WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

1001 East Ninth Street, Reno, Nevada 89512
P.O. Box 11130, Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.3752
www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Emergency Medical Services Advisory Board

Date and Time of Meeting:	Thursday, July 7, 2016, 9:00 a.m.
Place of Meeting:	Washoe County Health District 1001 E. Ninth Street, Building B, South Auditorium Reno, Nevada 89512

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.

***1. Call to Order**

***2. Roll Call and Determination of Quorum**

***3. Public Comment**
Limited to three (3) minutes per person. No action may be taken.

4. Approval of Agenda
July 7, 2016 Meeting

5. Approval of Draft Minutes
April 7, 2016 Meeting

6. Election of Regional EMS Advisory Committee Chair and Vice Chair

Elected Chair will assume gavel and lead remaining meeting items, unless noted otherwise.

***7. Program and Performance Data Updates**
Christina Conti

***8. Presentation to the EMS Advisory Board**

- NAC 450b and NAC 629 revisions [Workgroup members]
- Appreciation for years of service
  - Chief Mike Brown (Retired), NLTFPD
  - Chief Tom Garrison, SFD

9. Presentation and possible acceptance of an update on the progress of the implementation and utilization of Intermediate Life Support (ILS) ambulances in the REMSA service area. [Driscoll]
Don Vonarx, REMSA

10. Presentation, discussion and possible acceptance of a presentation regarding the conferences attended by the EMS Program staff.
Christina Conti, Brittany Dayton and Heather Kerwin

11. Presentation, discussion and possible acceptance of an update regarding the regional fire partner EMS data and provide direction to staff regarding the content of future data reports.
Heather Kerwin

12. Discussion, possible approval and recommendation to present the clarification of the northern border of the Washoe County REMSA ambulance franchise service area to the District Board of Health.
Christina Conti

13. Presentation and possible acceptance of an update on Emergency Medical Services Mutual Aid Agreements within the region. [Reno Fire Department]
Brittany Dayton

14. Presentation and possible acceptance of the EMS Program's FY15-16 Annual Report template.
Heather Kerwin

15. Presentation, discussion and possible acceptance of an update on the CAD-to-CAD interface between the Public Safety Answering Points and REMSA dispatch.
Brittany Dayton

16. Presentation, discussion and possible direction to staff regarding the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.
Christina Conti

***17. Board Comment**
Limited to announcements or issues for future agendas. No action may be taken.

***18. Public Comment**
Limited to three (3) minutes per person. No action may be taken.

19. Adjournment

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; 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.

The Emergency Medical Services Advisory Board 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 at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2415, at least 24 hours prior to the meeting.

Time Limits: Public comments are welcome 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 Emergency Medical Services Advisory Board 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 Emergency Medical Services Advisory Board. 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 Emergency Medical Services Advisory Board 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 Emergency Medical Services Advisory Board may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcements 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
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: https://notice.nv.gov

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Jeanne Harris, Administrative Secretary to the Emergency Medical Services Advisory Board, is the person designated by the Emergency Medical Services Advisory Board to respond to requests for supporting materials. Ms. Harris is located at the Washoe County Health District and may be reached by telephone at (775) 326-6049 or by email at jharris@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

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MEETING MINUTES

Emergency Medical Services Advisory Board

Date and Time of Meeting:	Thursday, April 7, 2016, 9:00 a.m.
Place of Meeting:	Washoe County Health District 1001 E. Ninth Street, Building B, Conference Room B Reno, Nevada 89512

The Emergency Medical Services Advisory Board met on Thursday, April 7, 2016, in the Health District Conference Room B, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order

Chair Slaughter called the meeting to order at 9:05 a.m.

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2. Roll Call and Determination of Quorum

The following members and staff were present:

Members present: John Slaughter, Manager, Washoe County, Chair
Kevin Dick, District Health Officer, Vice Chair
Steve Driscoll, Manager, City of Sparks
Andrew Clinger, Manager, City of Reno
Terri Ward, Hospital Continuous Quality Improvement Representative, Northern Nevada Medical Center (attending via telephone)
Dr. Andrew Michelson, Emergency Room Physician, St. Mary's

Ms. Harris verified a quorum was present.

Staff present: Leslie Admirand, Deputy District Attorney
Dr. Randall Todd, Division Director, Epidemiology & Public Health Preparedness
Christina Conti, EMS Program Manager
Brittany Dayton, EMS Program Coordinator
Heather Kerwin, EMS Statistician
Jeanne Harris, Administrative Secretary, Recording Secretary

Chair Slaughter noted that he would try to adjourn the meeting around 10:30 a.m. to allow some Board members to attend a groundbreaking ceremony.

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3. Public Comment

Chair Slaughter opened the public comment period and noted that he would also allow public comment on the individual items.

As there was no one wishing to speak, **Chair Slaughter closed the public comment period**.

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4. Approval of Agenda
April 7, 2016 Meeting

Mr. Driscoll moved to approve the April 7, 2016 agenda and to hear the Chest Compression presentation after Item 5, Approval of Draft Minutes. Mr. Dick seconded the motion which was approved unanimously.

7a. Presentation to the EMS Advisory Board - Chest Compression Device

Chief Charlie Moore, Truckee Meadows Fire Protection District (TMFPD), presented the chest compression device and introduced TMFPD staff Captain James Solaro, FEO Brian Pickett and Firefighter/Paramedic Jonathan Bernard. The device was provided by a donation of discretionary funds from Commissioner Hartung and has been found to be a very valuable tool. Vice Chair Dick had asked him to provide a demonstration to the EMS Advisory Board. He noted that the device sets up in minutes and provides chest compression automatically, so the cardiac arrest process and field treatment is more efficient. Mr. Bernard demonstrated operation of the device. Chief Moore noted that doing chest compressions manually is very tiring. Use of the device gives the patient the best chance of effective CPR, maintaining the organs and allowing other advanced life support, rather than designating a firefighter strictly to performing chest compressions. It could take 30 minutes or longer for a patient to arrive at the hospital, and an hour or more for Gerlach patients. They had used it on one patient, and she was delivered to the ER as a viable patient. They will budget for more devices.

Mr. Clinger asked if other jurisdictions in the country are using the device. Chief Moore responded that he was not sure. He stated that it is not a new device, but is fairly new in its design. Chief Nolan, Reno Fire Department, reported that Las Vegas and Henderson fire departments are using it. Chief Moore noted that the device costs $15,000 and uses batteries that last about 45 minutes. There is a second battery and they can use AC power in

the REMSA ambulances. More work is required with fire departments and emergency room physicians before they start using it. TMFPD would like to budget for six more devices. Steve Tafoya, State of Nevada EMS, reported that there are about five rural EMS agencies that have similar devices. Some of the rural hospitals want to keep the device going at the ER, so the EMS agencies have worked with the local hospitals to make sure they have something available.

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5. Approval of Draft Minutes
January 7, 2016 Meeting

Mr. Driscoll moved to approve the January 7, 2016 minutes as submitted. Mr. Clinger seconded the motion which was approved unanimously.

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6. Program and Performance Data Updates
Staff representative: Ms. Conti

Ms. Conti highlighted the following:

- Ms. Dayton is one of the two persons in the region taking the lead on writing the Regional Medical Surge Plan. This plan is for a medical surge in nine regional jurisdictions. Ms. Conti noted that this is a great accomplishment for our region.
- The new ambulance franchise response map was approved by the District Board of Health with an implementation date of July 1, 2016.
- The Annual Compliance Report for the Franchise was approved and accepted by the District Board of Health in February, 2016.
- The CAD-to-CAD interface process and strategic plan process have begun, and the Omega process has continued.
- The EMS Oversight Program partnered with the Sheriff's Office and recently brought peer support training to the region at no cost to partners. This program had been robust in the area until attrition and budget reductions occurred. Thirty-four people attended. Ms. Dayton attended the training, because the Washoe County Health District would help staff Family Assistance Centers and would need to support colleagues working with them.

Mr. Driscoll referred to the staff report item on investigations and inquiries by the agencies. He noted there was an inquiry in January from the Sparks Fire Department asking for examples of calls that were going to be attended by ILS ambulances rather than ALS ambulances. He asked Ms. Conti if there were data and reports regarding the number of units used and types of calls. Ms. Conti responded that from her perspective and knowledge base, the ILS cars in the system right now are being used solely for inter-facility transfers. The Program had identified a few calls in which it appeared ILS units stopped the clock for a 9-1-1 call. The Program then asked for documentation on that, as it went against the ILS process. They were told that because the unit was termed ILS, a supervisor was also dispatched simultaneously which then changed the unit to be ALS. So the situation was not the staff of the ILS taking care of the patient without the paramedic. Mr. Driscoll advised that at the time they discussed the implementation of the ILS addition, it was put on the record that those units would be in addition to the ALS units that were on duty during those times.

Mr. Driscoll asked Ms. Conti if they had any data showing the number of ALS units being used approximately 30-60 days before they started the ALS, and then data showing from that point that same amount of advanced units in the field, an addition of ILS units versus a reduction. He had asked for this on the record because REMSA stated that they were not going to supplant. He asked Ms. Conti if the Program has any data to show that the number of advanced units has been maintained. Ms. Conti responded that the EMS Program had not received anything, so she is unable to answer his request. Ms. Driscoll asked Ms. Conti if that was something she was requesting or would the Board need to request it. She replied that it would probably need to be a request from the Board. The EMS Program has the staffing model for 9-1-1 calls, but the request for that data does not include the ILS portions.

Mr. Dick expressed appreciation for the peer support training program. He reported that the public information officer from San Bernardino visited Reno to talk about the experience during their active assailant shooting. She talked about the importance of counseling for staff members who went through the tragedy. Ms. Conti added that there is also a Crisis Incident Stress Management training held in the region this month that is also free to regional partners. This shows that the region is taking a lead in this issue.

Mr. Dick requested an update on a recent issue regarding special events and ambulance staffing. Ms. Conti reported there was a concern regarding medical coverage for an event being held the weekend of April 9. The EMS Program was comfortable with the medical coverage for the event; however, some concerns arose about how the laws are written and their interpretation. This region with the four jurisdictions and the organizations that would be bidding on it or approving permits for special events with medical coverage could have different interpretations. Ms. Conti noted that Ms. Admirand is seeking guidance from the State Attorney General's office, so that all regions can interpret the law the same way. Mr. Driscoll asked Ms. Conti what was going on with these different events, that none of the producers were trying to infringe on REMSA's franchise right to be the transport agency. Ms. Conti responded that it was the requirement to have an ambulance that was in question. This is all based on the definition of what "significant" means in patient contacts. In one part of the law, it uses the conjunction "and," and in another part, it uses the conjunction "or." This lends to confusion regarding whether "significant" means two things put together or two things separately. Mr. Driscoll noted that he understands from some of this suspicion that the medical component on the ground is one thing, but he wants to ensure that producers coming from outside are not trying to interfere with our franchise agreement. He also wanted to ensure that we are not infringing on the franchise when, and if, a transport unit needs to be on scene, is staging and/or being called. Ms. Conti responded that this is not happening at this time.

Chair Slaughter requested any public comment on this item. There was no comment, so Chair Slaughter returned to Item 7, the ALS update from Reno Fire.

7b. Presentation to the EMS Advisory Board – ALS Implementation

Dave Cochran, Fire Chief for City of Reno, introduced Chief Dennis Nolan, his new EMS chief, to give a presentation on Advanced Life Support (ALS) implementation. Chief Nolan reported that he would present an overview of their current program and where

they might go in the future (See Attachment 2). In 2015, the Reno Fire Department was operating at the advanced, or EMTI, level of service. There were 17 EMS-certified vehicles then which were all Advanced Emergency Medical Technician units (14 engine companies, two trunk companies and one light rescue unit). Advanced Life Support is a set of advanced life-saving protocols and skills that exceed the basic or EMT or ILS levels. The Reno Fire Department will arrive first on scene nearly 60% of the time within city limits. Survivability of cardiac arrest increases dramatically if paramedic-level care is initiated within four minutes. For quite a while, fire services have been deploying their fire units based on the cardiac arrest model, trying to get to fire scenes within 4-8 minutes. Eight minutes is more realistic than six minutes given the number of fire stations. They have 14 stations strategically positioned throughout the city. Chief Nolan advised that the economics of this are simple---the fire department is capable of providing multiple services to taxpaying citizens, not only fire response but emergency medical service.

Chief Nolan commended the Department for developing this well-thought-out paramedic program in only six months (prior to his arrival). They put together new protocols based on other areas' protocols that have been improved in the area with the help of the medical director and a 6,500 page comprehensive standard policy and procedure. At this time, there are 27 certified paramedics and eight newly-hired paramedics in the probationary process. They are operating two engine companies, one at Station 21 at the parking lot of the Grand Sierra Resort and one at the downtown station. Chief Nolan advised that in the future, they will look more at two-person rescues. Community paramedicine is a program that has moved nationwide. REMSA has done a vast amount of work in this area. Fire services across the country have also entered into doing community paramedicine and mobile-integrated healthcare to provide outreach to citizens who would benefit from these types of services. They have purchased two new rescue units, but the units have not been inspected yet. They will be used primarily as two-man rescue units. This provides more surge capacity in the event of a mass casualty incident and provides the opportunity for a shelter on scene of large fires so paramedics can perform their own rehab services, alleviating the need for ambulances that could be otherwise be deployed in the community. They will discuss MOUs with REMSA so that these ambulances could be used for that purpose when needed.

Chief Nolan reported that Ground Medical Emergency Transport funding has become available in the last few years to help supplement the emergency response services of fire departments. The requirement for this funding (which is now available and could be considerable), is that fire departments would have the ability to respond to treat and transport Medicare patients. They are not required to transport those patients. Chief Nolan thanked the Fire Department firefighter paramedics who put the program together: Steven Cwiak, John Kochergin, Jerry Kosak, Tegg Orduno, Shawn Grady, and Dr. John Watson (Medical Director).

Chair Slaughter asked Chief Nolan if the goal is to have paramedics with all Reno Fire's engines. Chief Nolan responded in the affirmative, that by the end of 2017, they hope to have the vast majority of engines with paramedic service.

Dr. Michaelson commented that they have probably already considered that the frequency with which paramedics use these skills is low, and training must be provided to maintain excellence of skills which takes training money. Chief Nolan agreed and stated they have contacted Renown about this and will contact the other hospitals to get Reno Fire Department's paramedics into emergency and operating rooms to hone their skills.

Ms. Conti noted that Terri Ward ended her telephone attendance at 9:33 am, because the hospital had an emergency that required her attention.

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8. Presentation, discussion and possible approval of data reporting update with possible direction to jurisdiction and/or EMS Oversight Program staff regarding the reporting of data submitted from fire agencies for quarterly data reports.
Staff Representative: Ms. Kerwin

Ms. Kerwin reported that her presentation included two major sections: 1) examples of proposed changes to the EMS Program's quarterly reports and 2) an illustration of how data are generated, captured and reported to the Program, including some of the issues the Program has identified through the quality assurance Ms. Kerwin runs for the PSAPs and fire personnel, and some of the potential solutions and proposed timelines for producing a comprehensive EMS annual report. (The presentation is Attachment 1 to these minutes.)

Ms. Kerwin reminded the Board that there are two sets of standards the Program is looking at, the NFPA and the regional Standards of Cover recommendations. There are some variances in the standards or recommendations by which various agencies wish their performance to be measured. As part of the ILA obligations, the Program must have at least one set of unified performance measures that they can then use to measure their success or opportunities for improvement countywide as an EMS response system. She noted that she is more than willing to measure jurisdictions by their adopted or preferred standards within their jurisdictional sections.

Ms. Kerwin noted that one change the Program proposes at a regional level using the NFPA standards would be to look at performance and how it has improved. There would be a rolling snapshot from the previous quarter, eliminating the need to look at the previous quarter's report.

Ms. Kerwin reported on the measurement of travel time both with NFPA standards and Standards of Cover. At this time, only TMFPD has the ability to report the land use codes. Without the ability of two of the three jurisdictions to report land use codes, the Program is unable to show regional performance.

Ms. Kerwin reported on a proposed change in the analysis for looking at the first arriving agency on scene. Currently, the Program looks at a subset of matched calls that included when both REMSA and a fire partner completed a call and arrived on scene. A more comprehensive look at this analysis would include all six variations for arrival on scene among all matched incidents, using the maximum number of data available.

Ms. Kerwin reported on the Program's review of how data are generated, captured and reported to the Program. She also reported on some of the issues the Program has identified recently along with potential solutions and a proposed timeline for reconciling those data. She noted that in order to produce a meaningful and comprehensive annual report for presentation at the October 6, 2016 EMS Advisory Board meeting, she would need all data from July 1, 2015 – June 30, 2016 reported no later than July 31, 2016. If fire partners want to have a report review prior to submitting the report to the EMS Advisory Board, then all data should be provided by July 15, 2016.

Ms. Kerwin noted that she will not be doing a Quarter 3 report, because she already completed matching two of the three months for Quarter 3, and the only feasible way to do the report is to have an interface within the next few weeks directly from the CAD.

Mr. Clinger commented that it appears one of the biggest challenges for Ms. Kerwin is matching the data from Fire to REMSA. Ms. Kerwin replied that it is not necessarily a challenge, but is time consuming. Mr. Clinger asked Mr. Kerwin if having a CAD-to-CAD link in place between REMSA and the PSAP would eliminate the marrying up of the data. Ms. Kerwin responded that while she does not have the technical background to explain the CAD-to-CAD interface, she thinks it would be necessary to have a shared field from both sides that would link a master identification number or each agency's identification number for the incident, or build a master identification number for all agencies who would then keep their own individual incident numbers. Mr. Clinger opined that this may be a possible solution and makes a lot of sense if it is technically possible. Before the EMS Advisory Board was even set up, they had discussed the idea of creating some sort of a master record ID that allows one to match up the data so that it aligns. He noted that he did not know if it was technically possible. Ms. Kerwin agreed that this would be a good option for her, and as they move forward with the CAD-to-CAD link, this would be an item for discussion. Ms. Conti interjected that she thought Ms. Dayton would outline this in her CAD discussion item later in this meeting. She advised that there needs to be a master reference number, but through what Ms. Kerwin does, over 99.9% of all calls get matched. When she stated "all fire calls," there are a lot of calls that they are finding are not necessarily deemed medical, because Fire has a cadre of calls they go on, but there might be a medical component. They just are not termed medical. So there are still a percentage of REMSA calls that are not matching the calls given to the Program from the fire partner. They are still trying to figure out what those 20-25% of unmatched calls from REMSA's data look like and which fire jurisdiction they should be going to. So the Program in matching all calls would ask that Fire would send everything, not just calls they would deem as medical.

Mr. Clinger followed up on the labeling of alarm times reporting that he had met with his staff on this topic. They have a meeting at the end of April with the EMS Program to hopefully resolve some of those issues.

Mr. Dick noted that they have a solution to the issue of it being time consuming to match the calls. However, there is a problem with the data as it is converted from the PSAP to the Fire RMS system which has created bad data, coming to us from the data system. He opined that one solution may be to get the PSAP data directly that has the time stamps within it. He asked Ms. Kerwin if that was correct. She replied in the affirmative, adding that the PSAP and fire data from the raw CAD data would be one of the solutions. Mr. Dick opined that if this serves their purposes, this may be a readily available solution to get correct data to use for the analysis. He asked if Zoll, the vendor for the RMS system, had been consulted on the interface issue. Ms. Kerwin responded that she did not know who had been consulted by any of the jurisdictions related to the interface issue.

Mr. Driscoll asked Chief Garrison for clarification. Tom Garrison, Sparks Fire Chief, agreed that it is highly important that all the data be accurate now that decisions are being made on data. Right now, they are only capturing the low-hanging fruit, which is the response data. They would like to capture patient care and patient outcome data, but CAD cannot do that. Only the Fire RMS reports can capture that data. Chief Garrison opined that there are two options before the Board: 1) write a program to access the CAD data, or 2) take a hard look at the Fire RMS/CAD interface and correct that. He considers that

correcting the interface would be much more important, because he would not have to deal with two databases, just his Fire RMS which includes all the actions that occur on scene. He encouraged the Board to direct their staffs to meet to explore and correct the interface, as he understands that the interface between Tiburon and Fire RMS is the same for all three fire agencies. This would be better than putting a band-aid on it by writing an interface with the CAD program.

Susie Rogers, Assistant Director for Reno Public Safety Dispatch, introduced Rishma Khimji, new IT Assistant Director for City of Reno. Ms. Khimji has been fully informed on the concerns and issues they have with times of fire, so that they can report accurate times to EMS, whether it comes from CAD or Zoll. Ms. Khimji is very familiar with Tiburon and CAD and will be working with her staff to determine where the outliers are occurring and take this to the vendors or the interface, whichever is the case.

Ms. Khimji reported that they are basically looking at how the data is being transported into RMS and if it is correct. If it is correct, they may look at the process on the data analysis side. She speculated that there may be some goals that are not aligned, and hoped that the goals may be specifically identified at the upcoming meeting. She opined that both sides may be making assumptions about what the data is. She noted that Ms. Kerwin's data presentation has helped. She stated that they need to look at what they are doing, how it is being done, and determine their goal. The agencies need to align, so that if there are issues with the interface, they can start looking at those issues. Until they know what the goals are, including how they are identifying that data, the definitions of that data from Reno's side, the PSAP side, and the Fire RMS side, she believes there will always be mismatched data. They need to determine if the problem is technical or process related. Her goal is that the data is matched and seen correctly.

Chair Slaughter requested clarification as to whether a meeting had been scheduled. Ms. Conti responded that the City of Reno had contacted her on April 6 regarding setting up a meeting of the EMS Program staff with their data people to begin troubleshooting this from their end. She will compile some notes from that meeting to share with the other two jurisdictions, so that everyone is operating the same way.

Mr. Dick stated that all the jurisdictions have identified that there is a problem with the CAD/RMS interface and opined that this should be accepted. They have overworked the issue with the idea that somehow the way they use the data they receive is causing the problem. He opined that they need to correct the situation to resolve this.

Ms. Khimji noted she wanted to clarify that they looked at and cross matched some of the data provided to them.

Chair Slaughter asked if there was general agreement that all the issues and two potential solutions were identified in Ms. Kerwin's presentation, or if there is a greater discussion that should occur with technical staff. Ms. Kerwin responded that these are the issues they were made aware of. The interface issue is congruent through all three jurisdictions in various ways that the EMS Program does not always understand from an IT technical standpoint. It is possible that one of the jurisdictions has more input.

Chair Slaughter noted that in the interest of time, he would like to see an expanded or second meeting where there is agreement on the issues and potential solutions. Ms. Khimji believed that the meeting at the end of the month will address this. Ms. Conti's understanding is that everyone is upgraded now and on the same side of software, so there may be issues that Reno has identified that another jurisdiction did not know about and there

may be a benefit to shared brainstorming. She recommended that they continue this item. Mr. Dick suggested that rather than coming back with another report seeking direction, they should have a report at the next meeting that the problem is solved. He opined that this has gone on a long time with different ideas of where the problem is occurring. Chair Slaughter stated that he would like to see the larger meeting held with all the fire agencies and PSAPs involved to identify and agree on the issues and on potential solutions that can be brought to the Board. Mr. Dick requested that a special meeting be held if issues are not resolved at that meeting. Chair Slaughter agreed that a special meeting would always be an option. Ms. Conti asked if they could then return to the timeline where quarterly reports are not done and present a solution at the next meeting. The Program is concerned that they will not have a meaningful annual report if they do not have solutions by that date and have data submitted afterwards. Mr. Dick stated that he would prefer that the report include the solution that is or has been implemented. Chair Slaughter included his caveat that there would be agreement on that. Mr. Clinger agreed that they have been looking at this issue for a long time, but stated that he did not want to set them up for failure by expecting a solution if there are still issues being identified that would not lead them to a solution on that timeline.

Chair Slaughter asked if that was sufficient direction and entertained a motion. **Mr. Dick moved to accept the report with direction to staff to work with the jurisdictions to further identify and resolve the problem and to either report back at the next meeting with a solution that is being implemented or report on the status of the work that is occurring and a path forward. Mr. Clinger seconded the motion which was approved five in favor and none against.**

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9. Presentation, discussion and possible direction to staff to present the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area to the District Board of Health.
Staff Representative: Ms. Dayton

Ms. Dayton reported that EMS staff coordinated and facilitated a meeting on March 3, 2016, with both legal and operational representatives from the regional EMS agencies in which they reviewed the MOU and made several adjustments. At the end of the meeting, there was only one section, Section 1, paragraph 3, where there was still some concern. After that meeting, REMSA's legal representative sent out an updated draft and there was subsequent email communication about revisions. On March 30th, an updated agreement was distributed with all the jurisdictions' comments. Ms. Dayton requested feedback by April 5, and as of April 7, she had received feedback from one jurisdiction confirming that they were ready to move forward with the process. The MOU distributed to the Board included the most recent changes identified in red for Section 1, Paragraph 3 and is the final proposed draft for Omega responses. Mr. Driscoll asked Ms. Dayton if the Sparks City Attorney was in attendance at the March 3, 2016 meeting and had seen the modification language Ms. Dayton presented at this meeting versus what was included in the packet. Ms. Dayton confirmed that he had seen the final version with the modification.

Mr. Clinger stated that he would need to know if the Reno City Attorney's office had signed off on the final MOU before he could approve it. Ms. Dayton responded that the items delineated in red in the draft distributed at this meeting were the Reno City Attorney's final comments. She invited Chief Cochran or Chief Nolan to the podium should they have additional comments. Chair Slaughter stated he would also ask Chief Moore the same

question, because there were differences in legal representation and they are also signatories to the MOU.

Dave Cochran, Reno Fire Chief, noted he had not reviewed the document the Board received, but the City Attorney had reviewed and approved the document that matched the one Reno Fire had submitted.

Charlie Moore, Chief of TMFPD, noted that their agencies are close to approving the MOU, and without checking with legal counsel, he believed they are ready to approve the MOU.

Mr. Dick moved to approve for further discussion. Mr. Driscoll seconded the motion. Chair Slaughter asked if there was further discussion or comments from the public. **The motion was approved five in favor and none against.**

Ms. Dayton asked Chair Slaughter for clarification on whether she was now directed to present the draft MOU for approval to the District Board of Health. Mr. Dick responded that this approval was included in his motion and Mr. Driscoll said it was also included in his second of the motion.

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10. Presentation, discussion and possible direction to staff regarding the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight
Staff Representative: Ms. Conti

Ms. Conti provided an update on the strategic planning process and requested direction from the Board for any changes to the subcommittee's process. She reported that the Program created a workgroup of ten that includes each ILA jurisdiction with two representatives, one operational and one from a dispatch center, REMSA with an operational and a dispatch representative, Shawn Tayler of the Washoe County Regional Communications System, and Ms. Conti. The workgroup meets every third Tuesday of the month. They created draft goals to include components to make sure they addressed all the high points from the SWOT analysis.

The draft mission statement for the Board's review is "It is the mission of the Washoe County EMS system to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers."

The draft vision is "The Washoe County EMS System will provide high quality patient care through collaborative efforts and integrated healthcare providing evidence-based pre-hospital medicine exceeding the expectations of the community."

Ms. Conti reported that the workgroup drafted and provided definitions for some proposed values of the EMS system for the Board's review which include being respectful, customer-service oriented, accountable, professional, responsive, and collaborative, and have quality improvement and quality assurance.

Ms. Conti reported that they have had the opportunity to work through two goals after drafting the vision, mission and values. She noted that new information on the strategic plan will be in red, and when that information is discussed and consensus reached, the item will change to black. The workgroup spent an entire meeting discussing Goal 1, but left it in red, because even though they liked it, there was still some uncertainty about it. The components or objectives within the goal show how the goal would be met. Enhancing the resource utilization within the region pertained to the Omega protocols and appropriate service levels for calls. They are brainstorming on the goal for regional alternative transportation options and looking at the forward movement of healthcare, as mentioned by Chief Nolan earlier regarding community paramedicine. Goal 2 involves reducing system response times through the use of technology and policies. The components included are the use of AVL technology, the franchise map revision methodology, increasing the depth of resources available in the region, and the possible discussion of a single response measurement for a Tier 1 response. The Tier 1 response is still in red, because consensus has not yet been reached for its inclusion in the plan. The next steps are Goals 3-6 which include improving communications, improving patient outcomes with continuity of care, improving patient care through quality assurance, and enhanced collaboration with stakeholders to advance the EMS system initiatives.

The Oversight Program would like to bring a progress update to the next Board meeting and a full plan for approval to the Board's October meeting. If approved by the Board, the plan would then go to the District Board of Health. Then if the EMS Advisory Board determines there are some agencies not represented by the District Board of Health who should hear the strategic plan, the Oversight Program would move forward with that. Ms. Conti requested any input, discussion or changes on the plan progress.

Mr. Driscoll asked a question regarding process. He noted that multiple partners are also doing planning on their own. It is his understanding that the EMS plan is not necessarily in conflict with their plans, and asked if there is some re-use of agencies' planning work to avoid duplication of effort. Or are some partners intentionally arguing about that the fact that they cannot do the EMS strategic planning because they are already doing planning in their own agencies? Ms. Conti responded that through workgroup discussions, it appears there may still be some concern or confusion within jurisdictions as to the purpose of the Strategic Plan, that it may simply be for the EMS Oversight Program and/or REMSA, and that this is not necessarily where the strategic plan of individual jurisdictions will go. She noted that the Program hopes that each agency eventually would adopt this as their strategic plan, because it is a regional plan, and then they would just cut and paste into their individual plans, adding operational items specific to their own agency. We would not continue to have separate plans that do not integrate well. Mr. Driscoll also contemplated the possibility that the work already been done by individual partners could be brought into the EMS strategic plan. The information would go both directions. Ms. Conti noted that the Program has pushed out information, but would be very interested in receiving information from the partners. Mr. Dick advised that when the Inter Local Agreement was being formed, the intention for developing the strategic plan was that they all move forward together. He would seek to have a plan that aligns with the independent plans of the fire agencies.

Mr. Dick expressed concern regarding plan development and AVL, that it is being postponed to a later date. He noticed that CAD-to-CAD has not been developed yet, and maybe there is an opportunity to develop it now that they at least have the AVL information

available from those entities that can provide it, to share through CAD-to-CAD or some other mechanism. Ms. Conti confirmed that Mr. Dick's comment referred to Goal 2 and the completion dates of 2021 and 2022. Ms. Conti explained that from the workgroup's perspective, there were technological issues to be worked out and jurisdictional decisions to be made before the use of AVL for dispatching the closest available resource could occur. That is why they assigned a realistic date toward the latter part of the 3-5 year plan, so feasibility for these items could be studied and they could move forward. Mr. Driscoll asked for clarification that even though 2022 is the final completion date, the items discussed above would be completed as possible. Ms. Conti responded in the affirmative.

Mr. Dick moved to accept the report. Mr. Driscoll seconded the motion which passed five in favor and none against.

Mr. Driscoll reminded the Chair of the planned early adjournment. He asked if some items on the agenda would require a decision at the current meeting or could be rescheduled for the next meeting or a special meeting within a month. Chair Slaughter requested input from staff. Ms. Conti noted that Item 11 should either be heard at this meeting or a special meeting. She explained that they would like to have the Board's input, so that the exemption letter could be implemented when the new map is implemented on July 1, which is before the next regularly scheduled Board meeting. Mr. Dick noted that he believed the exemption letter had been reviewed by all the fire agencies and suggested this item be opened up.

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11. Presentation and discussion of the process for allowable exemptions to REMSA's response time penalties, as outlined in the Amended and Restated Franchise Agreement for Ambulance Service Article 7, Section 7.6 and possible acceptance of presentation or recommendations to staff regarding the process and/or exemptions.
Staff Representative: Ms. Dayton

Ms. Conti clarified that the exemption letter was sent via email for the agencies' review, because the Program was not able to schedule a meeting with them. However, she could not confirm they had all reviewed the letter. Mr. Driscoll requested that Chief Garrison address this item. Chief Tom Garrison advised that the City of Sparks has no objections with the exemptions as they are written. He stated that they would like to set up a meeting with the EMS Oversight Program and REMSA to work on the notification procedures, which he does not consider to be very efficient. Currently, they are receiving notifications through the EMS Oversight Program to the Fire Chief. He suggested that they also need a system set up for times when REMSA self-exempts and notifications do not come through the Oversight Program. Chief Cochran, Reno Fire Department, echoed Chief Garrison's comments and stated Reno has no specific objections to the exemptions but agreed that the process needs to be discussed. Chief Charlie Moore of TMFPD also echoed Chief Garrison's comments and stated that their main issue is timely notification of exemptions and when they occur, because of the potential impact on how long they are on the scene. Having this information in advance allows them to adjust. Chief Moore stated they have no problems with the specific exemptions.

Mr. Driscoll moved to recommend that the Board approve the exemption discussion held at this meeting and the guidelines and requested that respective staffs work on processing protocols and either complete this on their own or, if they need help from the

Board, bring the item back to a future meeting. Mr. Clinger seconded the motion which was approved five in favor and none against.

Chair Slaughter stated they would move Items 12 and 13 to future updates and move to Item 14, Board Comments, which would include issues for future agendas or announcements.

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12. Presentation, discussion and possible acceptance of an update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA.
Staff Representative: Ms. Dayton

This item was deferred to a future EMS Advisory Board meeting.

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13. Presentation, discussion and possible acceptance of a presentation regarding the EMS Today conference attended by the EMS Program Manager and EMS Coordinator.
Staff Representatives: Ms. Conti and Ms. Dayton

This item was deferred to a future EMS Advisory Board meeting.

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14. Board Comment

Mr. Driscoll stated that for the next Board meeting, he would like to see some data on the ALS/ILS transportation system that is being implemented by REMSA. The data should start 60 days before implementation showing on a daily basis the number of units that were on the ground and available for a REMSA response. He would then like to receive the same data going forward from the implementation date through at least the next 30 days, so they can compare data to determine if the system represented to them has been in place. He also requested a report for the next meeting.

Mr. Dick opined that they are finally at the point where they can move forward to implement the CAD-to-CAD connection that has been discussed for many years. He expressed hope that at the next meeting they would see some significant progress from where they are now toward that CAD-to-CAD connectivity.

Chair Slaughter thanked staff for working so diligently. He also thanked those who are meeting monthly to stay on track with the strategic plan.

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15. Public Comment

Chair Slaughter opened the public comment period. As there was no one wishing to speak, **Chair Slaughter closed the public comment period.**

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16. Adjournment

At 10:25 a.m., Mr. Driscoll moved to adjourn. Mr. Dick seconded the motion.

Respectfully submitted,

Jeanne Harris, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

ATTACHMENT 1

Update on the Reporting of Data

EMS Oversight Program
Washoe County Health District

EMS Advisory Board meeting
April 7, 2016

Heather Kerwin, MPH, CPH
EMS Oversight Program Statistician

Presentation to discuss...

- Samples of proposed differences to the Quarterly Reports; images are not to be distributed
- How data are generated & captured by the CAD
- How data are reported to the EMS Oversight Program from Fire RMS
- Issues identified by EMS Program's quality assurance, working with PSAP & fire personnel
- Potential solutions
- Proposed timeline to produce EMS annual report

Sample Quarterly Report Changes

- **How jurisdictional performance could be evaluated**
- **Showing regional change from one quarter to the next**
- **Regional ability to measure travel time per Standards of Cover recommendations**
- **First arriving agency on scene**

How performance is to be evaluated: Jurisdictional differences

- For consistency of evaluating fire performance at the regional and jurisdictional levels, both the NFPA standards and the SOC recommendations are to be applied when possible.

