

Washoe County



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NOTICE OF CONCURRENT MEETING AND AGENDA

**Sparks City Council, Reno City Council, Washoe
County Commission, and Washoe County District Board of Health**

8:30 AM, Monday, June 10, 2013

**Washoe County Administration Complex
Commission Chambers
1001 E. Ninth Street, Building A
Reno, NV**

All items numbered or lettered below are hereby designated for possible action as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

Time	Agenda Item No.	Agenda Item
8:30 AM	1.	Call to Order; Salute to the Flag.
	2.	Roll Call.
Public Comment	2.1.	Public Comment. Comment heard under this item will be limited to three minutes per person and may pertain to matters both on and off the District Board of Health agenda. The Board will also hear public comment during individual action items, with comment limited to three minutes per person. Comments are to be made to the Commission, Sparks City Council, Reno City Council, and the Washoe County District Board of Health as a whole.
	3.	Approval of the Agenda – Consideration of taking items out of sequence, deleting items, and adding items which require action upon a finding that an emergency exists. (FOR POSSIBLE ACTION)
	4.	Presentation, discussion, and potential direction to staff regarding an update and status report of the EMS Working Group, including the progress on previous direction related to recommendations from the 2012 TriData Emergency Medical Systems Analysis Final Report. (FOR POSSIBLE ACTION)

Time	Agenda Item No.	Agenda Item
Comments	5.	Comments.
	5.1.	Public Comment. Comment heard under this item will be limited to three minutes per person and may pertain to matters both on and off the Commission agenda. The District Board of Health will also hear public comment during individual action items, with comment limited to three minutes per person. Comments are to be made to the Commission, Sparks City Council, Reno City Council and the Washoe County District Board of Health as a whole.
	5.2.	Comments from Commission, Councils, District Board of Health, Managers and Interim District Health Officer.
	*6.	Adjournment.

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a “\$.”

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

- Washoe County Health District, 1001 E. 9th St., Reno, NV
- Reno City Hall, 1 E. 1st St., Reno, NV
- Sparks City Hall, 431 Prater Way, Sparks, NV
- Washoe County Administration Building, 1001 E. 9th St, Reno, NV
- Washoe County Health District Website www.washoecounty.us/health

[Notice of Concurrent Meeting and Agenda - Sparks City Council, Reno City Council, Washoe County Commission, and Washoe County District Board of Health 6/10/2013](#)

Item Number: 3

Title: Approval of the Agenda - Consideration of taking items out of sequence, deleting items and adding items which require action upon a finding that an emergency exists.

Petitioner/Presenter: Teresa Gardner, City Clerk/Teresa Gardner, City Clerk

Recommendation: n/a

Financial Impact: N/A

Budget Plan:
Account: Program: Cost: None

Business Impact (Per NRS 237):
A Business Impact Statement is not required because this is not a rule.

Agenda Item Brief: n/a

Background: n/a

Analysis:

Alternatives:

Recommended Motion: n/a

[Notice of Concurrent Meeting and Agenda - Sparks City Council, Reno City Council, Washoe County Commission, and Washoe County District Board of Health 6/10/2013](#)

Item Number: 4

Title: Presentation, discussion and potential direction to staff regarding an update and status report of the EMS Working Group, including the progress on previous direction related to recommendations from the 2012 TriData Emergency Medical Systems Analysis Final Report.

Petitioner/Presenter: Shaun Carey, City Manager/Shawn Carey, City Manager

Recommendation: It is recommended that the participants of the concurrent meeting receive a status report of the EMS Working Group, including progress on previous direction related to recommendations from the 2012 TriData Emergency Medical Systems Analysis Final Report and craft direction to the Working Group that can be utilized to continue efforts to drive the TriData Study forward to fruition.

Financial Impact: N/A

Budget Plan:
Account: Program: Cost: None

Business Impact (Per NRS 237):

A Business Impact Statement is not required because this is not a rule.

Agenda Item Brief:

During the June 10, 2013 concurrent meeting, participants will receive a status report and recommendations for the next steps from the EMS Working Group, including progress on previous direction related to recommendations from the 2012 TriData Emergency Medical Systems Analysis Final Report. The members of the Working Group include: The Sparks and Reno City Manager, the Washoe County Manager, the Executive Director of REMSA, the Washoe County Sheriff, the District Health officer, and the staff for agencies desired by the working group.

Background:

PREVIOUS ACTION :

- August 2010 Washoe County BCC directed staff to convene a multi-stakeholder Emergency Medical Services Task Force.
- December 2010 Washoe County BCC provided direction on the membership of the Task Force.
- September 2011 Washoe County BCC approved the Multi-stakeholder EMS Task Force recommendation to select TriData Division, System Planning Corporation to conduct a comprehensive analysis of the county-wide emergency medical system.
- October 2012 (Joint Meeting) direction on three key points regarding the Emergency Medical System in Washoe County (from TriData Study):
 - "Fix Dispatch" (note: at least 10 TriData recommendations related to Dispatch);
 - Open the REMSA Franchise Agreement: specifically invite REMSA to participate with Reno, Sparks and Washoe County in the franchise negotiation;
 - Develop an EMS Agency that has authority and oversight in Reno, Sparks and Washoe County.
- October 2012: District Board of Health: directed Washoe County Health District staff to take the lead on reviewing and implementing the appropriate recommendations from the recent stakeholder task force and working with partners at the Cities and County to bring recommendations back to the District Board of Health.
- November 2012: Reno City Council - directed staff to work on implementation of appropriate TriData recommendations where the City has authority for implementation, and to work with Health District in implementation of those recommendations.

- November 2012: Washoe County Manager, Reno City Manager, Sparks City Manager and District Health Officer met to discuss the next steps in the EMS review process, including the three key points outlined at the October 18, 2012 meeting. Established EMS Working Group with Managers and Fire Chiefs.
- December 2012: Sparks City Council - directed staff to work with Health District Staff and partners at the cities and counties on reviewing and implementing the appropriate recommendations from the recent stakeholders' task force and TriData study.
- December 2012: District Board of Health - letter inviting REMSA to participate in discussions with the goal of addressing concerns and establishing amendments to the REMSA Franchise Agreement.
- December 28, 2012: REMSA response - Committed to working with DBOH and public entities, participated in discussions with the goal of addressing concerns and establishing amendments to the REMSA Franchise Agreement. Additionally, REMSA asks for discussion on "unaddressed issues:" co-response, 911 medical dispatch, quality assurance, medical direction, and other areas of the EMS system.
- February 11, 2013 (Concurrent Meeting) - report on progress and direction on three key points regarding the Emergency Medical System in Washoe County (from TriData Study): Presentation by Dr. Cohen on the TriData study was provided. Update on the progress of the EMS working group was provided. Specifically, Sheriff Mike Haley reviewed the actions of the Dispatch working group, and Cad to Cad link. Jim Gubbels presented, briefly discussed the Washko report, and stated REMSA was eager to begin working on the issues. Washoe County, City of Sparks and District Board of Health voted that County Manager and the City Managers for Reno and Sparks continue to work on implementing the 38 recommendations as appropriate. City of Reno was unable to vote on this item due to not having any action items placed on their agenda. They voted February 28 that County Manager and the City Managers for Reno and Sparks continue to work on implementing the 38 recommendations as appropriate.
- The EMS Working Group has conducted seven (7) meetings to find agreement on the TriData Study issues, prioritize what is most important and define the areas of negotiations.

BACKGROUND: In 2011, a Multi-Stakeholder Emergency Medical System Task Force which included citizens, and representative from REMSA, State EMS, the Board of Health, emergency room physicians and fire agencies from throughout the region recommended TriData Division, System Planning Corporation to conduct a comprehensive analysis for the county wide emergency medical system. The Task Force was charged with the following:

- Develop a scope of services for the EMS system analysis;
- Develop recommendations to determine an outside agency to conduct inclusive/comprehensive performance audit of EMS delivery;
- Develop minimum performance measures;
- Identify benchmark metrics/reporting structure for data sharing.

The TriData Emergency Medical Services Systems Analysis Final Report was completed and submitted August 2012. The report provides an executive summary, the body of the report, and a summary of recommendations. The initial presentation was given to the Board of County Commissioners on August 28, 2012.

A subsequent presentation was given on October 18, 2012 to a meeting that included the District Board of Health, the City of Reno and the Board of County Commissioners. During that meeting, both the City of Reno and the Washoe County Commission gave direction to focus on the following key priorities from the TriData recommendations:

- "Fix" Dispatch;
- Open the REMSA Franchise Agreement: specifically invite REMSA to participate; with Reno, Sparks and Washoe County in the franchise negotiation;
- Develop an EMS Agency that has authority and oversight in Reno, Sparks and Washoe County.

The District Board of Health met on October 25, 2012 and approved the following motion:

- Direct the Health District staff to begin taking the lead on reviewing and implementing the appropriate recommendations from the recent stakeholder's taskforce and working with our partners at the cities and counties to bring recommendation back to the District Board of Health.

The City of Sparks met on December 10, 2012 and approved the following motion:

- Direct staff to work with the Health District staff and our partners at the cities and counties on reviewing and implementing the appropriate recommendations from the recent stakeholder's task force and the TriData study.

