

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

MINUTES

November 12, 2020 Carson City–1:00PM

(Teleconference only)

MEMBERS PRESENT

Andrew Eisen
Michael Bologlu
Yvette Wintermute

Jeremy Sonenschein
Jay Fisher

Bobbie Sullivan
Darlene Amarie-Hahn

ABSENT

Susie Kochevar
Shane Splinter

David Slattery
Don Pelt

Stephanie Mead

IN ATTENDANCE

Dale Carrison
Lacey Parrott
Jordan Kohler
Joe Kamman

Jenna Burton
Christina Turner
Douglas Fraser
Pierron Tackes

Karen Beckley
Steve Towne
Marc Pinkas

1. Roll call.

There was a quorum.

2. Public Comment.

There were no public comments.

3. Approval of minutes from the meeting of the EMSC Advisory Committee on July 16, 2020.

MOTION: Dr. Jay Fisher motioned to approve minutes from the meeting on July 16, 2020.

SECOND: Michael Bologlu

PASSED: Unanimously

Darlene requested the following changes be made to the July 16, 2020 minutes:

- a. On item number two Darlene Amarie-Hahn is referred to as a State employee but she was no longer a contractor for the State. Michael said after reviewing this item it states that Darlene is no longer a State employee and that he is acting as the EMSC Program Manager, so the item is correct.

- b. On item number three Darlene was referred to as the “EMS Program Manager” and it should be “EMSC Program Manager.” She also said “addresses” should be “addressed” on this item as well.
- c. On item number five, and elsewhere, Yvette Wintermute’s name needs to be corrected.
- d. On item number seven Darlene said she did not hold the role of EMSC Representative for the EMC Advisory Committee, but that she was in line to hold that the role and the word “help” needs to be changed to “hold.” Dr. Andrew Eisen said this is referring to what was actually said in the meeting, and even if incorrect, should reflect that accurately but agreed “help” needs to be changed to “hold.”
- e. On item number seven “EMS Program Manager” should be “EMSC Program Manager.”
- f. On item number eight “EMS Program” needs to be changed to “EMSC Program.”
- g. On item number nine, in the motion, it should be based on unexcused absences and not excused absences.
- h. On item number nine “and were the want to be” needs to be changed to “and where they want to be.”
- i. On item number fourteen “MES Program” should be “EMS Program.”

Dr. Eisen asked Dr. Fisher if he would accept and approve those changes requested by Darlene, Dr. Fisher approved. Dr. Eisen asked Michael, as the second, if he would accept and approve those changes. Michael agreed and approved the changes.

4. Discuss and make recommendation on filling the EMSC Project Director vacancy.

Dr. Eisen asked Michael if he would provide some background on this vacancy. Michael explained they actually do have a new EMSC Project Director as this position is always filled by the current EMS Program Manager. He said as of a month ago, Bobbie Sullivan, who was the committee’s ex-officio member as the data manager, took the promotion and is now serving the Nevada EMS Program Manager. Michael said Bobbie has been in EMS thirty plus years and has been with the EMS Program twenty plus years, so she has a lot of experience within pe-hospital care within the entire state. He said the program is happy to have her. He asked Bobbie if she’d like to introduce herself to the committee. Many of the committee members congratulated Bobbie on the promotion. Bobbie thanked them. Dr. Eisen asked if Bobbie would like to add anything else. Bobbie said would like to add that Michael and Darlene have done amazing work with this project and with what Michael has had to take over with handling all the grants and all the other projects he has put a lot of time into this. She said Darlene has done a lot of really good work and she wished she was still part of the project. Bobbie said she wants to see this project keep moving forward and doing positive improvements for children’s pre-hospital needs within Nevada and she thinks there is a great team together to do that. Darlene thanked Bobbie. Dr. Eisen said thank you and welcomed her to her new role. Dr. Eisen asked if the committee needed to take any active to approve this appointment. Michael

explained Bobbie was automatically picked by Health Resources and Services Administration (HRSA) when they were informed that she was the new EMS Program Manager, so no action was necessary. Dr. Eisen asked if there were any addition public comments. Dr. Dale Carrison complimented Michael because he provided some updates on the grants and activities of the EMSC Committee to the EMS Advisory Committee at the last meeting and he thinks he did an outstanding job on bringing that committee up to date in regard to the EMSC projects. Michael and Bobbie thanked Dr. Carrison.