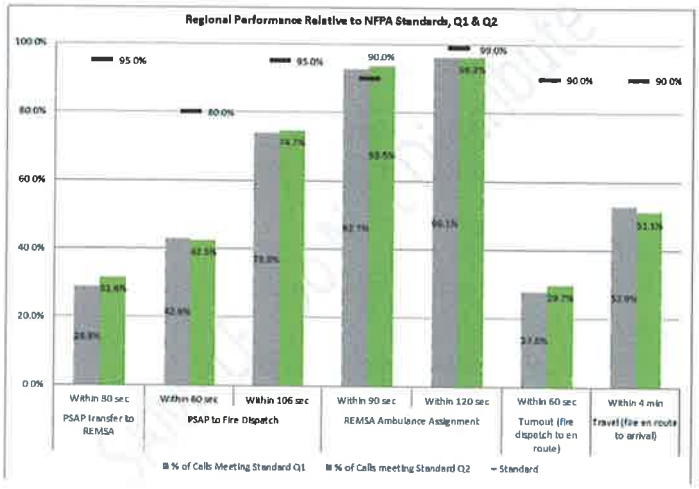
Jurisdiction	NFPA	SOC
TMFPD		**X**-adopted SOC recommendations on 7/1/12
RFD	**X**-has not adopted standards	**X**-has not adopted SOC recommendations; preferred measurement
SFD	**X**-preferred measurement	

- Only TMFPD and RFD were included in the regional Standards of Cover plans
- SFD stated during the last EMS Advisory Board meeting (1/7/2016), they would like to be a part of future regional Standards of Cover plans

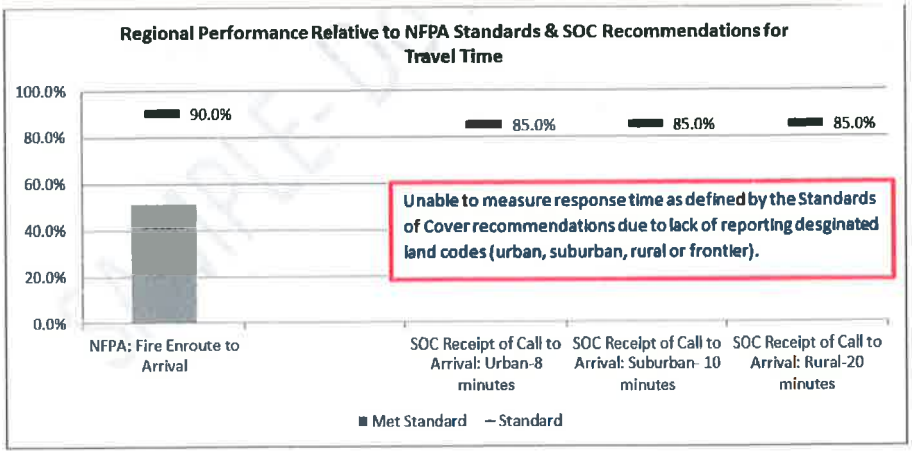
Differences between NFPA & Standards of Cover

Differences in Performance Expectations between NFPA and Regional SOC Study		
Measurement	**NFPA Standards**	**Regional SOC Recommendations**
Initial Call to Fire Dispatch	<60 sec 80% <106 sec 95%	SOC recommended aligning with the NFPA Standard 1221 which is 60 seconds to Dispatch
Turnout time (Dispatch to En route)	<60 sec 90% of calls	<90 sec 85% of calls
Travel time *NFPA and SOC do not measure the same time intervals (first arriving unit regardless of BLS or ALS capability)	< 4 mins 90% *Measured from en route to arrival	**TIER ONE** • Urban: <8 min 85% • Suburban: <10 min 85% • Rural: <20 min 85% • Frontier: As soon as practical *Measured from initial call to arrival

Performance changes from one quarter to the next



Regional performance measured for Travel Time according to NFPA & Standards of Cover

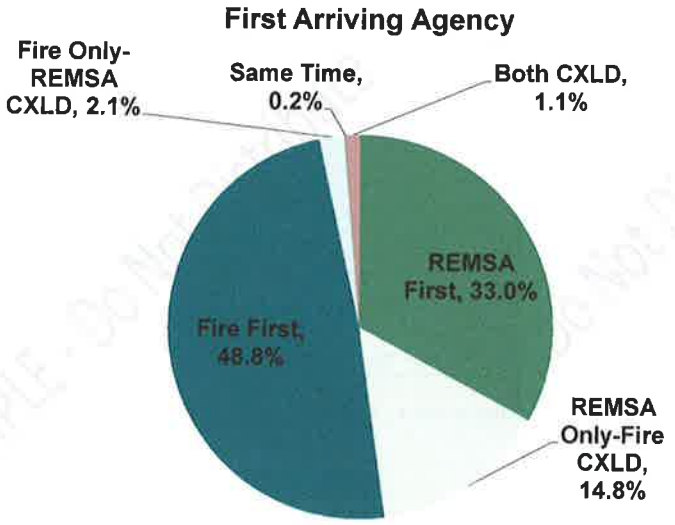


Only TMFPD has the ability to report land use codes; which they have started to do as of December, 2015

Change in analysis for first arriving agency on scene

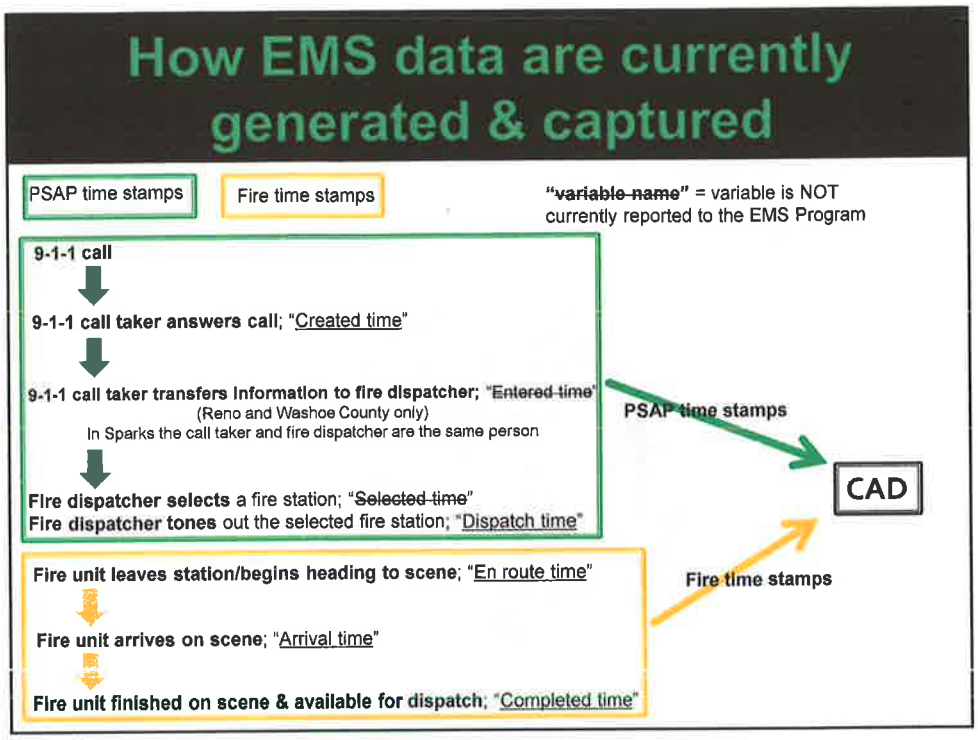
- Previous Quarterly Reports only examined those calls when both agencies completed the call to determine which was first.
- This analysis has changed to now look at all 6 variations for arrival on scene among <u>all matched incidents</u>:
  - (1) REMSA arrives first
  - (2) REMSA only - due to fire being cancelled
  - (3) Fire arrives first
  - (4) Fire only - due to REMSA being cancelled
  - (5) REMSA and Fire arrive at the same time
  - (6) REMSA and Fire are both cancelled

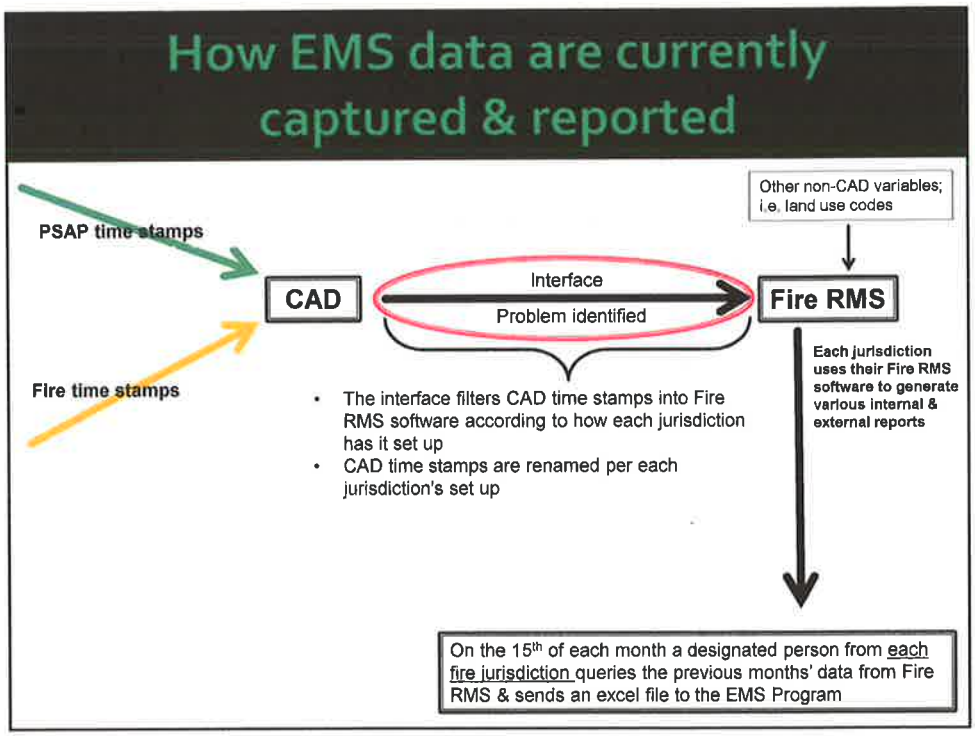
First arriving agency graph



How data are generated, captured & reported to the EMS Oversight Program

- How PSAP and Fire data are generated, captured, & reported to EMS Program
- What issues have been identified
- Potential solutions to those issues
- Proposed timeline for reconciling data

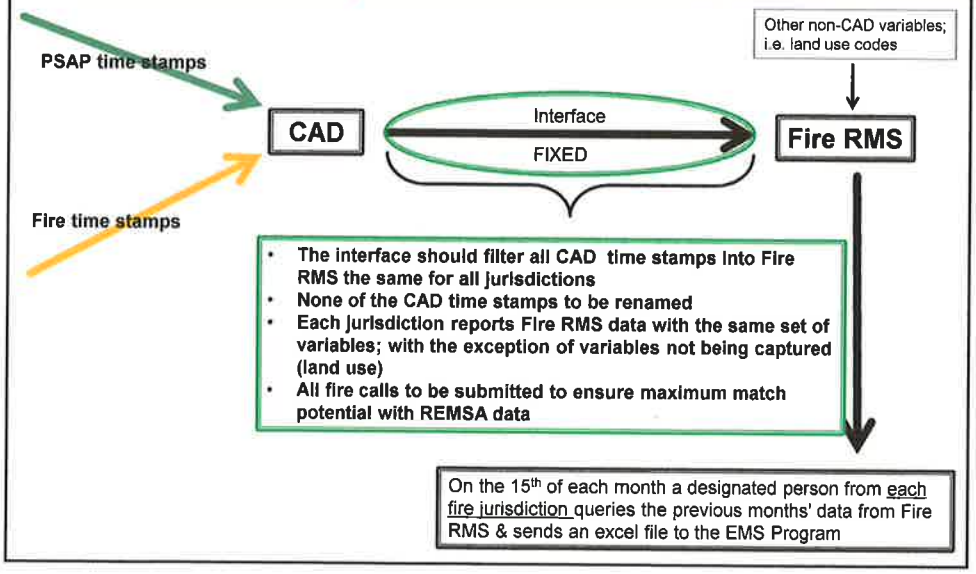

How EMS data are currently generated & captured
PSAP time stamps
Fire time stamps
"~~variable name~~" = variable is NOT currently reported to the EMS Program
9-1-1 call
9-1-1 call taker answers call; "Created time"
9-1-1 call taker transfers information to fire dispatcher; "~~Entered time~~"
(Reno and Washoe County only)
In Sparks the call taker and fire dispatcher are the same person
Fire dispatcher selects a fire station; "~~Selected time~~"
Fire dispatcher tones out the selected fire station; "Dispatch time"
PSAP time stamps
CAD
Fire unit leaves station/begins heading to scene; "En route time"
Fire unit arrives on scene; "Arrival time"
Fire unit finished on scene & available for dispatch; "Completed time"
Fire time stamps


How EMS data are currently captured & reported
Other non-CAD variables; i.e. land use codes
PSAP time stamps
CAD
Interface
Problem identified
Fire RMS
Fire time stamps
Each jurisdiction uses their Fire RMS software to generate various internal & external reports
The interface filters CAD time stamps into Fire RMS software according to how each jurisdiction has it set up
CAD time stamps are renamed per each jurisdiction's set up
On the 15th of each month a designated person from each fire jurisdiction queries the previous months' data from Fire RMS & sends an excel file to the EMS Program

Issues identified

- Regularly occurring
  - All CAD time stamps are renamed differently per each jurisdiction's Fire RMS interface set up
  - None of the fire jurisdiction's RMS software interface pulls the "Entered time" or "Selected time" from the CAD
- Newly identified
  - Since the PSAP upgrade from TriTech to Tiburon, "alarm time" is identical to "dispatch time" on approximately 93%-88% of calls for both RFD and TMFPD
    - The EMS Program stopped utilizing "alarm time" for any analyses
  - "Dispatch time" from Fire RMS is non-systematically inaccurate among all 3 fire jurisdictions; no identified pattern for when this occurs
  - Reno & Sparks have recently identified non-systematic issues among other time stamps filtered from the CAD into Fire RMS, not just "dispatch time"

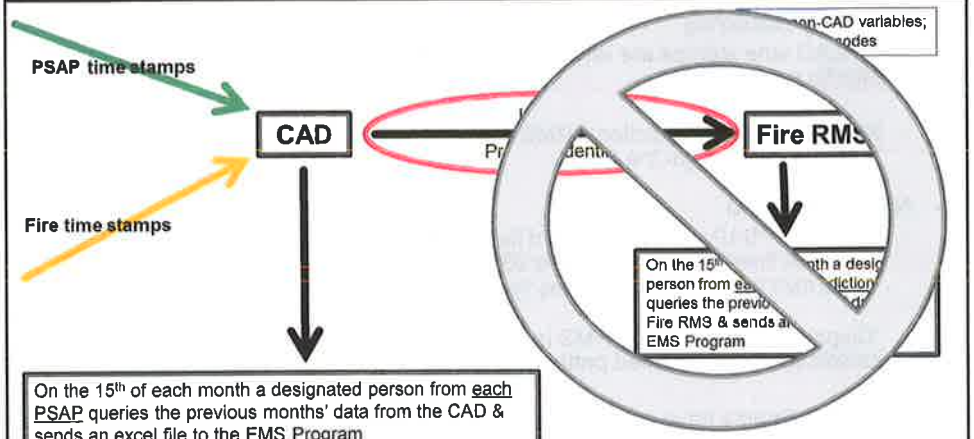
Potential solution #1:
CAD to Fire RMS interface fixed for all 3 jurisdictions



Potential solution #2:

Direct reporting to WCHD

2 PSAPs recommend this as the best solution



OR

An interface is built from the CAD to the EMS Oversight Program to query data on the 15th of each month; similar to REMSA's online compliance utility

Proposed timeline for addressing PSAP & Fire data issues

- Data solution to be presented by the jurisdictions at the July 7, 2016 EMS Advisory Board meeting
- Verified, valid data for all of FY 15-16: July 1, 2015 through June 30, 2016, to be provided to EMS Program by July 31, 2016
  - If fire partners want to have a report review prior to submitting the report to EMS Advisory Board then all data to be provided by July 15, 2016
- CONTINUE TO SEND DATA MONTHLY!
  - Statistician can keep matching fire calls to REMSA; which is the most time consuming task
  - Allows statistician to correct data by matching to the fire incident numbers and overwrite time stamps from current data submissions with verified, valid time stamps
- **END GOAL: Validated data for all of FY 15-16 to be utilized in the EMS Program annual report scheduled for presentation at the October 6, 2016 EMS Advisory Board meeting**

ATTACHMENT 2

Reno Fire Department

Advanced Life Support Program Update

Reno Fire Department EMS

- 2015 Service Levels
  - Advanced EMT Level Service (EMT-I)
  - 33,696 responses
    - 25,250 EMS incidents (75%)
      - 33,534 responses in 2014
  - 17 EMS certified vehicles (AEMT level)
    - 14 Engine Companies
    - 2 Truck Companies
    - 1 Light Rescue Unit

What is Advanced Life Support?

- "ALS" also known as "Paramedic" level service (Not to be confused with "Advanced-EMT" formerly "Intermediate-EMT" or ILS)
- ALS set of advanced life-saving protocols and skills that extend beyond Basic Life Support (BLS or ILS)..

Basic Life Support "BLS" (EMT's)

- Hemorrhage control, Bandaging,
- Splinting, Spinal Immobilization
- Basic airway skills, Oxygen use
- CPR
- Patient Assessment Skill (Most Valuable!)

Intermediate Life Support "ILS" (AEMT's)

- ❖ Some advanced airway procedures
- ❖ I.V. solutions
- ❖ Glucose, Dextrose, Epinephrine, Benadryl, Narcan, etc.
- ❖ Basic ECG recognition. NOT treatment

Advanced Life Support

- Electrical cardiac support and treatments
- Advanced airway techniques
- Advanced cardiac life support medications
- Multiple advanced intravenous techniques

Paramedic Level Skills

- 12-Lead ECG
- Capnometry
- Carbon Monoxide monitoring
- Cardiac monitoring
- CPAP administration
- Cardiac Defibrillation
- External Jugular access
- Gastric tube insertion
- Gum-Elastic Bougie
- Intranasal delivery
- Medication administration
- Needle Cricothyrotomy
- Needle Thoracentesis
- Nasal Intubation
- PICC access
- Portable ATV operation
- Rectal medication delivery
- Subcutaneous injection
- Surgical Cricothyrotomy
- Synchronized Cardioversion
- Transcutaneous Pacing
- Umbilical Vein Cannulation
- Vagal maneuvers

Paramedic Level Medications

- Acetaminophen
- Adenosine
- Afrin
- Amiodarone
- Atropine
- Calcium chloride
- Dopamine
- 1:10,000 Epinephrine
- Fentanyl citrate
- Furosemide
- Glucagon
- Haloperidol
- Ipratropium bromide
- Lidocaine
- Magnesium sulfate
- Midazolam
- Morphine sulfate
- Nitroglycerin spray
- Odansetron
- Oxytocin
- Racemic epinephrine
- Sodium bicarbonate
- Tetracaine

Why Upgrade to ALS?

- Considered the EMS "Standard Level of Care" nationally
  - Since the 1970's
- Communities expect the best level of EMS response from local government
- RFD arrives on scene first on nearly 60% of calls in Reno

NFPA Fire Service Survey (2013)

Table 18
Departments Providing Emergency Medical Service, by Community Size (Percent), 2011-2013

Population Protected	No EMS	BLS	ALS	Total
1,000,000 or more	0.0%	0.0%	100.0%	100%
500,000 to 999,999	0.0	28.2	71.8	100%
250,000 to 499,999	1.6	24.6	73.8	100%
100,000 to 249,999	2.8	34.0	63.2	100%
50,000 to 99,999	7.2	36.0	56.8	100%
25,000 to 49,999	17.3	30.3	52.4	100%
10,000 to 24,999	27.6	40.8	31.6	100%
5,000 to 9,999	39.0	42.8	18.2	100%
2,500 to 4,999	42.0	46.1	11.9	100%
under 2,500	46.1	47.8	6.1	100%
Nationwide	38.6	44.6	16.8	100%

Source: NFPA Fire Service Survey, 2011-2013

BLS refers to fire departments providing basic life support and ALS refers to fire department providing advanced life support

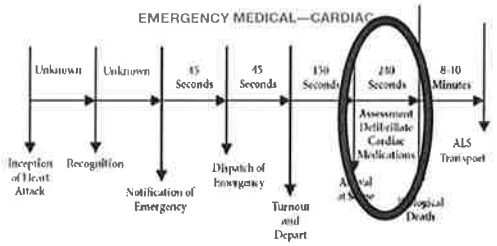
Advantages of ALS Care

- Provide Advanced Cardiac Life Support to patients who encounter Cardiac Arrest
- Confirmed by the American Heart Association
  - Chain of Survival from Cardiac Arrest
    - Defines that early detection, CPR and rapid ALS care can increase patient survival outcomes
    - Cardiac & respiratory arrest
    - Brain death can occur within 4 - 6 minutes

Numerous Studies Support ALS

- Eisenberg Study (1993)
  - Linked survival of Cardiac Arrest to the time elapsed before treatment was received
    - More time elapsed before treatment = < survival
      - CPR, electrical defibrillation, ALS
  - If BLS care is initiated within 4 minutes
    - Probability of survival = 18.2%
  - If ALS care is initiated within 4 minutes
    - Probability of survival = 34.3%

EMS- Cardiac Time Line

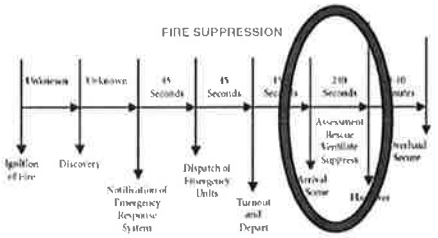


Fire Service ALS Advantages

- Why should Firefighters provide ALS?
- FD emergency response is already based on a model to quickly extinguish a structure fire within a 4 minute time frame (240 seconds)
- NFPA 1710 defines 240 seconds as the time likely to lead to the probability of a flashover
  - Based on an 8 minute response time

Fire Suppression Time Line

COMPARISON OF EMERGENCY TIMELINES FOR DELIVERY OF FIRE-BASED SUPPRESSION AND EMERGENCY MEDICAL SERVICES BASED ON 8-MINUTE RESPONSE TIME



Reno Fire Service ALS

- RFD Firefighters currently provide EMS services on a daily basis
  - RFD FF's are already cross-trained and certified as EMT's & Paramedics
- RFD EMS resources are currently operating
  - 14 Fire stations are strategically positioned to respond within geographic response areas
  - RFD Engines Companies are already capable of being upgraded & certified to the ALS level
- Economics
  - RFD is capable of providing multiple services to citizens who already paying taxes for their services

RFD ALS Program

- Started developing the program in June 2015
- 6 month process which included:
  - Developed new EMS Protocol document
    - 365 pages- comprehensive modern paramedicine
  - Ensure RFD Paramedics meet the standard
    - RFD currently has 27 certified Paramedics
      - 8 additional new Paramedics in probation
    - All national and state certifications were current
      - CPR, ACLS, PALS & ITLS
    - 40 hour refresher course in November 2015

Reno Fire's ALS Program

- **Procured required equipment and supplies**
- **Engine Companies received State inspections**
- **Certified for service January 8, 2016**
  - **State of Nevada EMS office**
- **Currently operating two ALS Engine Co's**
  - **Engine 1- 3400 incidents per year**
  - **Engine 21- 3200 incidents per year**

The Future of RFD ALS

- 31 new Firefighters recently hired
  - 27 are currently certified Paramedics
  - Total- 47 Paramedics for the RFD
    - All should be operational by Spring of 2017
- Future endeavors = endless opportunities
  - "Two Person" Paramedic Rescues
  - Community Paramedicine
  - Supporting other City of Reno programs

"New" Rescue Units

OPPORTUNITES FOR AMBULANCE RESCUES INTO RESPONSE AREAS

- PRIMARILY AS "TWO-MAN" PARAMEDIC RESCUE UNITS
- SURGE CAPACITY FOR DISASTERS & MASS CASUALITY INCIDENTS
- FIRE SCENE "RE-HAB" OPERATIONS
- "MOU" WITH REMSA "
- FEDERAL FUNDING FOR "GMET" FUNDING

Reno Fire Department

SPECIAL THANKS TO FIREFIGHTER / PARAMEDICS:

STEVEN CWIAK
JOHN KOCHERGiN
JERRY KOSAK
TEGG ORDUNO
SHAWN GRADY
&
DR. JOHN WATSON (MEDICAL DIRECTOR)

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Agenda Item #7

STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE:

TO:	Regional EMS Advisory Board Members
FROM:	Christina Conti, EMS Program Manager 775-326-6042, cconti@washoecounty.us
SUBJECT:	Program and Performance Data Updates

Meetings with Partner Agencies:

The regional planning group met on April 1, 2016 to discuss the final revisions to the Medical Surge, Healthcare Evacuation and Multi-Casualty Incident (MCI) regional plans that will be annexes of the Statewide Medical Surge Plan. The regional response will be tested in June with a tabletop exercise based on an MCI occurring during Night in the Country, which is held in Yerington, NV.

On April 14-15, 2016 the Health District administrative team met for a Strategic Planning retreat. The EMS Program Manager participated in the retreat and contributed to the planning for the EMS elements of the Health District strategic plan.

During the April 28, 2016 DBOH meeting the EMS Program Manager and the EMS Coordinator presented. The EMS Coordinator presented two items: the fiscal year 2015-2016 revision to the Multi-Casualty Incident Plan (MCIP) and the proposed Memorandum of Understanding for the Omega Protocol. The proposed MCIP revisions included updated to existing plan information as well as adding several new sections to enhance MCI response. The Omega presentation included a recap of the regional efforts and an explication of the MOU and alternative process for handling Omega calls. Both items were unanimously approved. The EMS Program Manager accepted the proclamation for Emergency Medical Services week and presented on the summary of the April 7, 2016 EMS Advisory Board meeting.

On May 5, 2016 the EMS Program Manager and EMS Program Statistician facilitated a regional data meeting to discuss the quarterly data reports. Each jurisdiction was represented and included representatives from IT, Dispatch and Fire. At the conclusion of the first meeting, there was an identified issue that appeared to have contributed to inconsistency within the data reports. A solution was proposed and evaluated. A second regional meeting was held June 14, 2016 to discuss the findings of the proposed solution. Through analysis, it appears that the initial solution is not viable. The meeting concluded with the consensus to obtain a quote for services to map out the interface of the Universal Data Stream to the RMS system.

The EMS Coordinator assisted in the facilitation of a tabletop exercise at Arbors Memory Care on May 3, 2016. During this exercise Arbor's staff identified possible challenges if a disaster occurred that impacted their facility. Health District staff also provided an overview of the countywide disaster plans, focusing on the Mutual Aid Evacuation Annex (MAEA).

The EMS Coordinator participated in the Statewide Medical Surge Working Group plan finalization meeting on May 9, 2016. The final version of the Nevada Statewide Medical Surge Plan will be tested during a tabletop exercise on May 13, 2016.

EMS staff was requested to participate, along with members of the Epi and PHP Teams and the District Health Officer, in the Opioid crisis response team. This team met to discuss the potential fallout from the arrests of Dr. Rand and the impact to the citizens in Washoe County. Staff participated in the break out groups and continued to stay apprised of the situation through email correspondence. The EMS Program was requested to begin collecting data to identify trends throughout the region. A subcommittee was formed and has met once already to identify the data collection elements prior to bringing the proposal back to the entire group.

The EMS staff attended a regional Disaster Behavioral Health Tabletop exercise on May 18, 2016. The exercise facilitated a healthy multi-disciplinary discussion about behavioral health and how all those involved can enhance response to these types of needs during a disaster.

The EMS Coordinator hosted an Initial Planning Meeting on May 19, 2016 to begin organizing a full-scale evacuation exercise. The exercise will be held in October 2016 and Tahoe Pacific Hospitals – Meadows will conduct a complete facility evacuation using the Mutual Aid Evacuation Annex (MAEA) and the DMS Evac1-2-3 patient tagging and tracking system.

The application process for a Heart Safe Community designation continues. The region has met monthly and is within one month of applying. The sustainment plan is being worked through so that the information obtained can stay current.

The EMS Program Manager had the opportunity to discuss the Philadelphia Response to the Amtrak derailment incident in May 2015 with an NTSB representative. Through discussion and the reports on the response, EMS staff began researching the recommendation from the NTSB findings, which focused on the utilization of Police resources as an immediate on-scene surge option for transport to the hospitals. As a result, EMS staff met with a Deputy Chief from the Reno Police Department to discuss the possibility of implementing a "scoop and run" policy during multi-casualty incidents. This EMS staff plans to attend a regional Chiefs and Sheriffs meeting to present this concept to the entire region.

EMS staff participated in the RTAA tabletop exercise on May 26, 2016. The exercise had members of the entire response community that would respond during an airport event and included an embassy representative from Canada. The scenario reviewed was realistic, allowing responders to work through the resource utilization process. EMS staff participated in patient tracking and family assistance center discussions.

During the May 26, 2016 DBOH the EMS Program Manager and the EMS Coordinator presented. The EMS Coordinator presented the REMSA Compliance Checklist, which will be used to determine Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service. The Checklist updates included delineating CAD and AVL items, removing out-of-date items and clarifying some item language. The EMS Program Manager presented two items: CAD-to-CAD interface and the allowable exemptions to the REMSA response areas. The CAD-to-CAD interface update was a requested agenda item from Board members Ratti and Novak. Through discussion Chief Nolan from Reno Fire Department clarified that the City of Reno requested an updated quote for services, which was expected to be received within two weeks. Chief Nolan also confirmed that the interface is a FY17 budgeted item. The ability to have allowable exemptions to the REMSA response times is outlined in the Amended and Restated Franchise Agreement for Ambulance Service Article 7, Section 7.6. The approved letter from the District Health Officer to REMSA outlines the circumstances when REMSA can request an exemption to the response time penalties.

The EMS Coordinator presented at Tahoe Pacific staff's annual disaster training and tabletop exercise on May 31, 2016. This was an opportunity to provide information about the countywide planning and response conducted by the Health District for both MCIs and healthcare evacuations.

On June 7, 2016 the EMS Coordinator, Renown Emergency Manager and REMSA personnel conducted training for more than 30 nurses on the Mutual Aid Evacuation Annex (MAEA) and the patient tagging and tracking system. The participants had an opportunity to complete the tags and walk through the processes of an evacuation of 20 "patients."

EMS staff presented to the Prehospital Medical Advisory Committee (PMAC) on June 8, 2016. The presentation focused on information obtained from the EMS Today conference staff attended in February. PMAC is comprised of the medical directors for the area EMS agencies, emergency department physicians, community physicians, and guests.

EMS staff attended the State EMS Committee meeting on June 10, 2016 where the committee discussed the NRS/NAC revisions and the proposed fee schedule as well as updates from the Southern Nevada Health District and Washoe County Health District EMS Programs.

On June 16, 2016 EMS staff had their quarterly meeting with State EMS representatives. Both teams briefed each other on current projects and tasks.

Mass Gathering Applications:

- Barracuda Champion: June 27 – July 1
- Red, White and Tahoe Blue: July 1 – 3
- Rancho De La Luz Horse Racing: multiple dates
- Incline Village Fine Arts Festival: August 13 – 14

Investigations conducted by the EMS Oversight Program:

Date Received	Individual/Organization Requested Investigation	Reason for Request	Investigation Outcome
6/9/16	Washoe County Health District	Environmental Health staff observed a response to a medical call for service at the Slide the City event on June 4, 2016 that was concerning.	EMS program has requested follow-up information and will be setting up a meeting.

Inquiries made agency to agency: ***(as known by the EMS Oversight Program)***

Date Received	Agency Requesting and to Whom the Request was Made	Reason for Request	Inquiry Outcome
5/6/16	Truckee Meadows Fire Protection District Board of Fire Commissioners to REMSA, through the District Health Officer	Extended wait time for ambulance response to a crash involving TM fire personnel.	REMSA provided the response information to the WCHD, who forwarded the information to Fire Chief Moore. Follow-up concerns were researched by REMSA.

Legislative Information Relating to EMS:

The EMS Manager participated in two workshops to discuss the revisions to the EMS State Regulations as well as revisions to the NAC. The first workshop was held on April 20 and the second on May 23. State EMS is updating their regulations, fees and Nevada Administrative Code 450b and NAC 629. The workshops provide a mechanism by which the EMS community can give input into the regulations. The next meeting is scheduled for July 14.

Other Items of Note:

On April 12 and 13, 2016 the EMS Coordinator and EMS Program Statistician attended ICS 400 training which focused on the management of complex incidents and best practices for multiagency disaster response.

The EMS Coordinator completed a 4-hour REMSA Dispatch Sit-Along on April 20, 2016 that allowed for a more in-depth understanding of EMD and current REMSA dispatch processes.

The EMS Coordinator participated in the communitywide Ebola exercise on June 9, 2016 as an evaluator for REMSA dispatch.

STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: JULY 7, 2016

TO: Regional Emergency Medical Services Advisory Board

FROM: Don Vonarx, Chief Operations Officer, REMSA
(775) 858-5700, dvonarx@remsa-cf.com

SUBJECT: Presentation and possible acceptance of an update on the progress of the implementation and utilization of Intermediate Life Support ambulances in the REMSA service area.

SUMMARY

The purpose of this agenda item is to provide an update of the progress on the implementation and utilization of Intermediate Life Support (ILS) ambulances in the REMSA service area.

PREVIOUS ACTION

The EMS Advisory Board heard a presentation on ILS program implementation on January 7, 2016. This presentation was specific to a new program being developed by REMSA, working with our regional partners to add an intermediate level of ambulance response to 911 calls based on Emergency Medical Dispatch determinants. Following this presentation the regional partners, including Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Department, Washoe County Health District EMS Oversight Program, and REMSA met to review the implementation of this new program.

On January 28, 2016, Mike Brown, representing the City of Reno on the District Board of Health requested an update of the ILS program during agenda item 16. This request was fulfilled at the following District Board of Health meeting on February 25, 2016 during the REMSA operations report, item number nine. Kevin Romero of REMSA stated during his comments that REMSA had decided to put the ILS program on hold pending further evaluation.

BACKGROUND

REMSA began using ILS medical units to provide inter-facility transfer services to our local and regional healthcare partners beginning October 28, 2014. This service is not part of the 911 system as it is only utilized to provide transfer services between medical facilities and patients' homes after care at a regional hospital. ILS units are staffed and assigned to provide the appropriate level of medical care for the low acuity patients requiring inter-facility transfer.

This process was developed to provide the appropriate resource in a timely manner while allowing the Advanced Life Support (ALS) ambulances to focus primarily on 911 calls for service. Previously, ALS units would be responsible for coverage of the ground 911 system as well as all inter-facility transfers required by the local and regional hospitals.

As this program developed REMSA has continued to track and trend the demand of the inter-facility program and the needs of the regional hospitals. During the last system analysis, REMSA added 96 additional ILS transfer unit hours to support the growth of the inter-facility transfer program.

In the fall of 2015, REMSA proposed the addition of an ILS ambulance into the 911 system to respond to low acuity 911 calls throughout the REMSA service area. Meetings with the EMS Oversight Program and our regional partners were held to discuss feasibility and to help identify operational needs and or concerns. REMSA developed the framework of the ILS ground transport program working with our regional partners and presented the program to the EMS Advisory Board on January 7, 2016. Additional meetings with regional partners were held to further review the details of the implementation of a program like this in our region. The decision to put the full implementation of the ILS 911 transport program on hold was made on February 12, 2016 and communicated to all partners via email. This determination was also communicated during the February 25, 2016 District Board of Health meeting during the REMSA Operations report presented by Kevin Romero during agenda item number nine.

In the notification to partners, the email stated "*At this time we have decided to take a strategic pause, allowing time to ensure we can gather and analyze the data needed to fully answer all questions and allow opportunities for all partners involved to fully understand and support the program."* The email also outlined our intention to keep the current ILS inter-facility transfer program in place and to potentially add units to alleviate stress on the ALS ground transport system "*We will be focusing our current ILS units on inter-facility transfers including additional ILS units for this purpose as the need arises."*

As of the writing of this report implementation of the ILS 911 ground transport system has not occurred. REMSA continues to gather data and work with our implementation team to understand the best plan for full operational deployment in the future collaborating with all regional partners, the EMS Advisory Board, and the District Board of Health.

Beginning on April 17, 2016, REMSA added 240 ALS unit hours a week to the 911 system and 96 ILS unit hours a week to the interfacility system. To provide context of the value of the dedicated ILS inter-facility unit hours, an overview has been prepared highlighting the 60 days prior to April 17, 2016 implementation and 30 days following which specifies the actual number of ALS units and ILS units on the street by day of the week, hour of the day. The placement of these additional unit hours was based on rigorous historical demand analysis.

It is important to note that REMSA uses data-driven scheduling models based on supply/demand patterns, a practice common to high performance EMS systems. These dynamic models do not rely on invariable, static coverage levels 24/7 but carefully match flexible, dynamic staffing (i.e., "supply")

driven by statistically reliable demand prediction models. These models incorporate built-in staffing buffers to mitigate those times of higher than usual demand and/or instances when some shifts may not be filled in a given hour of a day.

The initial step in building this comprehensive deployment model is to conduct a Demand Analysis. Every six months, REMSA queries tens of thousands of data points using a 20 week look-back period for every 911 and non-emergent request for service by hour of the day, day of the week, and time on task per call during that 20 week period. We have further refined this modeling to capture 911 demand versus inter-facility demand to insure we are providing peak staffing of each service at the most effective times.

REMSA incorporates tactics, tools and state of the art technologies to insure comprehensive and consistent responses to requests for ambulance services. These methodologies include:

- Predicting Demand for Staffing
- Scheduling and Staffing to meet and exceed Demand
- Predicting Demand by Location
- Call Prioritization and System Status Management
- Constant Review and Adjustment

These best practices, combined with our highly experience staff, represent the Art and Science behind delivery of the high quality, reliable ambulance operations REMSA has provided to the communities and patients we have served since 1986. This quality and reliability is evidenced by the fact that REMSA's response time requirements stipulated in our exclusive franchise has been met 100% of the time during our 30-year history.

FISCAL IMPACT

There is no fiscal impact related to this agenda item.

RECOMMENDATION

REMSA recommends the EMS Advisory Board accept this update on the progress of the implementation and utilization of Intermediate Life Support (ILS) ambulances in the REMSA service area.

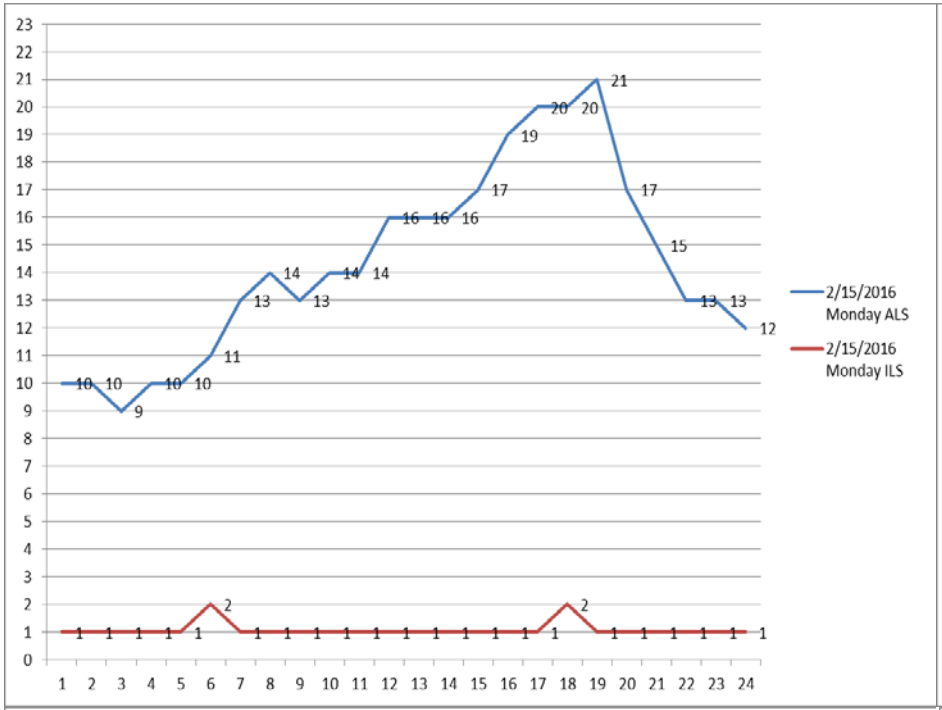
POSSIBLE MOTION

Should the Board agree with REMSA's recommendation, a possible motion would be: "Move to accept the update on the progress of the implementation and utilization of Intermediate Life Support (ILS) ambulances in the REMSA service area.

February 15 2016 – April 16 2016

Data for 60 days prior to implementation, a daily basis (broken down within the day) of ALS and ILS units (ambulances, not unit hours) on the ground available for action.