Analysis:

Direction that the regional partners at the Cities of Reno and Sparks, Washoe County and the Health District work together on reviewing and implementing the appropriate recommendations from the recent stakeholder's task force and TriData study is underway. Beginning in November, 2012 the Washoe County Manager, Reno City Manager, Sparks City Manager and the District Health Officer began meeting to discuss the next steps in the EMS review process, including the three priorities outlined in the October 18, 2012 meeting. The Managers established the EMS Working Group, which includes the Managers, the District Health Officer, the region's fire chiefs, and REMSA.

To aid in your review and formulation of directions to the Working Group, we have provided a decision matrix that brings insight into each of the parties' positions and concerns with the TriData Study. You will find the top priority issues briefly discussed below, and the attached decision matrix will show the positions and provide a path for successful negotiation.

REMSA Franchise Agreement: Staff of each jurisdictions have individually reviewed the current REMSA Franchise Agreement and the Working Group has begun a coordinated review. It is recognized that improved patient care, greater administrative and operational transparency, and improved oversight are key elements for discussion. It is also recognized that an integration of ambulance services with Public Safety Operations is needed to ensure the high level of service our community receives today and well into the future. EMS is the extension of medical care outside of the hospital and ensuring patient care is the forefront of all medical action taken. It also needs to be a seamless component of public safety to ensure all emergency services are integrated to assure the best function of all systems. Staff will continue to work with various stakeholders to recommend changes that will improve patient care to the citizens within the respective jurisdictions. We would note that the City and County Managers have started the process of requesting REMSA and the Health Department reopen the Franchise Agreement to provide a new contract-based system that will move our region forward and resolve many of the long standing issues that need change. These negotiations need to continue, carefully balancing the system in place today with our primary goal of improving the EMS system for the future. We cannot change the past, nor have we focused on how we got here, time and decisions from the past provide the lessons learned to build a new future.

Dispatch: As recommended by Dr. Cohen of TriData, "fixing dispatch" is a top priority. Members of the Regional Dispatch Working Group will be present at the June 10, 2013 concurrent meeting to report on progress to date on recommendations related to dispatch. Sheriff Mike Haley has led a sub-committee to find a path forward on "fixing dispatch." In fact, regional cooperation on improving dispatch efforts which was started by the Shared Services Committee is moving forward on several major fronts. The creation of a common dispatch system (Tiburón) and virtual CAD to CAD communications will be within reach in an integrated system. The Working Group is pleased to report Sheriff Haley and the Dispatching Subcommittee created by Shared Services is achieving a number of long desired changes that

will place all public safety components on an integrated platform. This will assure that police officers, paramedics, firefighters and dispatchers are all within an integrated system.

EMS Agency Authority and Oversight: The TriData Report includes recommendations related to creating a lead EMS Agency to provide oversight over the entire EMS system, while maintaining the organizational identity of the individual provider services. Given the Working Group's prioritization, the area of EMS Agency authority and oversight are just now reaching the Working Group's negotiating table. It was important to spend the time on the first two areas to lay the ground work for these discussions to come forward in the coming weeks for negotiating solutions.

Other Issues: By utilizing a prioritized approach to the 38 issues identified in the report, the Working Group has found many areas where all parties reached concurrence and this will yield many needed advancements.

Alternatives: n/a

Recommended Motion:

I move to accept the status report of the EMS Working Group, including progress on previous direction related to recommendations from the 2012 TriData Emergency Medical Systems Analysis Final Report, and further direct staff to.....

Emergency Medical Services Working Group

TriData EMS System Analysis – Final Report

Executive Summary

For the Joint Meeting on June 10, 2013

FRANCHISE AGREEMENT

The current Franchise Agreement between the Health Department and REMSA is the focus of several recommendations in the Tri Data Study. Those recommendations together represent the top priority for action as determined by the City/County Managers.

City/County Manager Comments: The Managers firmly believe this is the “heart” of the matter and our prioritization for the future makes this issue foremost on the agenda. The Managers collectively find a Contractual Agreement is imperative for proper Governance of this service and provides the accountability and transparency needed in providing the highest level of patient care to the region. See Attached letter from the Managers to REMSA asking for the Franchise Agreement to be opened and a response by REMSA.

District Health Officer Comments: The Interim District Health Officer (IDHO) supports negotiating with REMSA to amend the franchise agreement to improve the manner in which emergency medical services are provided in the community and the coordination and integration of REMSA’s services with other EMS providers. The IDHO is concerned that issues associated with transition from the current Franchise Agreement, to a proposed Contractual Agreement, have not been fully identified and explored in order to inform that decision making.

Alternatives:

1. Have the Working Group Develop the Scope of Work and Contractual Requirements for a long-term contract with REMSA .
2. Move to modify the current franchise Agreement to provide transparency and accountability to Cities and County Emergency Services.
3. Maintain current working Franchise Agreement.

The City and County Managers Recommend the region move to a Contractual Agreement.

REMSA's Comments: REMSA believes the top priority should be that each individual agency looks internally into how we can collectively improve patient care. REMSA has a contract through the franchise with the District Health Department to provide regional ambulance and medical helicopter service. While the REMSA Board is willing to consider changes to the Franchise Agreement that will improve the EMS system as a whole, changing the franchise agreement should not be the first order of business. It should probably be the last item so that all changes can be captured and incorporated at the same time. In addition, REMSA would like to see a similar document in the form of an interlocal agreement whereby the fire departments agree to standards and oversight by the Health District.

Status: Concurrence has been reached on 9 recommendations from the TriData study. Negotiations continue on 9 recommendations.

Progress has been made in the area of the Franchise Agreement to include recommendation #32 “REMSA to be primary transport provider in the current services area, NLTFPD and Gerlach to be separate.” We are currently at a position where Jim Gubbels needs REMSA support to proceed. Correspondence is in progress to acquire this support.

Jim Gubbels stated that he needed REMSA board approval on certain recommendations. A letter from the Managers was sent to Mr. Gubbels on April 10, 2013: “Request for REMSA Board consideration to negotiate changes to current franchise agreement with the District Board of Health”. Reply from Jim Gubbels on May 9, 2013: “REMSA Board has requested that you provide some clarification of your letter dated April 10th prior to the next REMSA Board meeting on May 17th.”

Next Steps: Support from REMSA, Board of County Commissioners, City of Reno, and City of Sparks to open the current franchise agreement for negotiations, and implementation of the TriData recommendations.

DISPATCH

Communications in all forms is Critical to the provision of public safety. Dispatch and Record keeping needed to be examined to ensure communications are seamless and integrated

Manager Comments: A critical area for ESSENTIAL change and that change must be a critical priority. The function of Public Safety in our communities can be substantially improved by integration of data and communication systems. Sheriff Haley, as Chair of the Regional Dispatch Committee, will brief the elected officials and managers on the direction needed to vastly improve all of these areas.

Alternatives:

1. Direct the Sheriff to continue to lead the region forward to an Integrated Regional Data, Records, and Dispatching System.
2. Continue with current communications systems and move with technology changes to a common system
3. Maintain the Status Quo.

The Managers Recommend the integration of Communications systems with Public Safety PSAP centers in Reno and Sparks and all public safety providers utilize common interoperable radio, data, and record systems and will continue to pursue grants to help the region in funding an integrated system.

REMSA Comments: REMSA's medical dispatch performs regional emergency medical dispatch and pre-arrival instructions and should continue to do this for the region. REMSA is accredited through the National Academies of Emergency Dispatch. Doctor Randall Todd from the District Health Department has been assigned the subcommittee to collectively review data from all of our agencies.

Status: Concurrence has been reached on 5 recommendations from the TriData study. Negotiations continue on 1 recommendation. Impasse has been reached on item #16.

Next Steps: Discussions continue on opportunities to integrate these systems. Pursue funding for 800MHz radios and move forward with the implementation of a Regional Tiburon dispatch system.

TriData Report Issues Needing Further Negotiation:

#13 Combine 911 dispatch centers into one central region-wide resource or develop a virtual consolidation between dispatch centers using a virtual CAD or type of CAD for the county.

#16 All EMS communications to be on the regional 800 MHz radio system

TriData Report Issues Currently With Concurrence:

#2 All regional dispatch center to collect arrival/patient-side data including the starting of CPR, AED, etc.

#3 Develop resolution with volunteer fire service to decrease the impact of dispatch delays

#4 Develop a unique identifier for all service calls for reporting and analysis of medical services provided

#14 Implement a region-wide Record Management System (RMS)

#15 Implement an Automatic Vehicle Locator (AVL) program

MEDICAL OVERSIGHT

Medical Oversight is the application of systems and actions to ensure patient care is maintained at the highest level based on available community resources.

Manager Comments: This area is critical for improving patient care and outcomes and ensuring improved performance of the EMS system. It will be the focus of negotiations in the coming months.

Alternatives:

1. Initiate discussions and return this item for direction at the next Concurrent meeting.

REMSA Comments:

Status: Concurrence has been reached on 9 recommendations from the TriData study.

Next Steps: This is the Working Group's next Priority for Action. It was important to focus on the first two and to allow the completion of Budgets by the various agencies.

