forwarded his resume for prior review. At this time, she said, she would like to introduce Jeremy and give him the opportunity to present his qualifications and describe his interest in the position.

Jeremy thanked the Committee for having invited him to the meeting, adding that he wished he could have attended in person and hopes one day he will be able to do so. He stated he has resided in Las Vegas for about two years and is still in the process of becoming familiar with the city. He expressed high interest in the position, explaining he has been speaking quite a bit with Darlene and Jenna in order to understand the FAN's role and responsibilities. He described his background as very solid, having been a paramedic and an EMS instructor for over 20 years. Currently, as Emergency Preparedness Manager for three hospitals in the Valley Health System, he has become very familiar with the EMS agencies in Las Vegas. Also, he added, his past employment has enabled his familiarity with healthcare roles. Jeremy explained that also he is a parent; he and his family moved from North Carolina to Las Vegas two years ago to facilitate caring for his mom, who is very ill with Parkinson's Disease. Previously, at the University of North Carolina (UNC), he taught first-year medical students, medical assistants, and phlebotomists, as well as practitioners of other various healthcare specialties, and prior to that, for over 10 years, he was a firefighter with the New York Fire Department.

After the 911 event, Jeremy explained, his wife had persuaded him to become more involved with the teaching and managerial aspects of healthcare and emergency medical services. Darlene said she had understood that Jeremy was a parent of a child with special needs and inquired whether that was the case, and he confirmed it. He pointed out he also does quite a bit of volunteer work in the Las Vegas community that often involves children with special needs, explaining that his wife is a preschool teacher, giving them both opportunities to work frequently with special-needs children who are very young. In addition, he said, he volunteers as a coach for organizations that aid special-needs children, which has enabled him to become very experienced with that aspect of healthcare.

Dr. Eisen said that was the one question he had had for Jeremy, as well: whether he was a parent and had caregiver-experience with special-needs children. A document produced by the EMSC National Resource Center (NRC) that Darlene had forwarded to committee members prior to this meeting, *Getting Started, Staying Involved: an EMSC Toolkit for Family Representatives* (“Toolkit”), states that a potential FAN Rep should be a parent, legal guardian, or caregiver, and recommends that he/she have experience caring for special-needs children.

Dr. Eisen commented that, after his review of Jeremy’s resume, he certainly was excited about the idea of having him work with us, provided Jeremy could meet all the requirements for this specific position on the EMSC Advisory Committee. Dr. Eisen inquired whether there was an official “checklist” of requirements; Darlene replied that, as far as she knows, no such list is available. She explained that is the main reason she had assembled the fairly-extensive material she had provided to the Committee, including the “Toolkit,” which explains in detail the role and responsibilities of the position, for example, in a section on “Qualifications and Criteria.”

Darlene informed the Committee that, last August, when she and Michael had attended the EMSC All-Grantee Conference in Arlington, Virginia, a week-long, grant-required meeting hosted by the Health Resources and Services Administration (HRSA), they had attended several presentations by and discussions with FAN Reps from other states, as well as enjoyed opportunities to network with EMSC program managers who were working closely with FANs. Darlene said that, judging from this input, she was confident the materials she had provided prior to the meeting fully described the position’s role.

Dr. Eisen commented that, in his view, Jeremy’s being a parent, particularly of a special-needs child, really addressed the Committee’s needs in filling this position. Dr. Eisen then inquired whether any other members had questions for Jeremy. Michael explained to Jeremy that, since the FAN Rep one of the few grant-required positions the Committee is required to maintain, it’s especially important. Michael also emphasized that the FAN Rep is one of the select Committee members who is required to attend the annual EMSC All-Grantee Conference. The most-recent meeting, referenced by Darlene, took place this past August in Virginia. Michael explained that, although HRSA, as the federal grantor for the EMSC program, has opted not to conduct their annual all-grantee meeting in 2020, there may be (as-yet-unannounced) mandatory training or conferences for the FAN Rep, and/or for EMSC program managers, sponsored by the National EMSC Data Analysis and Resource Center (NEDARC). Michael asked Jeremy to confirm he would

be both willing and able to perform any required travel, which would be funded by the grant, subject to Nevada's travel guidelines and approved rates for airfare, lodging, and meals. Jeremy replied he really enjoys traveling and attending conferences, explaining that, since he already travels frequently, required trips would be nothing out of the ordinary.

Darlene said her remaining question for Jeremy was a bit more complicated. Explaining that this grant program's perceived success is based on nine performance measures, which are mandated, time-based standards the grant is required to achieve, she asked Jeremy whether he has reviewed those as outlined and described in the materials she forwarded prior to the meeting. Jeremy said that, while he has reviewed those materials, he has not had a chance to go through all of their content in detail. Darlene inquired whether, based on his review of the nine performance measures, there were any that he thought had special appeal; if he was filling the role of FAN Representative, she would expect to be working collaboratively with him to achieve progress on targeted performance measures and to generate ideas and plans.