REMSA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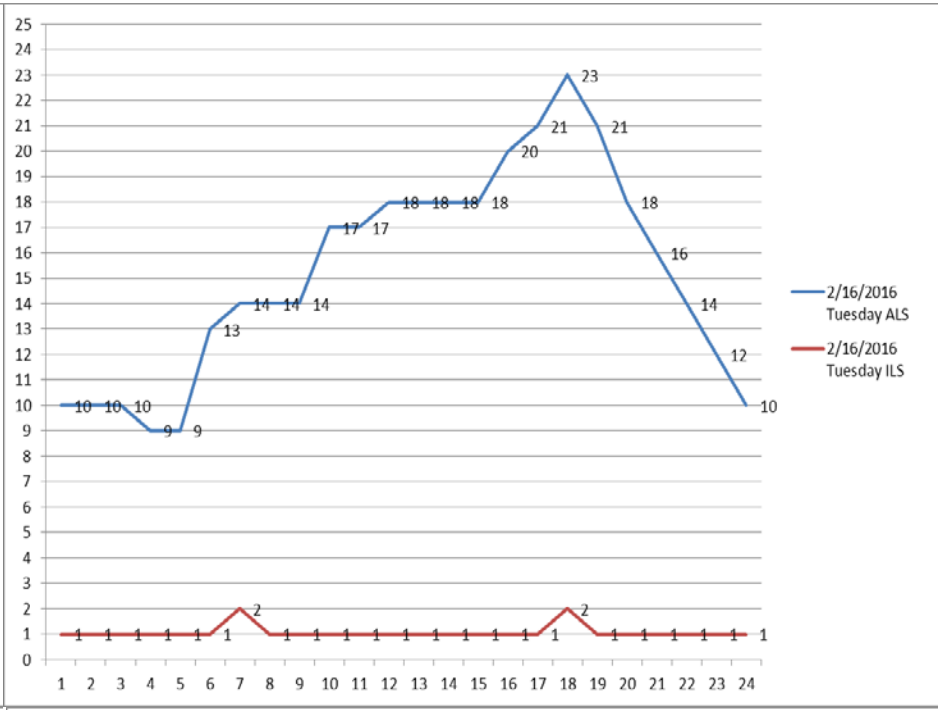
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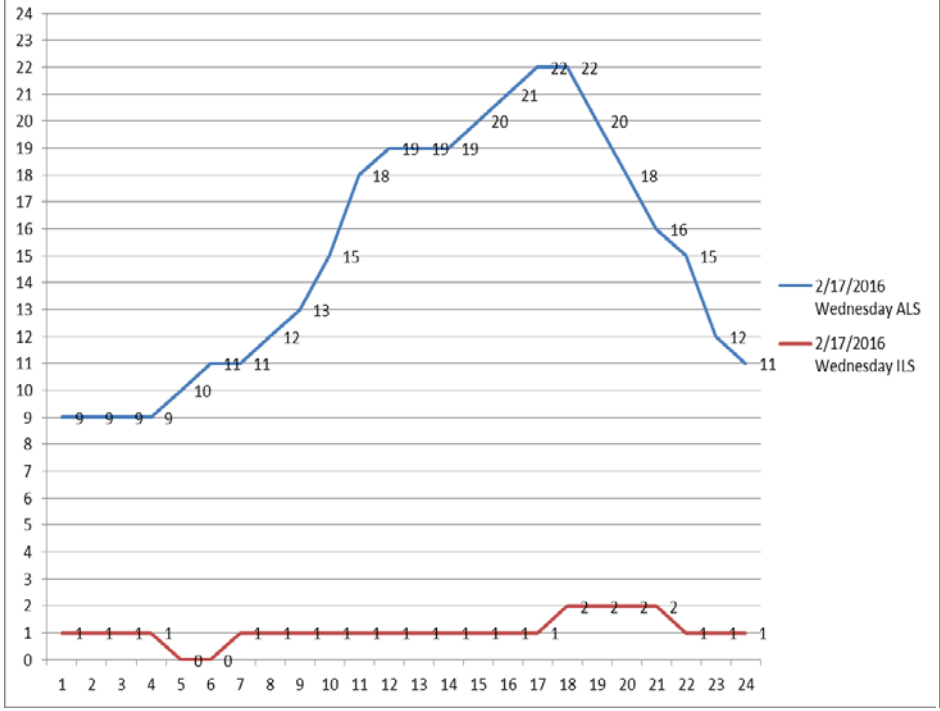
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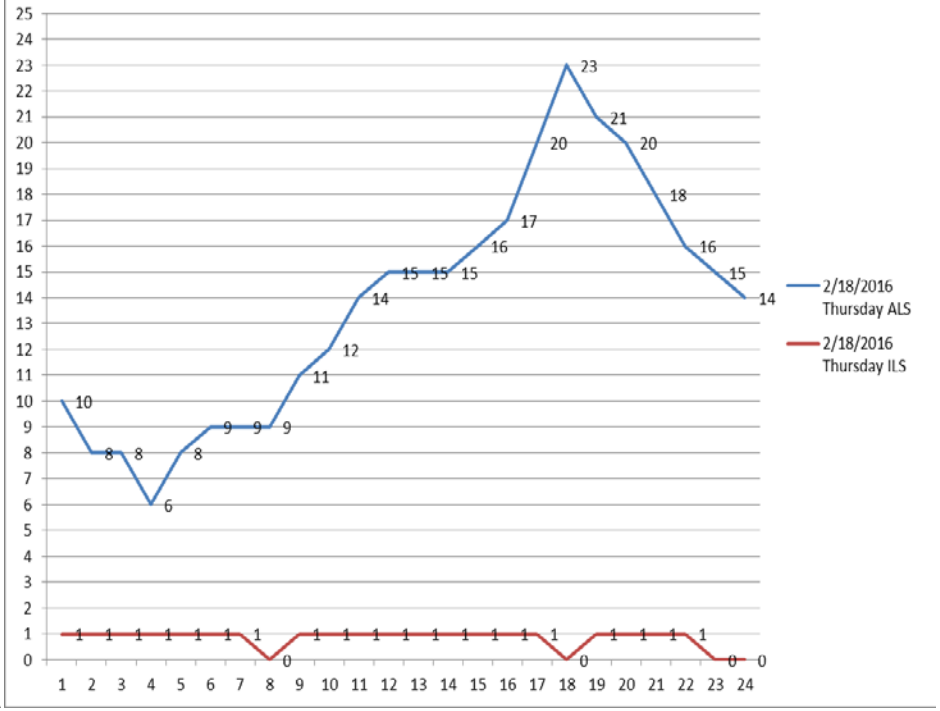
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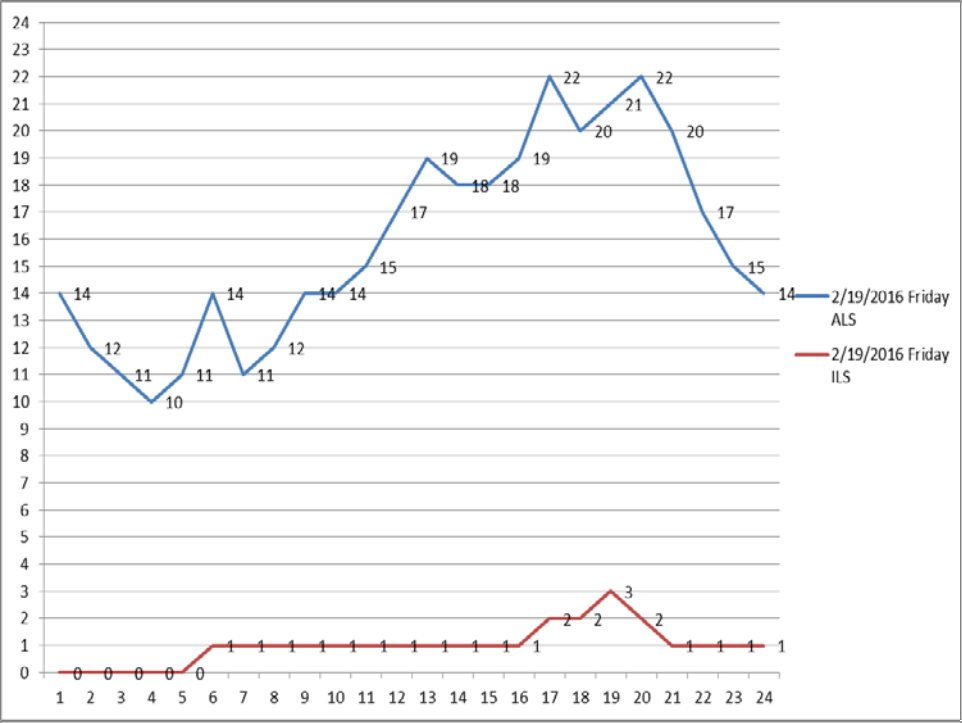
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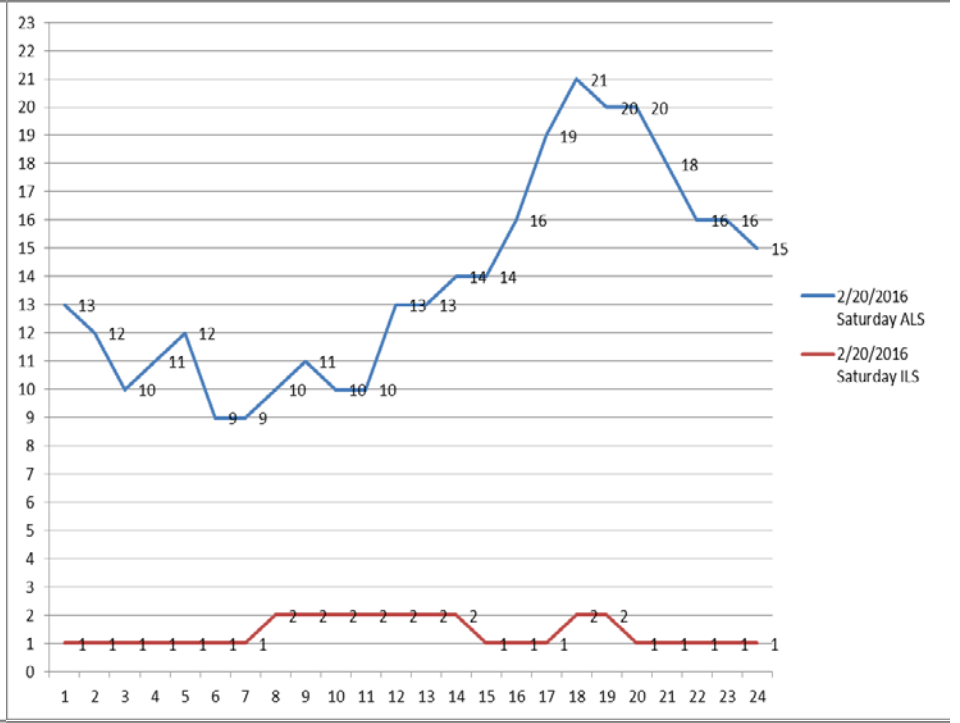
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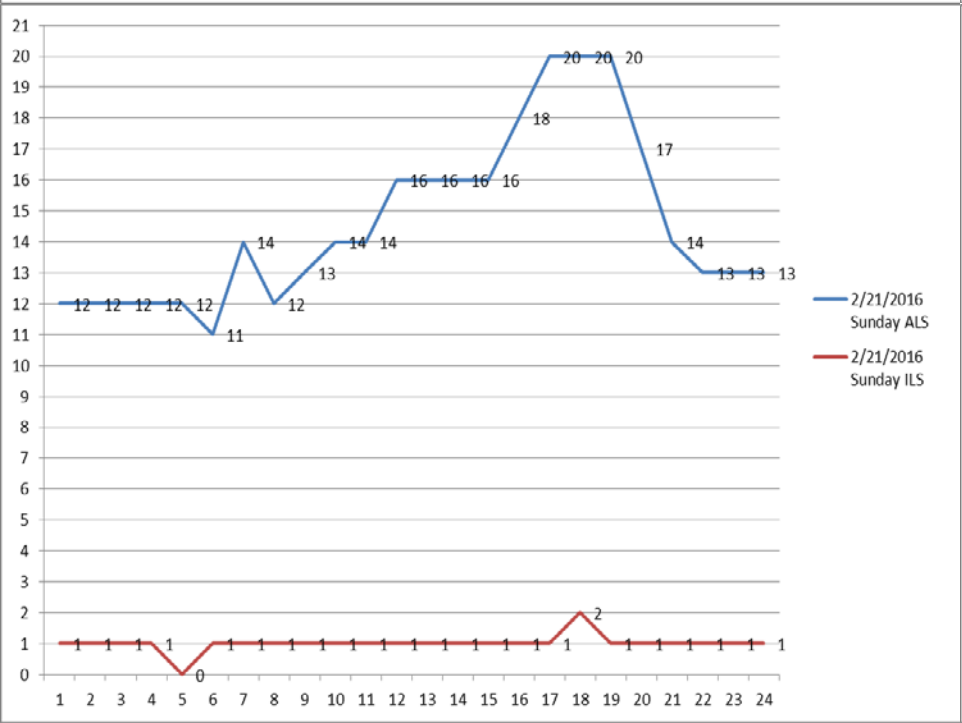
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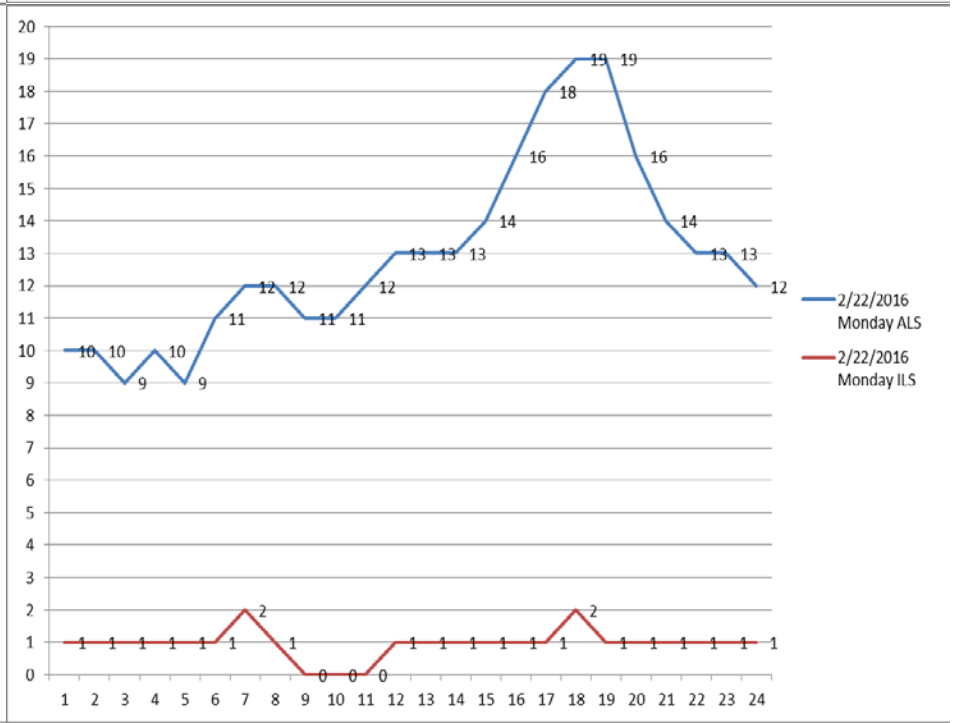
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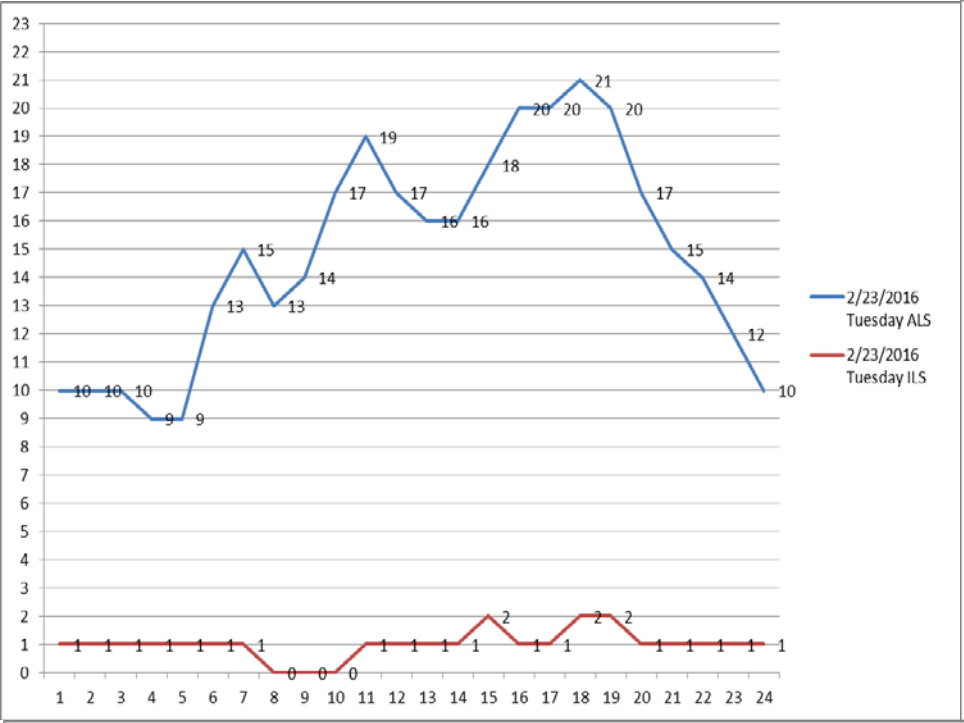
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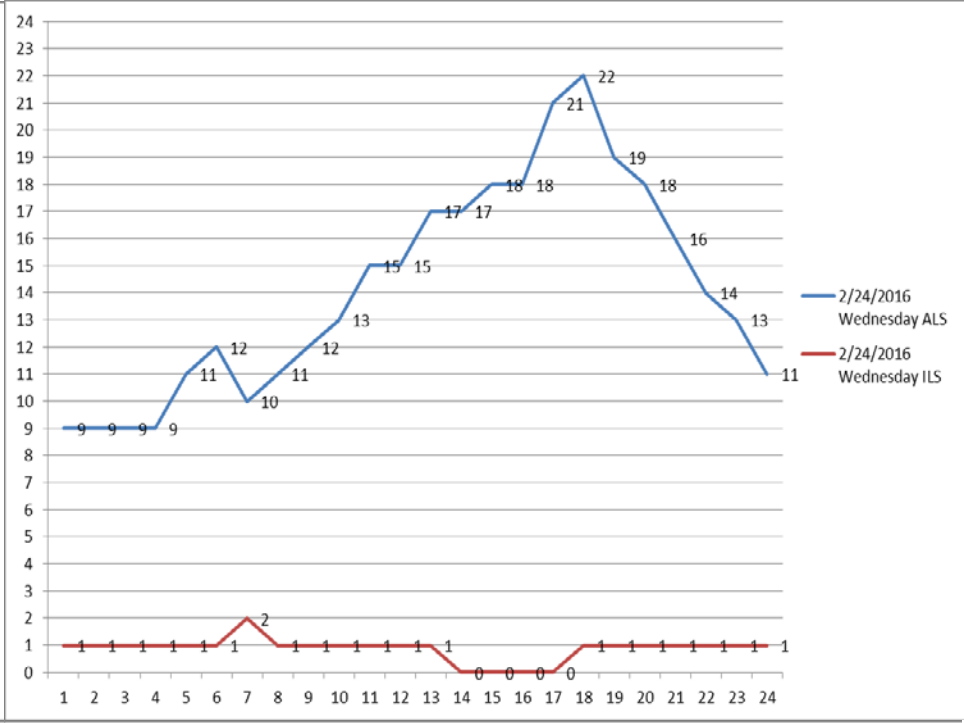
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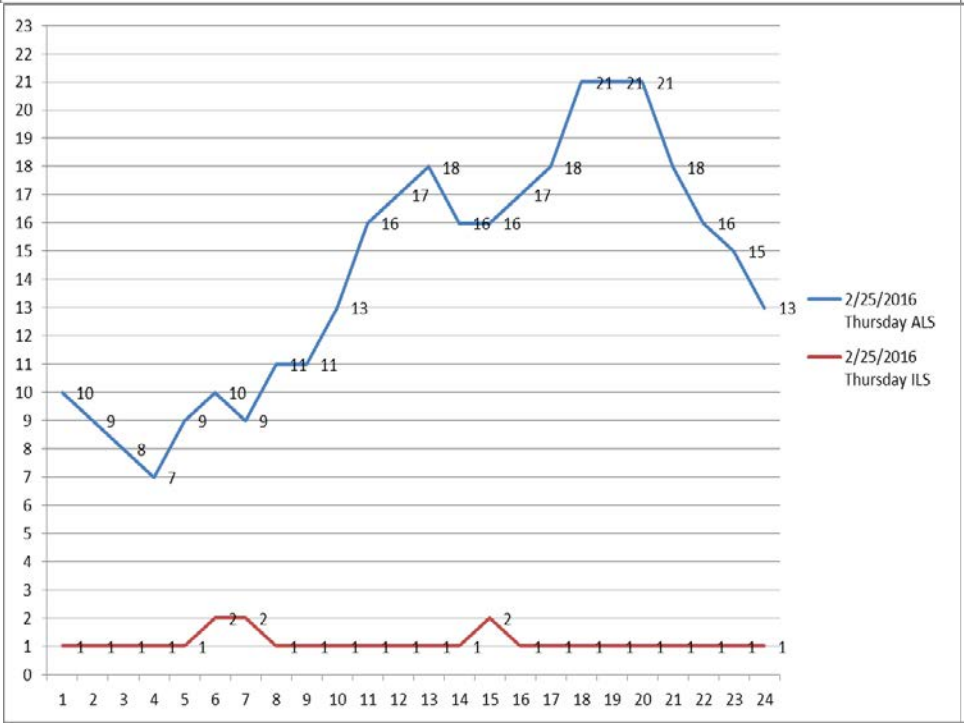
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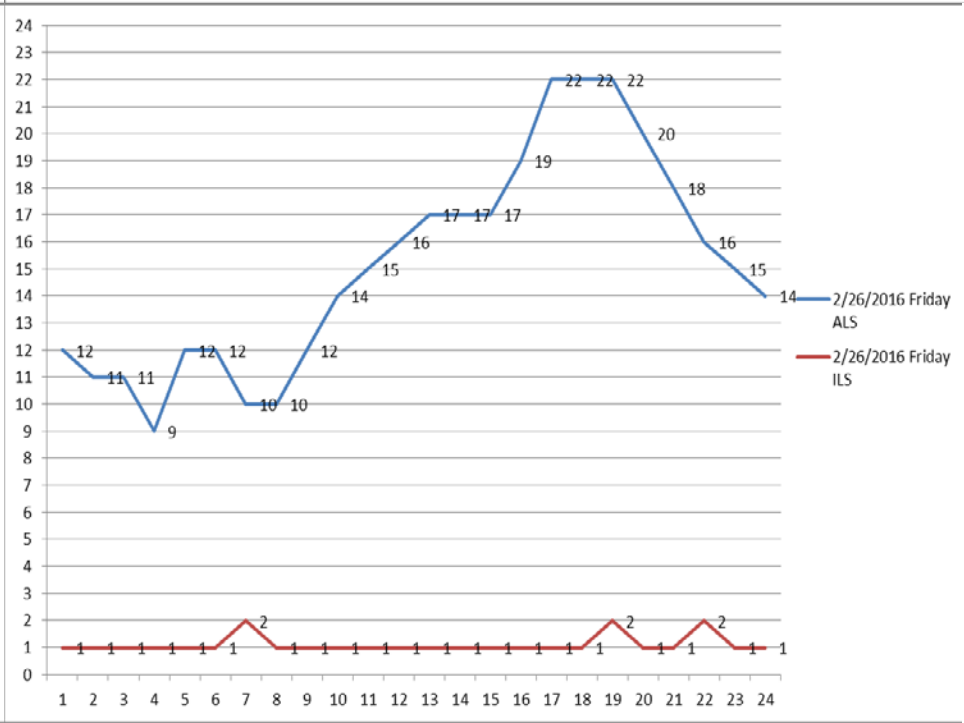
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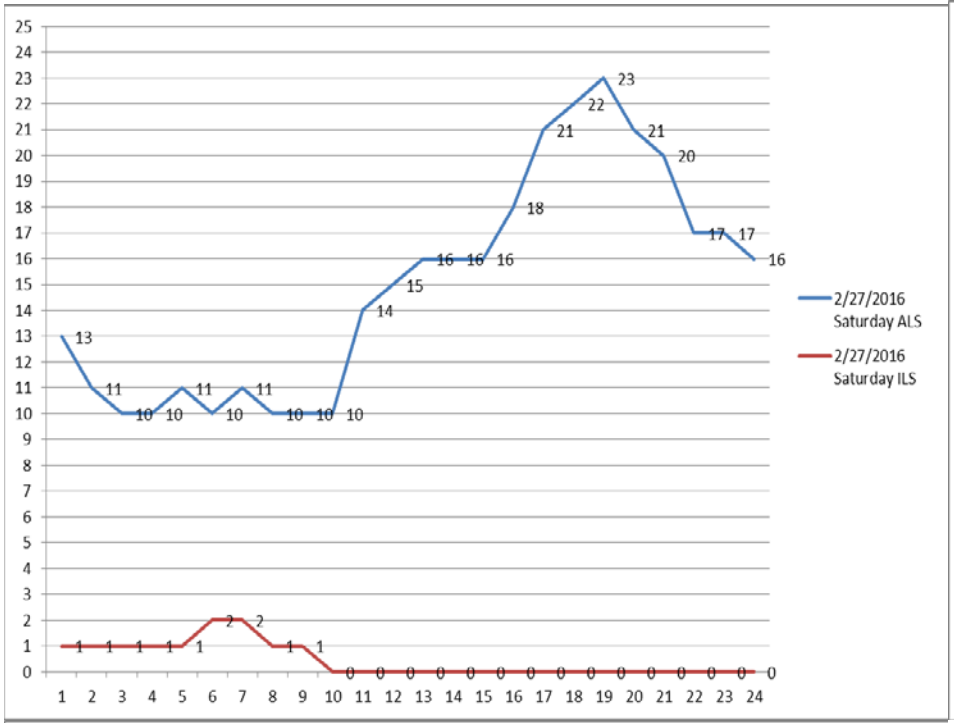
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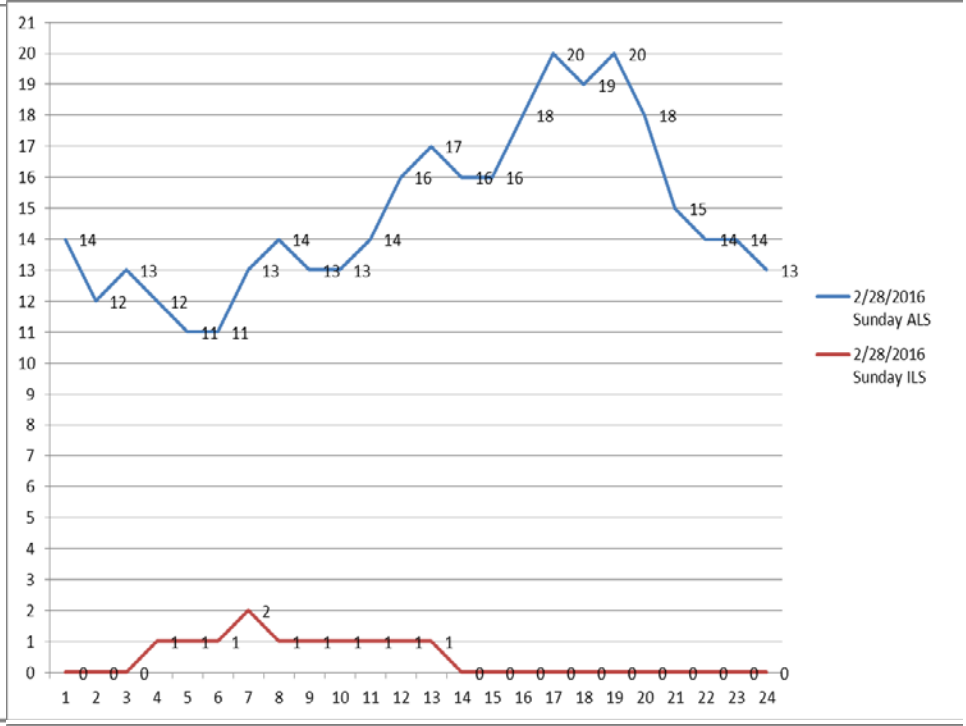
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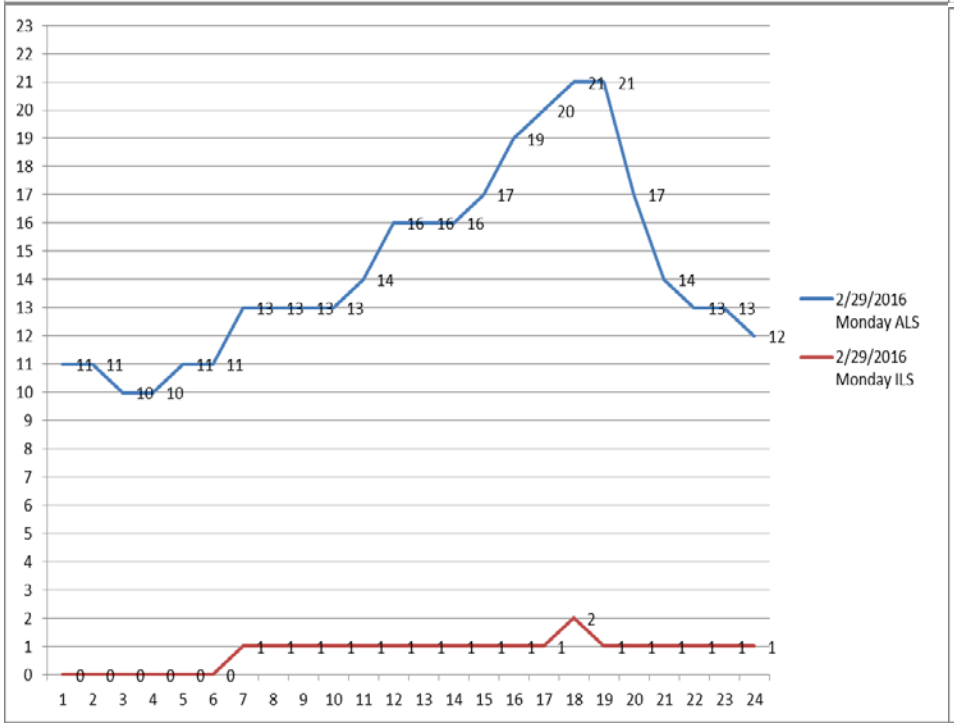
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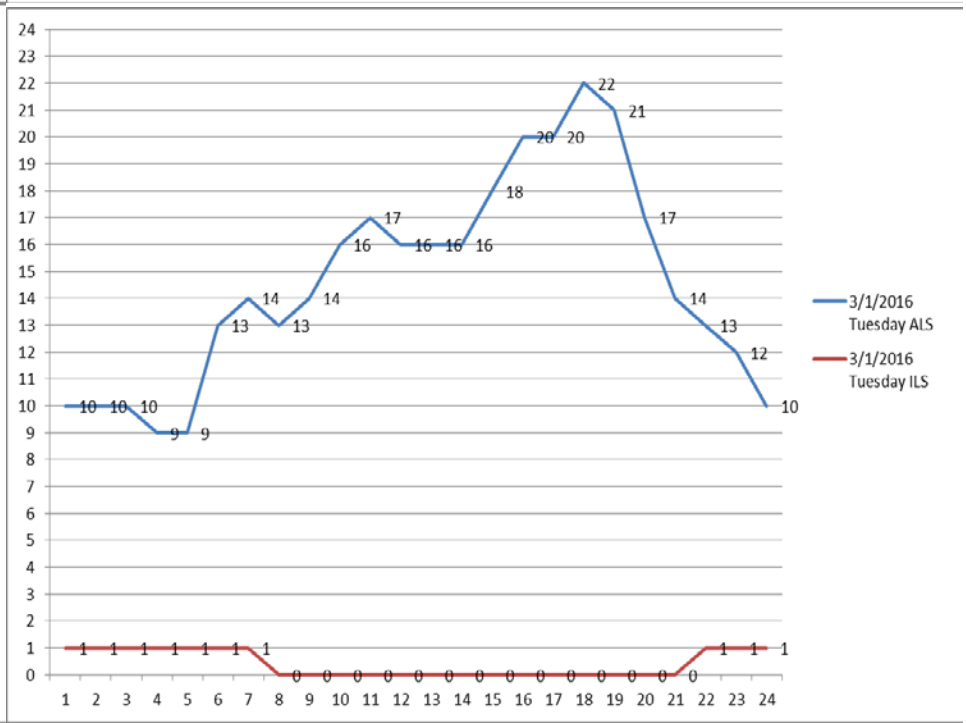
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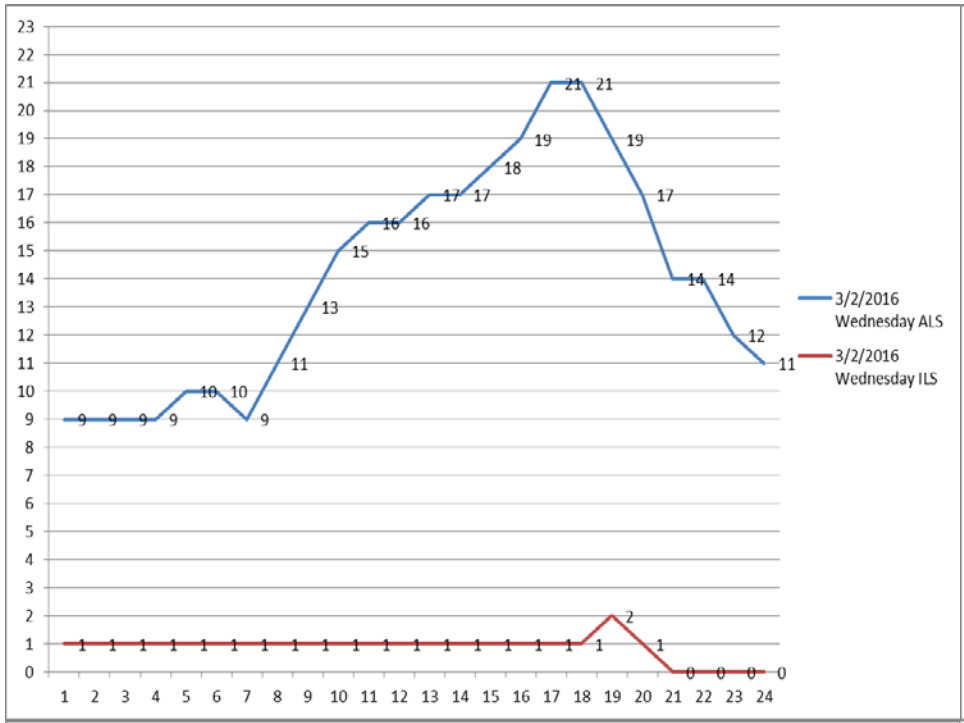
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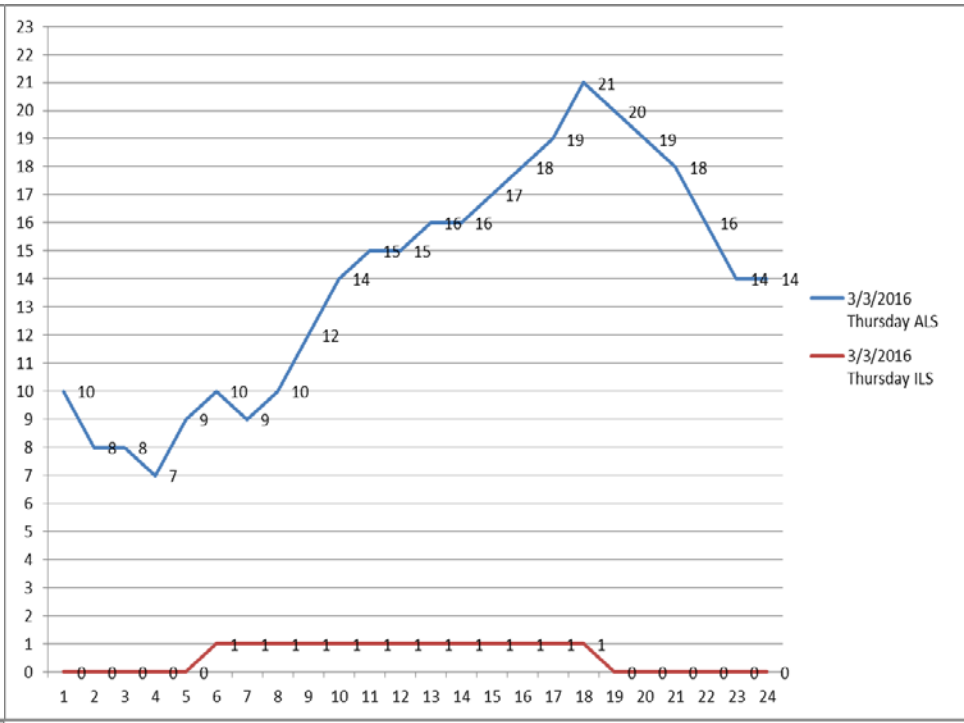
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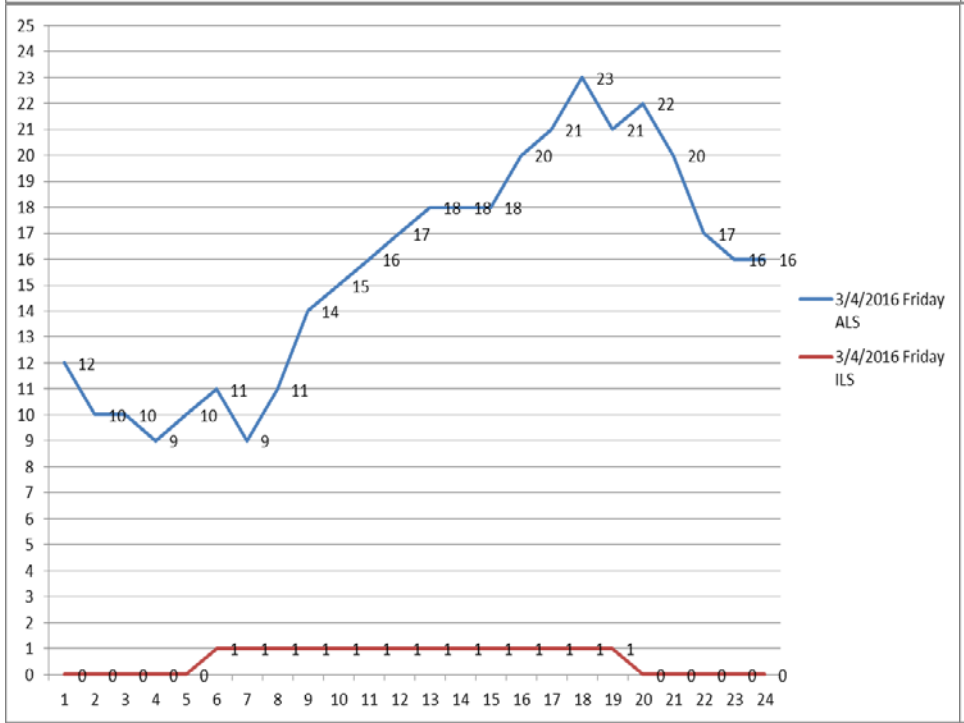
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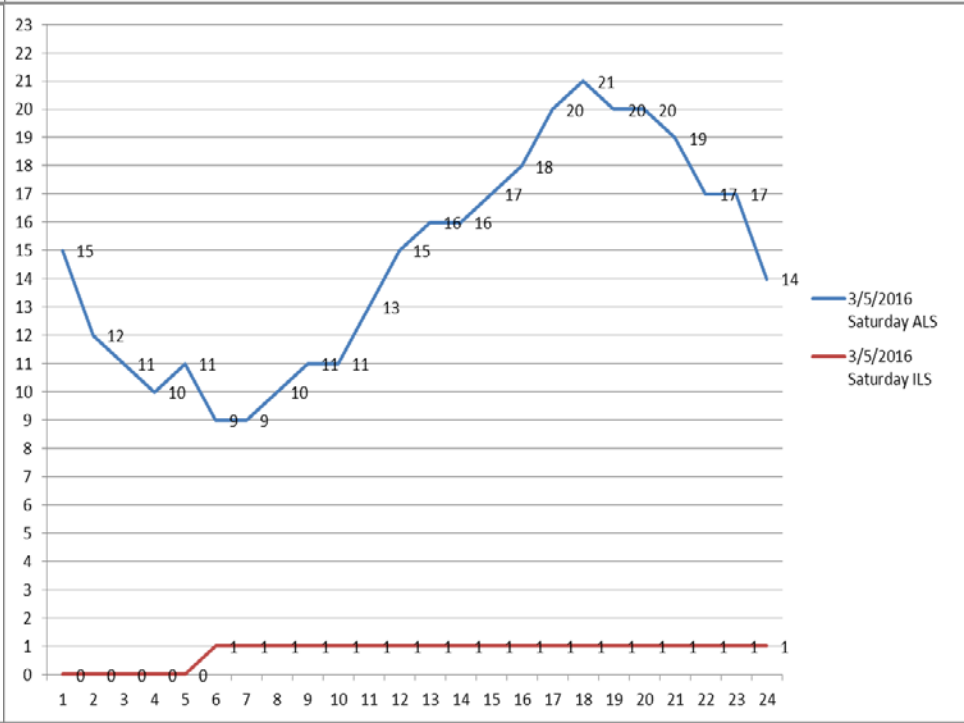
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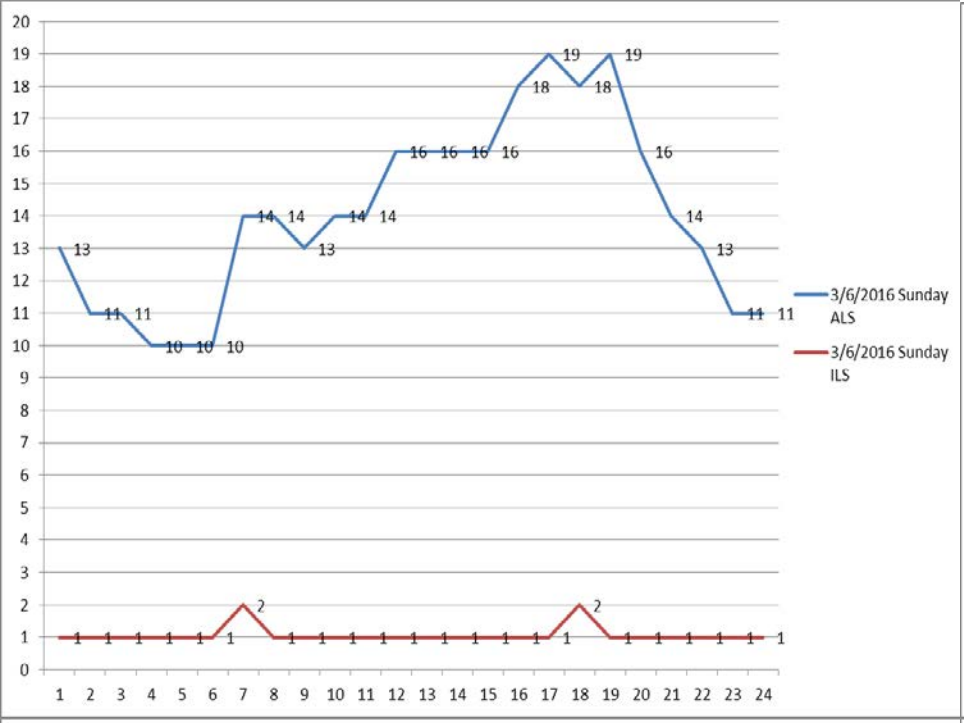
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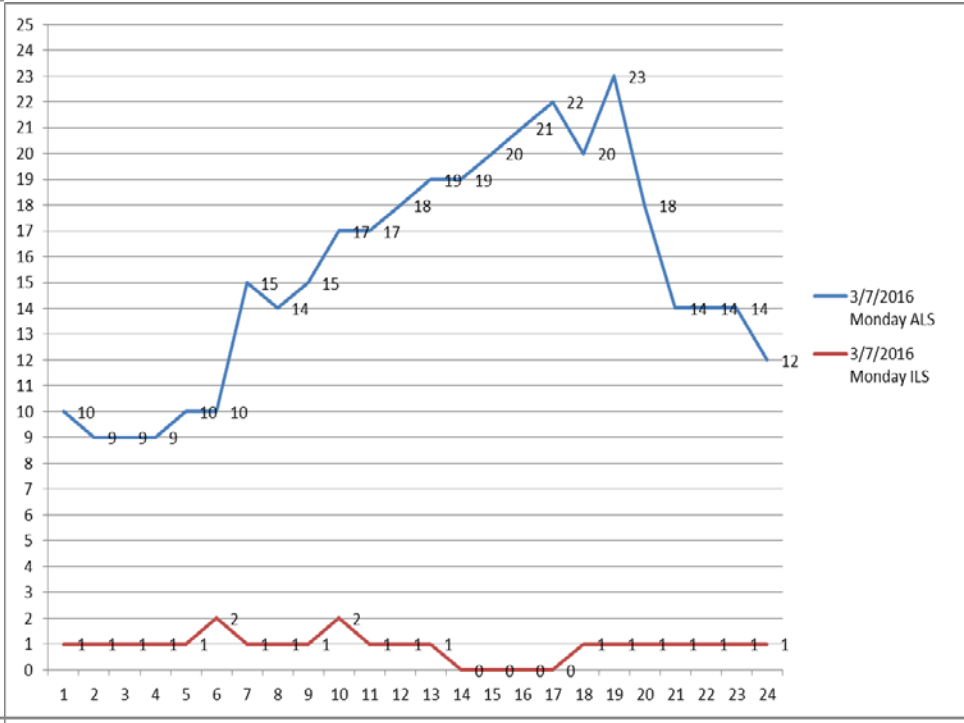
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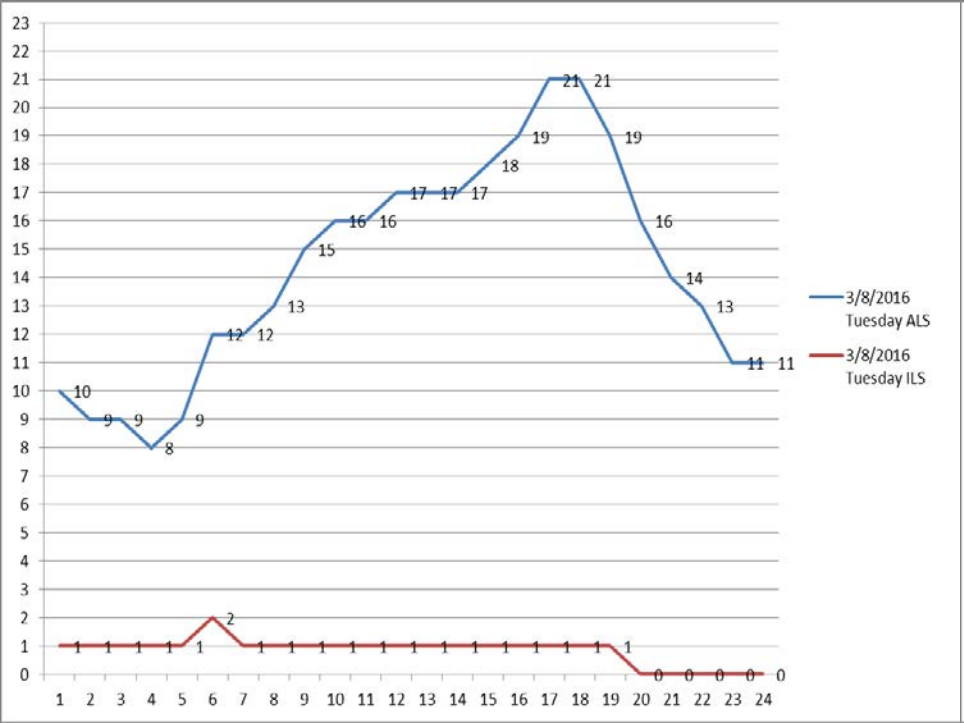
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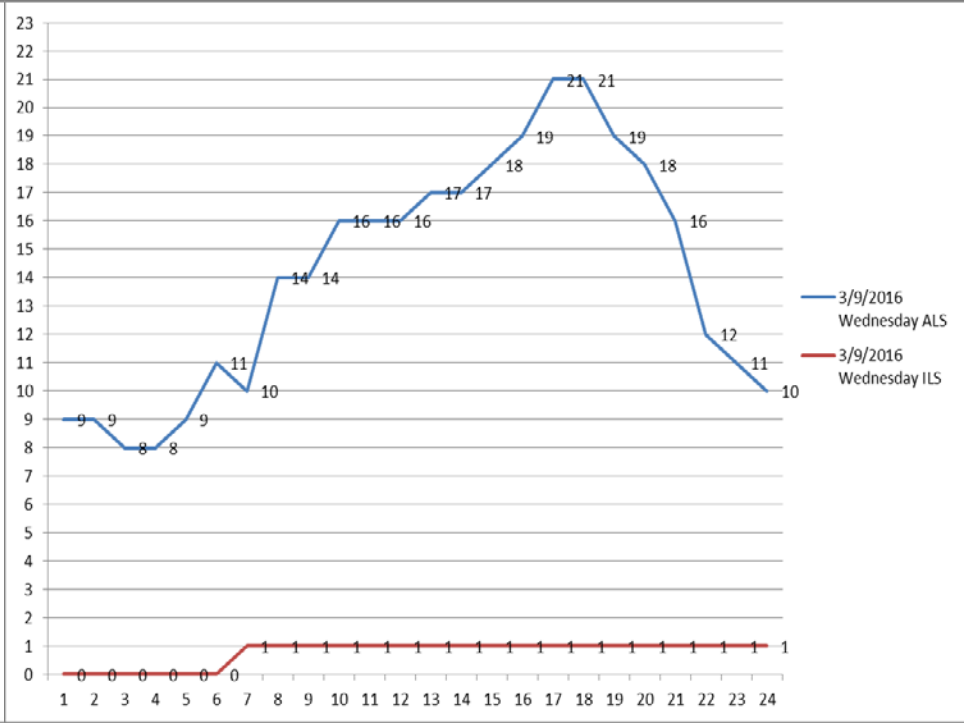
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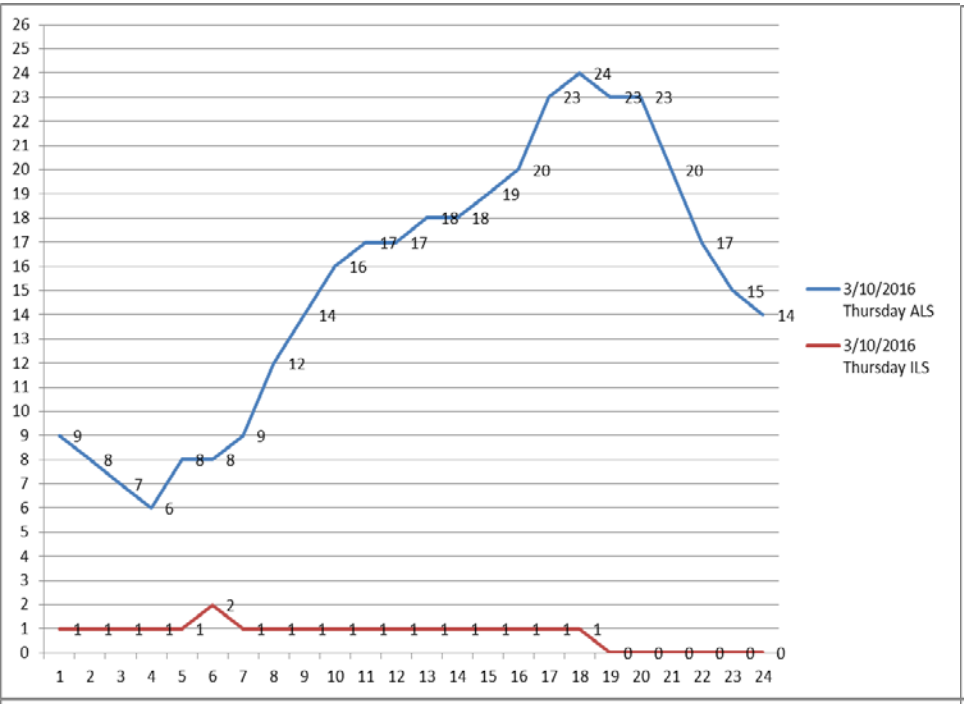
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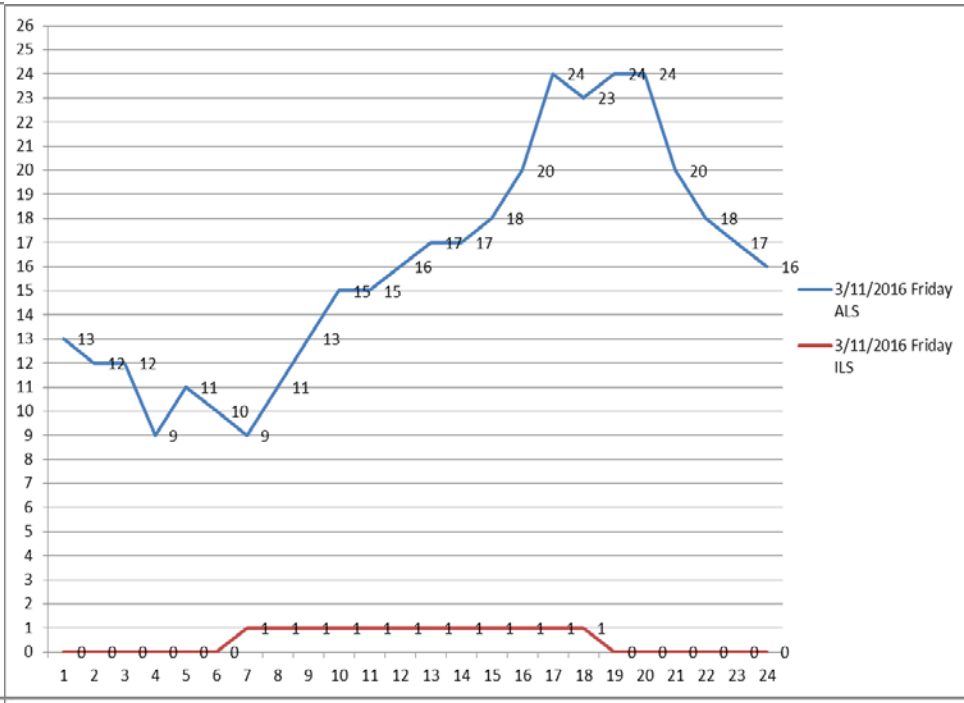
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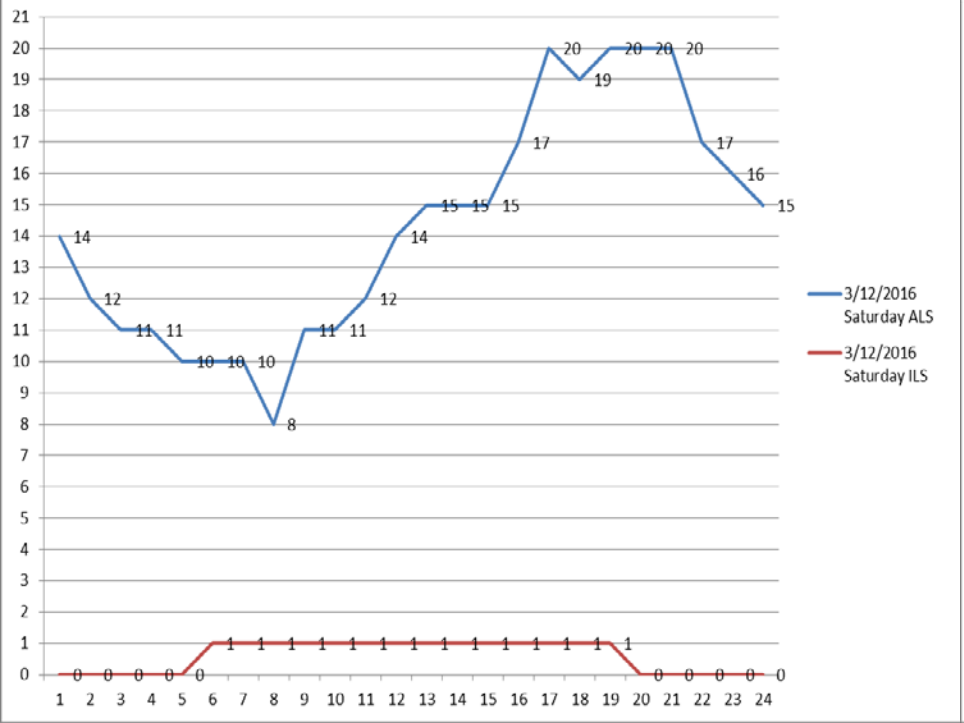
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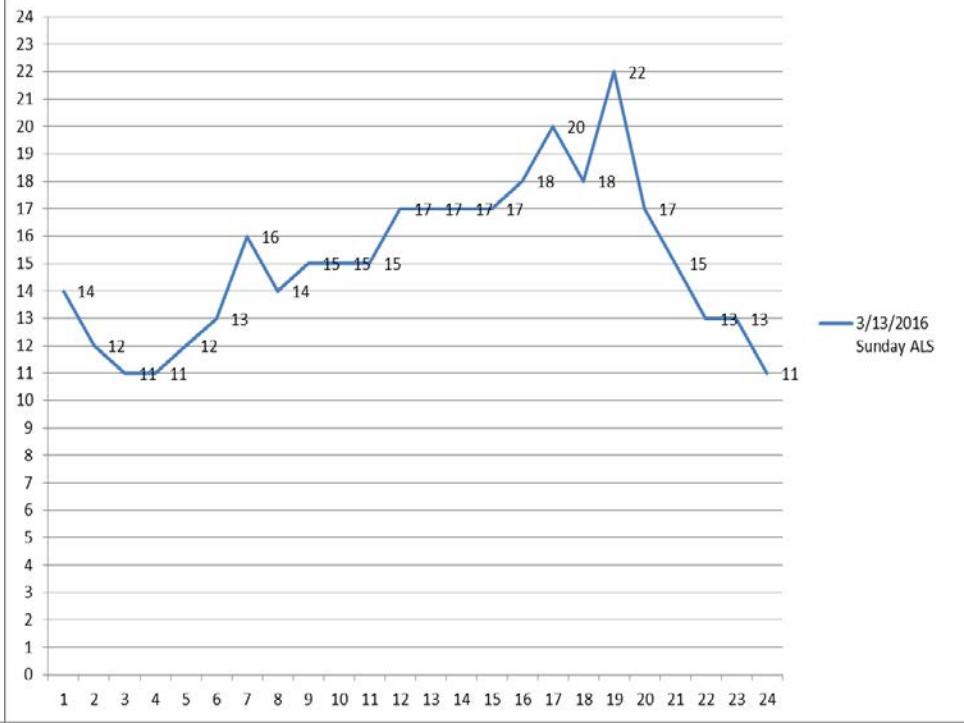
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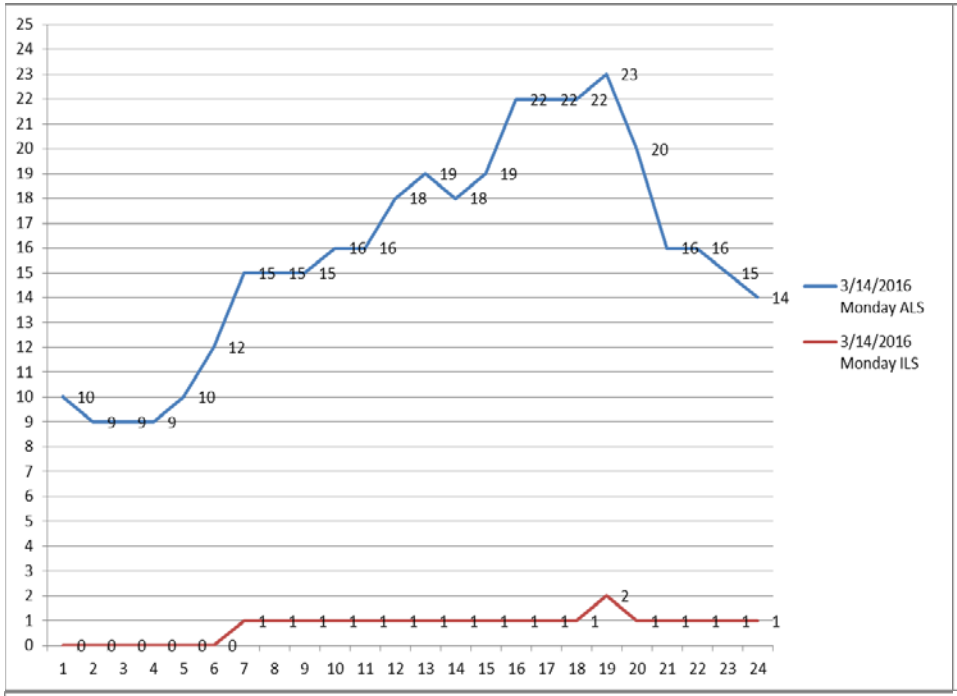
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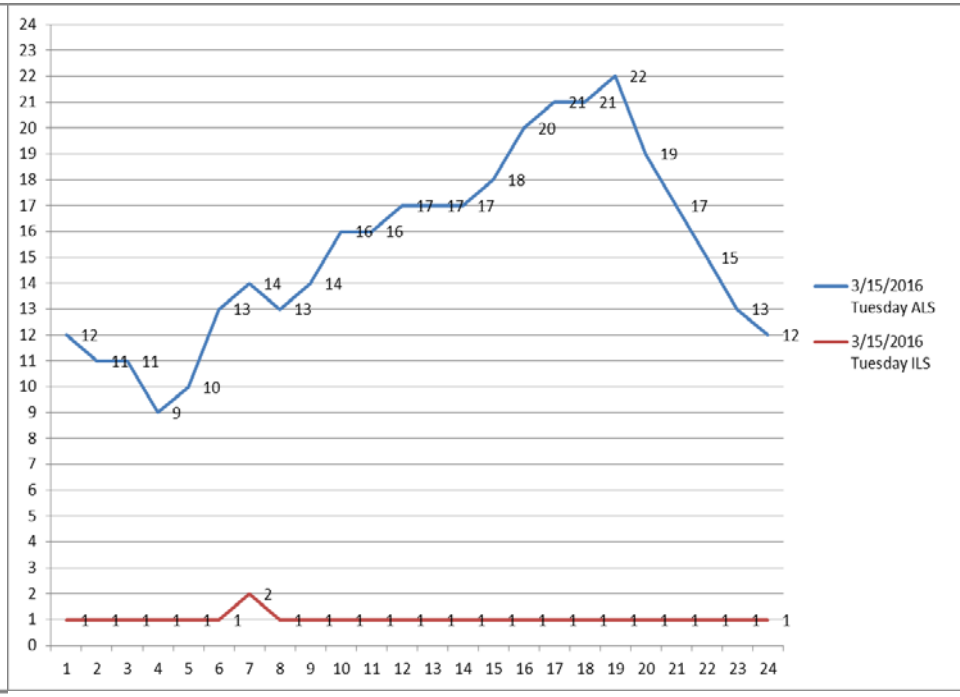
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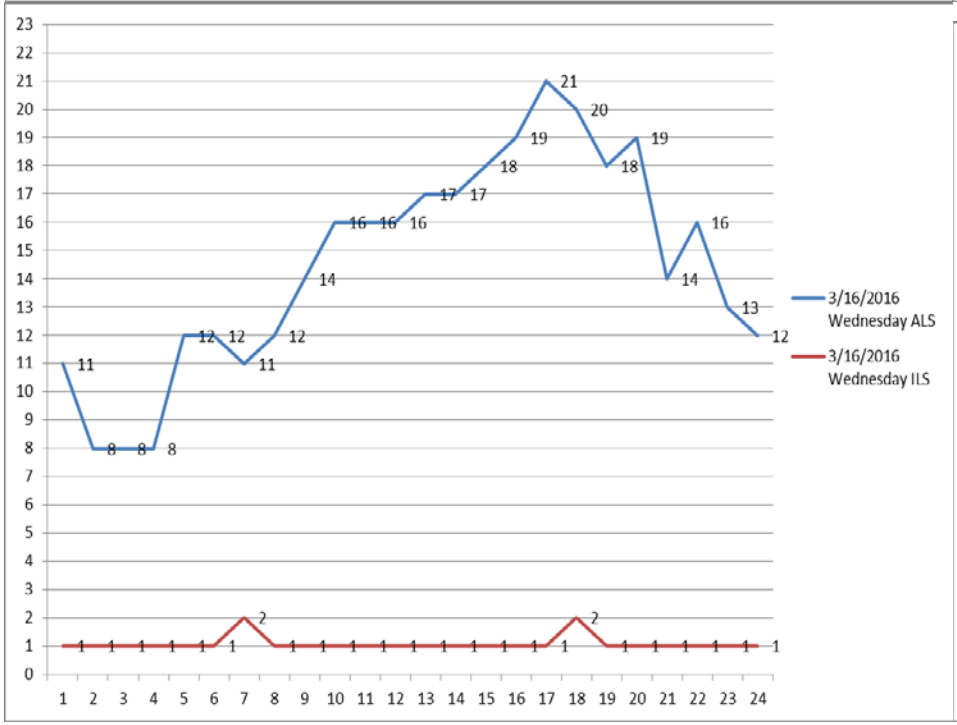
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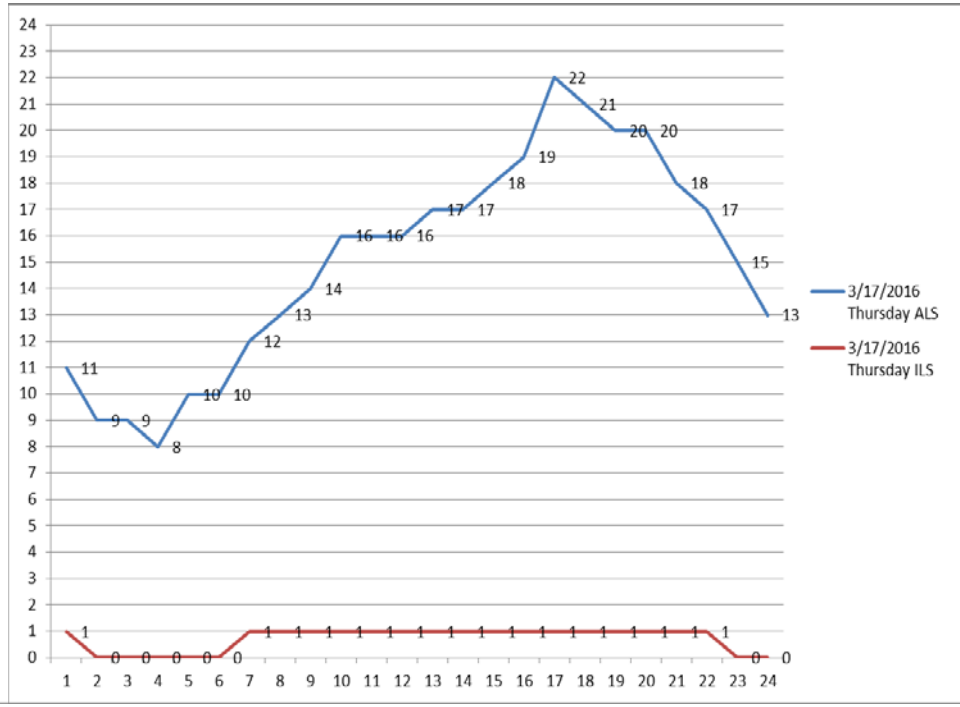
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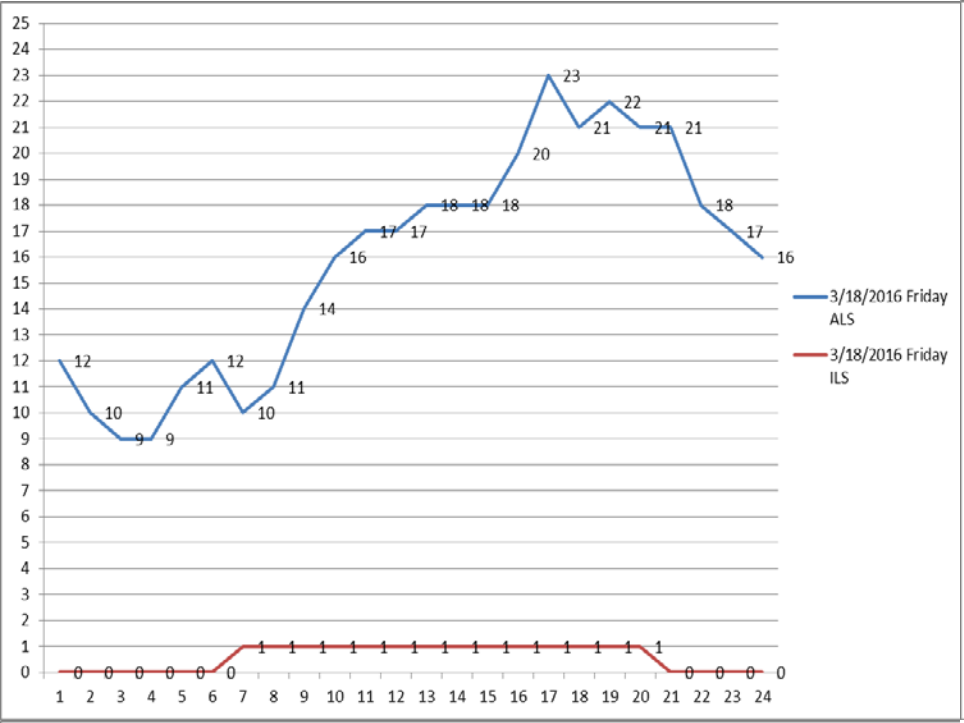
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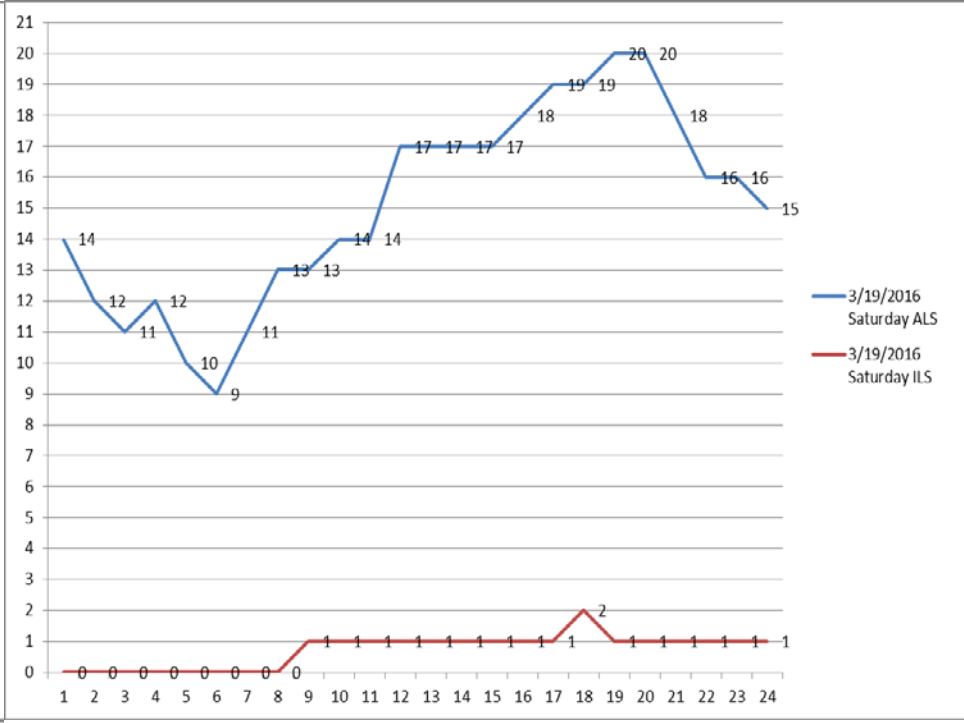
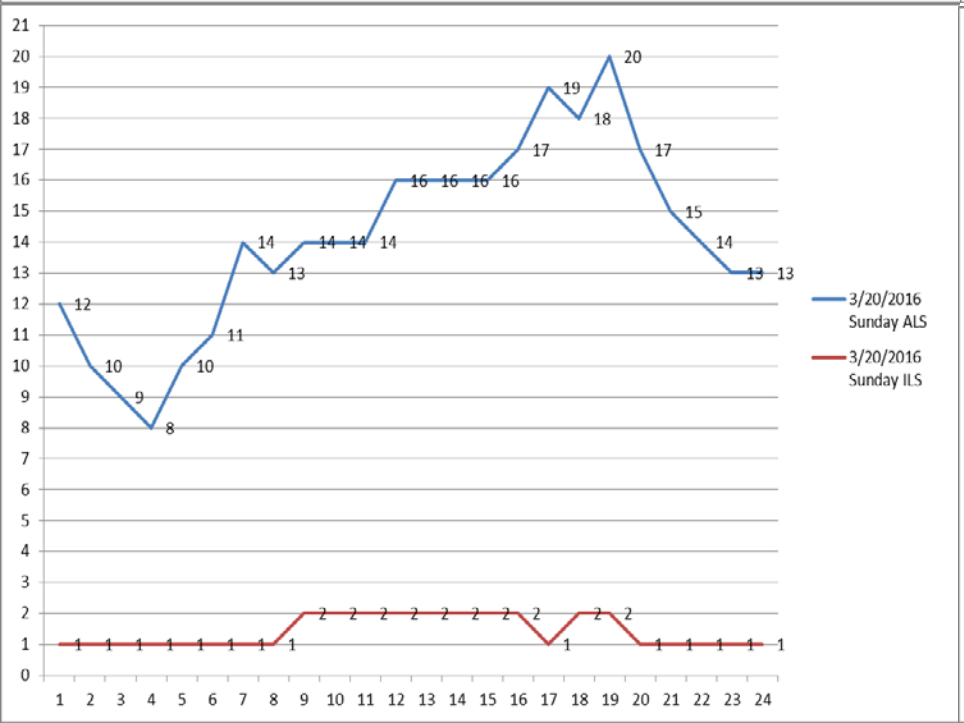
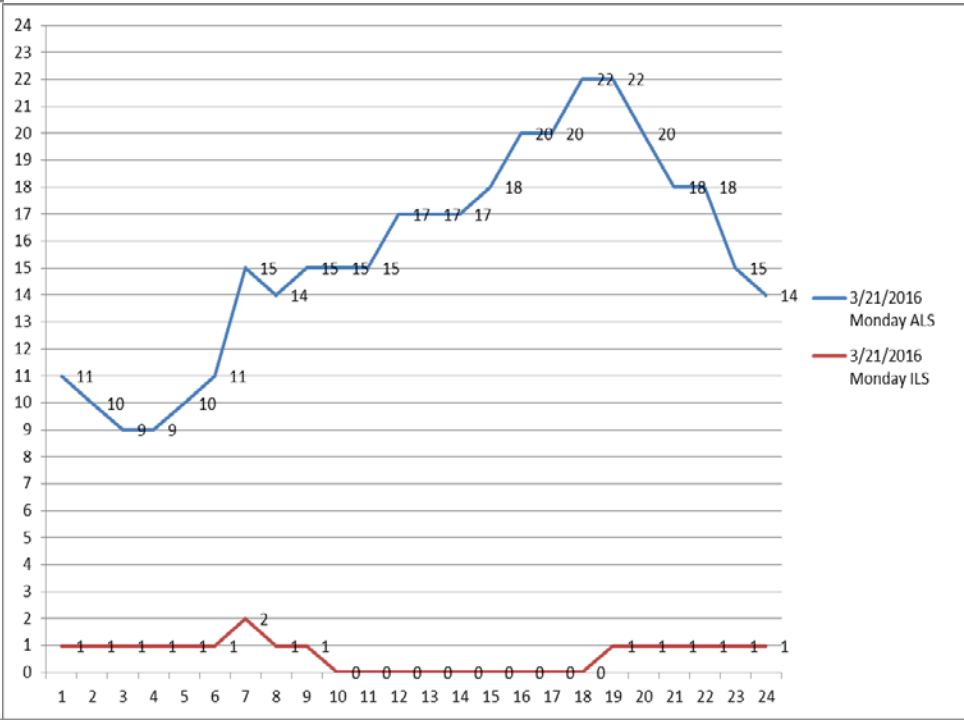