TriData Report Issues Needing Further Negotiation:

#29 Authorization for the DBOH to create a region-wide EMS oversight authority

#30 Establishment of EMS staffing in support of the oversight authority

TriData Report Issues Currently With Concurrence:

#4 Develop a unique identifier for all service calls for reporting and analysis of medical services provided

#5 Under the DBOH, create a lead EMS oversight authority

#6 Create an oversight authority over the entire EMS system including reporting, reviewing, and staffing

#8 DBOH authority to appoint an EMS Medical Director for oversight and overall quality of care for the system

#9 Legislative or administrative regulations providing legal protection for EMS program constituents

#10 Development of qualifications/position requirements for a regional-wide EMS Medical Director

#11 Rename the PMAC as the EMS Medical Director Task Force

#12 Under the DBOH, develop a data management program related to an entire EMS event

#14 Implement a region-wide Records Management System (RMS) linking CAD to Dispatch

OTHER PRIORITY AREAS

This is General area to provide an Executive Summary of the remaining critical items. The following additional issues are grouped here for the convenience of the reader.

Manager Comments: Further negotiations are needed to explore the closest resource responding to the event.

REMSA Comments:

- Define standard for use of rotary wing resources within the region. Response: REMSA has an internal policy on when Care Flight can be utilized within the REMSA ground service area.
 - REMSA to enter into agreements with boundary jurisdictions for transportation service. Response: REMSA has mutual aid agreements with NLTFPD, Carson City Fire, Storey County Fire, Truckee, California Fire Department and North Lyon Fire (Fernley).

Status: Progress being made in these areas.

Next Steps: Move all items to implementation.

TriData Report Issues Needing Further Negotiation:

#37 Resolve issue related to closest resource responding to an event

TriData Report Issues Currently With Concurrence:

#34 No automatic upgrade of first responders from EMT/EMT-I to paramedic needed in the current service area

#35 REMSA to discontinue saying their services are provided at no cost to the citizens (None issue based upon Working Group Discussion – Issue is Closed)

#38 Reno Fire should not suspend responding to EMS calls during high volume fire responses

Other -

Define standard for use of rotary wing resources within the region

Quality management requirement for all services provide by REMSA

REMSA to enter into agreements with boundary jurisdictions for transportation services.

Comments on authority – organizational, performance, operational criteria, and patient care

Comments on Transparency – REMSA meetings , communications, and work products to follow Open Meeting

Law and open disclosure for the purpose of improving strengthens and reducing weaknesses

