

Emergency Medical Services for Children (EMSC) Advisory Committee Meeting July 21, 2022, at 1:00 p.m.

Roll Call

Dr. Andrew Eisen, Child Death Review Representative
Dr. Jay Fisher, Emergency Physician, Primarily Practicing in Emergency Department
Stephanie Mead, EMSC Vice Chair
Susie Kochevar, RN, Emergency Pediatric Care
Jeremy Sonenschein, Family Representative
Darlene Amarie-Hahn, Family Representative
Dr. Sandra Horning, EMSC Chair
Bobbie Sullivan, EMSC Project Director
Doug Oxborrow, EMSC Program Manager
Kevin Haywood, EMSC, Data Manager
Michael Bologlu, EMSC, Representative for the EMS Advisory Committee

Meeting Attendees

Zebulon Nomura
Christine Forsberg
Dr. Molly Ray

Committee Meeting commenced at 1:00 pm, location 4150 Technology Way, Suite 303, Carson City, NV, 89706 and via Teams meeting.

Michael Bologlu: Alrighty, now that we have everybody here that we are expecting, I'm going to hand the floor over to our chair of the EMS Advisors EMSC Advisory Committee, Doctor Sandra Horning.

Sandra Horning: Hello, I am trying to connect on my computer, but I'll keep working on that while we talk here. Welcome to everyone. So, the first item of business is for us to approve the minutes from the last meeting. Do I have a motion to approve the minutes?

Dr. Fisher: Approve.

Sandra Horning: And a second.

Susie Kochevar: I second it.

Stephanie Mead: Second.

Sandra Horning: Anyone opposed? Then the motion carries. Next item was to discuss possible action related to recruitment of an ex-officio committee member of particularly a Pediatric Emergency Medicine Fellow.

Jay Fisher: Yes, we have Doctor Molly Ray. We have her with me on the phone here. I have Doctor Molly Ray. She's a second year PDF Emergency Medicine fellow. She completed her Pediatrics training at

Children's Hospital at Dell Children's Hospital in Austin in 2021 and 2020. Sorry, 2020 and then finished medical school at the University of Colorado. She'll say hello.

Molly Ray: Hello, everybody. Thank you for including me.

Sandra Horning: Awesome welcome.

Michael Bologlu: Sandra.

Sandra Horning: Yes.

Michael Bologlu: I believe we did skip two agenda items. I apologize, we do need to do an official roll call and then we need to allow for public comment as well.

Sandra Horning: Okay.

Michael Bologlu: If you'd like, I have the member list here, so I'll go through our members and make sure we have a quorum for today's meeting.

Sandra Horning: Okay.

Michael Bologlu: Doctor Eisen.

Dr. Eisen: I am here.

Michael Bologlu: Doctor Slattery.

Michael Bologlu: Doctor Jay Fisher.

Jay Fisher: Here.

Michael Bologlu: Stephanie Meade.

Stephanie Mead: Here.

Michael Bologlu: Susie Kochevar.

Susie Kochevar: Present.

Michael Bologlu: Jeremy Sonenschein.

Jeremy sunshine: Here.

Michael Bologlu: Darlene Amarie-Hahn.

Darlene Amarie-Hahn: Here.

Michael Bologlu: Doctor Sandra horning.

Sandra Horning: Here.

Michael Bologlu: Bobbie Sullivan.

Bobby Sullivan: Here.

Michael Bologlu: Douglas Oxborrow.

Douglas Oxborrow: here.

Michael Bologlu: Don pelt.

Michael Bologlu: Kevin Haywood.

Kevin Haywood: Here.

Michael Bologlu: Alright, we do have a quorum for today's meeting. Thank you, Sandra.

Sandra Horning: Sure. And then we want to take a minute to offer public comment. Anyone that wants to have any comments added to the meeting at this time.

Sandra Horning: Okay so no comments that we hear. I'm going to ask Mike or Doug; it says I'm still waiting to be given access to the meeting on my computer. I can do it on my phone, but nobody has let me in on my computer. I don't know how you can accommodate that, but it won't. It just says I'm waiting still.