3/19/2016 Saturday ALS
3/19/2016 Saturday ILS


3/20/2016 Sunday ALS
3/20/2016 Sunday ILS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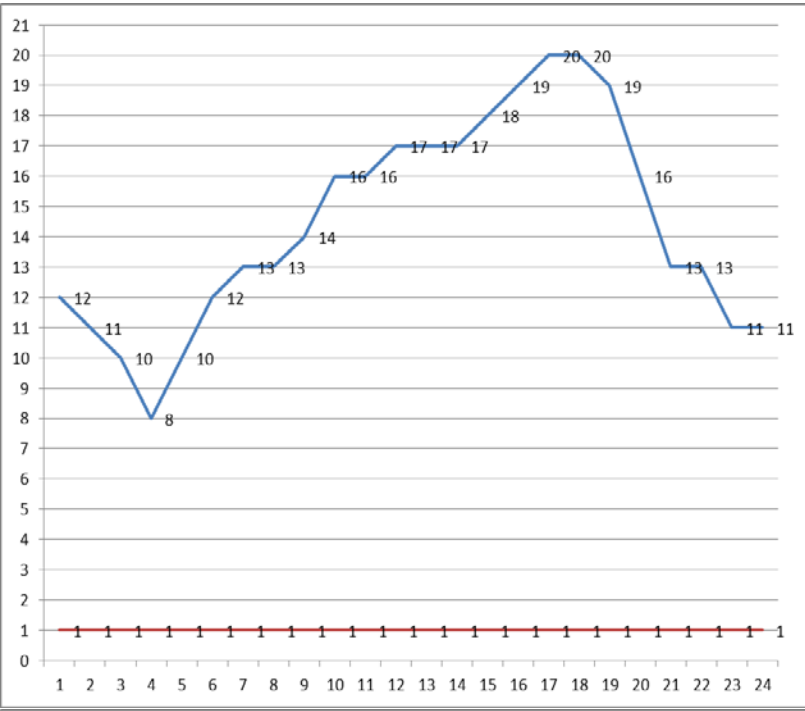
3/21/2016 Monday ILS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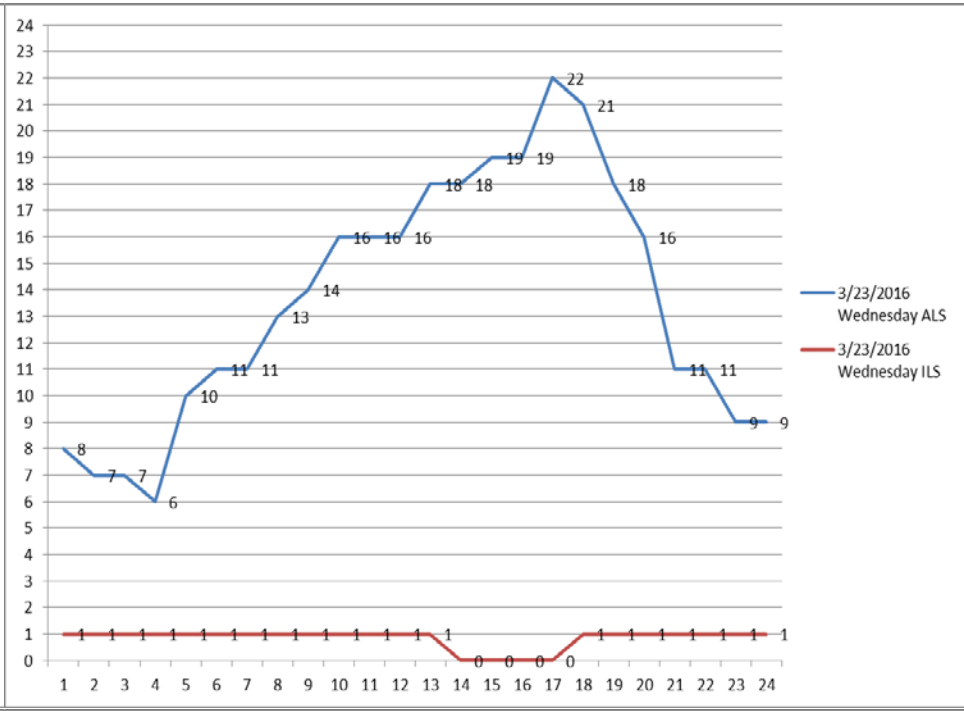
3/22/2016 Tuesday ILS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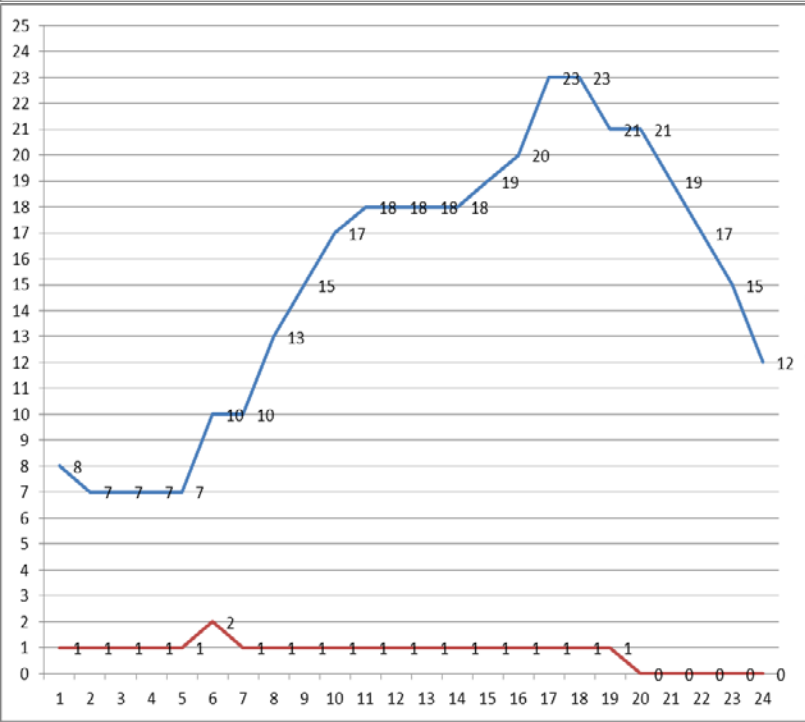
3/23/2016 Wednesday ILS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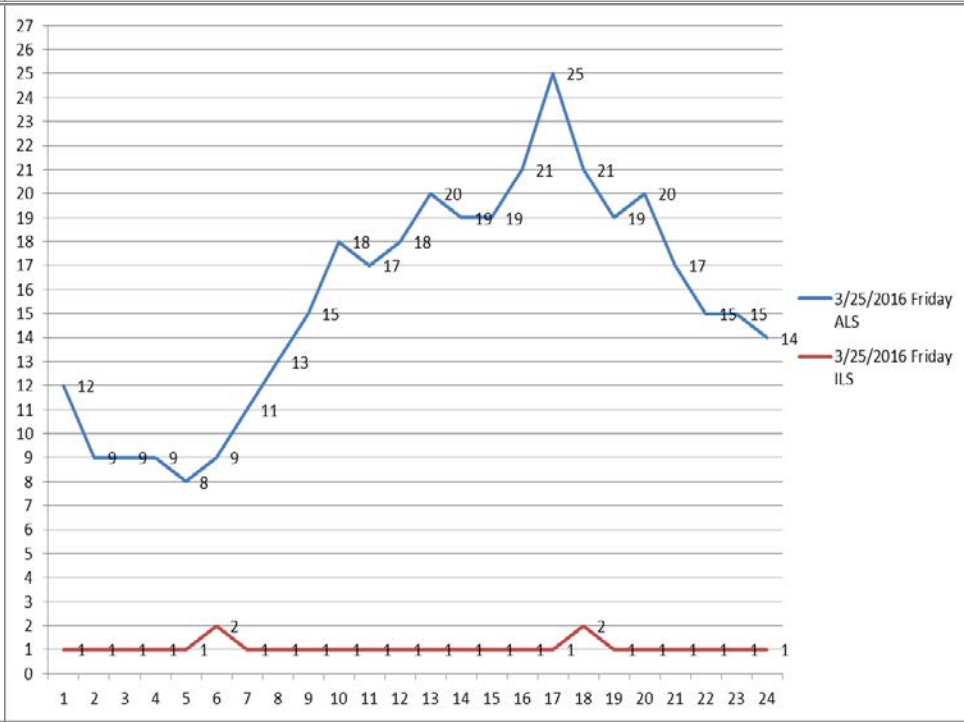
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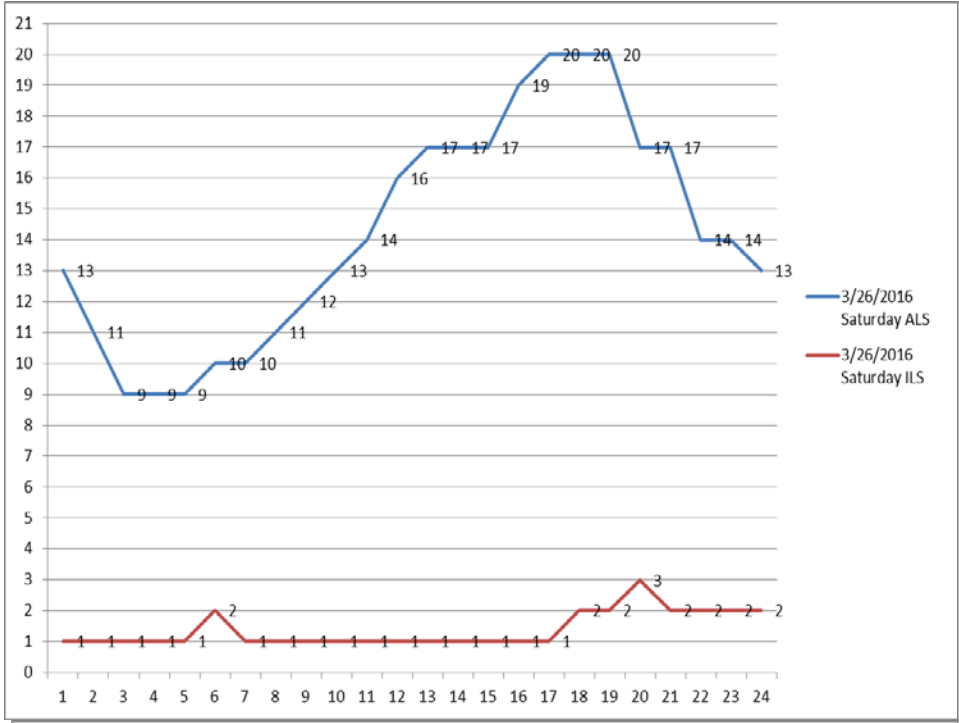
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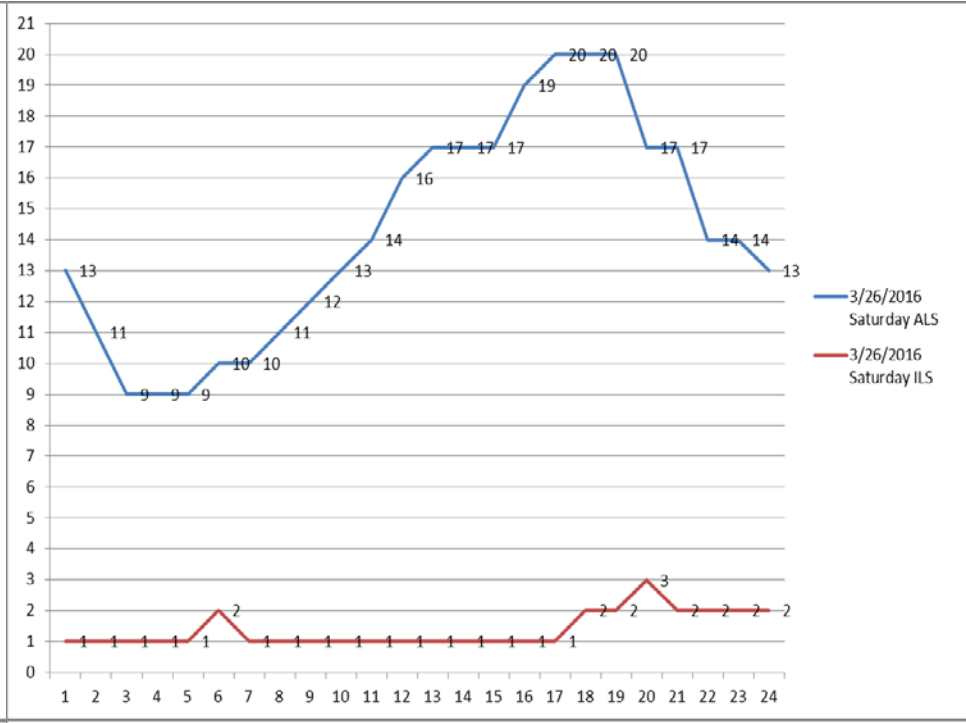
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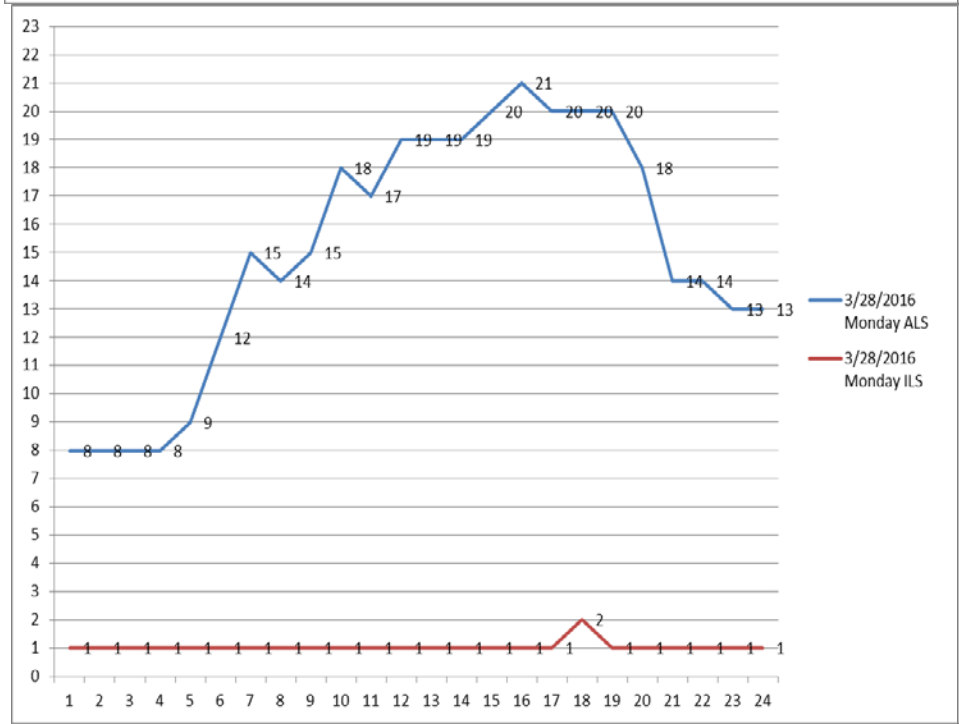
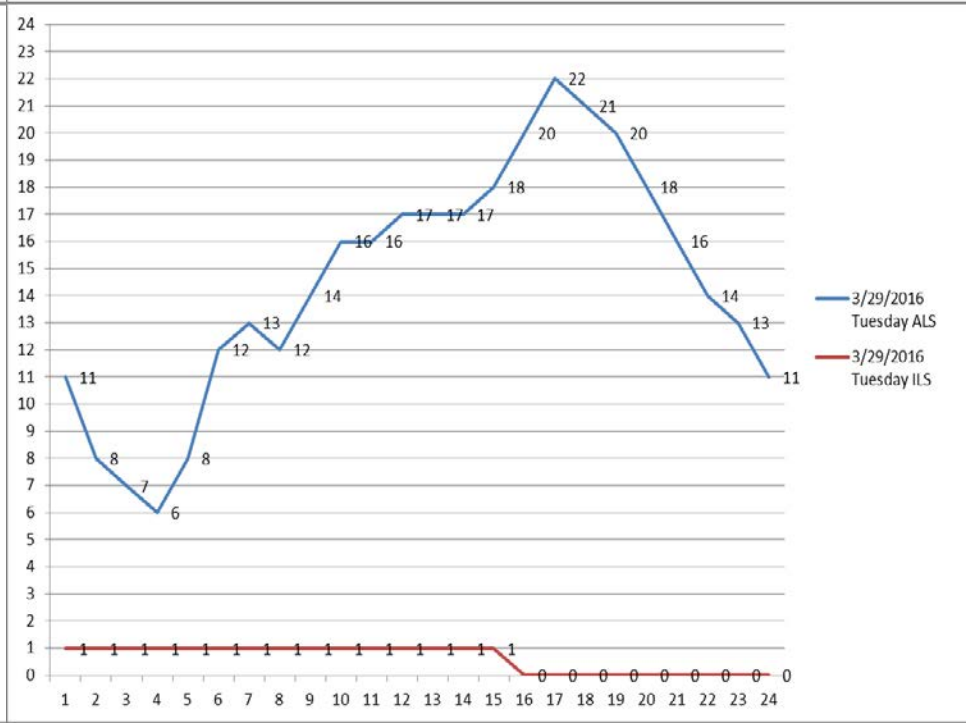