5. Update on the COVID-19 Pandemic’s impact on EMSC operations, i.e., the “release” of the EMSC Program Manager from that position, effective July 1, 2020.

Dr. Eisen asked Michael if he had an update on this item for the committee. Michael said yes, and said as the committee knows, unfortunately the EMS Program has lost Darlene, who was the full-time EMSC Program Manager, due to several factors. He said unfortunately with the on-going state budget issues it does not look like they will get approval to hire a full-time contractor to fill the position for an undetermined amount of time. He said its not the news they wanted to hear but they will work through it and do their best to handle the upcoming projects. He said not having somebody that can dedicate forty hours a week, sometimes more, is a pretty big loss to this program. He said hopefully in the near future they can get approval to hire another full-time employee to take over this position. He said he or Bobbie will notify the committee as soon as they hear anything, but as of right now its looking fairly bleak as far as hiring another full-time contractor. He said they’ve dealt with this issue before and they will deal with it again. Darlene commented that it is mindboggling to her because this contracted position’s salary does not come out of Nevada’s state budget. She said the salary is paid for out of the Federal budget by the grant, so it makes no sense to her in her opinion. Dr. Eisen said they will continue to try to make some progress there and hopefully this is a decision that can get reversed sometime in the near future based on that argument. He said the challenges that the state is facing regarding budgets are serious, but are not directly related to this grant and it doesn’t make since to undercut their own ability to fulfill the requirements by cutting a position that doesn’t really cost the state anything.

6. Discuss guidance and make possible recommendations on recruiting additional ex-officio committee members as recommended by the HRSA.

Dr. Eisen asked Michael if the child death review position was the main position they were looking to fill and asked if they were missing any other positions. Michael said the list for HRSA was quite extensive. He said he thinks Darlene would more than likely have more experience researching this that he does, but from his recollection, they need Paramedics with a Fire Department, Volunteer Firefighters and Volunteer EMS Responders. He said they are trying to get more people on to the committee that would be champions for pediatric care and who truly care about the care that children are receiving in this state and want to make that better. He said the committee had talked about members reaching out to those they felt would be a good fit for the committee and inviting them to join. He asked Darlene if she remembers the list of positions since he

had not looked at the list since the last meeting. Darlene said as she recalls there were about sixteen positions. She couldn't recall what the actual positions were since she didn't have the list at the time. Dr. Eisen said he thought they had discussed distributing that list to the committee members so they can review the positions. He said he doesn't remember receiving that list, so he asked if that could be sent out so they can identify those positions. He said he remembers talking about the child death review position specifically and that there are two child death review meetings coming up so he will raise that there to see if he can round up someone who has experience with child death review to fill that position. Michael said he would try to get that list sent out to the committee before close of business that day. Dr. Fisher asked which roles they are specifically looking because he has a new nurse manager with quite a bit of EMS and EMSC experience. Dr. Eisen clarified that would be the list that Michael will be distributing later that day, but if there is someone that has a lot of experience and is interested in participating in the committee they will find a way to get them involved and add them to the committee whether they fill one of those positions recommended by HRSA or not. Dr. Fisher said he would double check with her. He said she is fantastic and has about thirty years of pediatric and pediatric emergency experience and EMS experience prior to that.

7. Update on 2020 EMS-agency survey data (distributed when available following “data cleaning” by the sponsoring organization, National EMSC Data Analysis and Resource Center (NEDARC), relating to improving outcomes for Performance Measures 02 and 03.