Michael Bologlu: That is strange. I do not see anybody pending in our lobby. Do you want to try leaving the meeting and rejoining on your computer?

Sandra Horning: Okay, we'll do and then we'll move on. Then we will talk about vacancies that are on the committee that we are trying to fill.

Andy Eisen: I'm sorry. Sandra. I'm sorry. This is Andy. I just wanted to double check. Do we need a motion to add our new fellow Member to the committee or not?

Sandra Horning: That's a good question. Did we do that last time?

Michael Bologlu: That is correct. Yes, if.

Sandra Horning: Okay, so we need a motion to add our new committee member.

Andy Eisen: Yes, I wholeheartedly and excitedly move such.

Jay Fisher: I second that motion.

Sandra Horning: Awesome and a second.

Jay Fisher: Second, Jay Fisher, UMC.

Sandra Horning: Awesome. Anybody opposed?

Sandra Horning: Good. The motion passes. So welcome, Molly. Let's move on to these other members that we're trying to get to have some of our needs addressed as we progress on. Doug, you may feel free to chime in here. We spoke to a couple of people over the last week. We were given some information about some Hospital Association representatives; somebody to contact to help us to get somebody in that position and I haven't heard back. I don't know if you have or not Doug, but we put out an inquiry if they could find somebody that could be on the committee with us.

Doug Oxborrow: No, we have not heard back from any of them yet, although as you said, several were contacted. So, I think it's positive. At least you know we're heading in the right direction.

Sandra Horning: Right and then we spoke to one of the representatives from rural medicine who said that he would also help to provide us with someone who could be on the committee, which was good, which was very exciting. So, we're hoping to get some from that venue. If anybody knows of anybody else on this list of people that might be able to fill one of these positions, it would be very helpful.

Susie Kochevar: Doctor Horning, this is Susie Kochevar. There's a person on this meeting, Christine Forsberg, who is a school district administrator that's interested in filling that vacancy.

Sandra Horning: Oh, that's awesome.

Christine Forsberg: Thanks, Susie. I actually submitted my resume and whatnot to Michael. I think whatever else I need to do; I would be happy to sit on this committee.

Sandra Horning: Awesome. Welcome, welcome.

Doug Oxborrow: If anyone knows of anyone or anyone present sees fit for filling any of these positions, I would urge you to go ahead and reach out to me and I'll make sure that we put that into effect and get started on that.

Sandra Horning: Awesome. Perfect.

Michael Bologlu: I would like to suggest that we give Christine a minute or two to introduce herself to the committee and her background, and then possibly make a motion to add her to the committee since she's here.

Sandra Horning: Alright, sounds good.

Christine Forsberg: Thank you. I'm Christine Forsberg. I've been a registered nurse since 1990. My experience background is emergency room. I was a Navy nurse for seven and a half years and became a school district employee as a school nurse. I have certifications in trauma nurse, pediatric prehospitalization and have been working with Susie Kochevar for a very long period of time. I'm now in an administrative position in the school district and supervise about 63 nurses, 120 schools within the school district, and I think this is right up my alley. I'd love to be a part of this committee.

Sandra Horning: Awesome.

Michael Bologlu: First off, Christine, thank you for showing interest in taking time out of your day to express your, you know, interest in this committee. It's greatly appreciated. And on that, I would like to make, oh sorry chair, that's actually you. I apologize. I would suggest we make a motion.

Sandra Horning: Alright, we have a motion to have her join our committee.

Susie Kochevar: This is Susie Kochevar. I second the motion.

Sandra Horning: And anyone in disagreement with this motion? All right, welcome.

Christine Forsberg: Thank you.

Sandra Horning: Awesome.

Jay Fisher: This is Dr. Fisher from UMC for the record. I have a disaster preparedness expert, Irene Navis, who I work with at the RAPM Group who also is on the Clark County Emergency Preparedness team. She has a decade of experience in disaster preparedness and emergency management and integration was central to the response effort and the reunification efforts here after the 10/1 disaster. I've been working with her for 2 1/2 years on the Western Regional Alliance Pediatric Emergency Management on the west coast. She's agreed to offer her services up to the Nevada EMS, if that would be of interest to the committee.