Jeremy said, in order to be able to answer her question, he would have to review the nine performance measures in more detail. To give an example of the type of response she was seeking, Darlene reminded everyone of a story she called "heart-wrenching," included in the EMSC "Toolkit" she had provided, about an 8-month-old child named Skylar Grayce Jarreau; Skylar's death following an accident was described by her mother as connected to complications with transport protocols. Darlene described how this story had caused her to become interested personally in performance measures 06 and 07, which address improving interfacility-transfer agreements and guidelines. Darlene asked Jeremy if he recalled, in general, any performance measure that he had noticed as being of particular interest to him.

Jeremy mentioned he recognized the story Darlene had referenced. He reiterated his need to review all the performance measures in more detail. That being said, however, he mentioned that measures he had noticed in particular were related to (1) pediatric training for prehospital providers and (2) a system for recognizing a hospital's capability to manage pediatric medical emergencies. He said the measure related to pediatric training for prehospital providers was particularly interesting to him because he is an educator, as well, and he would like to work on that one, adding it is probable he can contribute to achieving that performance measure because of his background. Darlene commented that was great to hear. Dr. Eisen asked if there was any public comment on this agenda item, and, there being none, he entertained a motion to approve Jeremy for the FAN Representative position.

MOTION: Dr. Fisher motioned to approve Jeremy Sonenschein for the FAN Representative position.

SECOND: Darlene Amarie-Hahn

PASSED: Unanimously

Dr. Eisen congratulated Jeremy.

4. 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.

Dr. Eisen observed that no one from the public was in attendance. Darlene inquired if she would be allowed to use this agenda item to bring up a topic(s) that was not an actual item, per se, but one(s) that she hoped members would think about for the next meeting. Dr. Eisen replied in the affirmative, provided it was understood that the Committee could not take any action.

Darlene said she had four topics to introduce briefly. Firstly, she informed the Committee she had recognized a second potential candidate for FAN Representative. Darlene mentioned she really would like to have a representative located not only in Las Vegas but also in Carson City and even possibly in Reno. While she has identified a resident of Carson City who could be a suitable candidate - Catherine Stryker - there has not been sufficient time for Ms. Stryker to prepare a resume to consider during this meeting. Darlene is hoping to present Ms. Stryker at the next quarterly meeting.

Darlene said her second topic was simply informational: she needs up-to-date contact information for all the Advisory Committee members, including emails and phone numbers, and asked everyone to send these to her or to Jenna Burton.

Her third topic was a reminder that Kathryn Hooper had reported she will be unable to continue her work with the Committee, meaning the Committee needs to identify and recruit a new Child-Death-Review Representative. Darlene plans to contact Kathryn to request ideas or suggestions on another person to fill that vacant position.

Darlene introduced her final topic by referring to her recent preparation of the annual grant-program-progress report required by HRSA. In doing so, it was necessary for her to review the annual progress report prepared in December, 2018, by previous EMSC management. Darlene said that previous report had included many references to consulting with the Advisory Committee "in the near future" to create a work plan for the EMSC program, which then would be developed over a period of time, requiring efforts spread possibly over four quarterly meetings. However, this stated intention to collaborate with the Advisory Committee in developing and implementing a work plan for the EMSC program apparently did not survive the subsequent turnover in staff.

Darlene said she intends to involve the Committee in developing the work plan referenced in the previous program-progress report. At the next EMSC quarterly meeting she plans to introduce ideas and possibilities and requests that, in the meantime, the Committee give serious consideration to the topic; she is certain an effective work plan will be based on the nine performance measures, information on which was included in materials she forwarded prior to this meeting. Also, she added, useful questions that may constitute a very good basis for generating ideas for a work plan for the EMSC program are included (as suggested questions for a new FAN Rep to ask of the EMSC program manager) in the forwarded "Toolkit." In summary, she said she wanted to apprise the Committee of her plans to move forward with strategy-planning for the EMSC Program, and to request that, prior to the next quarterly meeting, members again review the materials.

Darlene remarked that, obviously, the Committee will be unable to suggest strategies for all nine performance measures at once. However, she said, a good beginning might be effected by reviewing the results of a three-month-long EMS-agency-survey launched by NEDARC on January 7, 2020, relating to performance measures 02 and 03: whether an agency has a Pediatric Emergency Care Coordinator (PECC), and whether the agency's providers are required to demonstrate pediatric-specific equipment. This agency-survey ends March 31, 2020. So, by the next quarterly meeting in April, the Committee should have updated information for each of Nevada's 54 EMS agencies, on which to base our time-bound plan to meet (or exceed) expected outcomes for the related performance measures.