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
FRANCHISE AGREEMENT		
ISSUES NEEDING FURTHER NEGOTIATIONS		
<p>TriData #17 (Page 122)</p> <p>REMSA Franchise Section 1</p>	<p>Section 1 of the Franchise Agreement should be redesigned to prohibit any REMSA board appointee or their employer organization from being associated with RASI or any successor franchisees. All consumer board members should be directly appointed by the DBOH.</p> <p>REMSA: Disagree. While neither REMSA nor the District Attorney's Office agree that the law cited in the TriData Report, NRS 281A.400, is applicable to either the REMSA Board Members or to the appointees of the District Board of Health, REMSA does take all conflicts of interest very seriously. In addition, the Franchise Agreement states that "Any contract, transaction or renewal of such a relationship involving a member of the REMSA Board shall be reviewed and approved by a majority of the disinterested members of the REMSA Board to assure that such contract or transaction is bona fide, at arm's length and in the best interests of REMSA." This and REMSA's conflict of interest policy are followed consistently. In addition, no REMSA Board member sits on the RASI Board or is an officer of RASI.</p> <p>There is no evidence whatsoever that the system put into place by the Ambulance System Study Committee in June 1986 for selection of REMSA Board Members is flawed. That Committee believed and REMSA believes that emergency medical services is the practice of medicine. Accordingly, we believe that the REMSA board should be controlled by our local hospitals. This is why there are 3 representatives from our 3 local hospitals, and those three representatives select the consumer representative. The lawyer, accountant and (second) consumer representatives are selected by the District Board of Health.</p> <p>REMSA is a Nevada non-profit that is federally exempt as a 501(c)(3). We disagree that the REMSA Board which is responsible for the proper operations of the non-profit should include all the providers involved in pre-hospital care in our community. The other providers are all represented by their own boards that are focused on the proper running of their agencies. If there was some kind of EMS System Advisory Committee, REMSA would be happy to participate, but there is no reason why the REMSA Board should be distracted from its fiduciary duties to REMSA to function as a EMS System Advisory Committee.</p> <p>NLTFPD: No Comment</p> <p>COR: Require agreement from REMSA</p> <p>COS: Include Public Safety Representative on the governing board</p> <p>TMFPD: Comments on Representation</p> <p>NOTE: Subsequent references to REMSA in this document assume the representation described below.</p> <p>Standards of pre-hospital care have evolved and improved since the franchise agreement was first contemplated. The system has expanded to include new stakeholders in EMS delivery. A primary issue is representation of all the stakeholders so that oversight, transparency and EMS system design can be maximized and continuity of a seemingly</p>	<p>Negotiate</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
	<p>impenetrable agreement, eliminated.</p> <p>The governing body of REMSA identified under the franchise agreement should be representative of all the providers involved in pre-hospital care and should be reformed to act as the EMS Authority Board. To best serve the interests of the public, the franchise agreement should be amended to establish a new “REMSA” governance model whose mission is to seek improvements in all aspects of pre-hospital care, not limited to ambulance transport service. Representation should include:</p> <ul style="list-style-type: none"> • City of Reno Fire Department • City of Sparks Fire Department • Truckee Meadows Fire Protection District • North Lake Tahoe Fire Protection District • RASI (Regional Ambulance Services, Inc.) • An Appointee of the Washoe County Board of Commissioners • An Appointee of City of Reno Council • An Appointee of City of Sparks Council • Physician(s) • Consumer(s) <p><u>WCHD: Support</u></p>	
<p>TriData #18 (Page 123)</p> <p>REMSA Franchise Section 5</p>	<p>If REMSA continues to use market analysis, it should include intra-model and extra-model comparisons. No more than seven years should elapse without conducting a full competitive bid.</p> <p><u>REMSA:</u> We agree that the market analysis should include all types of comparisons. In fact, in the May 2010 benchmark study, 22 EMS systems were invited to participate. While all agreed to participate, only 20 completed the survey. Of those 20, the sample included 4 PUM systems, 7 high performance designed systems, 7 governmental models, and two other non-governmental models. The independent consultant (REMSA never used NAPUM as a vendor as stated in the TriData report) stated, "The sample provides adequate comparison with like systems while also offering comparison with other diverse and more common models like governmental operated systems." The problem with these kinds of comparisons is getting the data for comparison. Many governmental models do not collect the data necessary as evidenced by TriData's report as well as the three prior City and County consultant's reports. REMSA's performance, which necessarily includes its contractor's performance, is reviewed during the market study. We do not agree that a full competitive bid should be done every 7 years. A bid is very expensive and time consuming and has the effect of being very disruptive to the work force.</p> <p><u>NLTFPD: No Comment</u></p> <p><u>COR: Require modification to agreement to include timelines for RFP and comparison analysis.</u></p> <p><u>COS: Would adopt a Public Utility Model that is evaluated on a frequent basis, and that has a term limit to the contractual life of the agreement.</u></p>	<p>Negotiate</p> <p>No oversight by City must be changed</p> <p>Consider contract for service</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
	<p>TMFPD: A competitive bid process should be required in lieu of a market analysis at regular intervals as determined by REMSA. Periodic market studies between competitive bid periods should be conducted independently of the vendor or REMSA.</p> <p>WCHD: Support</p>	
<p>TriData #19 (Page 124)</p> <p>REMSA Franchise Section 7</p>	<p>Require REMSA or the contracted agency to post a surety bond, or secure an irrevocable line of credit for at least \$1,000,000. The franchise agreement should also include a clause that upon declaration of default by the District Health Officer or DBOH, either REMSA or any service contractor cannot bring legal action to delay the DBOH's access to the funds.</p> <p>REMSA: Disagree. The TriData Report misstates the purpose of this performance security. This is not security for the District Board of Health or any of the political subdivisions. This is performance security is for REMSA if its contractor fails to perform. While RASI is a wholly owned subsidiary, this is a moot issue; however, if RASI becomes independent of REMSA, REMSA has opted to use a contractual right of offset against its ground ambulance, dispatch and rotary wing vendors. REMSA has chosen not to require a bond or letter of credit to avoid unnecessary costs that would have to be passed on to the patients. In the emergency described in the TriData Report, the District Board of Health has the right to assume control and operation of the ambulance equipment.</p> <p>NLTFPD: No Comment</p> <p>COR: No Comment</p> <p>COS: Require an annual performance bond review, and set the requisite amount based on total asset value.</p> <p>TMFPD: No Comment</p> <p>WCHD: Do not believe this is necessary since the political entities under the current configuration do not have any financial liability.</p>	<p>Negotiate</p> <p>Watch for asset liability</p>
<p>TriData #20 (Page 124)</p> <p>REMSA Franchise Section 9</p>	<p>The eight minute response time requirement should be required for all calls classified by the PSAP as Charlie, Delta, or Echo (Priority 1 or 2).</p> <p>REMSA: Disagree. The report does not cite <u>any</u> medical literature or studies to support the recommendation. To the contrary, current literature and studies on the topic would differ with the report's recommendation, and the National Academy of Emergency Dispatch does not recommend this. As a clarification, the national standard is 8:59 but REMSA has voluntarily set a standard of 8:29 for its contractors compliance. REMSA's compliance is never based on sampling. The District Board of Health, an independent entity, conducts oversight by sampling REMSA's data to ensure that the response times are correct and that the correct priorities are assigned.</p> <p>NLTFPD: No Comment</p> <p>COR: No Comment</p> <p>COS:</p> <ul style="list-style-type: none"> Response time compliance shall be provided by jurisdiction, and be based on the entire population instead of sampling. Assurance that annexed areas must meet the 8:59 second standard in the City of Sparks 	<p>Negotiate</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
	<ul style="list-style-type: none"> Assurance that annexed areas must meet the 8:59 second standard in the Language to address NLTFPD, and the need to recognize other political entities in the county. <p>TMFPD: Clarification needs to be done about the 8 minute response time. The franchise agreement states that “REMSA shall insure that 90% of all presumptively defined life threatening calls within the incorporated boundaries of Reno and Sparks are responded to within eight (8) minutes and that 90% of all presumptively defined life threatening calls within unincorporated Washoe County shall be responded to in accordance with the time limits established for the specified map grids as mutually agreed to.” Recent statements have indicated that something else (8:29 or 8:59) is the standard. Which is it? Furthermore, the response time maps do not seem to correlate to any particular boundary or population density. Consideration should be given to using population density as the formula for response time standards.</p> <ul style="list-style-type: none"> There is insufficient transparency in the collection and analysis for compliance in response time standards. An audit of response time samples and a comprehensive audit of all run data should be made independently of REMSA and/or the vendor on a periodic basis. Response times of all pre-hospital EMS providers, including fire agencies, should be audited independently on a periodic basis. Separate requirements for arrival on scene <u>and</u> patient contact should be included under response time requirements so that the time differential can be measured and assessed relative to patient outcomes. Patient location and the arrival point can be separated by some distance. <p>WCHD: Support for Priority 1 calls</p>	
<p>TriData #23 (Page 126)</p> <p>REMSA Franchise Section 10</p>	<p>Determine ambulance response time fines based on both the act of lateness and degree of lateness. Assess a \$100 penalty for being late and an additional \$15.28 (as per CPI changes) per minute to a maximum of \$250.</p> <p>REMSA: We disagree that ambulance fines need to be adjusted and the consulting group provides no justification for this recommendation. Increasing fines to the ambulance provider will increase the cost to the patient, since these fees will be built into the cost structure used to develop ambulance rates.</p> <p>NLTFPD: No Comment</p> <p>COR: No Comment</p> <p>COS: No Comment</p> <p>TMFPD: No Comment</p> <p>WCHD: No Comment</p>	<p>Negotiate</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
<p>TriData #24 (Page 126)</p> <p>REMSA Franchise Section 10</p>	<p>Funds collected for EMS contract performance standard violations should be used to offset EMS oversight costs incurred by the Washoe County DBOH.</p> <p>REMSA: Disagree. The costs in the report for the EMS oversight structure far exceed anything that could be covered by fines. The current use, supporting public programs, is a very good thing for our community.</p> <p>NLTFPD: No Comment</p> <p>COR: No Comment</p> <p>COS: Recommendation #24 funds should be utilized to fund DBOH personnel who perform data analysis, audits, etc.</p> <p>TMFPD: No Comment</p> <p>WCHD: Support</p>	<p>Negotiate</p>
<p>TriData #26 (Page 127)</p> <p>REMSA Franchise Section 13</p>	<p>Require REMSA to submit their annual report to the DBOH within 90 days of the fiscal year end.</p> <p>REMSA: Disagree. For REMSA to be able to present the report to the District Health Department, it must close its books and cause an independent audit to be conducted. It takes about 90 days for the books to be closed after the end of the fiscal year and it takes about 90 days for the audit to be completed. To require REMSA to complete these activities in 90 days would cause an undue burden on the organization and the auditor.</p> <p>NLTFPD: No Comment</p> <p>COR: Requires agreement modification, may not be feasible in the 90 day timeline.</p> <p>COS: Require REMSA to publish a financial report answering specific questions outlined by the finance departments of the Cities and County.</p> <p>TMFPD: No Comment</p> <p>WCHD: This may not allow adequate time for the financials to be audited and certified by an outside firm prior to submission to the DBOH.</p>	<p>Negotiate</p>
<p>TriData #28 (Page 129)</p>	<p>Restructure REMSA to assure greater separation of the public utility oversight group (REMSA) and the contractor (RASI)</p> <p>REMSA: Disagree. REMSA has a very specific arm's length performance contract with RASI. We are unaware of any issues raised in the past or as part of the consultant's report that indicate this is a substantive issue that needs to be addressed. We are also unsure of how this recommendation would improve the EMS System.</p> <p>NLTFPD: No Comment</p> <p>COR: Require agreement from REMSA. It is important to have accountability and transparency in public service operations.</p> <p>COS: No Comment</p> <p>TMFPD: REMSA should not own RASI and greater separation should exist between the entities.</p> <p>WCHD: Support – there should be an arm's length in terms. Of Board Membership, etc.</p>	<p>Negotiate</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
<p>TriData #31 (Page 133)</p> <p>REMSA Franchise Section 14 Section 16 Section 17</p>	<p>The new Washoe County EMS agency should enter into an agreement with REMSA for the provision of county-wide EMS Education and Training; Granting of function privileges would remain under control of the local agency and its medical director. Local agencies could opt out of or augment REMSA provided education and training. Regulatory oversight of the education and training processes would be the responsibility of the Washoe County EMS Manager and EMS Medical Director. REMSA could provide these services cost-free in exchange for EMS first responder services being provided by Cities and Fire District.</p> <p>REMSA: Disagree. While REMSA's continuing educational programs have always been available to all EMS providers in the system, we do not believe that REMSA should further provide "free" services as these services do come at a cost and the current federal and state reimbursement mechanisms do not account for these added expenses. Any costs expended on educational services for the fire departments would have to be passed on to the patients. We disagree that any reimbursement is owed by REMSA to the fire departments for first responder services.</p> <p>NLTFPD: As mentioned in the TriData report, should in no way be impacted by any changes in reference to the Franchise Agreement for Reno, Sparks and Washoe County.</p> <p>COR: The exchange of training and educational services should be separate from the cost associated with service augmentation for EMS first response.</p> <p>COS: Comments made specific to REMSA franchise requirements:</p> <ul style="list-style-type: none"> • Train personnel on best practices of uniform care and on the processes and procedures of other providers in the region, such as fire departments. • Define an annual needs assessment for public/community education and implement along with AED/CPR training. • Evaluate the quality of field supervisors needed annually. • Train to the National Incident Management System standards. Participate in local and countywide emergency management programs and exercises. <p>TMFPD: REMSA should provide standards of pre-hospital care and training to all EMS subordinate agencies and fund such training by way of the franchise fee.</p> <p>WCHD: Support, but there could be other ways to offset costs.</p>	<p>Negotiate because of funding</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
<p>TriData #36 (Page 137)</p> <p>REMSA Franchise Section 27</p>	<p>Municipal first responders should be reimbursed by REMSA for providing first responder services.</p> <p>REMSA: Disagree. REMSA does not agree that the fire services should be reimbursed for first responder services; however, REMSA provides value to our community in many other ways including, but not limited to, supply exchange programs, standby services to the fire departments, events coverage for community events, TEMS support for local law enforcement agencies, etc.</p> <p>NLTFPD: No Comment</p> <p>COR: Requires modification to the agreement. Reimbursement should be based on an on-call methodology or annual fee based methodology utilizing call statistics.</p> <p>COS:</p> <ul style="list-style-type: none"> A fee will be established to support the proper administration, and medical oversight, of the emergency medical system, and this fee will be reviewed and adjusted annually as needed. A Public Safety Pass Through fee will be established. A central supply and equipment cache will be funded and maintained to support the stocking, and replacement of medical equipment for REMSA and the fire agencies within Washoe County. <p>TMFPD:</p> <ul style="list-style-type: none"> Truckee Meadows Fire Protection District, when arriving in advance of the ambulance will start therapies that require the application of certain BLS and ALS soft goods and medications. The ALS supplies and medications are not reimbursed by the vendor to the fire agency, yet are charged to the patient. This results in a subsidy to the vendor and an unreimbursed cost to the fire agency. The vendor should be required to reimburse the fire agency providing the same. In certain critical responses, TMFPD will send a firefighter to the hospital with the ambulance to assist with patient care. This removes the engine from service until arrival at the hospital and return to the response area. There is no reimbursement or mechanism for costs incurred by TMFPD and exposes District residents to periods of brownout. This issue should be addressed in service level discussions and the vendor should be compelled to respond supervisory staff in these instances. Supervisory staff can assist the transporting ambulance. Fire staff will secure the supervisors vehicle. Franchise fees, like for any other exclusive franchise, should be assessed and collected and costs for audits recovered. Franchise fees should be distributed between the jurisdictions benefiting from REMSA including the City of Reno, City of Sparks, Washoe County, Truckee Meadows Fire Protection District and North Lake Tahoe Fire Protection District. <p>WCHD: In another recommendation, TriData notes that other services (education) could be provided instead of other reimbursements or franchise fees. Implementing this recommendation would increase the cost potentially significantly to patients needing transport. Currently, REMSA cannot charge if transport is not needed.</p>	<p>Negotiate</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
ISSUES CURRENTLY WITH CONCURRENCE		
TriData #1 (Page 19)	<p>Gerlach VFD should consider the possible benefits for charging fees for EMS transportation. Alternatively, they could make an agreement with REMSA for partial reimbursement.</p> <p>REMSA: Agree that Gerlach VFD should bill. Disagree that REMSA has any obligation to reimburse Gerlach VFD. NLTFPD: No Comment COR: No Comment COS: Non relevant to Sparks TMFPD: No Comment WCHD: Gerlach should charge fees for EMS transportation.</p>	<p>Agree</p> <p>County issue</p>
TriData #7 (Page 110)	<p>Under no circumstances should the county, any city, or any fire protection district agree to provide an EMS contractor a government subsidy, or stipend to provide service.</p> <p>REMSA: Agree. REMSA's franchise agreement states clearly that there is no obligation on the part of the District Board of Health, the Cities of Reno and Sparks and Washoe County for any type of monetary subsidy. REMSA is self supporting. NLTFPD: No Comment COR: Language may be required with-in the franchise agreement to prohibit governmental subsidies to include equipment and staff personnel related costs. COS: No Comment TMFPD:</p> <ul style="list-style-type: none"> • Franchise fees, like for any other exclusive franchise, should be assessed and collected and costs for audits recovered. Franchise fees should be distributed between the jurisdictions benefiting from REMSA including the City of Reno, City of Sparks, Washoe County, Truckee Meadows Fire Protection District and North Lake Tahoe Fire Protection District. • Truckee Meadows Fire Protection District, when arriving in advance of the ambulance will start therapies that require the application of certain BLS and ALS soft goods and medications. The ALS supplies and medications are not reimbursed by the vendor to the fire agency, yet are charged to the patient. This results in a subsidy to the vendor and an unreimbursed cost to the fire agency. The vendor should be required to reimburse the fire agency providing the same. <p>WCHD: Support</p>	<p>Agree</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
<p>TriData #21 (Page 125)</p> <p>REMSA Franchise Section 9</p>	<p>The downgrading of call priority classification may only be done by the PSAP, PDAP, or on scene first responder. If the District Health Officer wishes to allow REMSA or the contracted agency the privilege of downgrading call classifications, it must occur prospectively (prior to ambulance dispatch), and include an explanation with the call software. The District Health Officer should monitor compliance and disqualify those downgrading without good reason or documentation.</p> <p>REMSA: Agree. As clarification, TriData is incorrect when it states that REMSA can grant exemptions to itself. The District Health Officer reviews and approves requests for response time exemptions. REMSA follows a strict policy in which only qualified on-scene personnel can downgrade (change a priority from its original priority set using EMD protocol) a call. Any downgrades performed in the system are reviewed retrospectively by an internal audit to ensure appropriateness. In addition, this is another area in which the District Board of Health, an independent entity, conducts oversight by sampling REMSA's data to ensure that calls are only downgraded by on-scene personnel in accordance with the policy.</p> <p>NLTFPD: No Comment</p> <p>COR: No Comment</p> <p>COS: Response time compliance shall be provided by jurisdiction, and be based on the entire population instead of sampling.</p> <p>TMFPD: The ability of the vendor to downgrade or upgrade the priority of an EMS call on their own should be closely monitored to prevent possible falsification of response times and compliance rates. To avoid this problem proactively, dispatch services should be co-located to negate any potential over/under reports for the purpose of penalty avoidance and increase efficiency.</p> <p>WCHD: REMSA establishes call priorities based on the EMD Protocol Medical Priority Dispatch System Cards. This protocol was established by the National Academy of Emergency Medical Dispatch. When a call is received, basic information is obtained. Based on the chief complaint and the dispatch cards described above, the ambulance will be prioritized and medical pre-arrival instructions will be provided to the caller and/or patient on the phone.</p>	<p>Agree</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
<p>TriData #22 (Page 125)</p> <p>REMSA Franchise Section 9</p>	<p>Response time compliance should be based on the entire population instead of sampling.</p> <p>REMSA: Agree. As stated above REMSA's compliance is never based on sampling. REMSA believes that all EMS providers should also report response time compliance on the entire population of calls against standards that are adopted and communicated publicly.</p> <p>NLTFPD: No Comment</p> <p>COR: Require agreement from REMSA</p> <p>COS: Response time compliance shall be provided by jurisdiction, and be based on the entire population instead of sampling.</p> <p>TMFPD:</p> <ul style="list-style-type: none"> An audit of response time samples and a comprehensive audit of all run data should be made independently of REMSA and/or the vendor on a periodic basis. Response times of all pre-hospital EMS providers, including fire agencies, should be audited independently on a periodic basis. <p>WCHD: Support once data system is in place to allow full measurement of times for all responders.</p>	<p>Agree</p> <p>w/discussion</p>