Sandra Horning: That's awesome. That totally would be of great interest to the committee.

Doug Oxborrow: Doctor Fisher if you would have that person reach out to me and then I'll go ahead and I'll give them information so they could be in attendance during the next meeting.

Jay Fisher: Okay, actually I meant to do this in the past. I'm trying to give her the meeting information to call in and just say hello here. Would that be all that be acceptable to everybody?

Doug Oxborrow: That would be outstanding.

Jay Fisher: OK, hopefully she can get on. I just texted her the phone numbers here. But I will get her CV to you and she's an absolute Dynamo. Will be great for the committee.

Doug Oxborrow: Thank you for that.

Sandra Horning: Awesome. Welcome.

Stephanie Mead: I do also have a fire-based EMS representative that I'm going to send you their resume that works for Truckee Meadows fire. He was their EMS coordinator, so I'm working with him to get that information to you.

Sandra Horning: Awesome. That's perfect. The more that we can get, the more that we can accomplish. Our next agenda item I wanted to get a feel from this committee as to what we see as our identity. How

do we identify ourselves moving Forward? What is our purpose? I would like to hear from members of the committee and what they feel is our purpose. What is our mission statement? You know, EMSC Nationally says their mission statement is to reduce child and youth mortality and morbidity resulting from severe illness or trauma. But what do we want to accomplish in the state of Nevada? There are certainly a lot of opportunities and a lot of things that we can look at. I want to know if anybody feels very strongly about things and agenda items and projects that we should do as we go forward.

Susie Kochevar: This is Susie Kochevar.

Jay Fisher, Molly Ray: This Doctor Fisher. Okay.

Susie Kochevar: Go ahead, Jay.

Jay Fisher: By choosing. My bad.

Susie Kochevar: Okay, we've been doing a lot. I run the Mountain View Hospital Paramedic School and some of the agencies in Clark County have the Handtevy App and System for Children. We would like to look at maybe instituting that statewide to try and improve our survival and neurological survival outcome of pediatric arrests. I would like to work with people to see how we can move that initiative forward and do initial training. We can host the training here for anyone in the state and have the hand heavy people come out and then look at some grant opportunities to help all of the agencies that want to participate and get involved with that.

Sandra Horning: Susie, I think that's a great project and a great initiative. Jay, you had something to say.

Jay Fisher: Well, I wanted to second Susie's interest in the hand heavy. I think that has taken the country by storm and it's kind of surpassed Boslow system in many prehospital settings. I agree with that I've also been happy to see Doctor Horning show an interest in utilizing this forum to promulgate a tighter and more robust child abuse prevention and intervention team. I've been working with the group from Primary Children's University of Utah to have them connect with us to use their expertise to help the state of Nevada get up to the state of care with regards to their prevention, intervention, and treatment efforts.

Sandra Horning: I included in the documents that Mike sent out a copy of one of the documents that we actually sent out in the state on recognition of child abuse and some of the laboratory values that are helpful and modulatory testing radiology tests that are helpful for our people in the state that take care of children that are victims of child abuse. I totally agree that this is an initiative going forward that is very important for our state. A copy of that document, if you haven't seen it, is in the copy of the documents that we have sent out.

Michael Bologlu: Sandra, this is Mike, and your documents were wonderful. Would you like me to share those? We can take a look at that for those folks that may not have them readily available for them.

Sandra Horning: That would be great.

Michael Bologlu: One second.