Michael informed the committee that there has been no change in the NEDARC data dashboard. He said they are still cleaning up the data from the survey that was done and received at their last meeting. He said they are gearing up for the 2021 hospital preparedness survey, which will go directly to the hospitals, and he has spent the last week and a half with the NEDARC representative to ensure that all the contact information for each one of the hospitals is correct, so when they send out the survey they can try to accomplish what he and Darlene were able to accomplish with the last survey, which was 100% response rate. He explained this is where the EMS Program loses some of their power to enforce the hospitals to complete the survey because it has no regulatory authority over the hospitals, so he may be reaching out to the Doctors and Physicians of this committee to help him complete this survey because they know the point of contacts for the hospitals that would be appropriate to answer the survey. He said what he found difficult last time was that people thought he was cold calling hospitals to try to sell them something. He said when you have somebody who is actually known it tends to be a lot easier to get people to complete these types of surveys. He said the survey is supposed to be launched February of 2021 so there is about two and a half months before they are expected to start that survey. Dr. Eisen said they can certainly help make sure they make direct contact with the leadership in the emergency departments in the valley health system. He said he's confident that Dr. Fisher can help with University Medical Center (UMC) and St. Rose Hospital and asked him if that was correct. Dr. Fisher said yes, but

they are no longer with St. Rose Hospital, but he has a good relationship with the Director there and also at Sunrise Hospital and he can help make sure they participate. Dr. Eisen said he is confident that they will get cooperation from the pediatric emergency departments, but he wants to make sure they get participation and responses from facilities that don't have dedicated pediatric emergency departments. Dr. Carrison asked if that will include the Northern Nevada hospitals. Dr. Eisen replied yes, it will be state-wide hospitals. He said he can't help a whole lot with the hospitals in Northern Nevada but anyone that can would be great. Michael clarified that it is every facility that is recognized as a hospital will be asked to take this survey. He said there are a few of them like the new free-standing emergency room in Reno, Nevada that will now be asked to take this survey as well.

8. Update and discuss guidance from the Advisory Committee in planning strategies, to be developed and implemented over the remaining SP-Grant year (ending 3/31/2021), to assist Nevada in achieving HRSA-mandated targets for the nine Performance Measures.

Dr. Eisen asked Michael if there is anything specific that they are looking for on this item. Michael said no there isn't anything specific, but that he personally had an idea but that's not to say that someone else in the committee can't come up with a better idea. He said for some time he and Darlene were considering purchasing pediatric restraint systems that attach to the ambulance gurney. He said as Darlene left, he pursued that option more and discovered the obstacle they are running into is there is no National standard testing for any of these products. Which means there's no way to necessarily know if they are safe. By the state's perspective of things, they can't purchase equipment that they don't know and can't validate is safe and appropriate for use. He said the National Association of State Emergency Medical Services Officials (NASEMSO) have formed a Safe Transport Committee, which he is serving on as well as the Pediatric Emergency Care Coordinator Counsel as the Nevada EMSC Program Manager. He said currently, those committees are trying to allocate funding for this National test. So what he was thinking about doing was to request that HRSA carryover this years funding into the next year's budget in hopes that when they start this testing, which from what he has heard would start sometime in 2021 and be completed by 2022, so they can compile multiple years of funding so they would have the opportunity to buy every ambulance within the state, that doesn't already have one, a five-point pediatric restraint system. He said many of the members may already be familiar with the Pedi Mate and the Ambulance Child Restraint (ACR4) systems. He said those are probably the two most popular systems being used by EMS within the United States right now, but there is no way to know which ones will fail or pass the test. He said this is an extremely expensive endeavor and he explained one grant year they could buy about half of the equipment for ambulances within the state who are currently permitted by the Nevada EMS office and those permitted by the Southern Nevada Health District (SNHD.) He said this was his idea for this performance measure, but he is happy to hear any other suggestions and/or concerns. Dr. Eisen asked what is the amount of the remaining funds that they are talking