<p>TriData #25 (Page 127)</p> <p>REMSA Franchise Section 11</p>	<p>Remove the arbitration clause from Section 11. If ADR is considered, professional mediation is the method of choice. The District Board of Health should have the ultimate decision power over ambulance rate regulation.</p> <p>REMSA: Agree.</p> <p>NLTFPD: No Comment</p> <p>COR: Requires agreement from REMSA</p> <p>COS: No Comment</p> <p>TMFPD: No Comment</p> <p>WCHD: Support</p>	<p>Agree</p> <p>w/Discussion</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
<p>TriData #27 (Page 127)</p> <p>REMSA Franchise Section 30</p>	<p>Cities within Washoe County should consult their legal services to provide guidance on the implications of REMSA Franchise Agreement Section 30. EMS agencies must understand that there may be no single answer to their concern.</p> <p><u>REMSA</u>: No comment. <u>NLTFPD</u>: No Comment <u>COR</u>: Section 30 is the successor language and assumption of liability for the current provider. <u>COS</u>:</p> <ul style="list-style-type: none"> • A defined contract period with a specific end date shall be entered into. • An annual asset report to include funding sources, assets, liabilities, financial statements, etc. shall be provided to the DBOH, the City of Reno, Sparks, and Washoe County. • Provide for an adequate balance of power to change this contract when needed. Approval of governments is required for any future change. <p><u>TMFPD</u>: No Comment <u>WCHD</u>: Support</p>	<p>Agree</p>
<p>TriData #32 (Page 135)</p>	<p>REMSA should continue to be the primary EMS transport provider for its current areas. NLTFPD and Gerlach Volunteer Fire Company should also be permitted to continue its current operation as prescribed by law or policy.</p> <p><u>REMSA</u>: Agree. <u>NLTFPD</u>: No Comment <u>COR</u>: No Comment <u>COS</u>: No Comment <u>TMFPD</u>: No Comment <u>WCHD</u>: Support</p>	<p>Agree</p>
<p>TriData #33 (Page 135)</p>	<p>Truckee Meadows/Sierra should continue to be served by REMSA. The current levels of first responder care should continue. After data are analyzed, a decision can be made to consider what level of care is necessary in the new Truckee Meadows/Sierra FPD. Washoe County officials should encourage agencies that may possess the necessary data to forward it to the TriData project manager for analysis.</p> <p><u>REMSA</u>: Agree. But it appears that TMFPD has already decided to increase the level of care without waiting for data analysis as recommended by TriData. <u>NLTFPD</u>: No Comment <u>COR</u>: No Comment <u>COS</u>: Non relevant to Sparks <u>TMFPD</u>: No Comment <u>WCHD</u>: Support</p>	<p>Agree</p> <p>Franchise issue</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
DISPATCH		
ISSUES NEEDING FURTHER NEGOTIATIONS		
<p>TriData #13 (Page 117)</p> <p>REMSA Franchise Section 8 Section 15</p>	<p>Combine 911/dispatch centers into one central county-wide resource so that all data is collected in one central location with singular methodology. Alternatively, develop a virtual consolidation between dispatch centers using a universal CAD or type of CAD for the County.</p> <p>REMSA: REMSA supports the virtual CAD to CAD connections between REMSA (the Secondary PSAP) and the primary PSAPs (911 answering points) at Reno, Sparks and Washoe County. With the Tiburon CAD upgrade at Reno and Washoe County and possibly Sparks, the CADs can be virtually connected with the REMSA TriTech CAD, a CAD system specifically designed for emergency medical dispatching.</p> <p>As stated in the TriData report on Page 117 “It is difficult to recommend a full consolidation of 911 centers because the most efficient center (Sparks) would likely be absorbed. Instead, the County should consider a virtual consolidation of 911 centers, where regardless of physical location, all CADs and data management systems would be connected.” Our own Regional Public Safety Dispatch Working Group determined in October 2011 that it was not in the best interest of our community to consolidate the Washoe County Dispatch PSAP and Reno ECOMM Dispatch Center, rather the dispatch centers were only co-located which is no different from being linked by a CAD to CAD link.</p> <p>REMSA strongly believes that the emergency medical dispatch (EMD) function needs to remain at the REMSA medical dispatch center. A change in who performs EMD is not a recommendation in the TriData report. As stated on page 21 of the TriData report, “The dispatch center is a state of the art facility that includes call reception facilities, a computer-based Emergency Medical Dispatch (EMD) Program, and a base to field radio system.” “REMSA dispatch can serve as a back-up facility for Reno EComm.” REMSA EMD dispatch is accredited through the National Academy of Emergency Dispatch.</p> <p>NLTFPD: Supports. NLTFPD is supportive of combining dispatch services within Washoe County and a central depository. NLTFPD also supports a centralized dispatch center (Primary PSAP) that will receive requests for service via the most current form of available technology. The central dispatch (Primary PSAP) center will evaluate request for service, EMD the request, then dispatch appropriate public safety agency prior to any transfer to a non-public safety service.</p> <p>COR: this recommendation would require modification to the existing agreement as a condition of the franchise agreement. Migration to a single, shared computer aided dispatch system by all entities would improve efficiency, operability, transparency and accountability. Reno, Sparks, and Washoe are currently working to implement such a system, would require REMSA to agree.</p> <p>COS: Reno, Sparks and Washoe County will be the designated Public Safety Answering Point for emergency medical services (EMS) calls and shall meet any and all requirements and standards to function as such.</p> <p>TMFPD: Dispatch services should be co-located to negate any potential over/under reports for the purpose of penalty avoidance and increase efficiency.</p> <p>WCHD: Support CAD to CAD linkages.</p>	<p>Negotiate</p> <p>REMSA holding on Medical Dispatch and technology issues</p> <p>HUGE issue for public safety</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
<p>TriData #16 (Page 118)</p> <p>REMSA Franchise Section 8</p>	<p>Place all EMS Communications on the 800 MHz radio system.</p> <p>REMSA: REMSA is willing to install 800 MHz radios into its ambulances if grant funding can be obtained for the project. The Sheriff has volunteered to assist with the possibility of obtaining State grants. REMSA will continue to maintain the UHF frequency which is compatible with the surrounding ambulance services including north Lyon County, Carson City, Minden-Gardnerville, NLTFD and Northern California Counties. Currently the REMSA supervisor vehicles carry 800 MHz radios to communicate with Public Safety in the event of a hazardous materials incident or a mass casualty incident. In addition, REMSA's state of the art dispatch center has the technological capability of creating a seamless communication link between its UHF system and the 800 MHz radios so that all agencies are able to talk to each other.</p> <p>NLTFPD: Supports</p> <p>COR: Require agreement from REMSA. All other first responders in Washoe County currently utilize the shared system (i.e. Reno, Sparks, Washoe, State, FBI, NV Energy, National Guard, etc). This would reduce the costs of operation for REMSA and improve operability and interoperability.</p> <p>COS: Reno, Sparks and Washoe County will be the designated Public Safety Answering Point for emergency medical services (EMS) calls and shall meet any and all requirements and standards to function as such.</p> <p>TMFPD: Support all providers being on a single radio system.</p> <p>WCHD: Support but want to make sure the best technology solution is used and not tied to anyone.</p>	<p>Negotiate</p> <p>Big Issue for Regional Communication</p>
ISSUES CURRENTLY WITH CONCURRENCE		
<p>TriData #2 (Page 34)</p>	<p>All Emergency Dispatch Centers within Washoe County should begin to collect data on arrival at patient side. They should also collect data on the time that either CPR is started or an AED is deployed.</p> <p>REMSA: This recommendation is contained in a section of the TriData Report called "Response Times and Station Location;" therefore, collection of the data must be done in order to measure already established standards regarding response time. In order to properly measure the response times, fractile format must be used rather than averages. Each party should capture the data and report it to the Health District to that it can be verified and analyzed. Please also note that in the TriData Report, the consultant noted that ECOMM was unable to verify its data. This needs to be resolved.</p> <p>NLTFPD: No Comment</p> <p>COR: Currently have modified data collection to include arrival time of EMS – if FIRE arrives prior to EMS. Currently cannot capture REMSA times. Need to develop a procedure to capture AED / CPR initiation.</p> <p>COS: Reno, Sparks and Washoe County will be the designated Public Safety Answering Point for emergency medical services (EMS) calls and shall meet any and all requirements and standards to function as such.</p> <p>TMFPD: Separate requirements for arrival on scene and patient contact should</p>	<p>Agree</p> <p>Time stamp</p> <p>ADL Program</p> <p>REMSA needs fractile format</p> <p>May move to negotiate</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
	<p>be included under response time requirements so that the time differential can be measured and assessed relative to patient outcomes. Patient location and the arrival point can be separated by some distance.</p> <p><u>WCHD</u>: Support</p>	
<p>TriData #3 (Page 36)</p>	<p>Reno EComm (and successor organizations) and the Departments with volunteer fire services should develop a technological solution to decrease the impact of dispatch delays.</p> <p><u>REMSA</u>: This recommendation was directed at the PSAPs in connection with their dispatch of fire services, especially volunteer departments. REMSA is well within the national standards for emergency medical dispatching. We agree that the PSAPs should reduce dispatch delays wherever possible and have always supported a CAD to CAD link between REMSA and the PSAPs. REMSA does not believe, however, that relocating EMD to ECOMM will reduce the delays, especially the delays referenced in this recommendation.</p> <p><u>NLTFPD</u>: No Comment</p> <p><u>COR</u>: Currently examining options such as CAD to CAD interface and other options such as relocating EMS dispatch to ECOMM, as well as an upgrade to the current CAD software. Gathering requirements for what data elements would be needed in a CAD to CAD interface.</p> <p><u>COS</u>: Non relevant to Sparks</p> <p><u>TMFPD</u>: No Comment</p> <p><u>WCHD</u>: Support</p>	<p>Agree</p> <p>REMSA can use a patch to Tiburon</p> <p>May move to negotiate</p>
<p>TriData #4 (Page 47)</p>	<p>Review the incident reporting procedures between REMSA and all Fire Protection Districts and implement a unique identifier that allows for the reporting, integration, and analysis of an entire incident and not just the respective department's performance.</p> <p><u>REMSA</u>: Agree, and it can be accomplished now with CAD North, and a virtual CAD to CAD with all PSAPs will create a unique identifier number.</p> <p><u>NLTFPD</u>: is in support</p> <p><u>COR</u>: Need to modify agreement to establish a unique "incident number" that is generated at the point of EMS activation (ECOMM) and utilized by REMSA. This can also be accomplished by all entities migrating to a single shared computer aided dispatch system.</p> <p><u>COS</u>: No Comment</p> <p><u>TMFPD</u>: No Comment</p> <p><u>WCHD</u>: Support</p>	<p>Agree</p>
<p>TriData #14 (Page 118)</p> <p>REMSA Franchise Section 8</p>	<p>Implement a Countywide EMS Records Management System that links CAD and dispatch data and provides the necessary information so that system managers can make informed decisions about the EMS system based on fractile response data.</p> <p><u>REMSA</u>: Agree; however, given HIPAA issues, it makes the most sense for the Health Department, a covered entity, to receive and analyze the data from all EMS system participants. The health department can remove identifying information. We definitely agree that fractile response times should be used by all EMS agencies.</p> <p><u>NLTFPD</u>: Supports</p> <p><u>COR</u>: Migration to a single, shared record management system all entities</p>	<p>Agree</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
	<p>would improve efficiency, operability, transparency and accountability.</p> <p>COS: Reno, Sparks and Washoe County will be the designated Public Safety Answering Point for emergency medical services (EMS) calls and shall meet any and all requirements and standards to function as such.</p> <p>TMFPD: No Comment</p> <p>WCHD: Support</p>	
<p>TriData #15 (Page 118)</p> <p>REMSA Franchise Section 6</p>	<p>Implement an Automatic Vehicle Location (AVL) program throughout the county and adopt closest forces principles.</p> <p>REMSA: Support with clarification that EMD pre-arrival instructions need to be provided by a medical dispatch center accredited by the National Academy of Emergency Dispatch.</p> <p>NLTFPD: Supports</p> <p>COR: Recommend a broad implementation to include Fire, EMS, Police, and at a later time public works (RTC). Cost to each respective agency / absorbed through user fee by each agency. Critical to this would be a unified CAD system.</p> <p>COS: Daily staffing, service levels, response areas, response time goals, etc. will be shared to ensure best practices in patient care, and to inform others of the impacts of service level changes on the system. AVL will be implemented to assist with this outcome.</p> <p>TMFPD: No Comment</p> <p>WCHD: Support</p>	<p>Agree</p> <p>Technology compatibility is an issue</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
MEDICAL OVERSIGHT		
ISSUES NEEDING FURTHER NEGOTIATIONS		
TriData #29 (Page 130)	<p>The County Commissioners should authorize the District Board of Health (or other lead agency) to create a countywide EMS oversight authority. The District Health Officer (or designated department head) would be responsible for day-to-day oversight. The DHO would need a staff to accomplish this oversight.</p> <p><u>REMSA</u>: Agree.</p> <p><u>NLTFPD</u>: As mentioned in the TriData report, should in no way be impacted by any changes in reference to the Franchise Agreement for Reno, Sparks and Washoe County.</p> <p><u>COR</u>: Will require modification of modification of agreement and consensus (passage) by each respective governing body.</p> <p><u>COS</u>: No Comment</p> <p><u>TMFPD</u>: EMS operations are integrated into fire and rescue operations, so EMS system oversight should be advisory to the jurisdictions providing first response so that elected bodies of sovereign municipalities and may consider the impact of those recommendations on their citizens.</p> <p><u>WCHD</u>: Support</p>	<p style="text-align: center;">Negotiate</p> <p style="text-align: center;">Government issue</p>
TriData #30 (Page 131) <u>REMSA Franchise Section 18 Section 19</u>	<p>The chosen lead agency should appoint an EMS Staff that includes: an EMS Manager, EMS Medical Director, EMS Information Specialist, EMS Quality Manager, and EMS Education and Training Manager.</p> <p><u>REMSA</u>: Agree and the oversight and staffing should be under the DBOH. We question the need for all these levels of staffing.</p> <p><u>NLTFPD</u>: No Comment</p> <p><u>COR</u>: Will require modification of modification of agreement and consensus (passage) by each respective governing body.</p> <p><u>COS</u>: No Comment</p> <p><u>TMFPD</u>: The composition of any agency needs to be further analyzed to consider needs and costs.</p> <p><u>WCHD</u>: Support</p>	<p style="text-align: center;">Negotiate</p>
ISSUES CURRENTLY WITH CONCURRENCE		
TriData #4 (Page 47)	<p>Review the incident reporting procedures between REMSA and all Fire Protection Districts and implement a unique identifier that allows for the reporting, integration, and analysis of an entire incident and not just the respective department's performance.</p> <p><u>REMSA</u>: Agree, and it can be accomplished now with CAD North, and a virtual CAD to CAD with all PSAPs will create a unique identifier number.</p>	<p style="text-align: center;">Agree</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
	<p><u>NLTFPD</u>: is in support COR: Need to modify agreement to establish a unique “incident number” that is generated at the point of EMS activation (ECOMM) and utilized by REMSA. This can also be accomplished by all entities migrating to a single shared computer aided dispatch system. <u>COS</u>: No Comment <u>TMFPD</u>: No Comment <u>WCHD</u>: Support</p>	
<p>TriData #5 (Page 106)</p> <p>REMSA Franchise Section 18 Section 19</p>	<p>Create a lead EMS Agency, under the District Board of Health (and County Health Officer) to provide oversight over the entire EMS system, while maintaining the organizational identify of the individual provider services. This system should include a County EMS Manager, EMS Medical Director, and sufficient staff to provide regulation and oversight of access, clinical care, administration, quality management, and education and training, disaster management and evaluation. All organizations from PSAPs to healthcare systems that provide EMS in Washoe County should be part of the county wide system.</p> <p><u>REMSA</u>: Agree. Currently, Nevada law does not allow for this. Couldn't we start with a voluntary lead agency under the District Board of Health rather than change state law? <u>NLTFPD</u>: Supports cooperating with EMS providers in Washoe County. A Service Medical Director as outlined in NRS 450 will need to have strict adherence in order to maintain service oversight. NLTFPD, as mentioned n the TriData report, should in no way be impacted by any changes in reference to the Franchise Agreement for Reno, Sparks and Washoe County. COR: Will require modification of modification of agreement and consensus (passage) by each respective governing body. <u>COS</u>: No Comment <u>TMFPD</u>: No Comment <u>WCHD</u>: Support</p>	<p>Agree</p> <p>w/REMSA requirements</p>
<p>TriData #6 (Page 110)</p> <p>REMSA Franchise Section 18 Section 19</p>	<p>Create a lead EMS Agency, under the District Board of Health (and County Health Officer) to provide oversight over the entire EMS system, while maintaining the organizational identify of the individual provider services. This system should include a County EMS Manager, EMS Medical Director, and sufficient staff to provide regulation and oversight of access, clinical care, administration, quality management, and education and training, disaster management and evaluation. All organizations from PSAPs to healthcare systems that provide EMS in Washoe County should be part of the county wide system. Alternatively, oversight could be provided by another Washoe County public safety agency.</p> <p><u>REMSA</u>: Support. The DBOH is the Board with the responsibility for public health, and EMS agencies <u>must</u> report to a medical board on medical issues. REMSA currently does through the franchise agreement. <u>NLTFPD</u>: Franchise requirement: Need for identifying Franchise Oversight vs. First responder oversight. NLTFPD, as mentioned n the TriData report, should in no way be impacted by any changes in reference to the Franchise Agreement for Reno, Sparks and Washoe County. COR: Will require modification of modification of agreement and consensus (passage) by each respective governing body. <u>COS</u>: No Comment <u>TMFPD</u>: No Comment</p>	<p>Agree</p> <p>w/REMSA requirements</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
	<u>WCHD</u> : Support under the District Board of Health. Have concern if oversight is provided by another Washoe County public safety agency.	
<p>TriData #8 (Page 113)</p> <p>REMSA Franchise Section 18 Section 19</p>	<p>The DBOH should be give the authority to, and appoint an EMS Medical Director with oversight and authority over the quality of care for the entire system. The EMS Medical Director would report to the District Health Officer and could be a classified or contracted employee.</p> <p><u>REMSA</u>: Agree.</p> <p><u>NLTFPD</u>: NLTFPD does not support: Medical Direction for agency EMS Service is a requirement of NRS 450. NLTFPD is directed by a Elected Fire Board. NLTFPD, as mentioned n the TriData report, should in no way be impacted by any changes in reference to the Franchise Agreement for Reno, Sparks and Washoe County.</p> <p><u>COR</u>: This appointed position may need language that allows for review of the appointment / ratification by each governmental entity.</p> <p><u>COS</u>: No Comment</p> <p><u>TMFPD</u>: Statute requires that each entity have its own Medical Director. Each entity could choose to use the same Physician to fulfill this requirement, but a process would need to be determined as to how the Medical Director would be selected if disagreement were to occur in the selection process.</p> <p><u>WCHD</u>: Support</p>	<p>Agree</p>
<p>TriData #9 (Page 113)</p>	<p>Work to assure the passage of legislation or administrative regulation providing legal protection to all constituents participating in local EMS quality management programs.</p> <p><u>REMSA</u>: Agree. NRS 49.117 does not provide protection for community organizations who do not fall within the following categories: (1) a hospital; (2) an ambulatory surgical center; (3) a health maintenance organization; (4) an organization that provides emergency medical services pursuant to the provisions of Chapter 450B of NRS; (5) a medical facility as defined in NRS 449.0151; or (6) an institution of the Nevada System of Higher Education or any of its affiliated organizations that provides clinical program r practice related to the medical treatment or care of patients. Even PMAC is not protected under this statute.</p> <p><u>NLTFPD</u>: No Comment</p> <p><u>COR</u>: Will require a BDR from respective governing body.</p> <p><u>COS</u>: No Comment</p> <p><u>TMFPD</u>: No Comment</p> <p><u>WCHD</u>: Support</p>	<p>Agree</p> <p>Future State Legislature Issue</p>
<p>TriData #10 (Page 113)</p> <p>REMSA Franchise Section 18</p>	<p>Accept the listed qualifications for the position of County EMS Medical Director.</p> <p><u>REMSA</u>: Support.</p> <p><u>NLTFPD</u>: No Comment</p> <p><u>COR</u>: No Comment</p> <p><u>COS</u>: Work with Dr. Cohen on how to balance jurisdictional control to set service levels and standards with Medical Directors authority to set service levels and standards.</p> <p><u>TMFPD</u>: No Comment</p> <p><u>WCHD</u>: Support</p>	<p>Agree</p> <p>Will need Dr. Cohen on this issue</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
<p>TriData #11 (Page 114)</p> <p>REMSA Franchise Section 18</p>	<p>Rename the PMAC as the EMS medical Director Task Force to be chaired by the County EMS Medical Director. The task force would be advisory in nature.</p> <p>REMSA: Support. PMAC has the current EMS MDs and a variety of MDs that interface with EMS patients. The name is immaterial.</p> <p>NLTFPD: No Comment</p> <p>COR: No Comment</p> <p>COS: No Comment</p> <p>TMFPD: No Comment</p> <p>WCHD: Support task force recommendation (but does not need renaming).</p>	<p>Agree</p> <p>Will need Dr. Cohen on this issue</p>
<p>TriData #12 (Page 117)</p> <p>REMSA Franchise Section 8</p>	<p>Within the Washoe County District Board of Health (or selected lead EMS agency), create a data management program to generate valid, reliable, accurate, and timely information to describe the entire EMS event for the County and provide real time feedback to response agencies and the community. Cooperate with other public health and public safety and community resources to produce injury and illness surveillance reports that can be used to focus EMS efforts.</p> <p>REMSA: Support through the umbrella of the District Board of Health as oversight agency and could be performed by a third party vendor.</p> <p>NLTFPD: No Comment</p> <p>COR: No Comment</p> <p>COS: Reno, Sparks and Washoe County will be the designated Public Safety Answering Point for emergency medical services (EMS) calls and shall meet any and all requirements and standards to function as such.</p> <p>TMFPD: No Comment</p> <p>WCHD: Support under the District Board of Health (concerns if under other EMS agency).</p>	<p>Agree</p> <p>w/REMSA Conditions</p>
<p>TriData #14 (Page 118)</p> <p>REMSA Franchise Section 8</p>	<p>Implement a Countywide EMS Records Management System that links CAD and dispatch data and provides the necessary information so that system managers can make informed decisions about the EMS system based on fractile response data.</p> <p>REMSA: Support. A third party vendor could be utilized to ensure quality. Fractile response data should be utilized by all EMS agencies.</p> <p>NLTFPD: Supports</p> <p>COR: Migration to a single, shared record management system all entities would improve efficiency, operability, transparency and accountability.</p> <p>COS: Reno, Sparks and Washoe County will be the designated Public Safety Answering Point for emergency medical services (EMS) calls and shall meet any and all requirements and standards to function as such.</p> <p>TMFPD: No Comment</p> <p>WCHD: Support</p>	<p>Agree</p>