Andy Eisen: Yeah, while you're doing that, this is Andy Eisen. I just want to say two things first,

specifically with regard to the child abuse assessment treatment protocols. You know, it's a project that I have been trying to get rolling for several years now and I just can't thank Sandra enough for all the work that she did on that. A lot of folks participated in that process, but no one put in nearly the kind of effort and time that Sandra has been able to put together for the documents that Mike's pulling up. I think they're a great step forward for us in terms of how we identify and manage kids who may be victims of abuse and neglect across the state. There's a lot more work to be done, but it's a huge first step. The other thing that I just wanted to mention while I got the floor and we're talking about our purpose, and I think you know, is related to what the national mission is as well. I think for me the purpose of this entity has always been to improve the access to high quality pediatric emergency care for children throughout the state of Nevada. You know that there's obviously two pieces there: one of them is to continue to elevate the quality of care that's available, but also to ensure that children everywhere in the state, whether they're in dense urban areas, the suburbs or out in the rural parts of the state, that all those kids are able to access that high quality care.

Sandra Horning: Yeah, that's excellent.

Irene Mavis: Hello this is Irene Mavis. Doctor Fisher asked me to jump on the meeting and I'm waiting to get into the waiting room for Microsoft team. Otherwise, I can just hang on the phone if that's not possible. Thank you. Sorry to interrupt.

Sandra Horning: Thank you for being here.

Irene Mavis: Thank you. Thank you. I'm sorry to jump in late. He just contacted me and asked me to join the meeting.

Michael Boglu: This is Michael. I do not see once again anybody waiting to get in the meeting. I would try to attempt to leave the meeting on your computer and rejoin to see if that'll give me the prompt to admit you.

Irene Mavis: Thank you. Sorry for the interruption. I'll try again. Thanks so much.

Sandra Horning: No worries and thank you guys for your kind words. It was really a great joint effort. I just wanted to bring up a few topics to discuss as we go forward in addition to the great ones that everybody brought up here to look at the direction that our committee should go. Mike, if you could pull up those documents again? That first document that you had there about pediatric status epilepticus. This is an example of something that is already published by the EMSC improvement folks nationally. It is a document that's one page that's included free hospital in the emergency department. They have several of these and one of the reasons that I'm fond of this is it's free and I am really big into free. We can distribute things like this through steps throughout the state. Through the system that we already have. I don't know how everybody feels about this kind of thing, but this is one example of the document they they've already produced. That I think might be helpful for us to consider putting out through the EMSC and I welcome any comments here.

Jay Fisher: Yeah, our intensive care group here at ESMC Children's has been promulgating this type of plan for some time here and I think it's improved care significantly here at our facility. I do agree with you Sandra that this should be standard that all prehospital EMS providers are following. It takes a level of aggressiveness clinically. It's difficult to get novice providers, the people without a lot of reps, to use this as you know as aggressively as you need to because it does have the potential to create more

pediatric prehospital airways. That's always the potential downside but it's been studied carefully throughout the country and looks like it can be used safely. I think it's a great step forward in the care of emergency care of children as this is likely most frequent and most common through pediatric life-threatening emergency on the community prehospital.

Susie Kochevar: I have a question. I know that not all of the agencies carry pediatric size. If we could look at that for airway management because we know pediatric incubation prehospital is so few and far between that if we take this to Southern Nevada Health District to be adopted into the SNHD EMS protocols that we might couple it with advocating that all of the agencies have pediatric LMA capability.

Jeremy Sonenschein: Hope you can all hear me. Anyways. Just wanted to put my few cents into this. I think that you all know I agree with what you're all saying, and you know I'm an EMS educator. I worked in the field for many years, and I think one of the biggest lack or a big problem is that lack of training in pediatric care. I think it's great and know everything you guys are talking about. When I teach classes, I try to really push that more so any information I can distribute to students when I'm teaching again is helpful.

Irene Mavis: This is Irene Mavis. I'm still getting into teams, but if I could just add, I think Doctor Fisher asked me to join because I'm the Nevada coordinator for the Western Regional Alliance for Pediatric Emergency Management working with those with Dr. Fisher, Dr. Cools and Dr. Sakib at UMC in particular. One of the things that I can provide through Doctor Fisher is a document that we developed called Adjusting Time Training Manual for Non-Pediatric Physicians to Use During a Disaster. It's a very comprehensive, detailed training manual to get folks who are not used to dealing with children familiar with what the techniques, tools and the methodologies used to treat children as well as some of the medications that can be used in an emergency. We also are working on a medical countermeasure for Pediatrics for exposure to chemicals and radioactive materials and a number of other products that I'm happy to provide through Doctor Fisher to have them available. I just want to interject that because you were talking about very similar topics and can be a contact at that level. I'm happy to provide any resources that may be helpful to you as a group. Thank you.

