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**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

 **NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**



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MEETING MINUTES
**Emergency Medical Services Children's Advisory
Committee**

September 5, 2024, at: 1:00 PM

Meeting Locations:

This meeting was held virtually via Microsoft Teams, by phone, and at physical locations.

Online Meetings Link:

<https://teams.microsoft.com/l/meetup-join/19%3ae78cf72165bd483599d7d469bdaef172%40thread.tacv2/1724687673092?context=%7b%22tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%2253347e15-3475-4489-aa99-3508b59a7890%22%7d>

Phone Number:

+1 775- 321- 6111 Phone Conference ID: 39-492-608#

Physical Meeting Locations:

Division of Public and Behavioral Health
4150 Technology Way, Room 301
Carson City, NV 89706

1. Call to Order/ Roll Call – Dr. Sandra Horning, Chair

Board Members Present:

Dr. Sandra Horning- Chair
Michael Bologlu – Vice Chair
Dr. David Slattery
Dr. Lloyd Jensen
Stephanie Mead
Bobbie Sullivan
Jeremy Sonenschein
Karah Smith
Zeb Nomura
Nicole Brown

Ex- Officio Members Present:

Irene Navis
John Mittelman
Kevin Haywood

Dr. Sandra Horning called the meeting to order at 1:00 PM

Roll Call was taken, and it was determined that a quorum of the Nevada Emergency Medical Services Advisory Committee was present.

2. Public Comment: No Public comment
3. For possible Action: Review and approval of the minutes from February 28, 2024, meeting.
 - Irene Navis motioned to approve
 - Jeremy Sonenschein seconded
4. Informational Only: Discussion and update of possible State of Nevada EMS-C initiatives – Sandra Horning, Chair
 - a. Handtevy training, funding and implementation- Michael Bologlu reports that we are very close to finalizing the subgrant to Handtevy for the pilot program in Las Vegas, NV. They completed the subrecipient questionnaire which needs to be approved by the Grants Division before I can submit; this seems to be the only thing holding up progress for the grant. We've been in constant contact with Handtevy, and we are close to the finish line. We are hoping to have approval by the end of the month, which is perfect timing along with the Handtevy class they will be teaching down in Las Vegas on the 10th. Nicole Brown reports she will be attending a dinner along with Suzie to meet with the Handtevy team and as soon as they get funding and start moving. Patrick and Nicole have started reaching out to everybody to discuss implementation and tasking.
 - b. Pediatric pre-hospital education resources to include development of Pediatric Resource Panel - The Pediatric ED Recognition Program needs to be developed and is important because we're going to have people apply for this and they're going to need help in discerning what they don't have and how we can help them. So, we will need some assistance in this category once we start doing applications. Dr. Horning believes it's a good idea to have a good perspective not only from the ED perspective but from Emergency Medical Services, especially because you see what's going on when you drop children off to it would be nice to get some volunteers so that we can get started. Even if we don't have the answers, we can direct them to places that know answers are. Feel free to email Michael Bologlu if you are interested and we can try and organize it.
5. Discussion and suggestions relating to recruitment of and voting on a new Pediatric Emergency fellow committee member. Dr. Horning reports that item # 5 will be skipped for this month and will be addressing this in November.
6. Emergency Department Hospital Recognition Program presentation: Dr. Horning has gotten together as a subcommittee and hashed out what we thought should be at each level when we are trying to designate Emergency Rooms as Pediatric Emergency Departments' ready. This is a national initiative and its important because it has dramatically decreased mortality and morbidity in Emergency Departments that has participated in this function, and we feel like we are going to have four categories in our state.