Referring to Darlene's topic of filling the now-vacant position on the Advisory Committee of Child-Death-Review Representative, Dr. Eisen mentioned that he personally has about 20 years of experience with child-death review, adding that, in terms of the membership of the Advisory Committee, if the Committee needs simply to do a shuffling of who-fits-what-description, one potential option is to manage it that way.

Next, Dr. Eisen inquired whether there exists any rule limiting the number of FAN Reps who can be members of the Committee simultaneously. Darlene assured him there are no limitations, describing how more than one of the states represented at the All-Grantee Conference worked with multiple FANs, which had inspired her to consider the idea. Dr. Eisen said he thinks having FANs from different areas of Nevada, and with diverse backgrounds, would be extremely helpful for the Committee. Darlene stated she hopes the Committee can find candidates for FAN Rep with as much to offer as Jeremy has presented. Dr. Eisen agreed. He inquired whether any other members of the Committee had announcements, requests or comments.

Dr. Fisher said he would like to provide a brief update on the efforts of the Western Regional Alliance for Pediatric Emergency Medicine (WRAP-EM). He said the coalition had gotten off to a good start in October, led by the group at the University of California, San Francisco (UCSF) Oakland Children's Hospital. He said Dr. Kuhls and Dr. Newton, pediatric surgeons, are the main Principal Investigators (PIs). WRAP-EM now has representation from Arizona, Nevada, Oregon, Washington, and both Northern and Southern California. To date, more than a dozen children's hospitals are involved and over 250 personnel, ranging from emergency-management specialists, to representatives from the Fire Chief's office in Clark County, to mental-health experts from Nevada's Governor's office.

He said WRAP-EM is receiving assistance also from Ann Polakowski, the lead in Nevada for the mobile-crisis unit for mental-health services, as well as dozens of people from Oregon Health and Science University (OHSU), Washington University School of Medicine (WASHU), Phoenix Children's Hospital, and both Northern and Southern California. This wide participation has helped serve WRAP-EM to launch a great initial effort. One of the first deliverables being created is a website that will become public sometime in the first half of the calendar year. Dr. Fisher reported there is a small group of a dozen within the main group taking the lead on the mass-casualty incident (MCI) active-threats group; trauma surgeon Dr. Kuhls is assisting with that in Las Vegas. WRAP-EM also has Northern Nevada involved, assisting specifically with telemedicine.

Dr. Fisher also referred to the Pediatric-Readiness Project being led by Dr. Marianne Gausche-Hill, an internationally known expert in EMS and EMSC who is based at Harbor-UCLA Medical Center; and multiple other groups are involved, including an infectious-disease group, a gap-analysis group, etc.

Dr. Fisher remarked that, during the first three months, WRAP-EM has learned that the effort required is absolutely Herculean. He said the alliance also is working collaboratively with the other grant-award winner, which is based in Cleveland and is organizing that region, as well as working with a group in Boston that received one of the first grants of this nature five or six years ago.

Dr. Fisher commented, in terms of EMSC, one deliverable will be to provide education. One of Dr. Newton's initial directions has been to provide education in basic mass-casualty-and-disaster preparedness for rural entities and for entities that are not pediatric-specific; in the future Dr. Fisher may be coming to the Committee with advice about how to deliver that.

Dr. Fisher said that, to summarize, efforts are very exciting, and WRAP-EM is happy with the progress to date. Darlene commented it's exciting to hear that so much collaboration with the other grant recipient is occurring. Dr. Fisher reported that several other states are involved, as well. One of the main experts on the grant's payroll is Dr. Mike Frogel, a pediatrician and disaster-preparedness expert from New York City who is published widely on the topic of how to increase capacity rapidly in a state of emergency. Dr. Frogel became renowned after 911 for his work in pediatric-critical-care capabilities in the New York City area.

Dr. Fisher concluded his update with the observation that WRAP-EM's efforts, which are monumental in scope, have provided a very good exercise.

Dr. Eisen thanked Dr. Fisher for the information, commenting that it sounds as if there is a lot of work being accomplished, with a great deal of work clearly remaining. Dr. Eisen stressed that, if ever the Committee or even himself personally could provide assistance, Dr. Fisher should not hesitate to reach out. Dr. Fisher acknowledged that Dr. Eisen already has been helpful, which has been appreciated.

Dr. Eisen inquired whether any committee members had comments to add; hearing none, he expressed appreciation for everyone's arduous work. He mentioned again that, as discussed, there may be a brief special meeting to address distribution of the remaining pediatric kits and requested that everyone keep an eye out for that meeting invitation. He thanked everyone again and adjourned the meeting.

5. Adjournment at 2:51 PM.