3/28/2016 Monday ALS
3/28/2016 Monday ILS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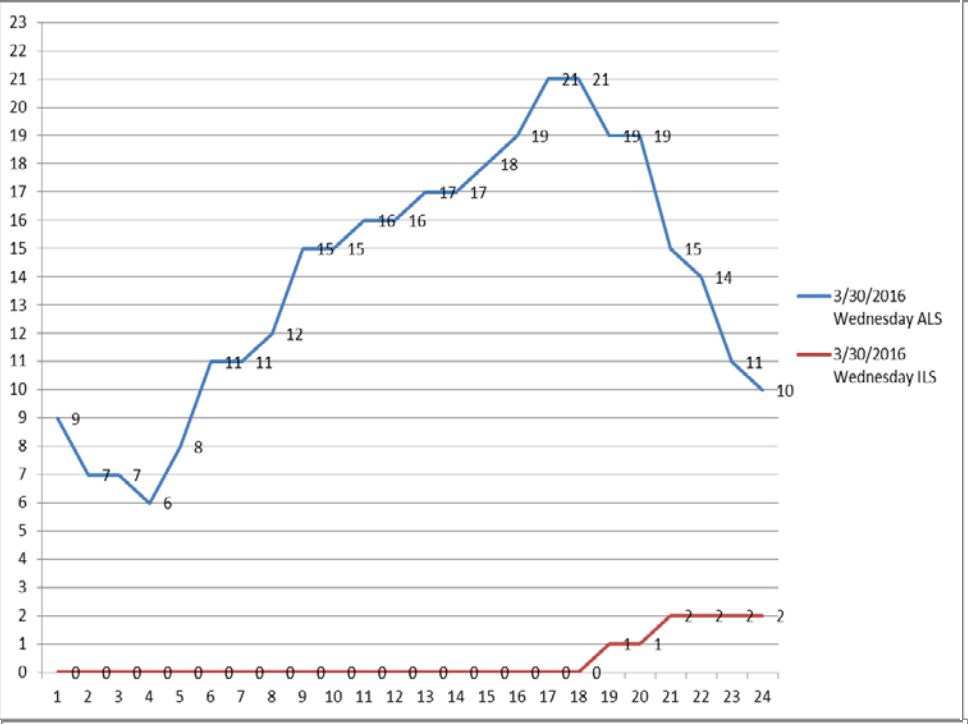
3/29/2016 Tuesday ILS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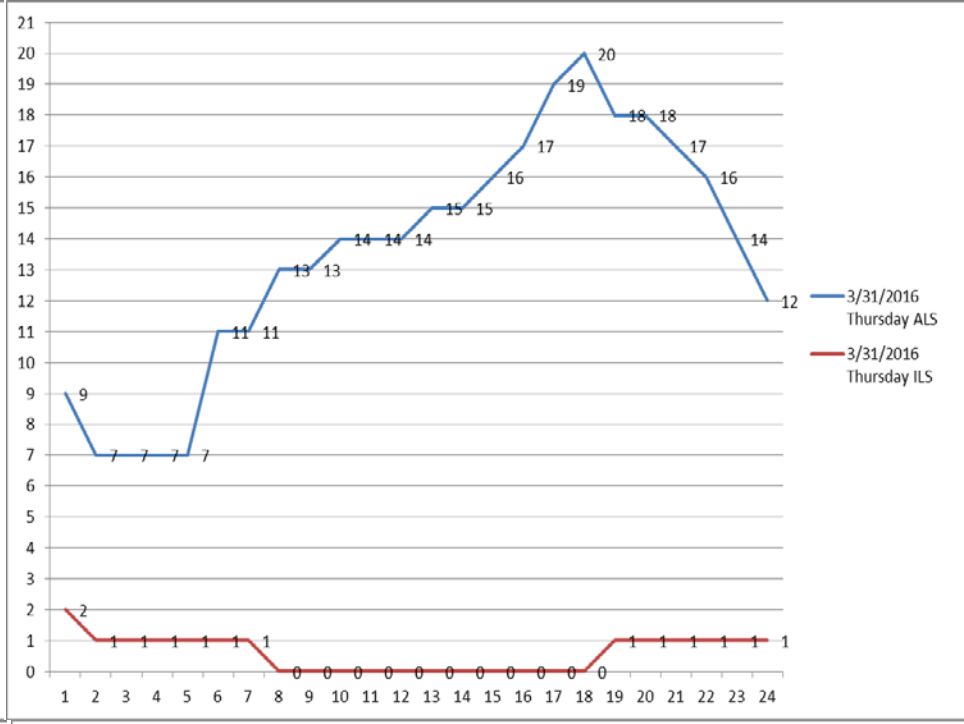
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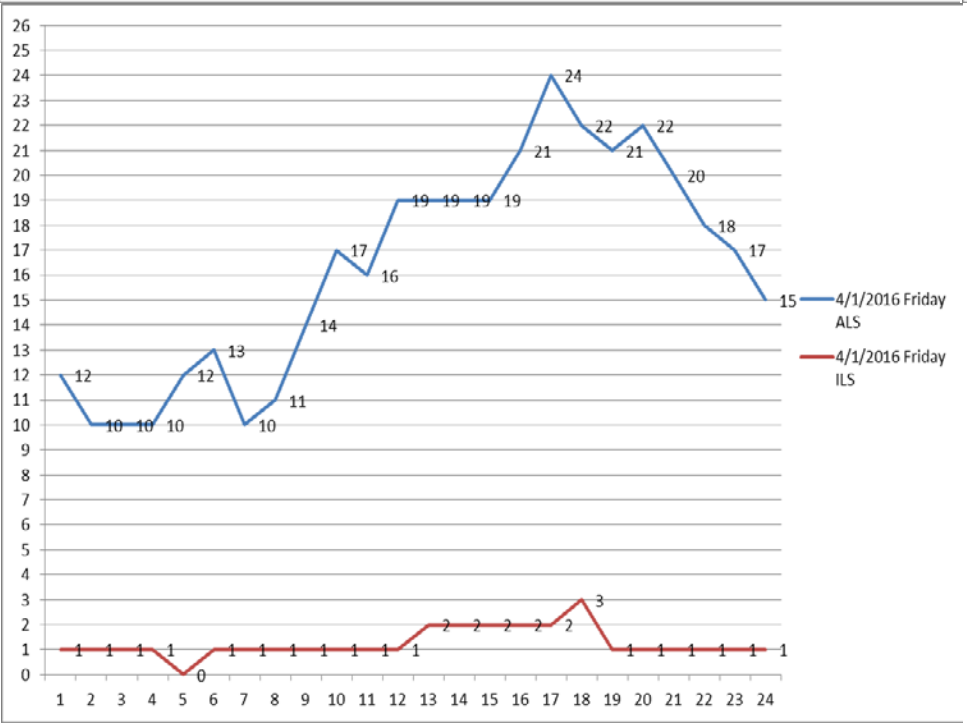
3/31/2016 Thursday ILS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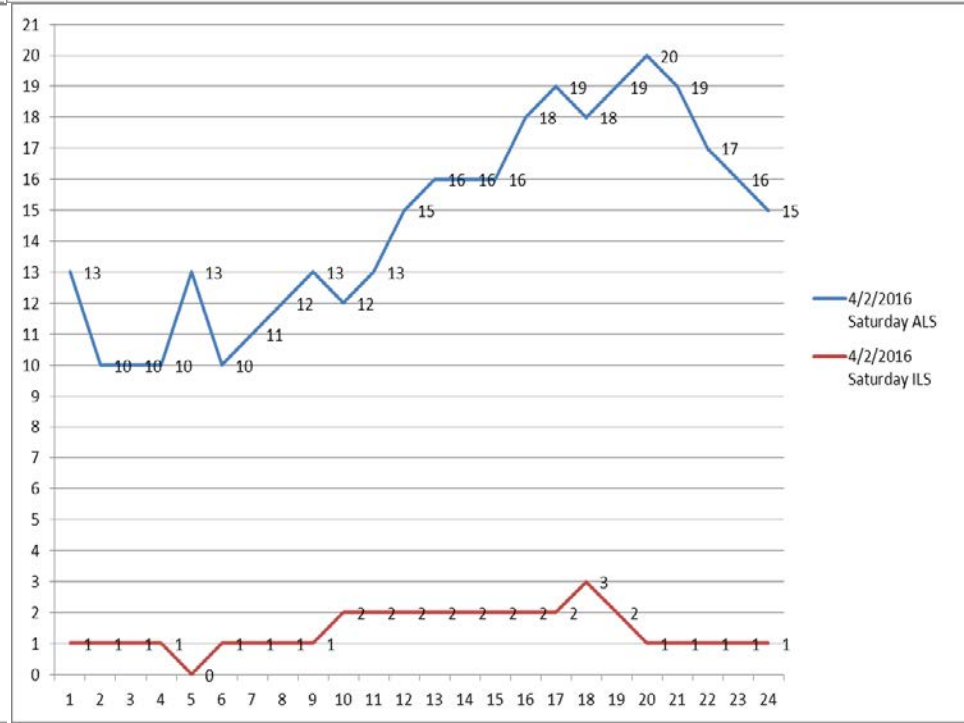
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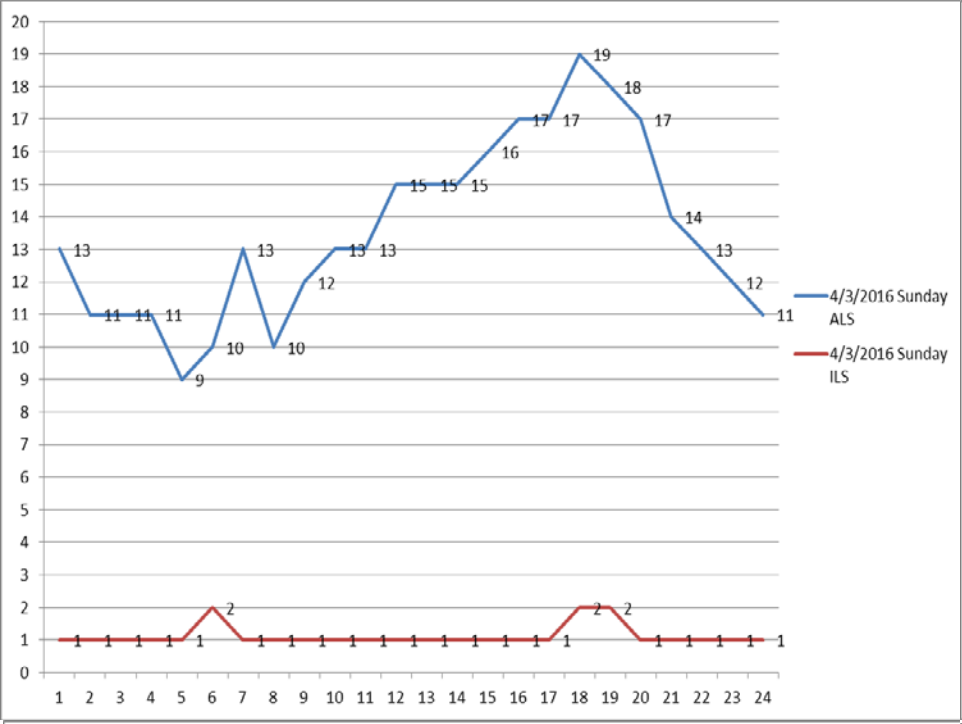
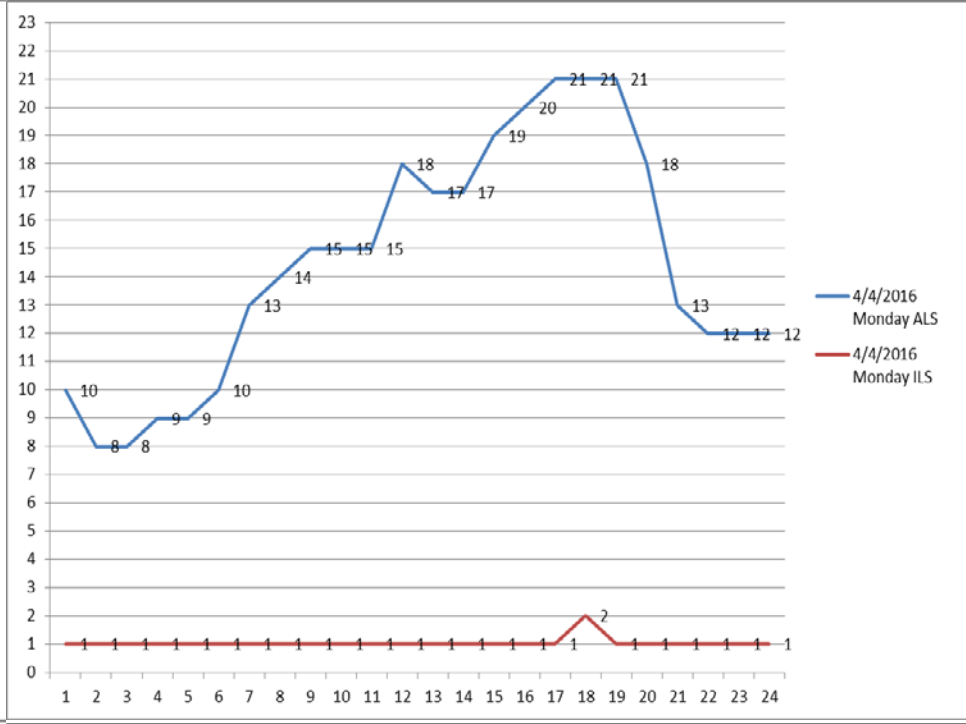

4/3/2016 Sunday ALS
4/3/2016 Sunday ILS


4/4/2016 Monday ALS
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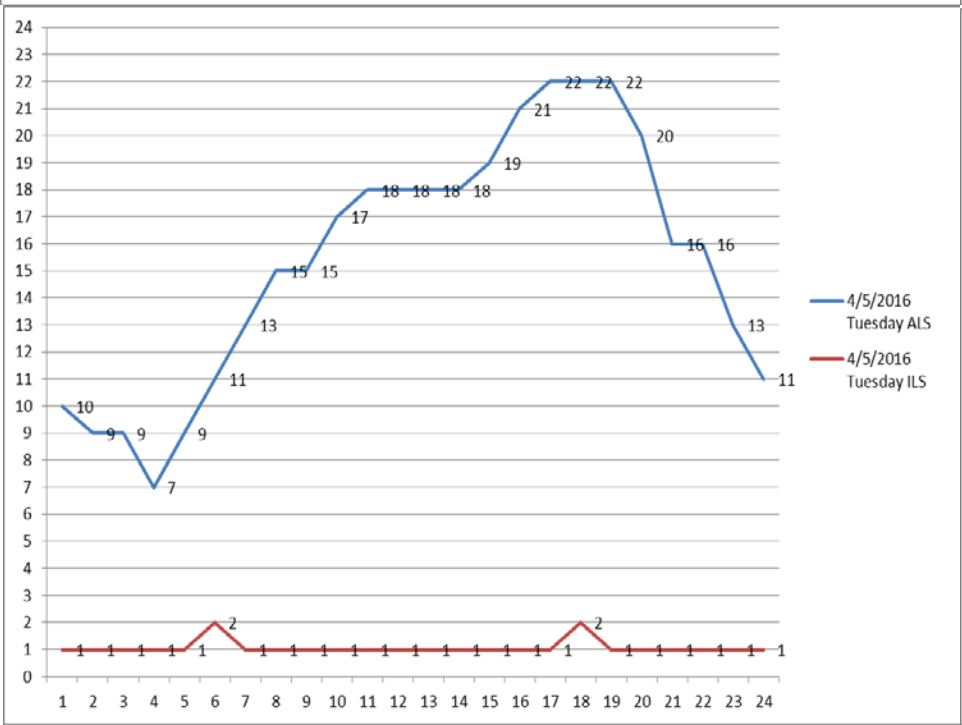
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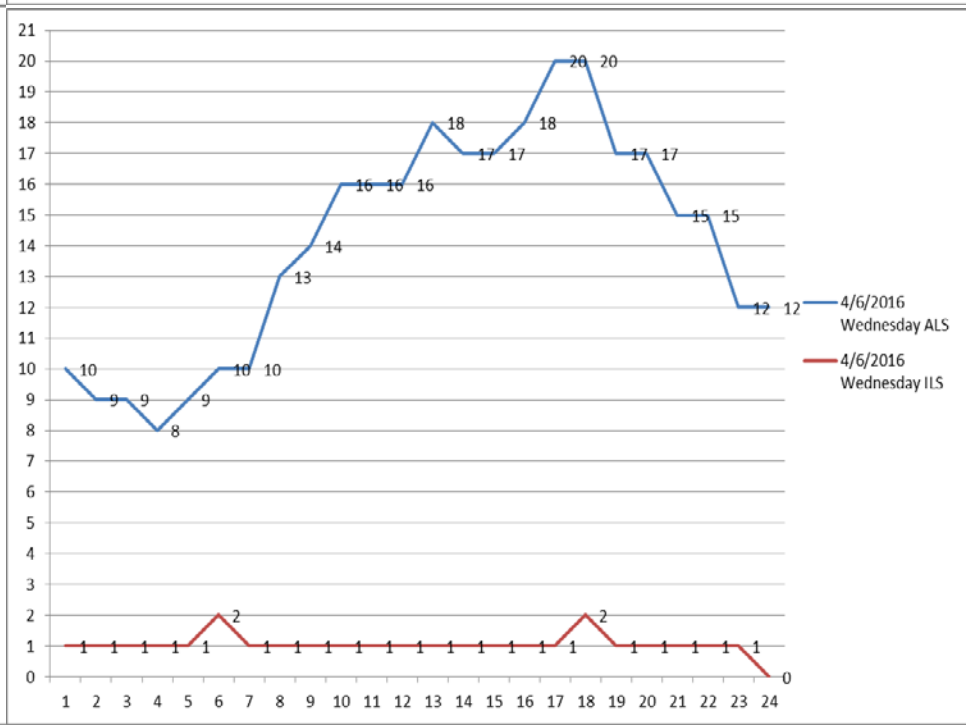
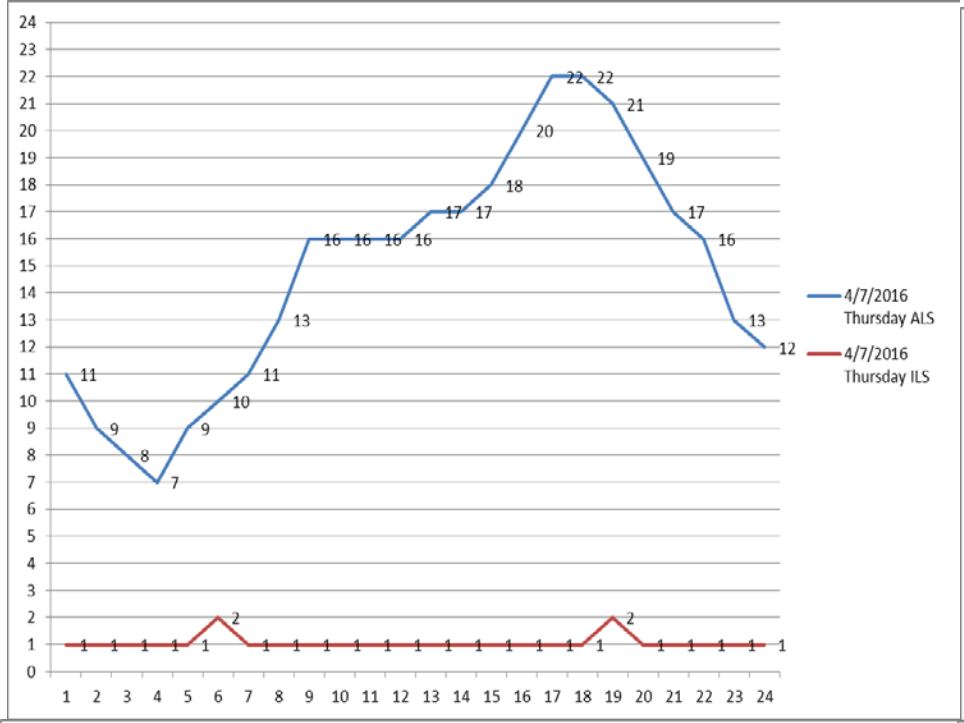
4/5/2016 Tuesday ILS


4/6/2016 Wednesday ALS
4/6/2016 Wednesday ILS


4/7/2016 Thursday ALS
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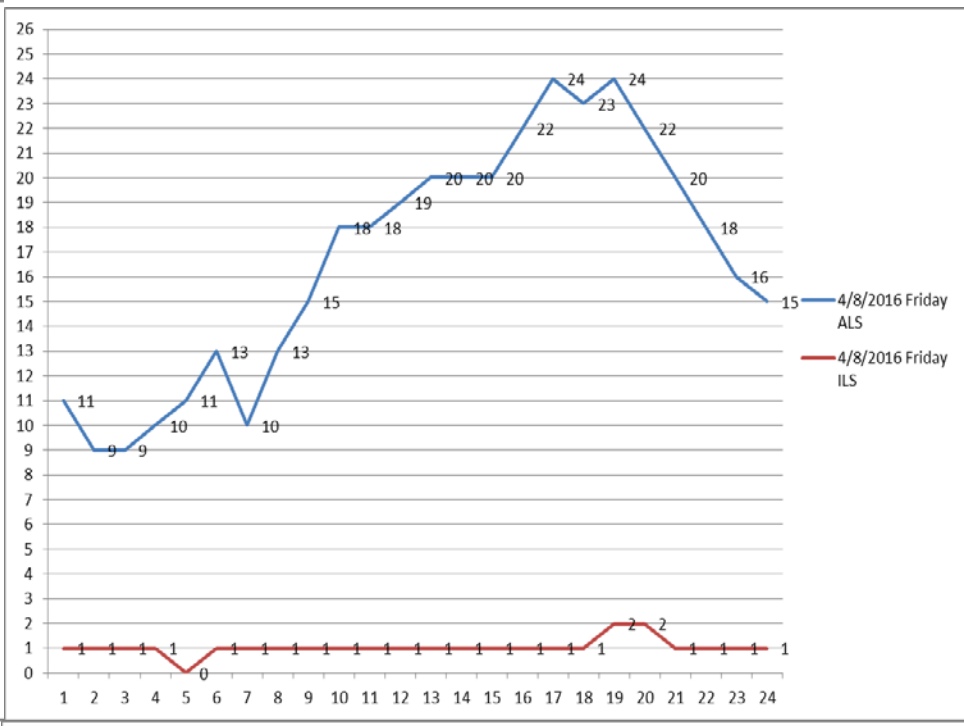
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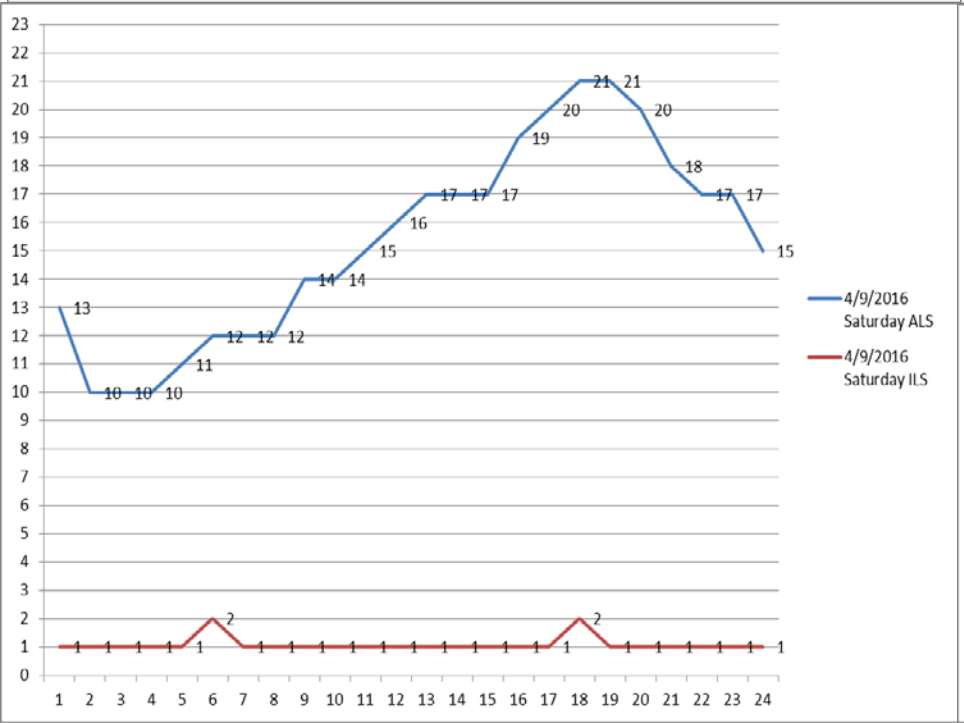
4/8/2016 Friday ILS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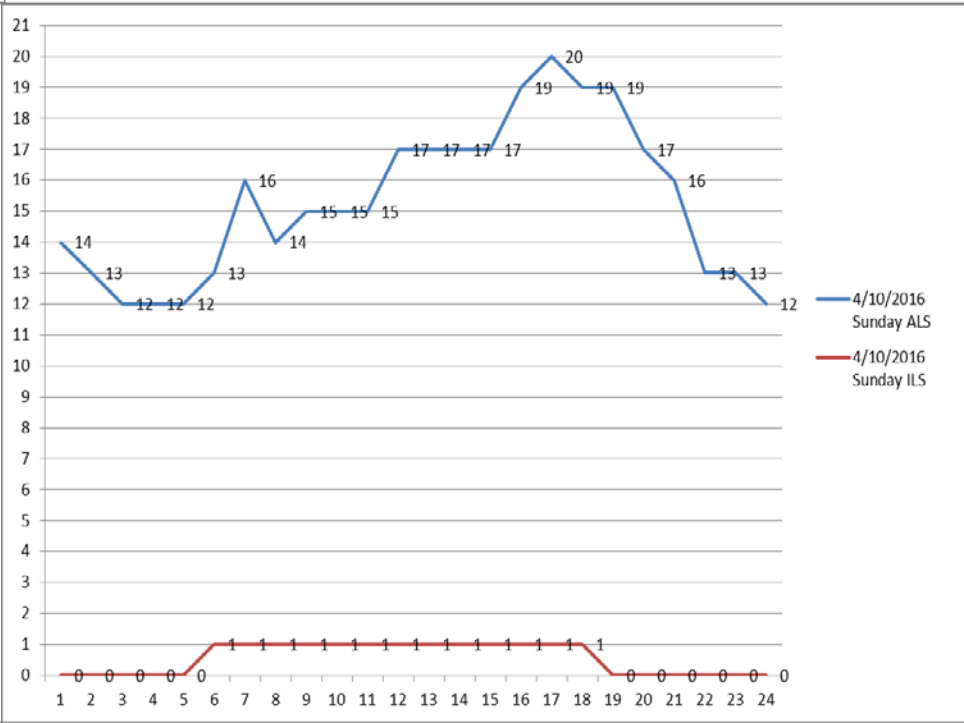
4/9/2016 Saturday ILS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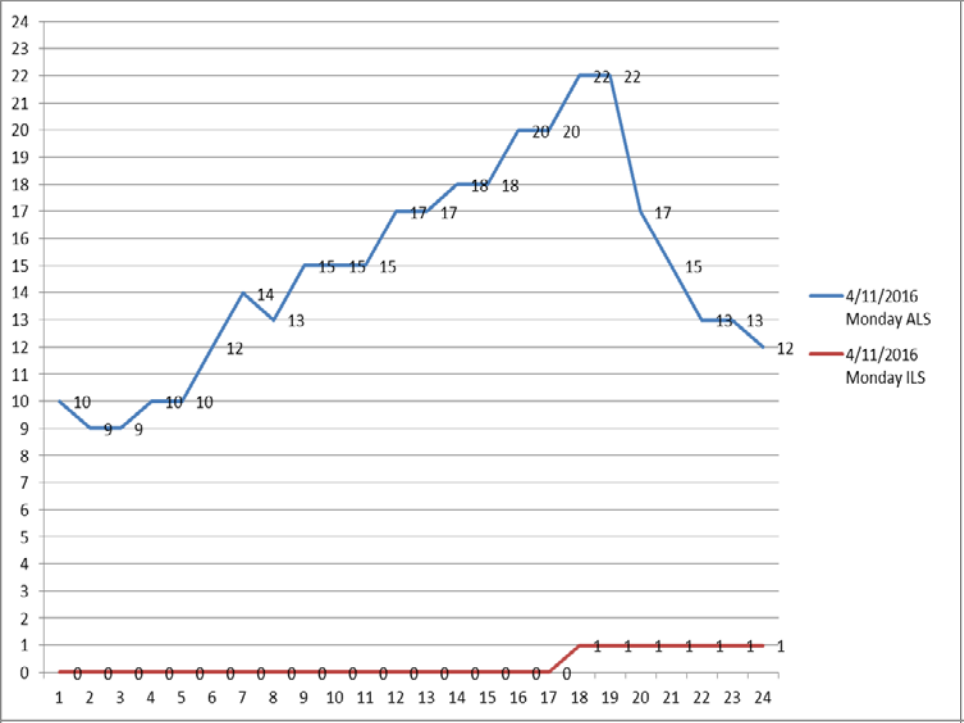
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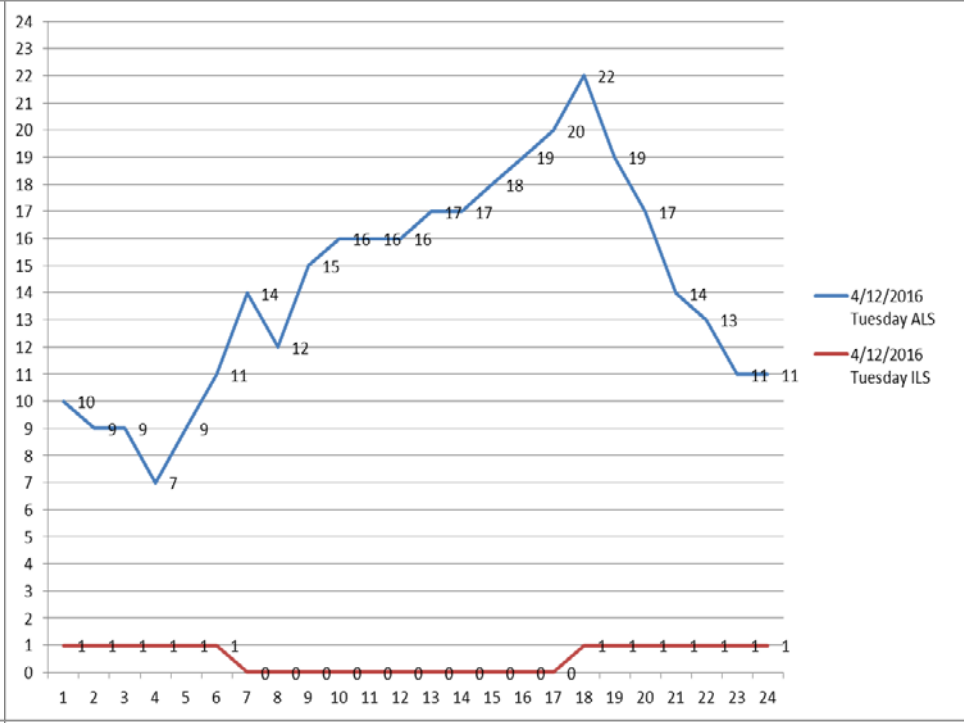
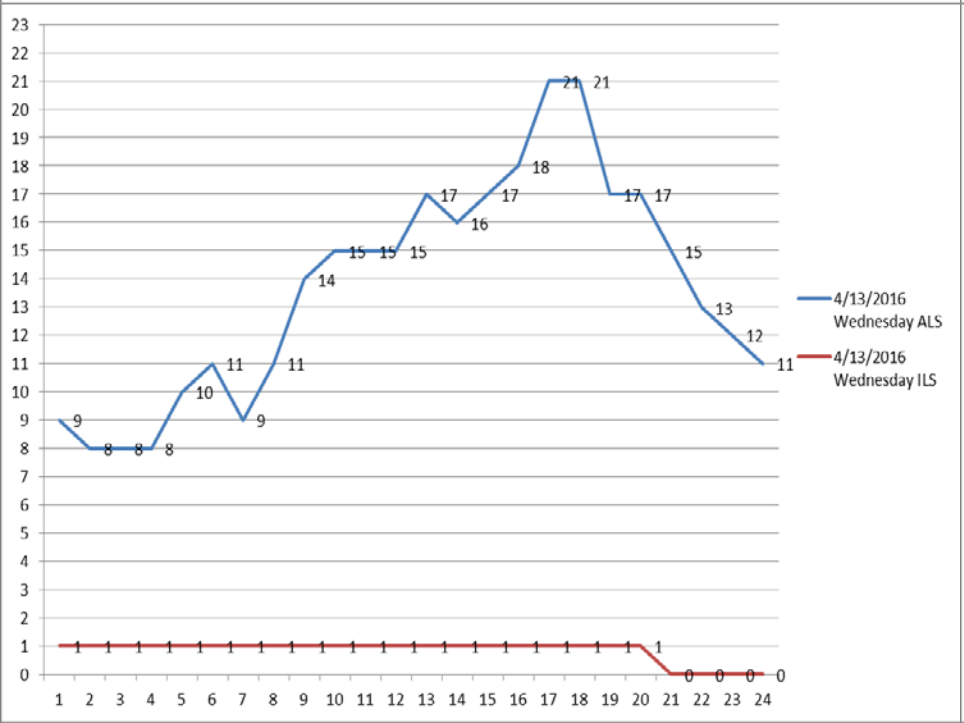