- Pediatric Emergency Department Ready
- Pediatric Emergency Department Plus
- Pediatric Emergency Department Advanced
- Pediatric Emergency Department Ready Advanced Plus Trauma

Some examples of the different levels are Emergency Department's with no inpatient surgeon services and no pediatric surgery capabilities or respiratory therapists would be the Pediatric Emergency Department ready. The major categories consist of having a coordinator, the survey, competency training, equipment training and education, patients' safety standards, interfacility, transfer agreements, disaster preparedness and quality initiatives. We do have the framework in place and now we need to move forward with the next step and that is to send out the survey to all our Emergency Departments so they can determine which one to apply for, then we would review the applications and designate them if they meet the criteria for this. We are receiving help with the network, and this is coming from the Pediatric Emergency Medicine and UMC and they can help due to this being the way they are going to do it and it can be part of the training, Reviewing applications. Dr. Horning asked if the committee would approve letting us use the Pediatric Emergency Medicine fellows to help us go through the applications. Michael Bologlu commented that he agrees and the more help the better and had no issues having medical fellows assisting.

Dr. Jensen agreed that it would be educational and beneficial. Irene Navis did mention that we have a potential resource for the PEC coordinator. Dr. Horning mentioned the charge for the application and Michael Bologlu agreed that could be beneficial but there is a series of events that would need to take place first before we could do that including adding it to the code and NAC457B which would be an oversight for fees. Zebulon Nomura asked if this would meet a certain criterion for those hospitals that become accredited? Dr. Horning mentioned that it would be a voluntary system and we will publicize what the different categories mean but it's not in our bandwidth to decide if it takes that next step forward. Is there a benefit? Irene Navis suggested maybe having a flyer that has all the bullet points in terms of the fees. Dr. Jensen chimed in a suggested maybe we waive the first five or ten people as incentive to get the ball rolling that way, we can get our groups to get those done. Michael Bologlu followed up by stating we will get back to you regarding waiving fees. Irene Navis stated if legislation is required then it may take a while and maybe there would be a window before legislation begins. Michael Bologlu will be emailing Zebulon Nomura regarding questions and will provide a date and time. It's the first full week Friday of every month. Dr. Horning commented that they have done this before in the past, but it used to be every three years. Bobbie Sullivan asked how many states follow this model? Mr. Bologlu said 10-15 States are following the model and he will be reaching out to PEC counsel.

- Motion to approve - Irene Navis
- Seconded by Dr. Llyod Jensen

7. WRAP-EM (Western Regional Alliance for Pediatric Emergency Management) presentation. – Irene Navis provided an update regarding the Western Regional Alliance, which was developed in 2019. She is the Nevada state-wide coordinator but serves as a coordinator for several focus groups within WRAP-EM including the burn focus group, active threats focus group and the CBRNE focus group. Irene has sat on several other focus groups as a participant as well. We serve about 14,000,000 children across six states that are involved in WRAP-EM for Pediatric Emergency Management and our purpose is to identify challenges, gaps and the needs of children amid crisis's, to create public and private healthcare partners across the spectrum. Our mission is to develop a regional pediatric disaster plan and response capabilities that effectively match resources in need of catastrophic incident, and we establish regional partnerships to enhance capabilities. She has been working on several different projects including webinars on radiation and nuclear response, getting accreditation for nurses, and a virtual tabletop exercise program are in the final stages of a toolkit and developing their own tabletop. So far, they have twenty-two hundred participants. They will be working with the Emergency Departments for the burn focus groups. Suggests Chris Lake should be a guest speaker in an upcoming meeting. Bobbie Sullivan asked if we could tailor the system with the current system being used by the State? Irene notified the committee they are separate systems.

Dr. Horning asked if we have access to all this data? Irene Navis answered that we may have to request the data through the EIIC, they do not publish it openly.

8. Neonatal transport after delivery products presentation. - Stephanie Mead stated this is an informational only agenda item. She states we have done the pediatric restraints, which has been amazing that we've been able to provide restraint systems, but the next step is we need to identify is how do we transport neonates when that are unstable and utilizing the ambulance crew? Field deliveries and transport? The data shows that skin to skin contact is imperative that needs to happen between the mother and newborn. The AGEIS system is approved through the FDA, it's on the Pediatric Transport list for the National Association of State Emergency Medical Services Officials. In the future maybe we can look at utilizing some of the funds to provide this neonatal transport, it's a wrap and it has been tested in terms of if there was an accident, how that wrap would work. The wrap itself is not an actual restraint system because of the guidelines it's not always ideal to put a neonate in a car seat. The guidelines currently say we should be putting the child in a car seat but if we have two patients where do we put that car seat. The guidelines identify where that car seat should go but will we be able to care for the mother as well as well monitor the baby. The wrap comes in a bag and when the mother is properly restrained then the baby can be worn in that wrap which provides warmth to the baby.