Sandra Horning: That would be fantastic. Thank you so much.

Irene Mavis: Sure.

Sandra Horning: As we all know, the vast majority of children across the country are not cared for by Peds trained physicians. They're cared for by adult trained physicians so that would be very help.

Irene Mavis: Sure, and you're free to distribute that manual to any of your hospitals that you work in. This manual has actually gone so far as to be helpful to physicians in Ukraine and the countries around Ukraine in dealing with the pediatric patients that they're dealing with in very dire circumstances of course. If we can get it there, we can certainly get it across Nevada. Thank you.

Sandra Horning: Awesome.

Sandra Horning: A few other things for us to consider, one is the EDP's recognition program. I don't know how many people are familiar with this, but in other states this has been adopted through EMSC and it's actually a program through which you can be designated a PEDs Ready Emergency Department. Based on the level one, two and three, depending upon which level you would like to be. The beauty of

this program is that it gives people a chance to look through all their equipment, see what they need, and develop a case review process for looking at all the cases that come through. It really does increase the level of care going through the process. I included some documents that show you what those criteria are for the different levels. In the states where I participated with this, there's a group of people, probably a lot of people from this committee that go and do a survey of the hospital once they say they are ready for the survey. Then if they meet the criteria for those different levels, they are designated to have an increased readiness level. There are many hospitals in the Las Vegas area which are the ones I'm familiar with who really would like to participate in something like this. I would like to open this for discussion with the committee and other states where we've done this. We have the hospital pay a fee to do it so that you know it's not something that's coming out of our budget that we get from the national folks to cover the expense of doing it. Then it's people from the committee that would do the reviews and then do the designation.

Jay Fisher: Yeah, I think this is a great effort as well and something that the Wrap-Em project has been involved with. Dr. Marianne Douche Hill is on the Wrap-Em committee and she's one of the founding physicians on the Peds Readiness Project. This is all overlapping with some of the similar work we're doing with rapid, which is why I wanted Irene to be involved. I think the thing that we've tried to do like this in the past over the years here where we've fallen down is the follow up. We've initiated the process, we've given hospitals a chance to elevate their care, and then the process of reevaluation has falling through. I think some of that has to do with lots of turnover in leadership at facilities over periods of time, but that's where I would say that we need to focus our attention with the Peds readiness project now. They do fairly frequent surveys so that's what I would recommend EMSC be involved in. Perhaps every 24 months or something like that taking another look at these facilities and seeing if they're getting to where they said they wanted to go.

Irene Mavis: Doctor Fisher, this is Irene again. Has the checklist from the EMSC group and Wrap-Em ever been distributed to this group?

Sandra Horning: I have it in these documents.

Irene Mavis: Oh great. Thank you. I'm Sorry. I just wanted to make sure you had that checklist because it really helped in identifying gaps and what you need to do to get to that next level of certification. Thanks.

Sandra Horning: Exactly. These are right. We're scrolling through the documents that are from the child abuse recognition documents that was put out to the state and then we also have that readiness list in there as well. Another avenue that I think we should explore is that there are a lot of people who are doing a lot of work on SIM education for prehospital and ED people. And once again, this is my favorite topic because it's free. A lot of these SIM Apps and situations that have been developed by a lot of our PCM programs give you the capability to teach someone the SIM so that it can be done anytime of the day or night. You can have one person do it remotely or you can do it in person. There doesn't have to be a lot of equipment. There are scenarios that are there that people can go through. Then there's a section where you can teach someone how to be the teacher, which is really nice for prehospital education when you're training paramedics and for people in the emergency department. I wonder if the committee would be interested in looking at that through the state because here again it's free. There are really good case scenarios that are very common things that you see in a nonjudgmental environment where you can go through the scenario and come to the right conclusions about care.