4/12/2016 Tuesday ALS
4/12/2016 Tuesday ILS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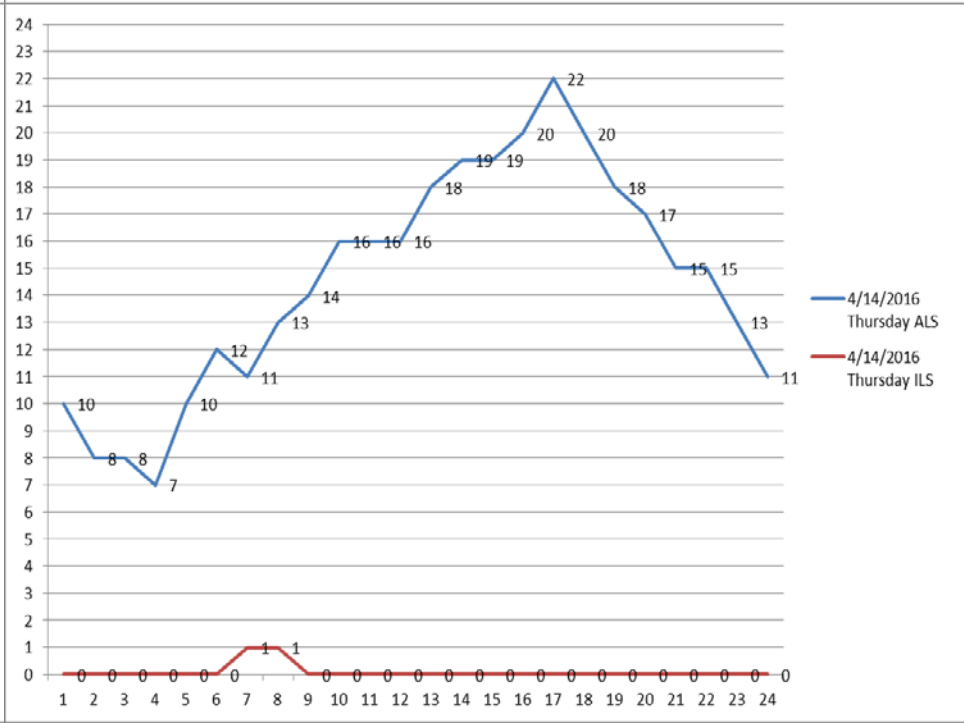
4/13/2016 Wednesday ILS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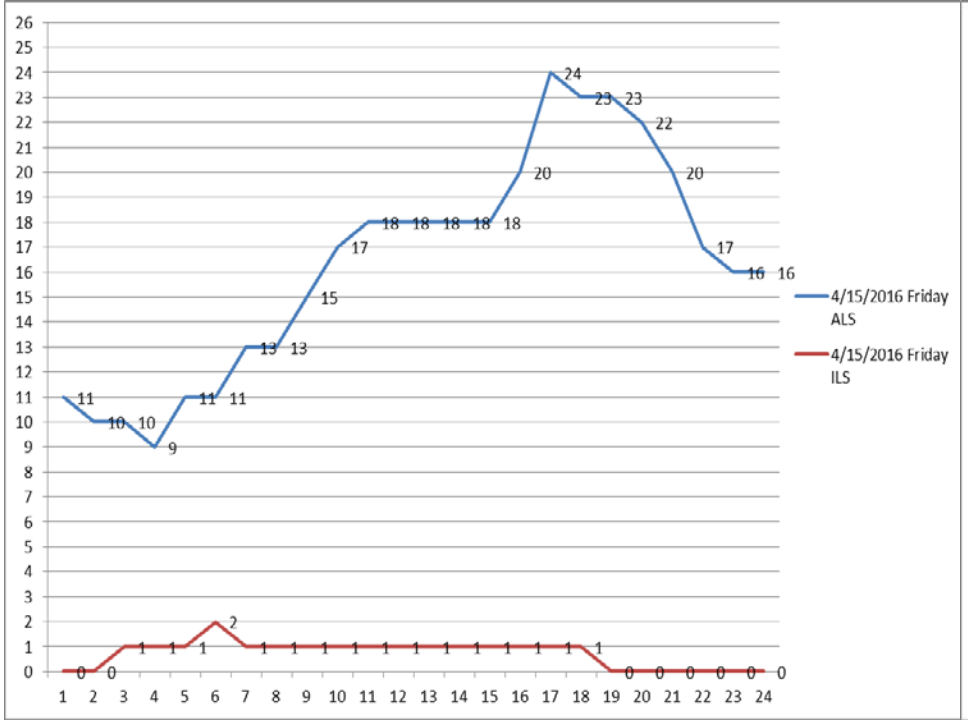
4/14/2016 Thursday ILS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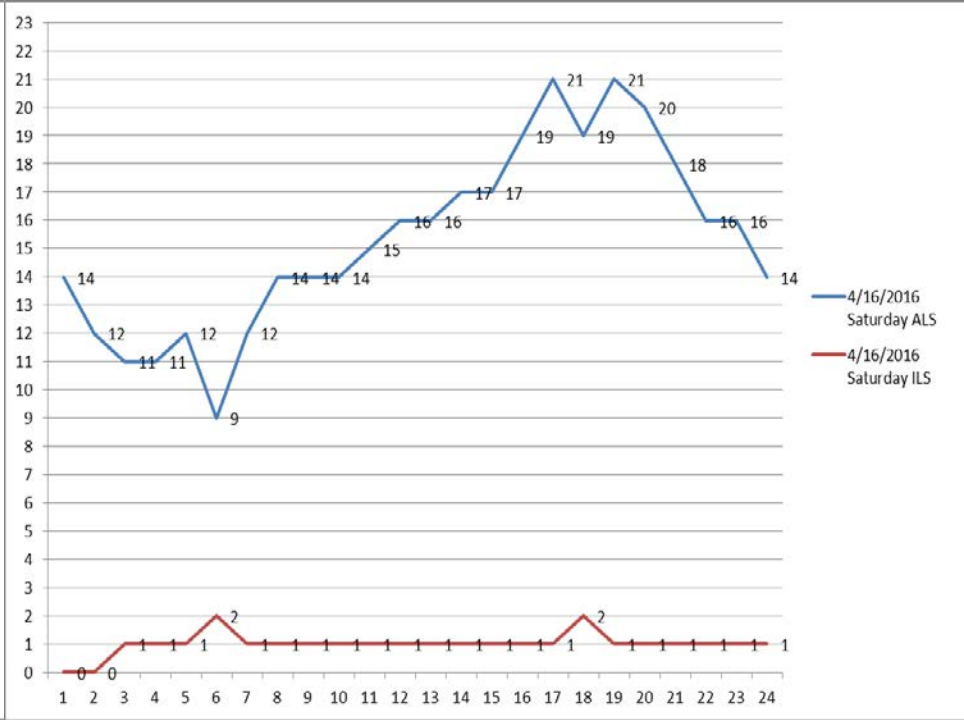
4/16/2016 Saturday ALS
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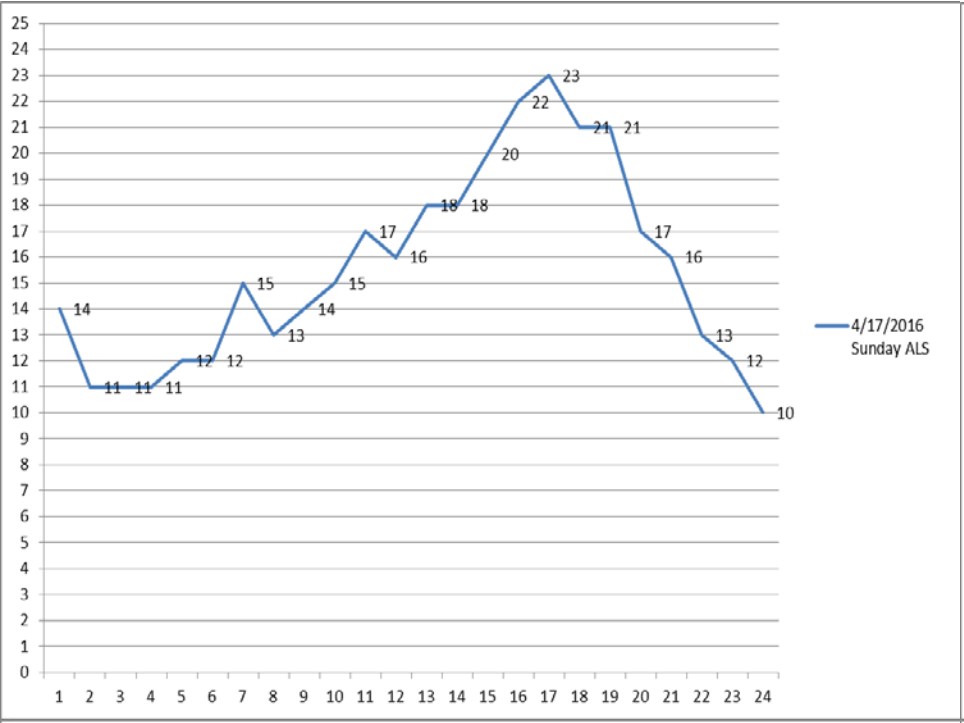
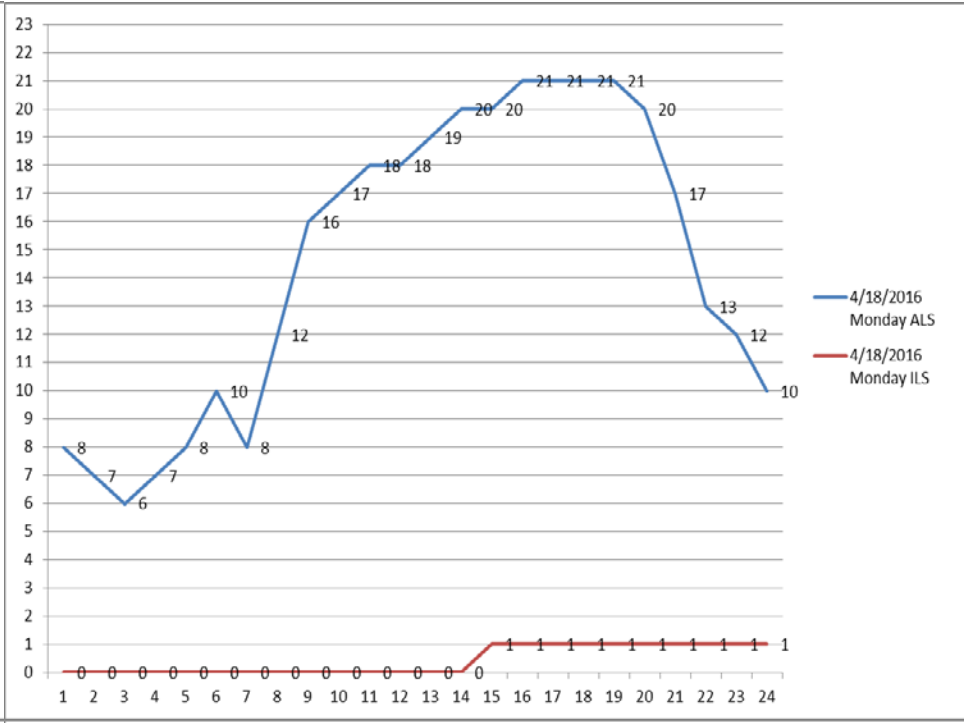
April 17 2016 – May 17 2016

Data for the 30 days post implementation of the same information.

REMSA


4/17/2016
Sunday ALS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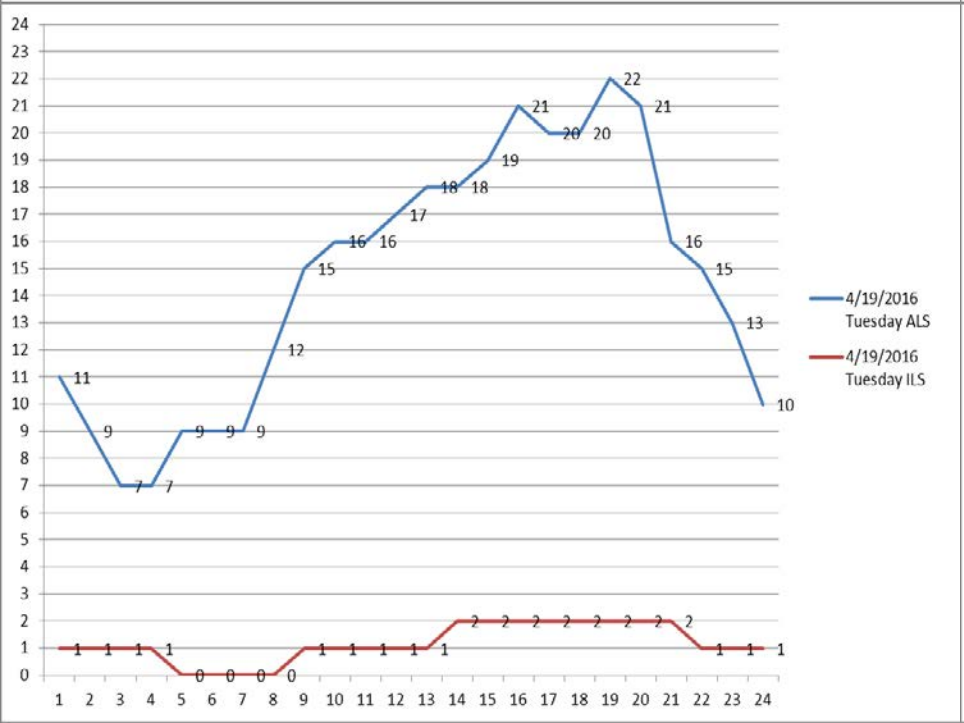
Monday ALS
4/18/2016
Monday ILS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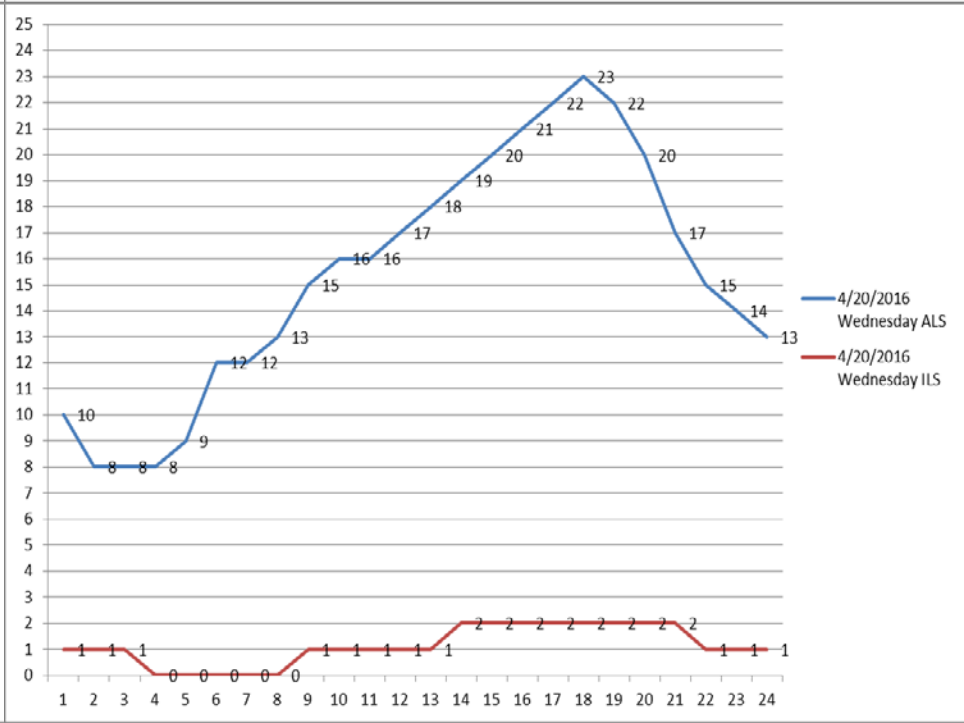
Tuesday ALS
4/19/2016
Tuesday ILS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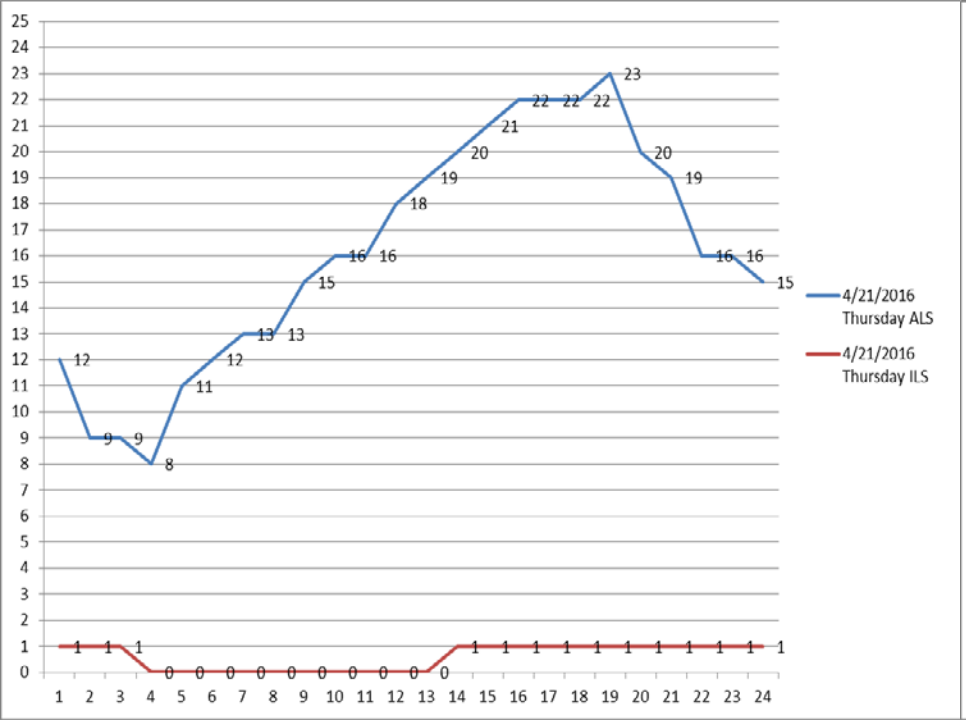
4/20/2016
Wednesday ILS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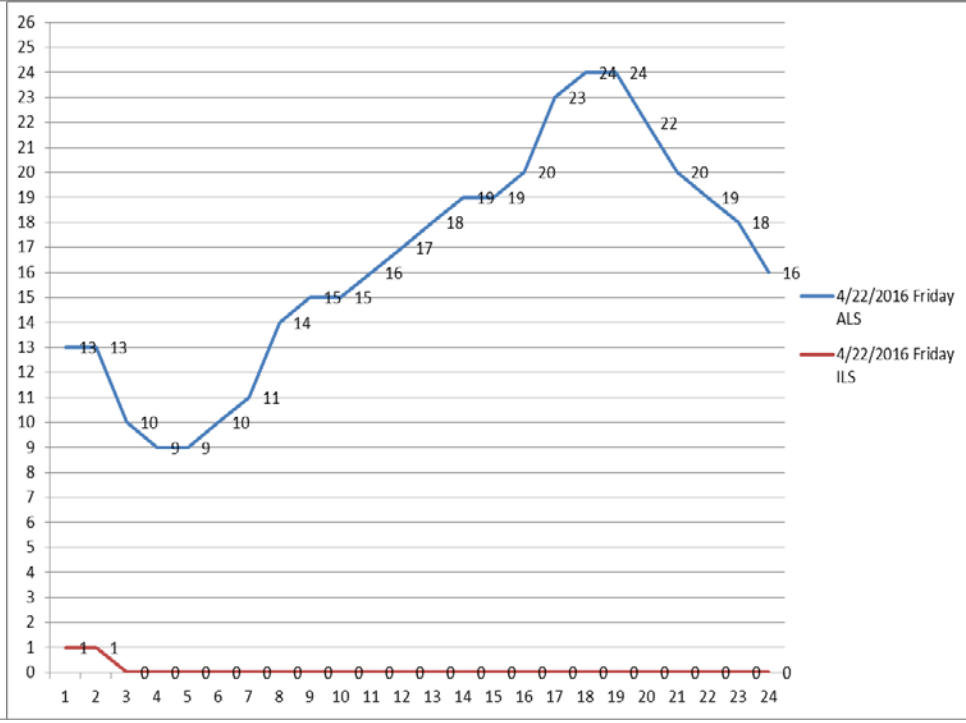
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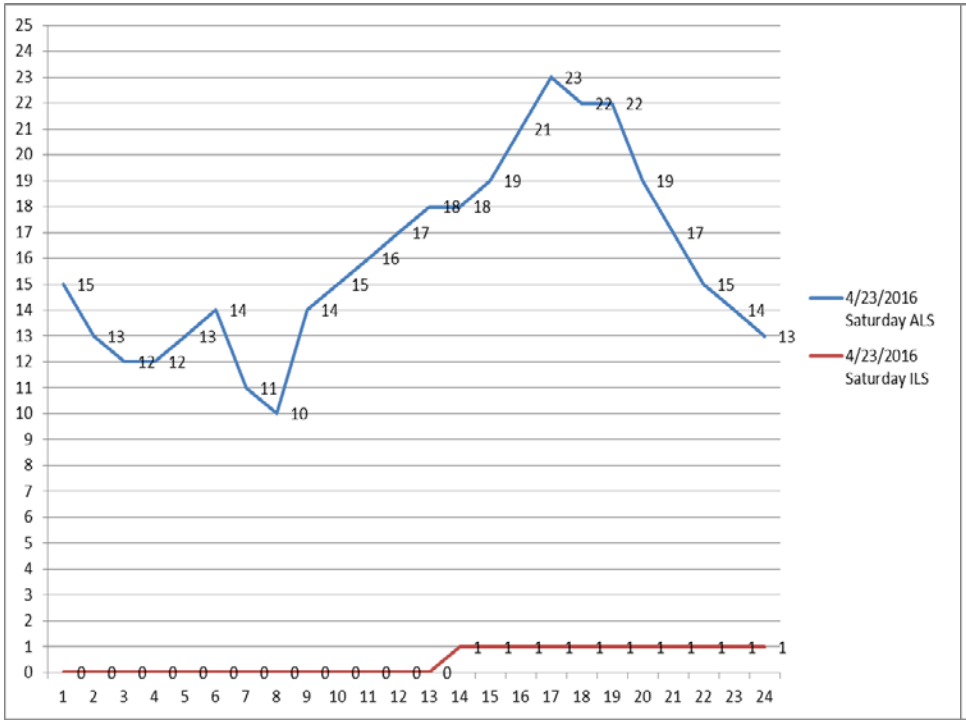
4/22/2016 Friday ILS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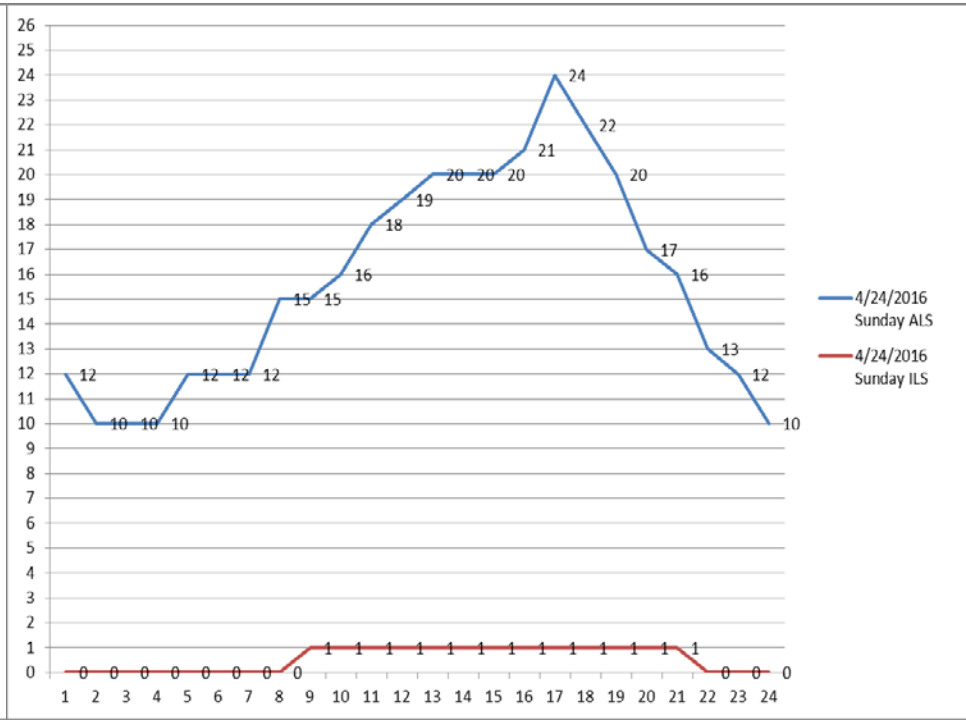
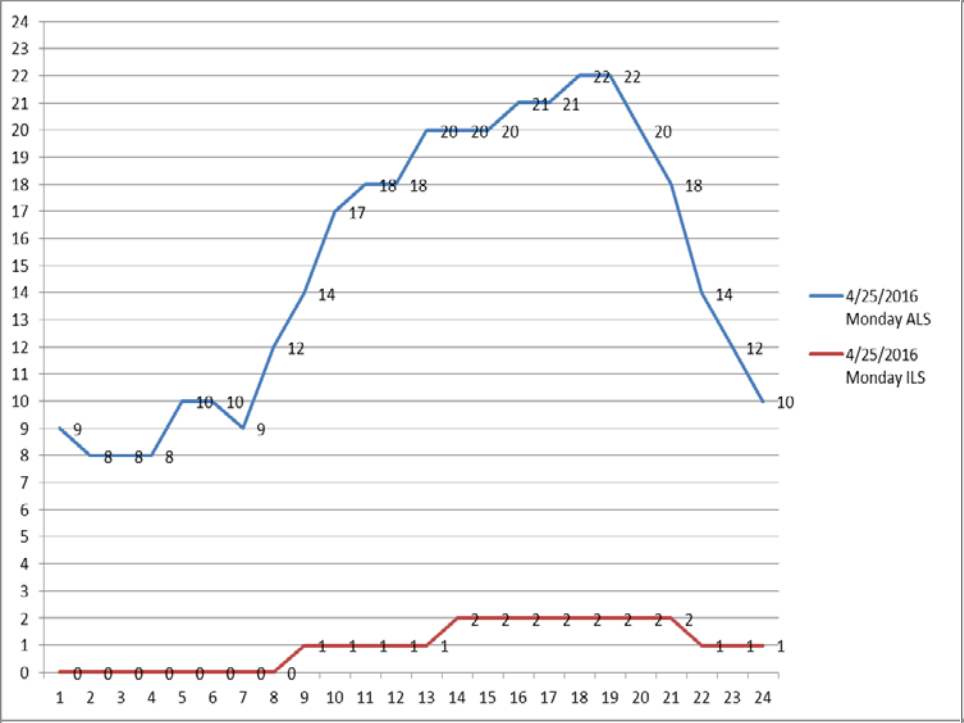
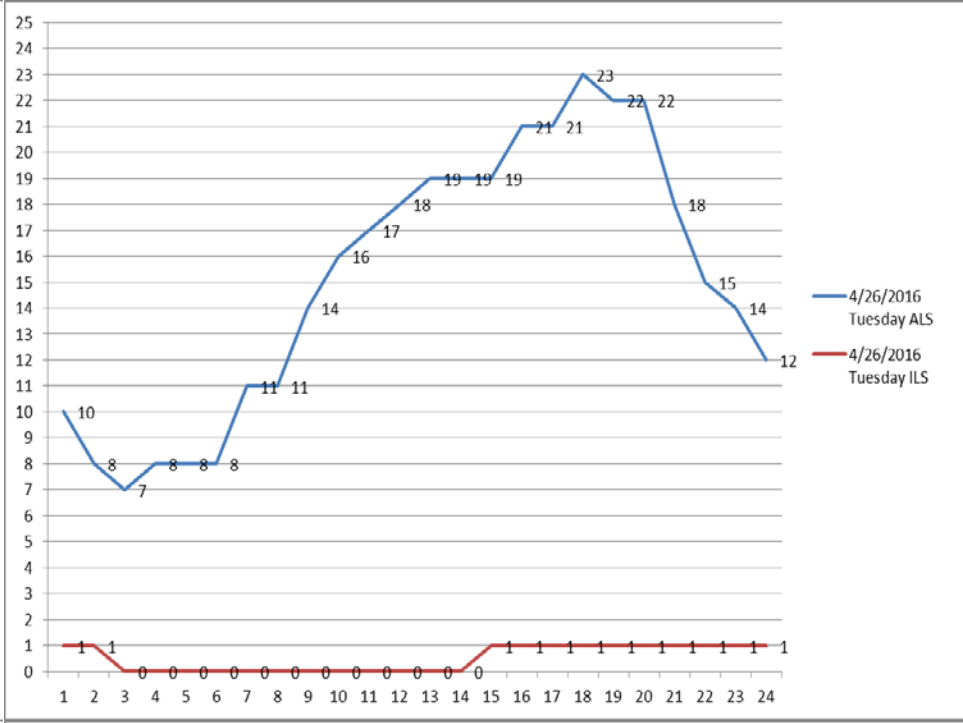
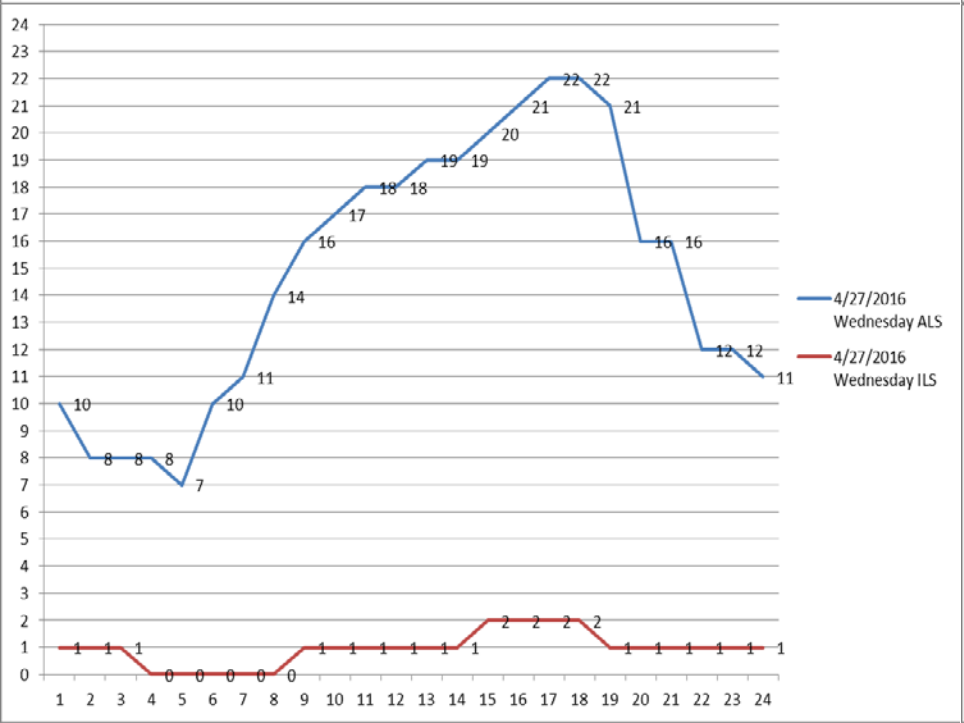
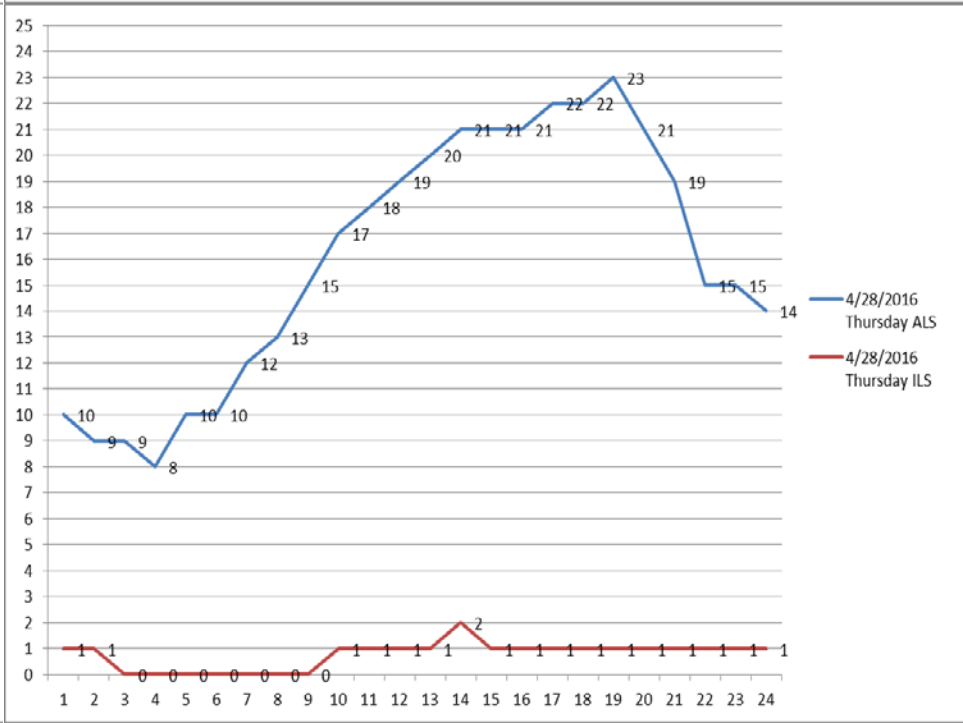
4/23/2016 Saturday ILS