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
OTHER		
ISSUES NEEDING FURTHER NEGOTIATIONS		
TriData #37 (Page 137)	<p>The Reno Fire Department, IAFF, and the volunteer service should work out any issues assure that the closest, qualified unit will be sent to a medical emergency.</p> <p><u>REMSA</u>: Agree. <u>NLTFPD</u>: No Comment <u>COR</u>: Can and would require modification to the Collective Bargaining Agreement. Would require CAD to Cad linkage of all response agencies and the utilization of a automatic vehicle location system (AVL). <u>COS</u>: Non relevant to Sparks <u>TMFPD</u>: No Comment <u>WCHD</u>: In generally, this is the most appropriate policy, but we have no additional comment.</p>	Negotiate
ISSUES CURRENTLY WITH CONCURRENCE		
TriData #34 (Page 136)	<p>At the current time, evidence is lacking to support first responder upgrade to paramedic. Current EMTs and EMT-I should provide the maximum care available for their current level of certification.</p> <p><u>REMSA</u>: Agree. <u>NLTFPD</u>: No Comment <u>COR</u>: First response should make deliberate advances to Paramedic level service delivery in order to provide the highest level of patient care upon patient contact. This is in alignment with other fire agencies serving the region. <u>COS</u>: No Comment <u>TMFPD</u>: No Comment <u>WCHD</u>: Support</p>	Agree
TriData #35 (Page 136) REMSA Franchise Section 27	<p>REMSA should discontinue using the statement that their service is provided at no cost to the citizens.</p> <p><u>REMSA</u>: Disagree. <u>NLTFPD</u>: No Comment <u>COR</u>: No Comment <u>COS</u>: No Comment <u>TMFPD</u>: Franchise fees, like for any other exclusive franchise, should be assessed and collected and costs for audits recovered. Franchise fees should be distributed between the jurisdictions benefiting from REMSA including the City of Reno, City of Sparks, Washoe County, Truckee Meadows Fire Protection District and North Lake Tahoe Fire Protection District. <u>WCHD</u>: DBOH should work with REMSA to determine what statement should be used.</p>	Agree w/discussion
TriData #38 (Page 137)	<p>The Reno Fire Department should not suspend responding to EMS calls, even during high volume fire responses. If reduced response is necessary, EMS first response could be limited to Priority D or E level calls.</p> <p><u>REMSA</u>: Neutral. This is not a REMSA issue. <u>NLTFPD</u>: No Comment <u>COR</u>: Can be achieved immediately through a policy change at ECOMM. <u>COS</u>: No Comment</p>	Agree