about that they would be asking to have carried over. Michael said it is approximately \$65,000 to \$70,000. He explained these funds were intended to pay for the full-time EMSC Program Manager position but now that no one is filling it they have that extra money in the budget which they were able to transfer over to supplies which gives them the ability to buy anything that reflects progress towards our performance measures as a committee. He said the equipment cost per restraint runs anywhere from \$380.00 to \$800.00 depending on what system you want. Dr. Eisen asked what they think the likelihood would be for an approval from HRSA to carry those funds over to the next grant year and are they running a risk that they would deny the request. Michael said when he spoke with the HRSA representative they had no issue with it at all. He said the carry over requests are pretty routine and that every program does them from year to year. He explained you can carry over 100% of your funds from year to year to pay for a big project and people do that commonly. The only thing that Michael said would need to be done is to put in that request earlier rather than later and informed the committee that carry over requests are due at the end of January, so they need to make that decision as soon as possible and if they don't make that decision they would need to use those funds now or they will lose that funding. Dr. Eisen asked if they request the carry over and it is granted but they end up not being able to use it for this specific purpose would they be able to use it to purchase different equipment. Michael said in HRSA's terms, yes, but if for example the National testing wasn't completed by the end of the next fiscal year, which ends March of 2022, they can submit a change request form to HRSA to let them know they have a change in strategy that year. They would need to get approval from HRSA, but they will approve it so long as the new path is still moving toward progressing the performance measures. Dr. Eisen asked if it is anticipated to have that National testing and some guidance in the next year or could it take longer. Michael said yes, it is anticipated. He said he went to an Annual NASEMSO conference and was informed the testing was supposed to start within six months and they were trying to get a complete list of products that passed the test within the first twelve months of that trial, so they are looking at an eighteen month window. He said it would be unfortunate to carry over the funds again but if the testing was delayed a year, they could ask HRSA, who is well aware of the Safe Transport Committee and testing, to carry over the funds for another year. He explained they would need to make a good point as to why they still need that money, what they are planning on doing with it and why it needs to be carried over again. So, if they needed to, they could carry over the two fiscal years funding over into the third fiscal year. Dr. Eisen said one of the priorities is the transport protocols and this directly ties into that and that it's important to make sure there are transport protocols in place but also that they are ensuring that the EMS services are properly equipped to comply with those transport protocols in a safe manner and is in favor of Michael's proposal. Dr. Eisen asked if any other committee members have other suggestions. Hearing none, he believes all members are on board with what Michael suggested and thanked him for the clarification that they are not taking a risk on losing that funding by requesting carry overs. He said he thinks it is important to use those funds to support the full-time position but given the restriction he thinks this is a reasonable and safe pathway

to take considering they have to make this decision. Dr. Eisen asked that the committee be informed along the way on the progress of the carry over and testing.

9. Update on distribution of remaining pediatric-equipment kits.

Michael said there is no update for this item at this time. He said all of the pediatric-equipment kits have been distributed to all of the EMS services and training centers.

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

Dr. Fisher said they have been doing a lot of work on WRAP-EM. They have had several webinars where they had pediatric surgery and EMS involvement from facilities around the country discussing how to optimize Mass Casualty Incident (MCI)/ No-notice Events across the western states. He said there has been involvement with these webinars from the Massachusetts Boston Bombing Response team at Mass General Hospital and Southern Connecticut Hospital responded to Sandy Hook, as well as people in San Francisco and all through the west coast, so that is going very well. He said he spoke on a National web cast on the interplay between flu and COVID-19 on children as well. He encouraged everyone to go to the WRAP-EM website to take a look at all the stuff that is going on. He said he thinks the best thing that has happened is all of the connections that he and Dr. Kuhls are making include location EMS agencies, people in Salt Lake, Phoenix, Tucson, Los Angeles, San Diego and creating a rolodex of resources in case they need help. He mentioned one of the connections has been a group out of University of California, Los Angeles (UCLA) that is doing this thing that is called Side Start, which is a phone-based triage system and resource distribution system to attend to the psychiatric and mental health needs when it comes to disaster and children. He said the psychologist that is in charge of this has rolled the system out to EMS systems all around the country and he is wondering if that is something that Nevada EMSC might be interested in as well. Michael said absolutely, stating they are always looking at new avenues and project to take on and he asked Dr. Fisher to send all of that information to Bobbie, Jenna Burton and him so they can brainstorm on it. He said ultimately its going to come down to whether one of them has the time to pursue that because right now is the office's busiest time of the year, but he would love to take a look at it and see what they can do. Dr. Fisher said he would get that information sent out and said it's an interesting program and its garnered traction in different areas of the country. He said it's a pretty no non-sense and quick way that people can triage the mental health fall out that could occur from disasters. He said they've used it for the fires in California, mudslides and a few other things as well. Michael thanked him for the information and said he looks forward to receiving addition information. Dr. Eisen thanked him as well. He said it often helps to keep this kind of communication open so that they can elevate the standards across the whole region and not just have everyone work in isolation, so he appreciates all the hard work he, Dr. Kuhls and the rest of the team are putting into this.