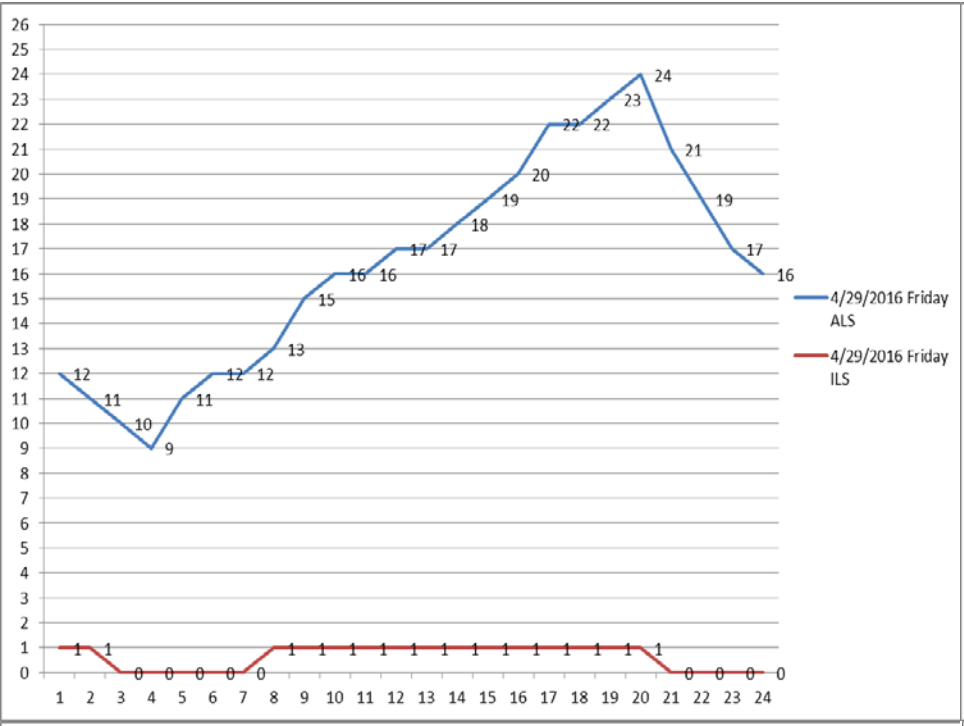

4/24/2016 Sunday ALS
4/24/2016 Sunday ILS


4/25/2016 Monday ALS
4/25/2016 Monday ILS


4/26/2016 Tuesday ALS
4/26/2016 Tuesday ILS


4/27/2016 Wednesday ALS
4/27/2016 Wednesday ILS


4/28/2016 Thursday ALS
4/28/2016 Thursday ILS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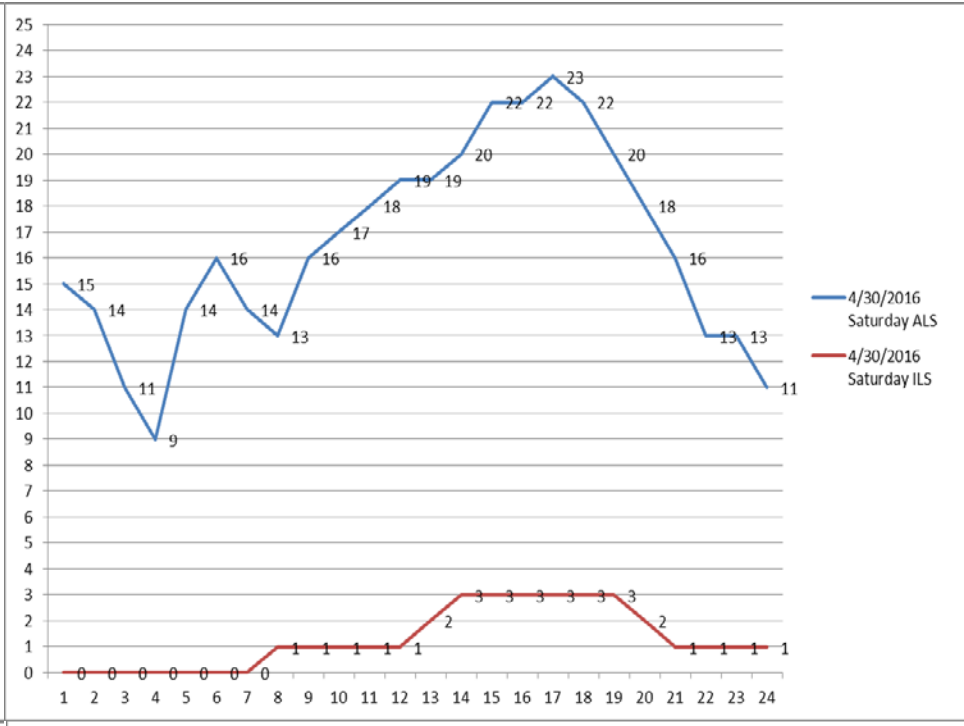
4/29/2016 Friday ILS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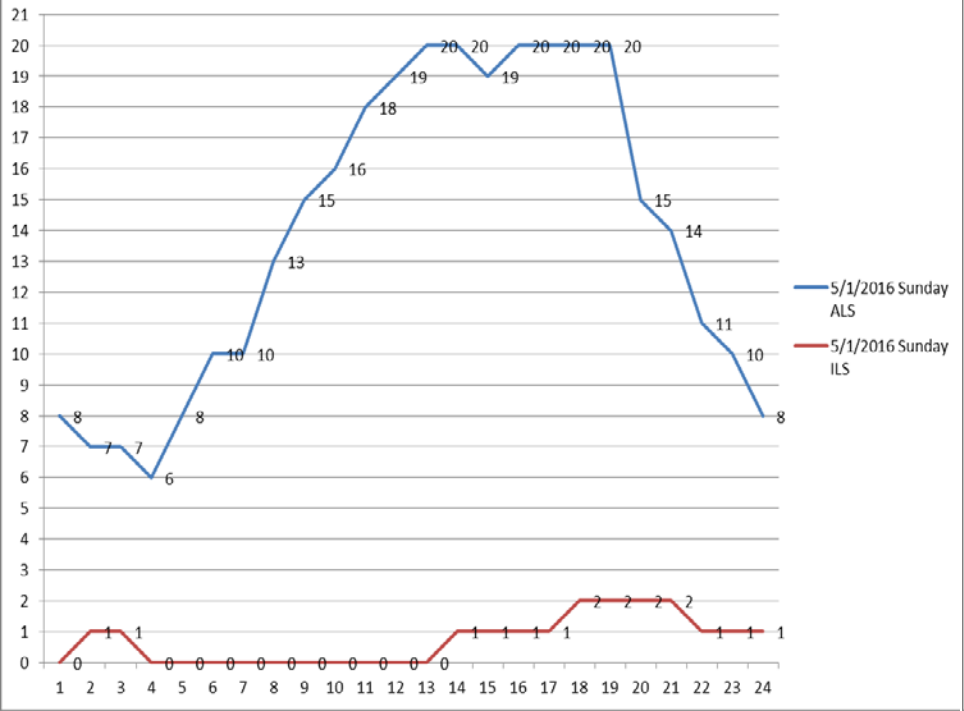
4/30/2016 Saturday ILS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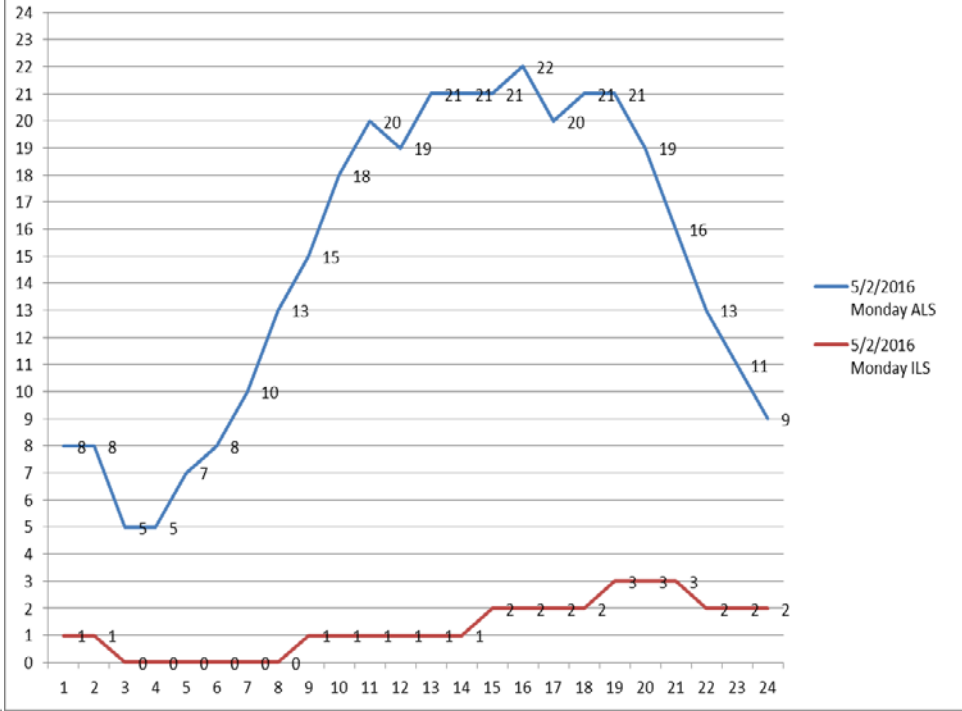
5/1/2016 Sunday ILS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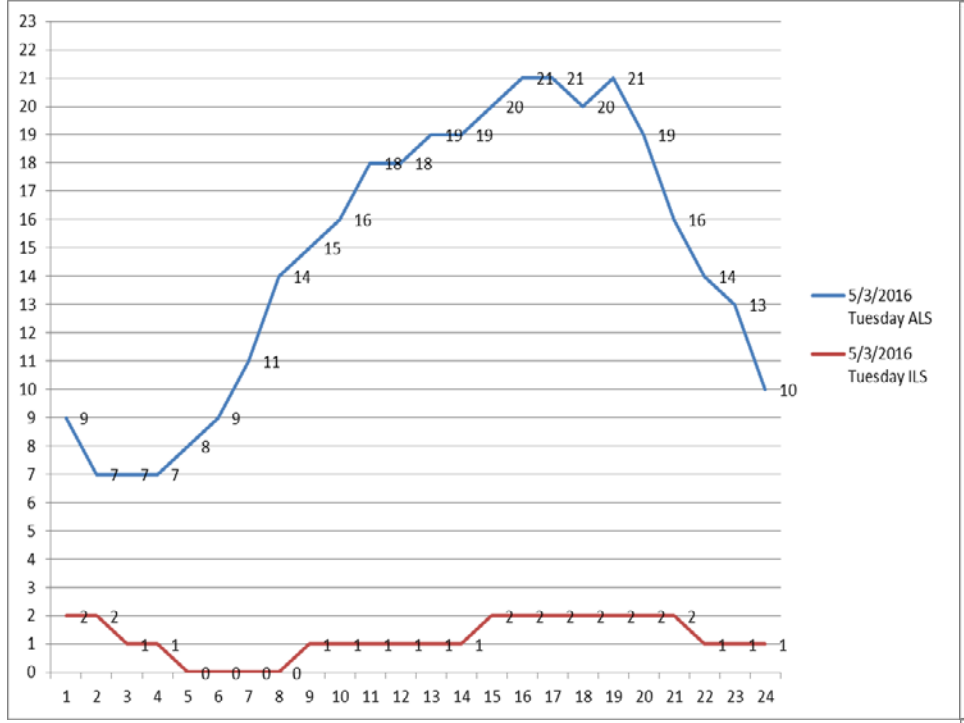
5/2/2016 Monday ILS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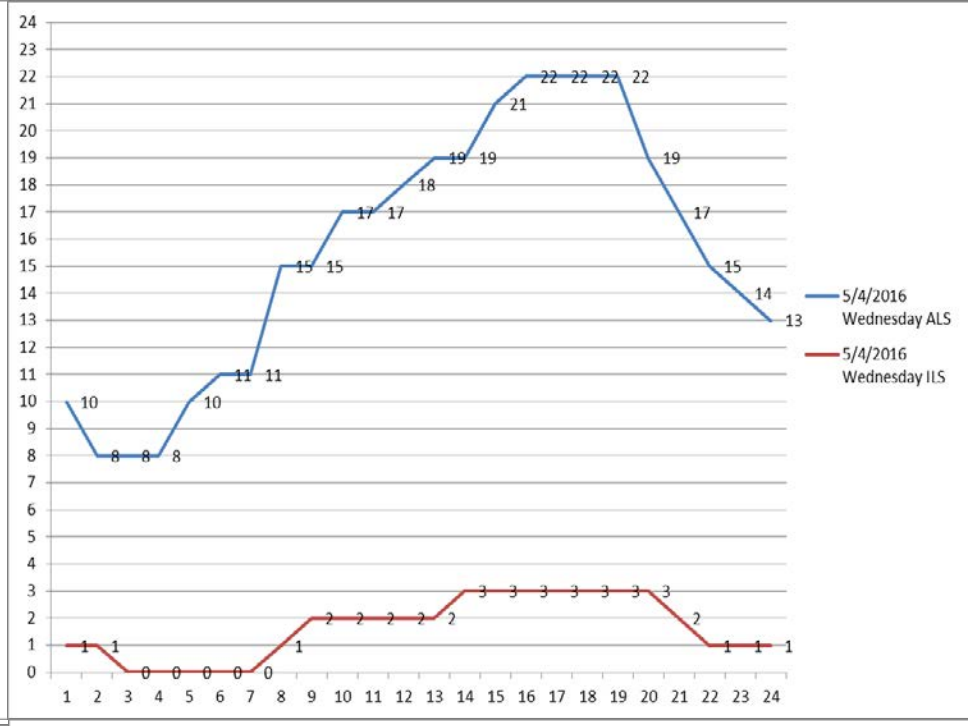
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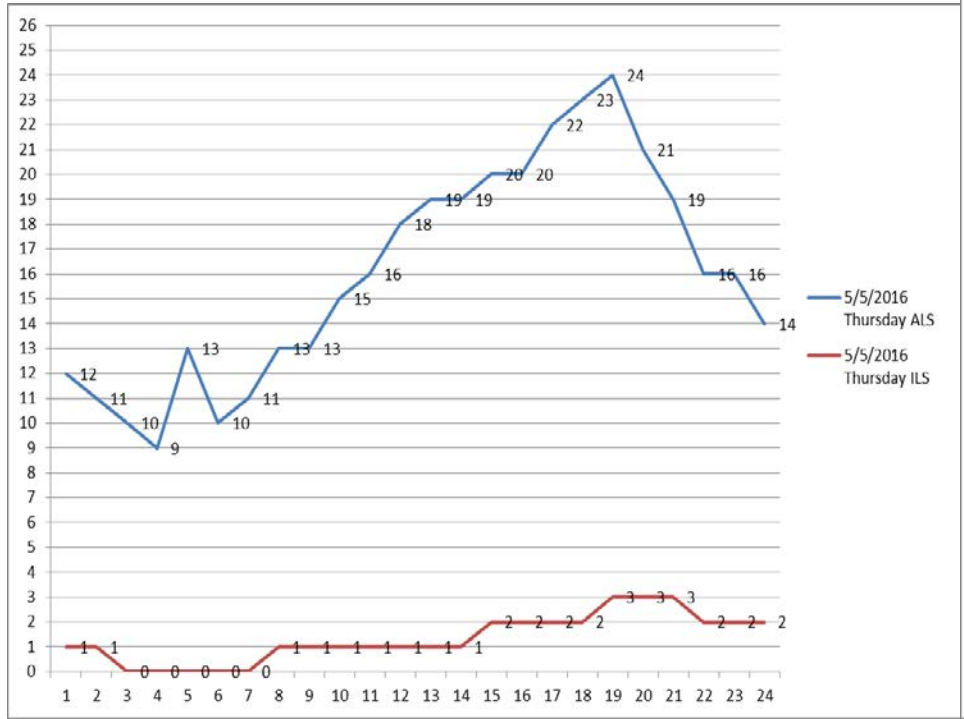
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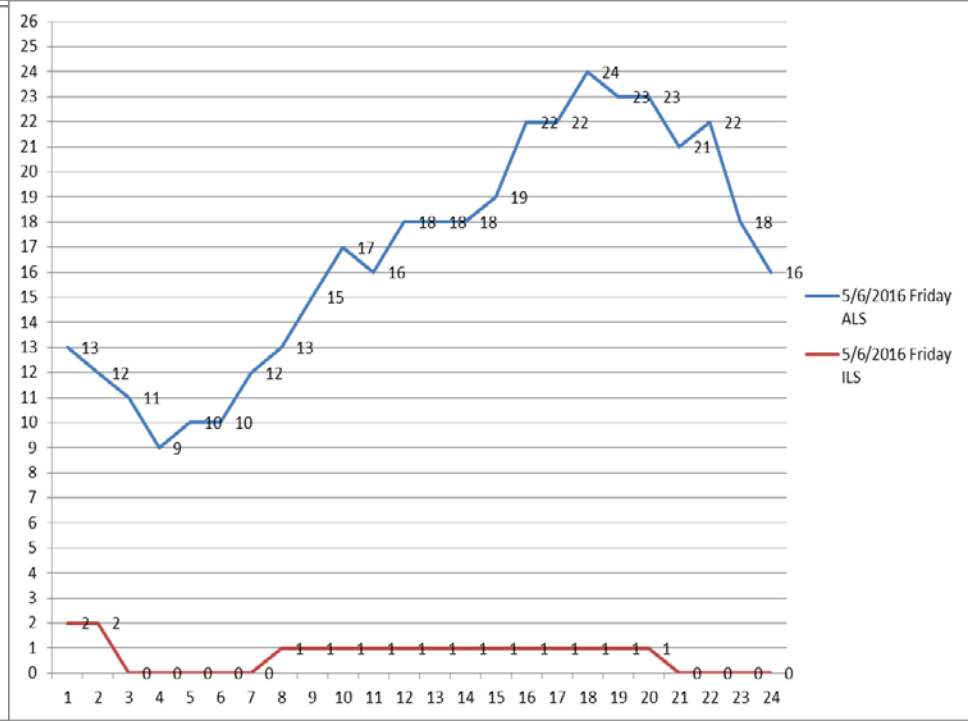
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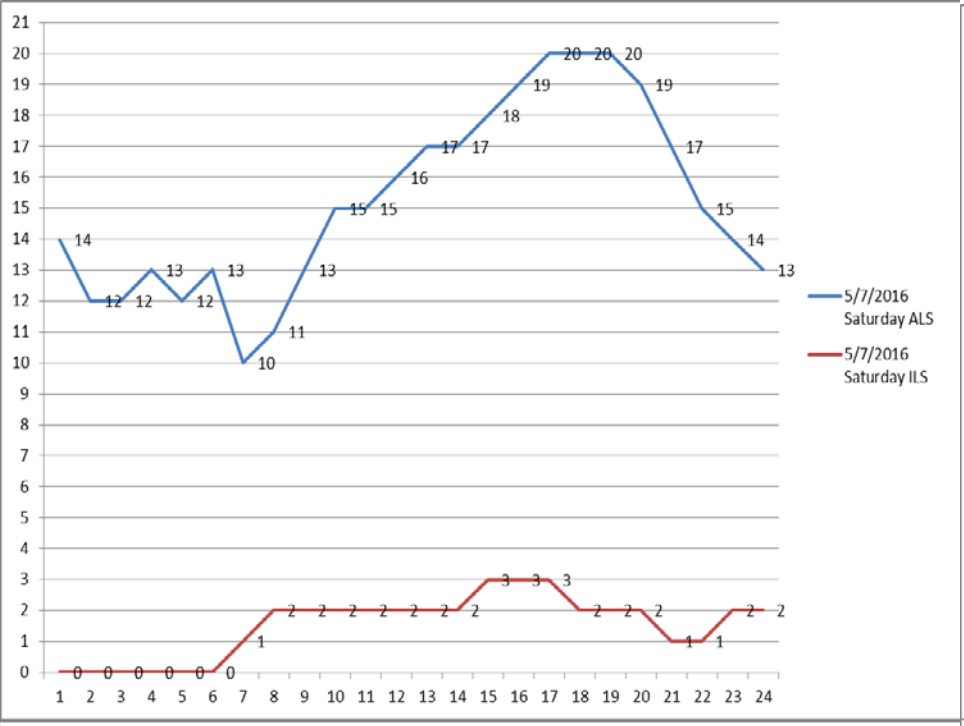
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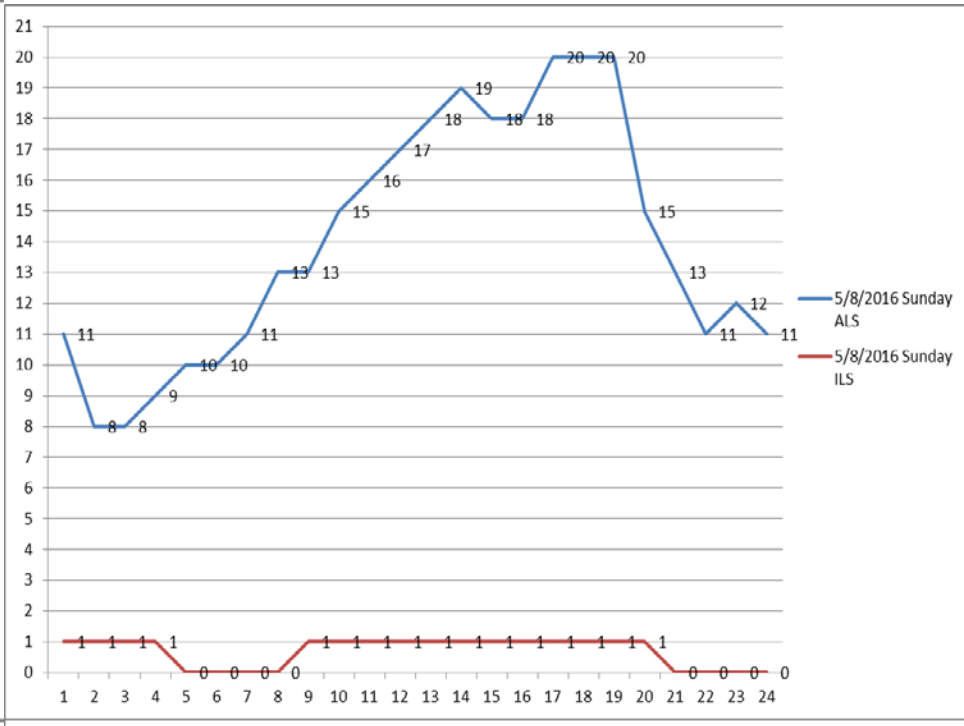
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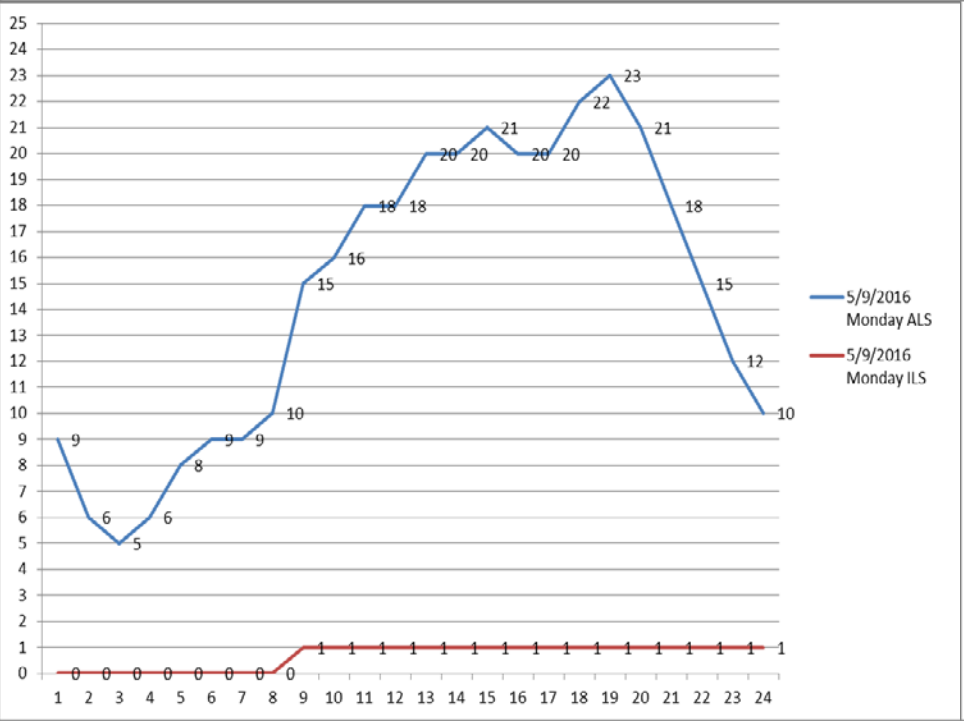
5/8/2016 Sunday ILS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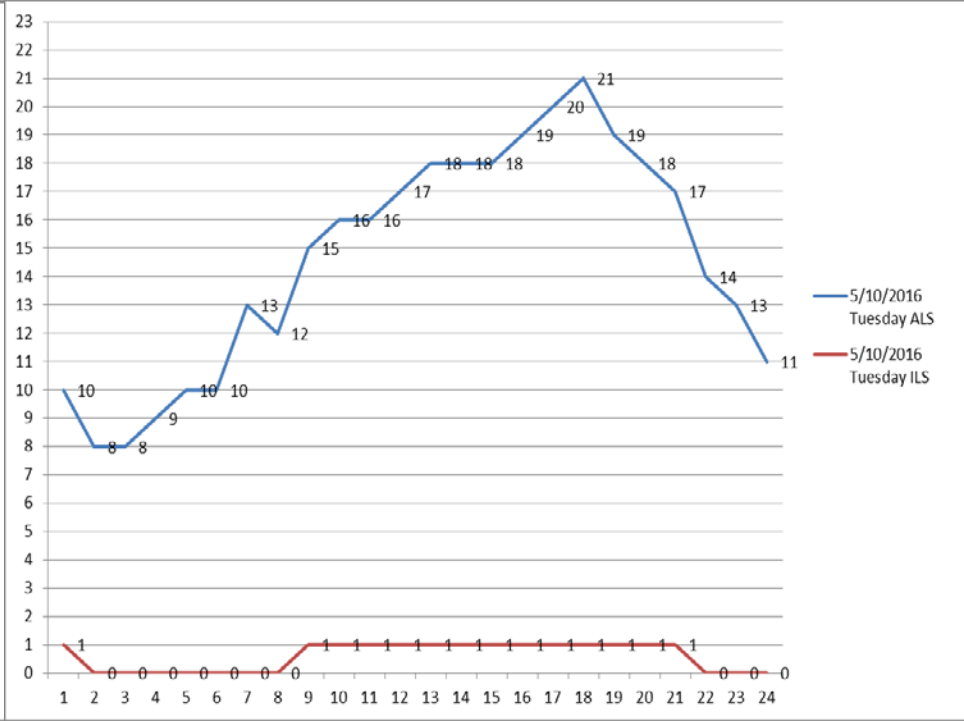
5/10/2016 Tuesday ALS
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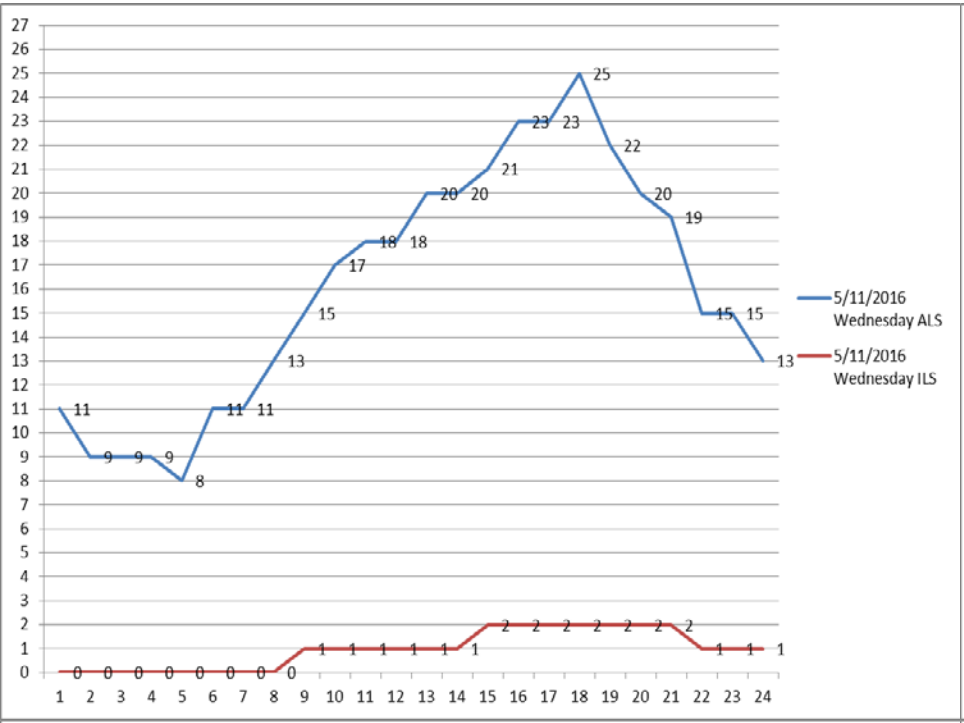
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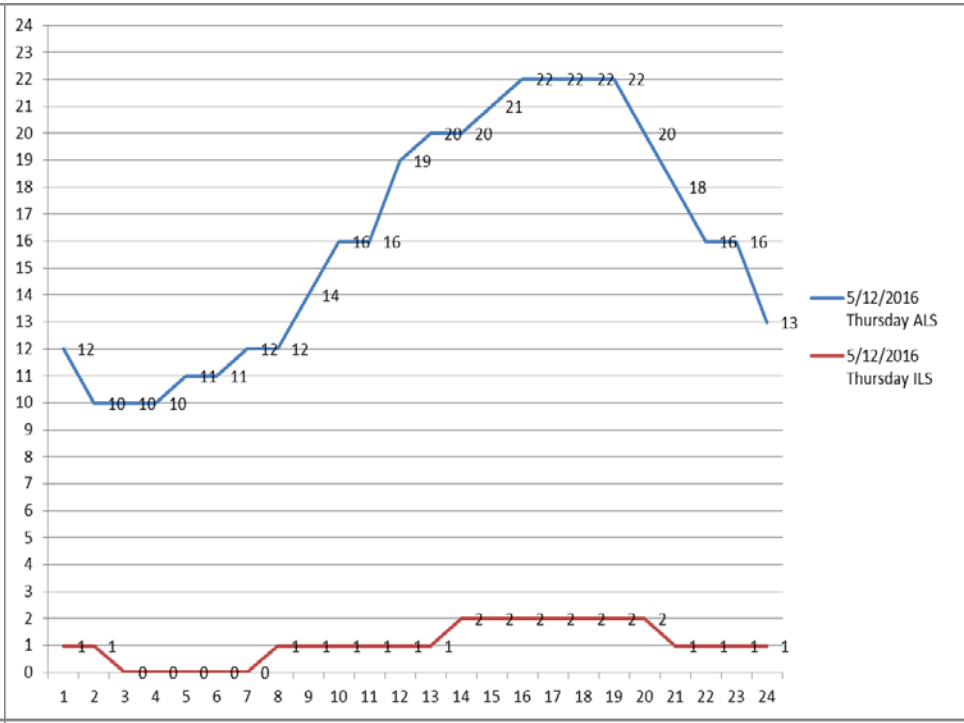
5/11/2016 Wednesday ILS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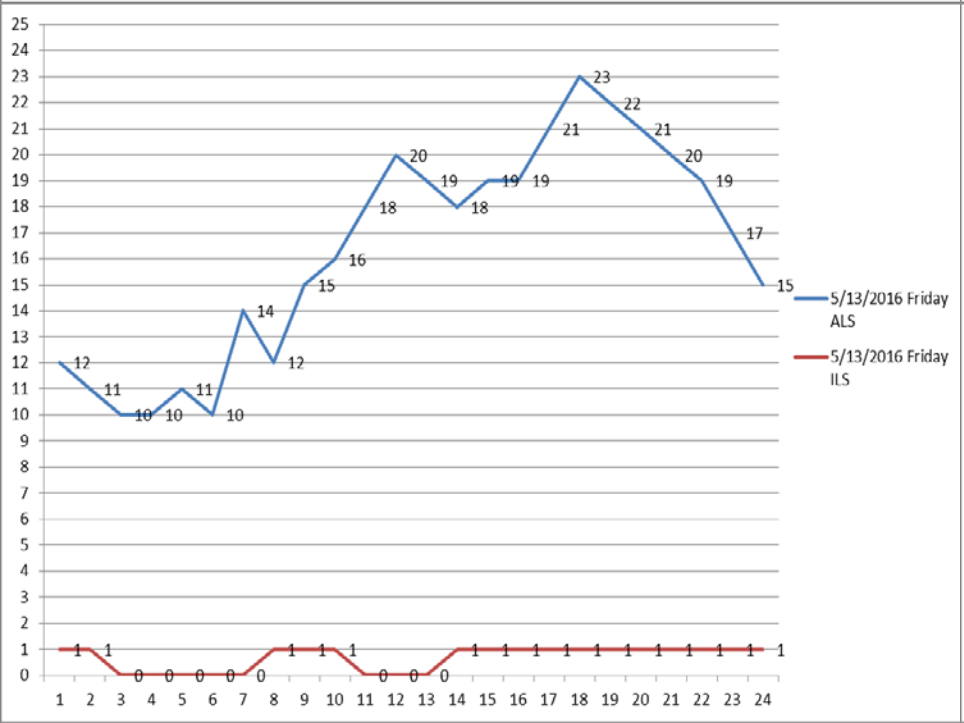
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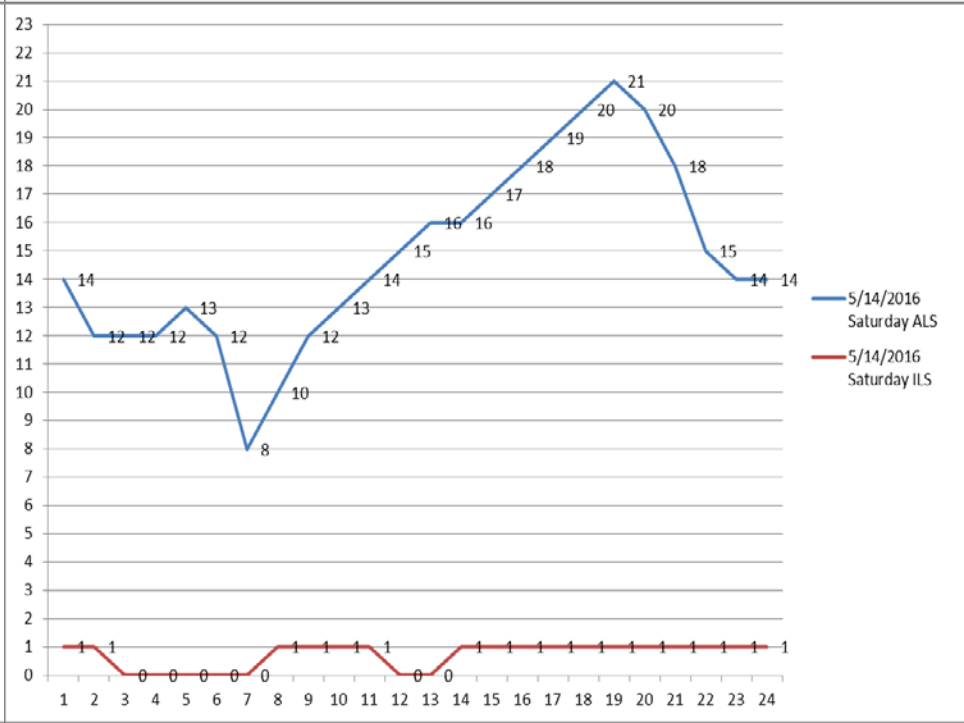
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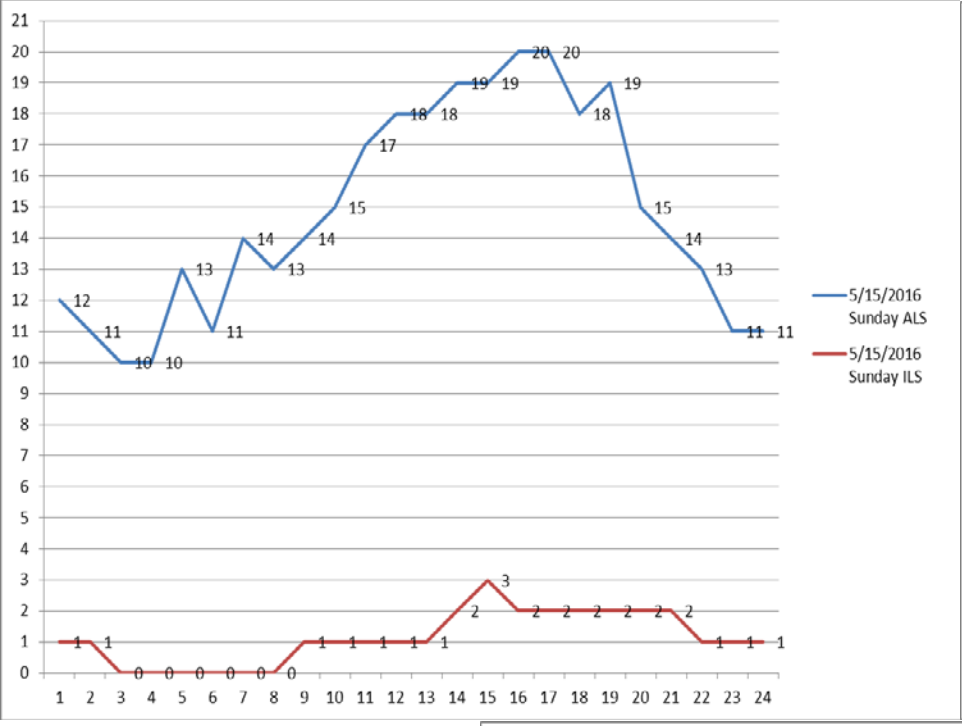
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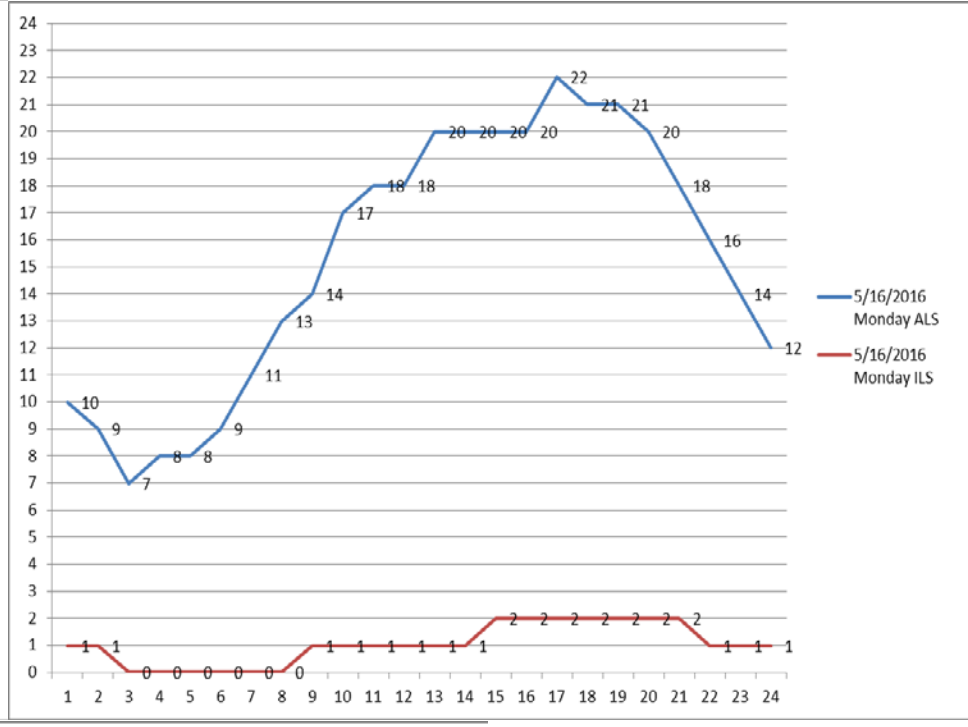
Sunday ILS


5/16/2016
Monday ALS
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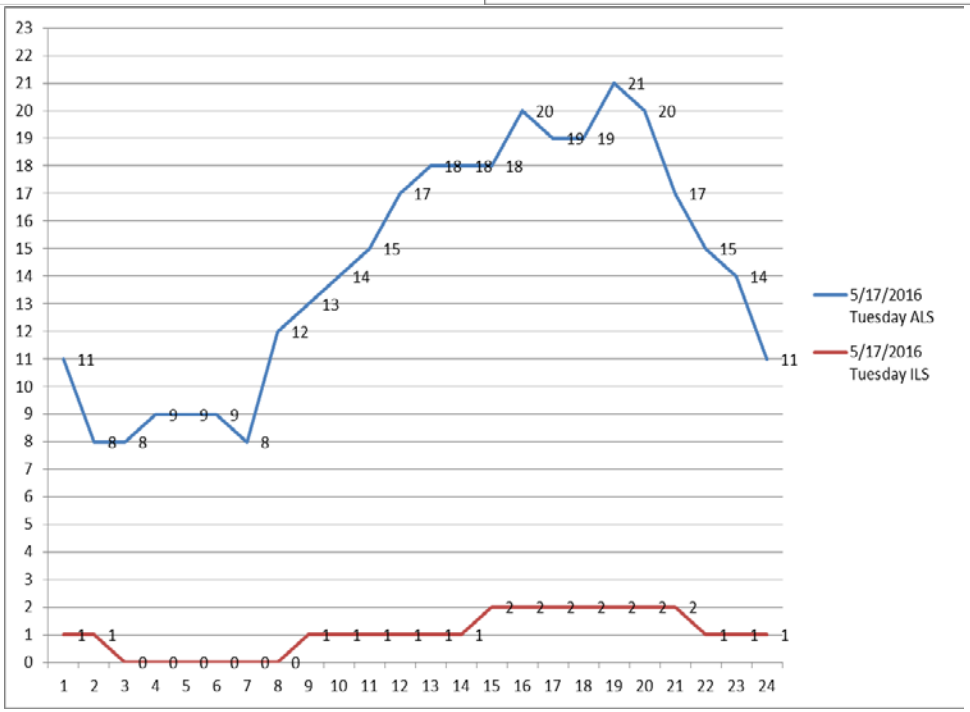
Monday ILS


5/17/2016
Tuesday ALS
5/17/2016
Tuesday ILS

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Agenda Item #10

STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: July 7, 2016

TO: EMS Advisory Board Members

FROM: Christina Conti, EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us

Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us

Heather Kerwin, EMS Program Statistician
775-326-6041, hkerwin@washoecounty.us

SUBJECT: **Presentation, discussion and possible acceptance of a presentation regarding the conferences attended by the EMS Program staff.**

SUMMARY

The EMS Program Manager and EMS Coordinator attended the EMS Today conference, sponsored by the Journal of Emergency Medical Services (JEMS). There were over 5,000 EMS professionals in attendance from the United States and over 30 countries across the globe. Over 150 sessions and workshops were held over a four day period of time in Baltimore, ML.

The EMS Program Statistician attended the Council of State and Territorial Epidemiologists (CSTE) Annual conference. The conference is the largest annual gathering of applied epidemiologists in the nation. There were over 700 presentations over the four day period in Anchorage, AK.

PREVIOUS ACTION

There has been no previous action by the EMS Advisory Board concerning this item.

BACKGROUND

The EMS Today conference was first offered 35 years ago with the intention of providing education to EMS professionals. The partnership with JEMS recognized the EMS industry's need and desire to have high-quality lectures presented by visionary and progressive prehospital field providers, physicians and administrative leaders.

EMS Today is considered to be one of the leading prehospital care conferences in North America. This distinction comes with participants knowing there is a commitment to offer the most forward-thinking lectures that will not only challenge the minds of the attendees but will provide valuable state-of-the-science research, cutting-edge evidence based prehospital protocols, and advice from well-respected industry leaders on how to implement ideas to improve service to patients.

The 2016 conference had seven innovative conference tracks, 8 pre-conference workshops and four cadaver labs. The tracks were:

- Advanced Clinical Practice – The latest information was presented on advanced patient assessment, clinical care, research, and equipment innovations.
- Basics of Clinical Practice – There were topics for all emergency providers that would benefit all providers.
- Community Paramedicine – The topics focused on development, delivery, funding and integration of programs with the rest of healthcare.
- Dynamic and Active Threats – These presentations included MCI, active shooter, tactical, special operations and terrorism operations, preparedness, and best practices.
- EMS Compass – The sessions were intended to assist emergency response agencies in assessing the performance of their EMS systems and prepare for the future through data, outcome measurement and a healthcare process-driven approach.
- Leadership – The latest information on management and operations topics were presented to assist agencies and departments with strategies for navigating the rapidly changing healthcare system.
- Special topics – These were topics of interest to all emergency response professionals, focusing on operations, safety and wellness programs, stress management and suicide prevention, legal issues, and career planning.

Ms. Conti and Ms. Dayton attended over 15 sessions individually, attending only two of the same lectures. This presentation to the EMS Advisory Board will highlight the ideas presented during those conference lectures that could be implemented in the Washoe County region. There are additional considerations focusing on the clinical components of EMS delivery that Ms. Conti and Ms. Dayton presented to the Prehospital Medical Advisory Committee relating to clinical care topics in June.

The CSTE holds an annual conference. The conference connects more than 1,400 public health epidemiologists from across the country and includes workshops, plenary sessions with leaders in the field of public health, oral breakout sessions, roundtable discussions, and poster presentations. Attendees from across the country meet and share their expertise in surveillance and epidemiology as well as best practices in a broad range of areas including informatics, infectious diseases, immunizations, environmental health, occupational health, chronic disease, injury control, and maternal and child health.