Jay Fisher: Yeah, I think that's a great idea, Sandra. I think it's really forward thinking, and people have to practice. We have a robust simulation curriculum here with the pediatric Emergency Medicine Fellowship. This is training that we're providing for pediatric residents and fellows but would be pertinent also for prehospital providers and emergency physicians and nurses from other locations. I can get one of my third-year fellows, Dr. Walkers. I'm taking the lead on that this year. If anybody from this committee wants to that's in the Southern Nevada part of the world. Sit in on one of those sessions and watch what we do with simulation. We have pretty high-fidelity simulation models here at UNLV and we'd be happy to host you at least to see what we're doing. I think anything that makes you go through the mental exercise of thinking through a case, that's the step in the right direction: familiarizing yourself with doses, equipment, and differential diagnosis conditions. That's all great stuff.

Sandra Horning: Awesome and some of these are even on YouTube. You know this, they're really accessible. That can be pulled up anywhere anytime.

Doug Oxborrow: is there a place online or a way that we can get more information on the simulated educational possibility?

Sandra Horning: Actually, American College of Emergency Physicians has a SIM box section which gives you information about simulations for adult and ped. Doug, I can show you where that is.

Doug Oxborrow: Thank you.

Sandra Horning: And then finally, I wanted to talk a little bit about urgent care education. You know what I see from working here is that seems to be an area that we could develop more because sick children come into those areas as well. They don't have all the resources that some of the rest of us have and helping them to decide what to do and who to call and when to transfer I think would be very helpful as well. I don't know how I feel on that subject.

Andy Eisen: Yeah, Sandra, this is Andy Eisen. I'm very much with you on this and I think that you know that for me was a few steps down the road from what we started with the child abuse assessment with the idea being to provide some standards to share with folks out in the urgent care. Again, you know the kids rolling into those urgent cares and you've got internal medicine docs, family medicine docs or even occasionally residents who might be covering in there. You're just providing some guidelines that don't worry about what the diagnosis is but if you see you know something on this list you really need to get this child to a Pediatric Center for evaluation. You know some of those things that particularly the adult docs don't always consider when we talk about kids being especially fussy or lethargic. They're used to dealing with adults who were always fussy and lethargic, so it doesn't really mean a whole lot to them. When we see lethargic infant, that's a big worry for us and being able to start developing some of those kinds of lists of red flags. Frankly, it would be a good place to start.

Sandra Horning: I agree and then finally I wanted to discuss our presence in the state. I feel like you know EMSC should be in the forefront when discussing matters when it comes to pediatric emergency care. I don't know in the past if we have ever developed a logo or anything like that. I know I came from the state of Alaska, and we had our own little logo for EMSC Alaska. The little polar bear and I don't know how the committee feels about establishing more of a personal identity as an EMSC for the state.

Jay Fisher: Sandra again, I agree that the need for more visibility. You know Nevada because of its wide

gaps of space. We sometimes operate in silos, so you know something that's a branding of the service you're trying to provide. Something that's emblematic of your efforts and is a really good idea. I got Doctor Ray here looking up different mascots for us that we could possibly use for the state of Nevada. I mean, like a "scorpion". But then I thought, "no, that wouldn't be any good".

Sandra Horning: I'm just thinking cactus.

Jay Fisher: But I think it's important because, for example, the Southern Nevada Health District is a very strong community entity. They're sort of carry the big stick around here, but they certainly are willing to listen to a Nevada EMSC organization that represents the entire state so that the tail doesn't wag the dog as it were with regards to children. I think that's a great idea we'll get to work on it.

Sandra Horning: Having been to some of the meetings that Southern Valley Health District for EMS, when we talked about some issues, I totally agree with you. I think it would be a good thing for us to establish it as the state and then be a voice and talking to these other agencies about what the needs are. If you guys can come up with a mascot, I don't know. Jay, would be pretty cool. That would be great.