11. Public Comment.

Dr. Carrison told the committee that he is the only physician representative for the EMS Advisory Committee, and he has noticed there are at least three on this committee and he found that interesting. He also said he didn't feel blindsided coming into this meeting because of Michael's EMSC update at the EMS Advisory Committee meeting. He said the paramedic education for EMSC is so important because the only rotations that the paramedic students in the north get are Intensive Care Unit (ICU) and in-hospital rotations, so they're not getting exposed to a pediatric emergency department and he is concerned about the pediatric education from those rotations. He said they were able to get some significant grants this year for Western Nevada College (WNC) to put on a paramedic course and their first class will finish in December. He said they've been working through the difficult situation of having rotations in the hospitals with the COVID-19 situation. He said before COVID-19 he was working with Senator Rosen and Senator Maskell and their staff had indicated that they would be more than willing to help us with the grant process and then COVID-19 happened, and everything got confused. He thinks this is an avenue that they should pursue again once the election is over because there are significant grants available and our state Senators and their staff had committed that they would be willing to assist us as the State of Nevada, EMS and EMSC to get some of those grants. So, he would like to see the EMSC Committee and the EMS Advisory Committee commit to pursuing those grants as well. He said he thinks the coordination between the two committee's is very important, especially from an educational standpoint for our paramedics because rural Nevada has so little medical and their training is incredibly important to the populations that they serve. Dr. Carrison thanked everyone for their time. Dr. Eisen thanked Dr. Carrison for his comments and said its still going to be awhile before things get back to normal for the clinical education side for everybody. He said they are still seeing significant restrictions on the ability of medical students to partake in rotations, but he said if there is anything he can do to help the education for paramedic students to reach out to him. He said even after they are able to get the clinical rotations back to normal anything he can do to help he will. Dr. Carrison thanked him and said they have set up a classroom dedicated to zoom education and have tested it with one long distance student and it was very effective. Darlene said during the last committee meeting new by-laws were approved and she would like to know what the status is of them being signed. Dr. Eisen said he hasn't seen a finalized version of that yet and asked Michael for an update on that. Michael explained the new by-laws have to be signed by several people and then submitted to HRSA for approval. He explained the EMSC Program Director is filled by the EMS Program Manager and is one of the required signatures. At the time of the last meeting the EMS Program Manager position was vacant. He explained now that the EMS Program Manager position has been filled by Bobbie, they can get the rest of the signatures and submit them for approval by HRSA and will be presented at the next meeting. Darlene said she wanted to emphasize on Michael's contribution as acting EMSC Program Manager and express appreciation to him for what he is able to accomplish in addition to all of the other projects that you are

responsible for. Michael thanked her for the compliment. Dr. Eisen said he really appreciates Darlene putting that on the record. He said he can agree with her that Michael has done an excellent job during these difficult and strange times. Dr. Fisher explained he is using the teleconference line but asked if the state is also using a video platform of some kind. Michael answered yes and informed him the state is now using Zoom as their video platform, but for those that can't access Zoom, the teleconference line will always be available.

12. Announcement of next meeting date, and adjournment.

The next EMSC Committee meeting will be Thursday, January 14, 2021 at 2:00 p.m.
Adjournment was at 2:56 p.m.