The 2016 CSTE Conference had roundtable sessions focused on several areas relating to Public Health. Those were:

- Chronic Disease/Maternal Child Health/Oral Health
- Environmental Health
- Infectious Disease
- Occupational Health

- Injury/Substance Abuse
- Substance Abuse
- Surveillance/Informatics
- Cross Cutting topics

Ms. Kerwin attended roundtable discussions that focused on areas with an EMS component or surveillance. This presentation to the EMS Advisory Board will highlight the ideas presented during those conference discussions that could be implemented in the Washoe County region.

FISCAL IMPACT

There is no additional fiscal impact to the budget should the Board accept the presentation.

RECOMMENDATION

Staff recommends the EMS Advisory Board accept the presentation on the EMS staff conferences.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be:

"Move to approve the presentation regarding the EMS conferences attended by the EMS Program staff."

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Agenda Item #12

STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: July 7, 2016

TO: Regional EMS Advisory Board Members

FROM: Christina Conti, EMS Program Manager
775-326-6042, cconti@washoecounty.us

SUBJECT: **Discussion, possible approval and recommendation to present the clarification of the northern border of the Washoe County REMSA ambulance franchise service area to the District Board of Health.**

SUMMARY

The purpose of this agenda item is to obtain clarification on the northern border of the Washoe County REMSA ambulance franchise service area. Consensus has been reached inside the franchise service area.

PREVIOUS ACTION

During the March 2015 EMS Advisory Board (EMSAB) meeting, as part of the program update, staff reviewed the meeting held between EMS personnel, District Health Officer Kevin Dick and REMSA staff on Monday, February 23, 2015. The purpose of the meeting was to discuss the franchise service area and propose changes to the response map.

EMSAB members recommended a meeting with regional partners to discuss the proposed changes. The recommended changes to the map included Sparks special zone 5.1 as well as the Mount Rose corridor.
The EMS Oversight Program held multiple meetings to develop a project charter that was presented to the EMSAB in June 2015. Board members approved the project charter that outlined the process for revising the response zones within the Washoe County REMSA ambulance franchise service area.

EMSAB members approved a presentation on the revision process during the October 23, 2015 meeting.

EMSAB approved the draft map of the Washoe County REMSA ambulance franchise service area on January 7, 2016 and recommended staff present the map to the District Board of Health (DBOH).

The DBOH approved the map of the Washoe County REMSA ambulance franchise service area on January 28, 2016.

The DBOH approved an implementation date of July 1, 2016 of the revised response zones within the Washoe County REMSA ambulance franchise service area on February 25, 2016.

BACKGROUND

In June 2015, Chief Gooch asked the EMS Oversight Program to help him find the boundaries for the Gerlach Volunteer Fire Department (GVFD) response area. EMS staff worked with County and State departments to find documentation for the service area of GVFD. There were two items identified as a possible method to to define the response area for GVFD: the routing of the 911 calls, ESN 65 and ESN 75 and the rural fire boundary.

In December 2015 the volunteers of GVFD collectively resigned. This prompted a request in March 2016 from DBOH Board member, Dr. Hess, who asked for an agenda item that discussed the emergency medical services and transport for the Gerlach area and Northern Washoe County. In response, the EMS Oversight Program asked Washoe County GIS to provide a map that showed the response areas for the four transportation agencies in Washoe County. GIS produced a map that had a Rural Fire Boundary; this boundary indicated that everything north was the GVFD response area. The rural fire boundary also matches the ESN lines. It has been explained that this boundary was established by the tax district that supports the Truckee Meadows Fire Protection District response area (township 22).

The EMS Program Manager and EMS Coordinator drove the identified region on May 16, 2016. The area is on Winnemucca Ranch Road, in Palomino Valley. From research conducted, the area that has citizen homes is south of Grass Valley Road. The REMSA static post in Spanish Springs is approximately 17.1 miles from the farthest house on Grass Valley Road. A partner agency, Pyramid Lake Fire Rescue, has a static post in Sutcliffe. The station is 17.0 miles from the farthest house in Grass Valley Road.

The EMS Program Manager put together information for GVFD Chief Aaron Kenneston and County Manager John Slaughter to discuss the ambulance response to this area. The questions asked were, (1) is this believed to be a GVFD response area and (2) does it make sense to extend the ambulance franchise area to cover those citizens. Chief Kenneston and Manager Slaughter agreed that the area is the Gerlach response area, and it is not a best practice to have the Palomino Valley citizens have a primary EMS response from the GVFD.

REMSA was approached and is willing to have this region become part of the franchise response area. REMSA communicated with Chief Kenneston and will be responding to EMS calls within this region until the boundary is clarified. Therefore, it was concluded that the northern boundary should be discussed with the EMS Advisory Board to obtain approval and a recommendation to bring the boundary to the DBOH for approval and immediate implementation.

FISCAL IMPACT

There is no additional fiscal impact should the EMS Advisory Board approve and recommend the draft map response zones within the Washoe County REMSA ambulance franchise service area be presented to District Board of Health.

RECOMMENDATION

Staff recommends the Board approve and recommend EMS Oversight Program to present the clarification of the northern border of the Washoe County REMSA ambulance franchise service area to the District Board of Health.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve and recommend EMS Oversight Program to present the clarification of the northern border of the Washoe County REMSA ambulance franchise service area to the District Board of Health."

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Agenda Item #13

STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: July 7, 2016

TO: Regional Emergency Medical Services Advisory Board

FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us

SUBJECT: **Presentation and possible acceptance of an update on Emergency Medical Services Mutual Aid Agreements within the region.**

SUMMARY

In emergency services, mutual aid is an agreement between agencies to request assistance and/or resources across jurisdictional/service boundaries. The Emergency Medical Services (EMS) transport agencies within Washoe County, which include the Gerlach Volunteer Fire Department (GVFD), the North Lake Tahoe Fire Protection District (NLTFPD), Pyramid Lake Fire and Recuse (PLFR) and the Regional Emergency Medical Services Authority (REMSA) have entered into various Mutual Aid Agreements (MAAs) to support their respective agency operations.

PREVIOUS ACTION

At the October 23, 2015 EMS Advisory Board meeting, the EMS Oversight Program brought an investigation to the Board for review and possible action. During the discussion, the Board provided direction to staff to review regional agreements, including mutual aid.

During the January 7, 2016 EMS Advisory Board meeting, the EMS Program Manager presented an item that included a review of the Amended and Restated Franchise Agreement for Ambulance Service and the Interlocal Agreement for EMS Oversight.

BACKGROUND

The Reno Fire Department requested an update to the EMS Advisory Board on the status of REMSA Mutual Aid Agreements. However, the EMS Program staff determined it would be valuable to provide the Board with an update on MAAs for all transport agencies in Washoe County. The four EMS transport agencies in Washoe County each have formal MAAs for possible assistance from other jurisdictions; these include local agencies in both Nevada and California.

- Since 1999 GVFD has maintained MAAs with Eagleville, Cedarville, Fort Bidwell, and the Surprise Valley Health Care District. These agreements have been recently reviewed and signed by the partner agencies and are on the BCC agenda for June 28, 2016. GVFD also has a draft MAA with PLFR that is being reviewed by legal.

- NLTFPD currently has MAAs with North Tahoe Fire Protection District, Tahoe Douglas Fire Protection District, Truckee Fire Protection District, Truckee Meadows Fire Protection

District, Carson City Fire Department, Nevada Mutual Aid, Lake Tahoe Regional Fire Chiefs Agreement and CA of Emergency Management XTB. The NLTFPD and REMSA are currently working on updating their MAA agreement.

- PLFR has signed MAAs with Truckee Meadows Fire Protection District, BLM/BIA, North Lyon County Fire Protection District, Storey County Fire Department, Hungry Valley Volunteer Fire Department and Washoe Tribe. PLFR is working on MAAs with GVFD and REMSA.

- REMSA currently has MAAs with Carson City Fire Department, North Lyon County Fire Protection District, Sierra Medical Services Alliance, Storey County Fire Department, Truckee Fire Protection District, and Truckee Meadows Fire Protection District. In addition, REMSA is currently working on MAAs with PLFR and Reno Fire Department as well as updating the NLTFPD MMA.

In addition to the local agreements above there is also a Governor to Governor Agreement between California and Nevada that authorizes mutual aid across state lines and a Nevada Intrastate Agreement that authorizes mutual aid across county lines.

FISCAL IMPACT

There is no additional fiscal impact should the EMS Advisory Board accept the update staff on EMS Mutual Aid Agreements within the region.

RECOMMENDATION

Staff recommends the Board accept the update on EMS Mutual Aid Agreements within the region.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be:

"Move to accept the update on EMS Mutual Aid Agreements within the region."

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Agenda Item #14

STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: July 7, 2016

TO: Regional Emergency Medical Services Advisory Board

FROM: Heather Kerwin, EMS Statistician
775-326-6041, hkerwin@washoecounty.us

SUBJECT: Presentation, discussion and possible acceptance of the EMS Program's FY 15-16 Annual Report template.

SUMMARY

The EMS Oversight Program is proposing to change the annual report from an in-depth analysis focused solely on data for the EMS services provided by regional partners to an alternative template that would encompass the work performed and achievements of the entire region. The annual report will be designed so people will be able to better understand how the EMS system is designed to work in our community.

PREVIOUS ACTION

The previous EMS Program annual Report for FY 14-15 was approved on October 1, 2015 and utilized all calls matched and used in the quarterly report analyses for FY 14-15.

BACKGROUND

The first annual report produced by the EMS Oversight Program was focused primarily on agency response times by month. The format illustrated agency's response times were consistent from month to month.

One purpose of the annual report was the hypothesis that the region would be able to evaluate changes within the region, such as the Omega protocol and the revised REMSA franchise response map. These protocols go into effect July 2016, therefore evaluation of the regional EMS system performance relative to these protocols will be able to be measured next Fiscal Year.

Since there is more to the EMS system than strictly data, the proposed annual report template shifts the focus from a data-heavy report to an educational and informational resource for our community to utilize more effectively. It will serve as a true report from the EMS Advisory Board on the status of the EMS system and the achievements from all the partner agencies.

FISCAL IMPACT

There is no additional fiscal impact should the Advisory Board move to approve the FY 15-16 Annual Report template.

RECOMMENDATION

EMS Staff recommends the EMS Advisory Board accept the EMS Program's FY 15-16 Annual Report template.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be: "Move to accept the EMS Program's FY 15-16 Annual Report template."

Section1: Answers the Who/What/Why of the EMS Oversight Program

- What created the EMS Program
  - How ILA and Franchise are related
    - duties resulting from both
    - compliance verses performance
  - Who we are and our governing bodies
- Partner agencies-any organization providing EMS services to Washoe County, include dispatch
- Map(s) of jurisdictions with fire stations

Section 2: How the 9-1-1 and Emergency Medical Services systems are designed to work and resulting data used by the agencies as well as the EMS Oversight Program

- Explanation of the two-tiered 9-1-1 emergency system
- How data are captured
- Data reporting
- Purpose of matching of REMSA data to regional fire partner data

Section 3: Regional EMS Performance Analyses

- Summary tables
  - Number & % of calls by priority & agency (aggregate data)
  - Number & % of transports by priority & agency (aggregate data)
- Patient's perspective of a 9-1-1 call with call timeline from initial call to first responding agency (aggregate data)
  - Initial call → phone answered → transfer to REMSA → fire dispatched → REMSA ambulance assigned → first arriving unit (no designation between agency, similar to initial call)
- Median response time by agency and REMSA response zone, aggregate annual data
- First arriving on scene pie chart

Section 4: EMS Oversight Program Accomplishments FY 15-16

- Omega protocol
- Revised REMSA franchise response map
- HeartSafe designation
- Regional Plans
- MCIP revisions

Section 5: Partner Agency Highlights FY 15-16

- Input from the respective regional partners regarding their agency's highlights

Section 6: Goals for next fiscal year

- Patient outcome data
- 5 year strategic plan
- Evaluation of protocols which go into effect during FY 16-17

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Agenda Item #15

STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: July 7, 2016

TO: EMS Advisory Board Members

FROM: Brittany Dayton, EMS Coordinator
(775) 326-6043, bdayton@washoecounty.us

SUBJECT: Presentation, discussion and possible acceptance of an update on the CAD-to-CAD interface between the Public Safety Answering Points and REMSA dispatch.

SUMMARY

Computer-Aided Dispatch (CAD) software helps communications center personnel manage information, like pending and active calls and other critical data. With a CAD-to-CAD interface this vital call data can be linked and distributed to multiple agencies (Fire and EMS) with less manual effort.

The EMS Oversight Program is collaborating with regional partners to discuss the implementation of a CAD-to-CAD interface, which would technologically connect the PSAPs and REMSA dispatch. The interface would establish a virtual connection between the communications centers and create a more expedient process for EMS calls.

PREVIOUS ACTION

This item was on the EMS Advisory Board meeting agenda for April 7, 2016 however it was not heard due to time constraints, and was continued to the next meeting.

CAD-to-CAD was discussed at the April 28, 2016 District Board of Health (DBOH) meeting, during the EMS Advisory Board meeting update agenda item. It was requested to be an agenda item for the May meeting.

On May 26, 2016 the EMS Program Manager provided an update to the DBOH on the efforts to establish a CAD-to-CAD interface and current status of the project.

BACKGROUND

Through research, the EMS Oversight Program has learned that such technology is becoming an industry standard and is instrumental in making the dispatch process more efficient. Part of the research included speaking with several other jurisdictions, including Fort Worth, Yolo County, Las Vegas and Santa Barbara County, which implemented CAD-to-CAD interfaces.

Article 5.2 of the Amended and Restated Franchise Agreement for Ambulance Service states, "that when the Washoe County/Reno PSAP and Sparks PSAP Tiburon CAD systems are installed and upgraded the REMSA CAD system shall, at a minimum, be capable of interfacing in real time with the Washoe County/Reno and Sparks CAD systems." The completion of the regional Tiburon upgrade occurred in October 2015.

In November 2015, correspondence occurred with the partner agencies to determine if the region was ready to begin the interface process. The region was not yet prepared, however, it was determined that we should begin meeting to discuss what the interface should look like. A working group was formed and is comprised of Fire and EMS operations personnel, dispatch personnel, IT personnel, and the EMS Oversight Program.

In January Washoe County PSAP personnel indicated their agency will soon be upgrading to CAD 2.9.1 and the new version has significant changes that could impact operations. This upgrade is a concern because there may be training issues, and the PSAP would like to introduce the interface after all dispatchers are completely comfortable with their systems.

To date, the region has held two meetings to discuss the CAD-to-CAD interface implementation. The first meeting included regional partners from the Health District, Fire agencies, Washoe County dispatch, Reno Ecomm, REMSA and IT personnel. The second meeting was a conference call with one of the CAD vendors where regional partners had an opportunity to ask questions about the CAD-to-CAD processes and interface functionality.

The two-way CAD-to-CAD interface requires fiscal investment from REMSA and City of Reno since those agencies maintain and operate the servers. REMSA has finalized the agreement with their CAD vendor, TriTech, and is able to be added to TriTech's schedule for implementation. According to Reno IT system administrators, their PSAP CAD vendor, Tiburon, issued a proposal/quote for their portion of the interface and was being reviewed at the executive team level.

During the April DBOH meeting, EMS staff discussed the development of the working group and the regional progress, to date. Following the meeting, the District Health Officer sent an email to the jurisdictional managers strongly requesting their assistance to push the CAD-to-CAD initiative forward and obtain a contract with Tiburon. A reply was received from the City of Reno with acknowledgement of the project and the understanding of the urgency to get the task done.

On May 9, 2016 REMSA received correspondence from TriTech stating they wanted to put the CAD-to-CAD project on hold since there had not been progress on the Tiburon side. REMSA replied and requested to keep the project open and active. No further correspondence from TriTech has been received to date.

During the May 26, 2016 presentation to the DBOH, EMS Division Chief Nolan reported the City of Reno requested an enhanced scope of work from TriTech, and anticipated receiving the updated document in early June. Chief Nolan also provided that the Reno Fire Department is ready and willing to fund their portion of the project. However, the cost sharing discussions with the participating agencies in the CAD-to-CAD interface have yet to occur.

The EMS Oversight Program met with RFD personnel on June 16, 2016. During this meeting EMS Program staff was told there was no CAD-to-CAD scope of work update. Additionally, at the time of staff report submission, EMS Program staff was told that progress is being made and would be contacted once there were more details to provide.

FISCAL IMPACT

There is no fiscal impact to the EMS Advisory Board. However, the two-way CAD-to-CAD interface requires fiscal investment from REMSA and City of Reno (Sparks and/or Truckee Meadows Fire Protection District) since those agencies maintain and operate the servers that would be linked.

RECOMMENDATION

EMS staff recommends the EMS Advisory Board accept the update on the CAD-to-CAD interface between the Public Safety Answering Points (PSAPs) and REMSA dispatch.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be:

"I move to accept update on the CAD-to-CAD interface between the Public Safety Answering Points (PSAPs) and REMSA dispatch."

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Agenda Item #16

STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: July 7, 2016

TO: EMS Advisory Board Members

FROM: Christina Conti, EMS Oversight Program Manager

775-326-6042, cconti@washoecounty.us

SUBJECT: **Presentation, discussion and possible direction to staff regarding the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.**

SUMMARY

The purpose of this agenda item is to discuss and possibly provide direction to staff on the progress of developing the five-year strategic plan, as required in the Inter Local Agreement for Emergency Medical Services Oversight.

PREVIOUS ACTION

During the EMS Advisory Board on June 4, 2015, the Board approved the development of the five year strategic plan.

A regional SWOT (Strength, Weaknesses, Opportunities, and Threats) Analysis was conducted on August 31, 2015 during an EMS Advisory Board meeting.

During the EMS Advisory Board on April 7, 2016, the Board approved the update on the development of the five year strategic plan

BACKGROUND

The EMS Oversight Program was created through an Inter Local Agreement (ILA) signed by the City of Reno (RENO), City of Sparks (SPARKS), Washoe County (WASHOE), Truckee Meadows Fire Protection District (FIRE), and the Washoe County Health District. Within the ILA there are eight duties specifically outlined for the EMS Oversight Program. One of the items explicitly tasked the EMS Oversight Program to "Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE."

At the June 4, 2015 EMS Advisory Board meeting, through discussion with the Board, the purpose of the strategic plan was identified as a document that would create milestones, furthering the EMS system in Washoe County. It was determined that a workshop should be held with the Board members to kick off the discussion and might provide some specific deliverables and desired outcomes.

On August, 31, 2015 an EMS Advisory Board meeting was held with members of the EMS Working Group in attendance. The primary focus of the meeting was to hold the SWOT analysis. Manager Steve Driscoll facilitated the process and representatives from the Board, jurisdictional dispatch centers, fire partners, REMSA, and communications discipline participated.

The process for developing the regional EMS strategic plan included the establishment of a workgroup. Each jurisdiction and REMSA has one dispatch and operational representative, the EMS Oversight Program has one representative as well as a regional communications representative. The workgroup held its first meeting on November 17, 2015 and has been meeting monthly.

The first meetings were used to review the SWOT analysis and to identify goals for the regional strategic plan. Within each goal, the workgroup identified the components that would be included in the attainment of the goal. To ensure the process is efficient, each meeting has an identified objective to accomplish. All items start in red and are turned to black once the workgroup has discussed and reached consensus on the draft.

To date, the workgroup has drafted out the following:

- Mission
- Vision
- Values
- Goal #1
- Goal #2
- Goal #3
- Goal #4

The attached draft of the strategic plan will show that within both goals 1 & 2 there are objectives that still need to reach consensus. After the workgroup completes the initial review of the six identified goals, the group will then revisit any incomplete objectives prior to a final draft being presented to the Board for approval.

The next meeting is scheduled for July 19, 2016 and will focus on both goal #5 and #6.

FISCAL IMPACT

There is no fiscal impact to the Board on this agenda item.

RECOMMENDATION

Staff recommends the Board to approve the presentation and provide possible direction to staff regarding the five-year strategic plan, a requirement of the Inter Local Agreement for Emergency Medical Services Oversight.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be:

"Move to approve the presentation (discussion and possible direction to staff) regarding the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight."

WASHOE COUNTY
EMERGENCY MEDICAL SERVICES

S T R A T E G I C P L A N

The Washoe County EMS System

The Washoe County EMS Five- Year strategic plan was created with EMS Advisory Board support and reviewed by:

Contracted Ambulance Provider:
REMSA

Fire Service Agencies:
Reno Fire Department
Sparks Fire Department
Truckee Meadows Fire Protection District

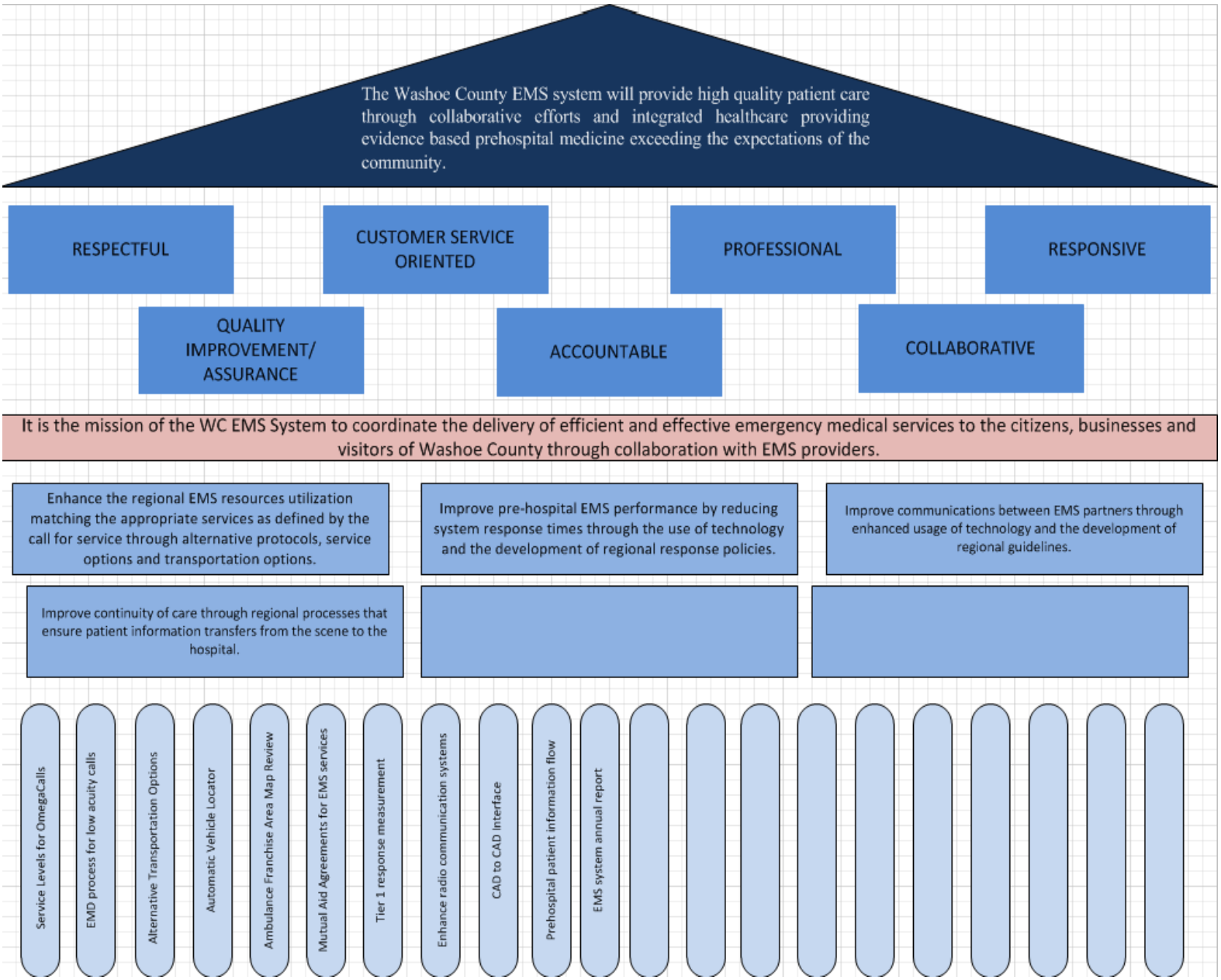
Stakeholder Organizations and County Departments:
North Lake Tahoe Fire Protection District
Pyramid Lake Fire Rescue
Reno EComm
Reno Tahoe Airport Authority Fire Department
Sparks PSAP
Washoe County Communications
Washoe County EMS Oversight Program
Washoe County PSAP

Approved by:
District Board of Health
EMS Advisory Board

Document Distributed to:
Contracted Ambulance Provider
Fire Service Agencies
Incline Village Community Hospital
Northern Nevada Medical Center
Renown Regional Medical Center
Saint Mary's Regional Medical Center
Stakeholder Organizations and County Departments
Veterans Affairs Sierra Nevada Health Care System

CONTENTS

Strategic Planning at a Glance



EXECUTIVE SUMMARY

Washoe County is the second largest EMS region in the state of Nevada. It is 6,551 square miles in size and has approximately 433,000 residents. Washoe County is diverse geographically in its mountainous, urban, suburban, rural and wilderness/frontier terrain.

There are many EMS system stakeholder organizations including fire services and public safety EMS first responders, a contracted ambulance provider. The current ambulance contractor began providing service to Washoe County; excluding the Gerlach Volunteer Fire Department service area and North Lake Tahoe Fire Protection District, in 1986.

The Washoe County EMS Five-Year Strategic Plan was created between August 2015 and October 2016 to guide the future direction of the Washoe County EMS System. The assessment process evaluated the strengths and weaknesses as well as the opportunities and threats facing the EMS System from national, regional and local influences. The information obtained through the analysis created goals to optimize the structure, processes, and outcomes of the EMS Five-Year Strategic Plan, focusing on: 1) maintaining or improving clinical care and patient satisfaction; and 2) improving operational efficiency and collaboration across the region.

The best EMS systems are based on collaborations among the diverse organizations that comprise the EMS system. When these organizations strengths are emphasized by system wide integration and a culture of trust, the EMS system can more effectively capitalize on new opportunities and mitigate threats to the system. The planning process for Washoe County was supported by and involved EMS stakeholders, including County Health leadership, fire service leadership, communication center leadership, ambulance provider leadership, and others.

The strategic planning process was collaborative and included consensus building processes within the region and periodic updates to the EMS Advisory Board and District Board of Health. The results of this process were the EMS System's Mission, Vision, Values, Goals and Objectives. The EMS Five-Year Strategic Plan was approved by the EMS Advisory Board on October 6, 2016 and approved by the District Board of Health on October 27, 2016.

The six goals within Washoe County EMS Five-Year Strategic Plan are most relevant to the EMS System's ability to adapt to the changing healthcare environment, specifically focusing on pre-hospital care. There are three goals within the strategic plan to assure maintenance and improvements with clinical care and patient satisfaction, even if the system does not restructure, these changes are necessary to keep pace with improving standards of EMS care. The remaining three goals focus on improving operational efficiencies within the region, both internally and externally through collaboration. These include proposed changes to existing processes that will positively impact the EMS System in its entirety.

Mission Statement:

It is the mission of the Washoe County EMS System to coordinate the delivery of efficient

and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers.

Vision:
The Washoe County EMS system will provide high quality patient care through collaborative efforts and integrated healthcare providing evidence based prehospital medicine exceeding the expectations of the community.

The values of the Washoe County EMS System are to be:

- Respectful: To be open minded of all stakeholders views and ideas.
- Customer Service Oriented: We will be responsive to our customers' needs striving to provide high quality services in a respectful and courteous manner.
- Accountable: To be responsible for our behaviors, actions and decisions.
- Professional: Dedication in our service to the region and ourselves through adherence of recognized policies, rules and regulations. This includes maintaining the highest moral and ethical standards.
- Responsive: Rapidly identify emerging issues and respond appropriately.
- Quality Improvement/Assurance: To continuously evaluate operations, procedures and practices to ensure the EMS system is meeting the needs of our patients and stakeholders.
- Collaborative: Work together towards delivering efficient and effective emergency medical services to the citizens, businesses, and visitors of Washoe County.

Emergency Medical Services Authority

Washoe County is comprised of three political jurisdictions. In addition to the political bodies and their operational policy decisions, the State Division of Public and Behavioral Health also oversees EMS licensing and certifications within Washoe County.

There are multiple regulations that impact how the EMS system runs in Washoe County. At the State level, Nevada Revised Statute 450B is the overarching legislation that identifies minimum requirements for EMS services. In addition, the Nevada Administrative Code also includes codified regulations for EMS personnel and agencies.

At the local governmental level, by the authority established through Nevada Revised Statute (NRS 439.370 et seq.) and the 1986 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health. Through this authority the DBOH established an exclusive ambulance franchise in August 1986 in Washoe County, excluding Gerlach and the North Lake Tahoe Fire Protection District. This Franchise was awarded to the Regional Emergency Medical Services Authority (REMSA) in May 1987.

Through a regional process, the agreement was amended, restated and approved by the DBOH in May 2014. As part of the regional process, one recommendation for improvement of the delivery of patient care and outcomes and the delivery of emergency medical services was the creation of a Regional Emergency Medical Oversight function for the management, measurement and improvement of EMS within Washoe County.

The Regional EMS Oversight Program has eight duties included in the EMS Oversight Interlocal Agreement enacted in August 2014. These duties include maintaining a five-year

strategic plan to ensure the continuous improvement of EMS in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing EMS and approved by Reno, Sparks, Washoe and Fire.

Strategic Plan Process and Implementation

The EMS Advisory Board recognizes the changing methods and environment for providing optimal emergency care under the varied conditions throughout the State of Nevada. Therefore, the region strives to influence the coordination of all stakeholders as it develops and sustains a system to reduce the incidence of inappropriate and inadequate emergency medical services.

To ensure the objectives of the entire region were considered, the EMS Working Group reconvened and participated in a SWAT analysis. The SWAT analysis looks at the strengths (internal), weaknesses (internal), opportunities (external), and threats (external) for the regional EMS system. With input from the regional partners, the EMS Oversight Program drafted the strategic plan for the EMS Advisory Board's consideration.

Input on the plan was provided by representatives from both dispatch and operations for the EMS agencies. The EMS Oversight Program frequently met with the representatives to review the goals, objectives, and strategies while discussing realistic timelines for implementation. These meetings were an integral part of the process to ensure the regional planning goals mirrored the jurisdictional strategic planning goals for the individual EMS agencies.

The strategic plan outlines the method to achieve effective and efficient solutions to system wide hurdles. The strategic plan calls for the maximum collaboration to achieve the objectives and strategies within 2016-2021. Through continued collaboration, the strategic plan can be updated to capitalize on new opportunities and mitigate threats to the system. This process will ensure key stakeholders remain involved in regional emergency medical services planning activities.

REGIONAL SYSTEM
GOALS – OBJECTIVES – STRATEGIES

Write about current system makeup

- Goal #1 -

Enhance the regional EMS resources utilization matching the appropriate services as defined by the call for service through alternative protocols, service options and transportation options by _____.

Objective 1.1 Develop appropriate protocols to determine service level for Omega calls by July 7, 2016.	**Strategy 1.1.1** Resolve legal issues impacting fire partners by March 30, 2016. **Strategy 1.1.2** Develop regional Standard Operating Procedures to address response to Omega calls by June 21, 2016. **Strategy 1.1.3** Determine data elements required for process verification by June 21, 2016. **Strategy 1.1.4** Approval by the EMS Advisory Board of protocols determining service levels for Omega calls by July 7, 2016. **Strategy 1.1.5 A**nalyze, interpret and report data elements to EMS Advisory Board and partner agencies quarterly beginning October 6, 2016.
Objective 1.2 Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 by February 5, 2017.	**Strategy 1.2.1 Re**solve regional concerns (operational, legal, and patient care) relating to protocols to determine service level through EMD process to low acuity P3 calls by _____. *9/30/16???* **Strategy 1.2.2** Develop Standard Operating Procedures to determine service level through EMD process to low acuity Priority 3 by October 28, 2016. **Strategy 1.2.3** Determine data elements required for process verification by December 16, 2016. **Strategy 1.2.4** Review by the EMS Advisory Board of the protocols that determine service levels through EMD process to low acuity Priority 3 by January 5, 2017.

Objective 1.3 Develop standardized procedures for patients eligible to receive funded alternative transportation to obtain medical care at an alternative destination by _____. (community paramedicine, urgent cares, taxi vouchers, Uber, Lyft, etc)	Strategy 1.3.1 Conduct research on alternative transportation options utilized across the United States by _____. Strategy 1.3.2. Develop processes for dispatch centers to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician's office criteria) by _____. Strategy 1.3.3. Approval by the EMS Advisory Board of standardized procedures for patients to receive funded alternative transportation to obtain medical care by _____.

- Goal #2 -

Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by _____.

Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closet unit by December 31, 2022.	**Strategy 2.1.1.** Complete a regional assessment to identify and understand AVL existing capabilities to dispatch the closest EMS responder by June 30, 2021. **Strategy 2.1.2.** Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021. **Strategy 2.1.3.** Develop regional dispatching process that will utilize the AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022. **Strategy 2.1.4.** Purchase and install additional AVL equipment to increase capabilities in region by December 31, 2022.
Objective 2.2. Establish ambulance franchise response map review methodology by September 30, 2016.	**Strategy 2.2.1.** Develop standardized methodology for the annual review of the ambulance franchise response map by June 30, 2016. **Strategy 2.2.2.** Develop standardized methodology for the five and ten year review for the ambulance franchise response map by September 30, 2016. **Strategy 2.2.3.** Approval by the EMS Advisory Board of the standardized methodology for the annual, five and ten year reviews by October 6, 2016. **Strategy 2.2.4** Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board, beginning in July 6, 2017.
Objective 2.3. Increase depth of resources able to response to EMS calls for service in Washoe County by December 31st annually.	**Strategy 2.3.1. I**dentification of operational opportunities by WC EMS agencies through a review of mutual aid agreements (MA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County by June 30th annually.

	Strategy 2.3.2. Establishment by Washoe County EMS agencies of MAs/MOUs with partner agencies as resources become available or are modified by December 31st annually. **Strategy 2.3.4.** Provide an update to EMS Advisory Board on all MA/MOU process changes or additional agreements being utilized in region by January 31st annually, beginning in January 2017.
Objective 2.4. Definition and possible adoption of a single regional EMS Tier 1 response measurement by _____.	**Strategy 2.4.1.** Identification and possible adoption of a regional fire response standard by _____. **Strategy 2.4.2.** Approval of the regional fire response standard by individual Councils/Boards and EMS Advisory Board by _____, if required. **Strategy 2.4.3.** Monitor and report to the EMS Advisory Board the performance of the regional EMS system utilizing the regional fire standard and ambulance franchise response map by the 15th of the month, following the fiscal year quarter. **Strategy 2.4.4.** Provide recommendations for improvements based on performance measures to EMS Advisory Board as needed.

- Goal #3 -

Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.

Objective 3.1. Enhance radio communication systems within Washoe County by June 30, 2021.	**Strategy 3.1.1.** Develop a comprehensive migration plan for government agencies that outlines the enhancement of the radio communication system to include completion of upgrades, gateway connection and identified equipment needs by December 31, 2016. **Strategy 3.1.2.** Develop a comprehensive plan for REMSA to migrate from UHF radio capabilities to the 800 MHz radio system enhancement of the radio communication system to include completion of upgrades, gateway connection and identified equipment needs by December 31, 2017. **Strategy 3.1.3.** REMSA and regional public safety partners implement migration plan and upgrade system to P25 phase 2 platform by June 30, 2021.
Objective 3.2: Establish a CAD to CAD (computer aided dispatch) interface between the primary PSAP and REMSA dispatch center by December 31, 2017.	**Strategy 3.2.1.** Create a regional workgroup to design the elements of the CAD-to-CAD interface increasing interoperability between dispatch centers by January 31, 2016. **Strategy 3.2.2.** Complete configuration process that includes development of the data exchange overview document and implementation by December 31, 2017. **Strategy 3.2.3.** Provide process updates to EMS Advisory Board quarterly, beginning April 7, 2016.
Objective 3.3: Establish a two way interface to provide visualization of AVL for all EMS vehicles for the primary PSAPs and REMSA dispatch center by December 31, 2017.	**Strategy 3.3.1.** Complete a regional assessment to identify and understand AVL existing capabilities by December 31, 2016. **Strategy 3.3.2.** Develop regional process that will utilize the AVL technology to visualize EMS vehicles in both the primary PSAPs and REMSA dispatch center by December 31, 2017. **Strategy 3.3.3.** If applicable, purchase and install additional AVL equipment to increase capabilities in region by December 31, 2017.

- Goal #4 -

Improve continuity of care through regional processes that ensure patient information transfers from the scene to the hospital by December 31, 2018.

Objective 4.1. Develop a process to improve the flow of patient information throughout the prehospital setting by December 31, 2018.	**Strategy 4.1.1.** Identify the electronic patient care (ePCR) software being utilized or purchased for use in the region by June 30, 2016. **Strategy 4.1.2.** Evaluate how to transfer information between the ePCR from the fire response unit to the REMSA response unit by December 31, 2016. **Strategy 4.1.3.** Evaluate existing processes for transferring all prehospital care information to hospital personnel and implement process improvement by June 30, 2018. **Strategy 4.1.4.** Create and conduct training on regional policy, to include pertinent information required for seamless transfer of patient care from agency to agency by December 31, 2018.
Objective 4.2: Produce an annual report on EMS system performance that includes hospital outcome data by December 31, 2018.	**Strategy 4.2.1.** Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and stemi patients by October 31, 2016. **Strategy 4.2.2.** Pilot the annual report with hospital outcome data with one regional hospital by March 31, 2017. **Strategy 4.2.3.** Draft for distribution an annual report with relevant regional hospital partner data included by June 30, 2017. **Strategy 4.2.4.** Review annual report with ePCR implementation and determine enhancements available for hospital outcome data by October 31, 2018. **Strategy 4.2.5.** Draft for distribution an annual report with enhanced data included by December 31, 2018.

- Goal #5 -

~~Continue to improve patient care through good quality assurance~~

Design an enhanced EMS response system through effective regional protocols and quality assurance by _____.

Objective 5.1. Develop a regional set of protocols for the delivery of prehospital patient care by _____.	**Strategy 5.1.1.** Review current protocols for each regional agency to determine similarities and opportunities for improvement by _____. **Strategy 5.1.2.** Coordinate with PMAC to develop regional protocols based on national standards and recent clinical studies, by _____, amend as needed with a minimum annual review. **Strategy 5.1.3.** Establish and define conflict resolution procedure for concerns regarding patient care in the field by _____. **Strategy 5.1.4.** Presentation to the EMS Advisory Board of the regional protocols and conflict resolution procedure for prehospital care by _____. **Strategy 5.1.5.** Create and conduct training on regional protocols for prehospital care by _____.
Objective 5.2. Establish a regional Quality Improvement/Quality Assurance process that continuously examines performance in the EMS system by _____.	**Strategy 5.2.1.** Create a regional QI/QA team that would work to improve the system through examination of calls for service by _____. **Strategy 5.2.2.** Determine QI/QA team goals and identify initial performance measures to be utilized to continuously improve processes by _____. **Strategy 5.2.3.** Acceptance by the EMS Advisory Board of the performance initiatives to be used during the QI/QA process by _____. **Strategy 5.2.4.** Present findings from the quarterly review of calls for service to the appropriate entity, beginning _____.

- Goal #6 -

Enhance collaboration with stakeholder organizations to advance EMS system initiatives

Objective 1.	**Strategy 1.**
	Strategy 2.
	Strategy 3.
Objective 2:	**Strategy 1.**
	Strategy 2.

Strategic Plan Evaluation and Update

In an effort to ensure the successful implementation of the strategies and objectives of the EMS Advisory Board strategic plan, the EMS Oversight Program will develop a Gantt chart. The chart will be distributed to the regional partners upon approval of the strategic plan by the District Board of Health. The chart will be reviewed semi-annually to ensure all projected timelines remain achievable. Progress on the strategic planning strategies and objectives will be included in the EMS Oversight Program "Program and Performance Data Update" staff report.

In July 2018 the regional partners will convene to review the status of the current strategies and objectives. During the review, the EMS Oversight Program will begin to develop the draft goals, strategies and objectives for years 2022-2023. Upon completion the EMS Oversight Program will bring an updated 5-year strategic plan to the EMS Advisory Board for review, input and approval.