Andy Eisen: Yeah, I'm listening. This is Andy Eisen again. I don't want to be the one that splashes cold water on this, but I'm going to. I, by the way, like the scorpion too. We just need to make sure that we are very cautious about developing any sort of marketing or branding because we are a beneficial state entity. There's a lot of rules around that and there's lots of people who would have to sign off on that. I just don't want us to get too far down the road before we get a good handle on exactly how that would have to happen and not get folks in trouble for it. I think it's a good idea for us to find a way to develop that visibility in that presence, but we've got to do it in a way that is sanctioned by the state. It may require some conversations that Mike has with folks in the department about how that can proceed.

Sandra Horning: Yeah, that's a good thought. Maybe you can find out because a lot of other states have done this. You know how they accomplished it and what we had to do in our particular state to accomplished it.

Susie Kochevar: Doctor Horning, Susie Kochevar again. I like Dr. Eisen's input but I'm wondering if we go back to what you very first started with. You talked about the national mission statement for EMSC that maybe we start with providing our own Nevada mission statement to really drive what we want to do. I wanted to take the opportunity to thank all the physicians who are interested in participating in emergency prehospital education and projects where we haven't had a lot of that interest before. Now we've got some traction to really move forward in the state and I appreciate all of you so much.

Sandra Horning: Thank you, Susie. There are a lot of us, including me, who really are interested in free hospital education. I agree with you. I think we need our own mission statement so that we know which direction we're going. One of the things that I thought about was every child, same pediatric emergency care. I think that we should think about that and get all the good recommendations and ideas for our mission statement. Alright, so let's talk about homework. We need to think about a logo as we look into whether or how we can accomplish that. Having more of a mobile presence in the state. We all need to think about what our mission statement should be. Then I think that we need to prioritize all these good things that we had talked about as to what do we think we should try to accomplish first. Then we can do more than one but how we want to go about accomplishing some of these ideas and goals. Mike and

Doug, I'm going to ask this again. Are we allowed to use something or some sort of administrative app for us to talk about ideas if we're not making any final decisions about them or does that all have to be public? How does that work?

Michael Bologlu: Sandra, this is Michael Bologlu. For open meeting law, we can't. We can't have three or more members working on a specific project without it being in the meeting. We can certainly break up the work and work group. If you know a couple people who want to start putting together maybe eye gel equipment, training, or the hand heavy and then we have a few people we can spread people out. We just need to ensure we don't have three or more members of the committee working on a project at the same time because that will be a breach of open meeting law.

Sandra Horning: Okay. Then let's put a fourth homework. If people could decide if there's one of these projects like eye gels, the PDP's recognition program is working at Sims, urgent care education, or visibility branding. If you have a passion that you would like to help with, you could let us know. That would help as well as we start to work on these things.

Susie Kochevar: This is Susie Kochevar. Can I volunteer to be on the handtevy project?

Sandra Horning: Perfect.

Susie Kochevar: Yeah.

Sandra Horning: Right and then other people, when they decide if they want to try to look at something and work on it, please let Doug know. Then we can start that process. Alright, any other comments, suggestions, criticisms, or Ideas?

Michael Bologlu: Michael Bologlu, for the record. Sandra not much of another idea, but I do have some good news. Doug was recently offered a state funded position. He'll be a full-time state employee and this is going to really open up a lot of funding out of this program to tackle these projects. On average, it was about \$70,000 to pay the salary for a year and we get \$130,000 a year. So that's a large chunk. Almost 60% of our funding went straight to salary that will now be opening up. In the past we've been very limited to doing one or two small projects a year because of funding but moving forward we should be able to allocate a lot more of that funding for these projects.

Sandra Horning: Awesome. Doug, would you mind talking about the conference and then also your good work on the information about only weighing children in kilos?