Recommend / Page(s) & Franchise Sec.	TriData Recommendation	Agree/ Negotiate
	<p><u>TMFPD</u>: No Comment</p> <p><u>WCHD</u>: No first responder should suspend response.</p>	
<p>REMSA <u>Franchise</u> Section 11</p> <p>Section 22</p>	<p><u>REMSA</u>:</p> <ul style="list-style-type: none"> - Define standard for use of rotary wing resources within the region. Response: REMSA has an internal policy on when Care Flight can be utilized within the REMSA ground service area. - REMSA to enter into agreements with boundary jurisdictions for transportation service. Response: REMSA has mutual aid agreements with NLTFPD, Carson City Fire, Storey County Fire, Truckee, California Fire Department and North Lyon Fire (Fernley). <p><u>COS</u>:</p> <ul style="list-style-type: none"> • Rotary Wing is a widely used resource outside of Washoe County, as well as inside the county. Define a specific operational standard, to include availability in Washoe County • The quality management requirements imposed on REMSA should actually be imposed on RASI. • REMSA will have mutual aid/automatic aid agreements with boundary jurisdictions that provide transport service, ensuring closet resource response. <p><u>TMFPD</u>:</p> <p>Comments on Authority:</p> <ul style="list-style-type: none"> • Organizational, performance and operational criteria should be determined by REMSA for all EMS subordinate agencies. • Language is needed, or REMSA must provide direction and clarify patient responsibility and transfer of care. Where dual agencies have ALS levels of service, there should be no ambiguity as to responsibility for patient care. Patient care should be the responsibility of the first arriving and highest qualified EMS provider until a formal transfer of care is made. <p>Comments on Transparency:</p> <ul style="list-style-type: none"> • All REMSA meetings, communications and work products should be subject to open meeting laws including their subordinate EMS response agencies except as provided by medical privacy law. • Open disclosure of performance is not to be feared, but embraced so that strengths and weaknesses may be assessed, which will result in increased system performance. 	
	<p style="text-align: center;"><u>Supply Exchange Program</u></p> <p><u>REMSA</u>: REMSA has offered a policy to upgrade the old exchange policy of 1995. Fire service will be given online ordering access to enter supplies utilized on a case by case basis. Supplies will be replaced weekly. Immobilization items will be replaced on scene at the time of use. Fire Chiefs are in agreement but also want IV supplies replaced. Current NRS prohibits this exchange. We are exploring any other options.</p>	