Lloyd Jensen commented very well that said on what we've been using to train the paramedics in Las Vegas about some of the things Stephanie mentioned, there a number of agencies throughout the United States that have approval to use the wraps and they have conducted crash testing but there is a bit of modification that they make in the maternal seat belt or restraint because typically the restraint comes over but with this device it allows to just be holding the shoulders and allows skin to skin contact in a thermal neutral setting as well as giving the head support. In Las Vegas there were 93 patients that were field deliveries and that has gone up to 102 in the last couple months. Forty percent of the stable babies were hypothermic, and this could decrease those numbers. The biggest dilemma is the price and that fact that it's not reusable and the additional cost. The option to wash and reuse so it's not a single time use. Jeremy Sonenshein Commented that is a great device and has offered his assistance if anyone needs anything. Bobbie Sullivan asked what's the cost? Stephanie Mead hasn't heard back for a cost estimate Dr Jensen thinks it's about a hundred and twenty dollars but couldn't confirm, Stephanie Mead says she will find out more information and get back to Dr. Jensen. Michael Bologlu mentioned that there are different sizes and how that works? Dr. Jensen says that there are different sizes of restraints because it is meant to be tight and snug on the birthing parent. Recommendation of sizes would be a three and four. Michael Bologlu suggested that we put that on the agenda for the next meeting being held in November to hold a demonstration of the wrap. Stephanie Mead and Jeremy Sonenshein will be putting something together with some of the other agencies to possibly get some samples to share their experience. Stephanie Mead suggests doing the demonstration down in Las Vegas.

9. Dr. Llyod Jensen presented the data since July of 2021. Ninety-three deliveries, eleven fetal demises, nine were before twenty- two weeks and then we had two of the extremely prematurity at twenty-three weeks and twenty-seven weeks that was also a fetal demise. We did have two fetal demises at the Emergency Department they were brought in and pronounced dead one at twenty-three weeks and the other at thirty-one weeks. Of those two came to the NICU and became hypothermic and forty-one went to the well-baby nursery. Key thing is that if you were born less than 32 weeks and in-field, this has a poor prognosis six of those eight died and two of them had severe impairments such as brain bleeds, needing G-tubes, and went home technology dependent. All 8 came in receiving chest compressions but only three of them mention that there was an ET Tube in place, only two of those eight were being coded that brought epinephrine. Opposed to 10 to 12 % and out of the home deliveries is twenty eight percent.

Handtevy and another group in Virginia has been working on training and we have a number of educators that will be interested to do this on their own time. Michael Bologlu asked if it would be online or in person? Dr. Jensen said he will have to have to get that information on a later date.

Susan Kochevar recommended that when we have evaluations with our paramedic's students and do simulations the deliveries and the placenta, but more than fifty percent of the providers had a field delivery and the confidence skyrocketed because of this training. We will add Dr Jensen to the next agenda.

10. Proposed dates for the next meetings

- November 6th, 2024
- January 15th, 2025
- March 15th, 2025

Stephanie Mead mentioned she cannot attend the November 6th meeting as she will be teaching a class, but she'd be happy to attend if it could be moved to one day over. Susan Kochevar has the opposite problem both her and Nicole Brown have Wednesday as an admin day, but any other day of that week would not work for them.

Michael Bologlu suggested that the committee sticks with the proposed date for November, but he will send out a survey for the January and March meetings.

11. Public Comment: No public comment

12. Adjournment:

- Stephanie mead motioned to adjourn
- Llyod Jensen seconded the motion