Doug Oxborrow: OK, I'll start out with item number 6. Prior to doing that, I wanted to thank you Dr. Horning for spearheading and getting things moving forward. I agree with everyone's consensus that things have been small and slow moving. I certainly welcome the traction that you've given this right off the bat at our first meeting with you being the chair. I certainly applaud that and thank you for that. Last month the 20th through the 24th was the NASEMSO conference in South Carolina in Charleston, SC, and the PEC Council also met for three days. It was a very good opportunity to see what the other EMSC managers are doing. Seeing the programs that they're putting into place and actually being able to network with people that are successfully moving forward in the EMSC world. That was probably the biggest take away out of it was meeting the people and then getting my arms wrapped around a lot of assets. Assets as in the people, the states. What they're doing and being able to get my hands on

literature and look at some of the different programs and things that they're putting into effect. That was a very good thing to be able to establish a baseline based on what the other states are doing as we move forward. The other part that you wanted me to speak on is a flyer that I put together along with Dr. Horning and got her to approve it. Based on weighing your pediatric patients and the mistakes thereof. The number one challenge that there is in the hospital environment for pediatric patients as far as mistakes that can be made is in weighing them. Weighing them in pounds and then recording it in kilograms vice versa where the United States and everybody thinks in pounds even though pediatric patients have to be weighed and recorded in kilograms. There can be a disconnect there and we developed a piece of literature that we want to get out to the providers as well as the hospitals to educate them. Get everyone thinking about that challenge and be able to alleviate it a little bit. That's all.

Sandra Horning: Thank you. Any questions? This Weight in kilos is a national agenda item because there have been fatal mistakes made where a child was weighed in pounds, and it was mistakenly put in as kilos. A lot of parents want the weight in pounds for the baby books because we are not in tune to kilograms. It's a big push to try to get it so there are no scales that can weigh in pounds or if there are, they are turned off. That those mistakes aren't made. Agenda item number seven, our next proposed meeting dates. Does anybody have any issues with those or any questions?

Doug Oxborrow: Just because of the timeline involved, I will suggest October 20th if that fits with everyone else's schedules.

Sandra Horning: Then we'll just plan on that date. Then item number eight, public comment. Do we have any other public comment?

Irene Mavis: I just wanted to say thanks for letting me crash your meeting today and thank you Dr. Fisher for the invitation. I wanted to offer my services to this group. If there's anything I can assist you with. I am the Nevada coordinator for Wrap-Em and I'm happy to help in any of the areas that we are covering within that group and happy to provide you with detailed updates in the future if you like. I also am the former assistant emergency manager for Clark County, Nevada and have a lot of background in emergency management, emergency preparedness and other related activities. So, I'm happy to help out anyway I can. Dr. Fisher, Dr Horner, please call on me as needed. Thank you.

Sandra Horning: Thank you.

Bobbie Sullivan: Madam Chairman, Bobby Sullivan for the record.

Sandra Horning: Yes.

Bobbie Sullivan: I'd like to offer information for those folks that have not had the opportunity to be aware that the University Nevada School of Medicine sponsors a conference in their rural outreach program. It is primarily held in Elko simply due to logistics and the cost to offset the funding for that project. That being said, part of the funding comes from the EMSC grant and I would like to just let everyone know that this year's upcoming conference scheduled in Elko will be September 15, 16 and 17. We have sent out one round of flyers to the providers, and we're getting ready to send out another one, and those will come with CE's attached.

Sandra Horning: Awesome. Thank you. Do you mind sending me the flyer too? I would love to see it.

Bobbie Sullivan: Absolutely. Mike and Doug handle our listserv. We'll be able to get it out that way.

Sandra Horning: Thank you. All right. Any other public comments?

Michael Bologlu: Molly. Whenever you get a second. I don't know if you have my e-mail. I know Jay has my contact information. Can you please send me your phone number and contact information so I can get all that squared away? Christine, I have all your information, so you are good to go.

Molly Ray: This is Molly Ray for the record, yes, we'll get my contact information to you absolutely.

Sandra Horning: Awesome. Do I hear a motion to adjourn?

Michael Bologlu: I'll make a motion to adjourn today's meeting.

Sandra Horning: And a second?

Doug Oxborrow: I second that motion.

Sandra Horning: Any opposed? All right, then. The meeting is adjourned. I'll just let you know that you guys don't know me really well at this point, but you'll be hearing from me. We'll talk again at our next meeting in October.

Christine Forsberg: Thank you.

Michael Bologlu: Thank you everyone. Have a great day.