Attachments



April 10, 2013

*Sent via Facsimile & U.S. Mail
(775) 858-5726*

Jim Gubbels
Executive Director
Regional Emergency Medical Services Administration
450 Edison Way
Reno, NV 89502

**RE: Request for REMSA Board Consideration to Negotiate Changes to
Current Franchise Agreement with the District Board of Health**

Dear Jim,

First, congratulations on your selection as Executive Director and your positive approach to the discussions of the Tri-Data Study. Much has already been accomplished in a short period of time with our joint efforts to implement this study. We have all gained important insight and have a clearer picture of the 38 recommendations of the Study. We have already sorted the recommendations together into areas where **concurrence** has been reached on a majority of the recommendations. The term concurrence is used to indicate all parties see a positive path to implementation of the recommendations and we will focus on carrying out the resolution in the near future. Of the 38 recommendations provided within the Tri-Data Study, 24 of the recommendations fall into concurrence finding, and one recommendation has been reviewed and completed. This leads us to 13 items needing negotiation by the parties. Many of the remaining items are directly related to changes needed in the current franchise agreement and its governance. At your request, we are providing you this letter for your use in seeking board direction to come to the negotiating table on changes needed to the current Franchise Agreement.

First and foremost please understand we are making this request to show our commitment to your organization and to recognize your exemplary operations, with a goal to provide a solid starting point for our collective future. Secondly, it is important to City and County leaders that a fair contract-based agreement is reached to take our commitment with you into the future.

Jim Gubbels
Regional Emergency Medical Services Administration
April 10, 2013
Page 2

At our last meeting, we focused on the need to change the method and terms of the current franchise agreement. The City Managers, County Manager and the District Health Officer informed you we have collective recommendations that rest on the central and essential need to have a greater role in the provision, management, and accountability for Public Safety within in Washoe County as governments. We are collectively recommending we pursue a path for change for both parties that will provide sustainability and accountability for our Public Safety missions. Our region needs to manage EMS as a component of Regional Public Safety where increased oversight is provided; standards for EMS Transport and Patient Care are integrated in dispatch systems; and the use of Fire Services is balanced and provides for a long-term contractual relationship for the transport and pre-hospital care of patients as they reach the medical systems in our region. We have great reluctance and would not recommend we continue to use the current "modified" form of a Public Utility Model into the future. The system lacks the necessary components of accountability, including transparency; clear and consistent definitions; ability to change services and service territories to keep pace with the needs of our citizens; financial equity; and the ability of all the components of Public Safety to be under integrated systems for data, dispatching, and oversight that are needed for the future of REMSA and our Public Safety Systems.

This is a critical change for our region with lots of matters to be negotiated, but we need your organization to embrace the change and continue to come to the table to negotiate a franchise agreement. Please let us know as soon as possible the considerations of your board and the direction you have for continued efforts to implement the recommendations of the Tri-Data Study.

Sincerely,



Shaun D. Carey
Sparks City Manager



Katy Simon
Washoe County Manager



Andrew Clinger
Reno City Manager

SDC/KS/AC/Cb

C: City of Sparks, Washoe County, City of Reno, Washoe County Health District, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District and Regional Emergency Medical Services Administration



May 9, 2013

Shaun Carey, Sparks City Manager
Katy Simon, Washoe County Manager
Andrew Clinger, Reno City Manager
Dr. Randall Todd, Washoe County Health District

The REMSA Board has requested that you provide some clarification of your letter dated April 10th prior to the next REMSA Board meeting on May 17th.

The Board is requesting that you specifically list the thirteen items you say still need negotiations with the recommendations you are requesting, why changes are needed and the benefit to patient care these changes will provide. They would like for you to define what a fair contract-based agreement is.

You stated in your letter that EMS is a component of Regional Public Safety. Even Dr. Cohen stated in his report: "All should agree that EMS is the practice of medicine outside of the hospital." This would not support your position that EMS is a component of Public Safety and would suggest that EMS, both fire first response and REMSA, should report to the District Board of Health. Please explain why you feel otherwise.

You reference not using the current form of a "Modified PUM" into the future. Do you have specific recommendations as to changes in the structure you would like to see?

Please define what your expectations are of REMSA in the following areas you describe:

1. Accountability
2. Transparency
3. Clear / consistent definitions
4. Ability to change services and service territories
5. Financial equity

Please also list what you are willing to commit to, as fire first responders, in the above areas.

Sincerely,

A handwritten signature in black ink that reads "Jim Gubbels, RN". The signature is written in a cursive style.

Jim Gubbels, RN
President / Chief Executive Officer
REMSA

JG/djz