

John Slaughter,
Chair
County Manager
Washoe County



Sabra Newby
City Manager
City of Reno

Kevin Dick, Vice
Chair
District Health Officer
Washoe County
Health District

Dr. Andrew Michelson
Emergency Room
Physician
St. Mary's Regional
Medical Center

Steve Driscoll
City Manager
City of Sparks

Terri Ward
Administrative Director
Northern Nevada Medical
Center

MEETING MINUTES

Emergency Medical Services Advisory Board

Date and Time of Meeting: Thursday, January 4, 2018, 9:00 a.m.
Place of Meeting: Washoe County Health District
1001 E. Ninth Street, Building B, South Auditorium
Reno, Nevada 89512

1. *Roll Call and Determination of Quorum

Chair Slaughter called the meeting to order at 9:00 a.m.

The following members and staff were present:

Members present: John Slaughter, Manager, Washoe County, Chair
Kevin Dick, District Health Officer, Vice Chair
Sabra Newby, Manager, City of Reno
Terri Ward, Hospital CQI Representative, Northern Nevada Medical
Center

Members absent: Steve Driscoll, Manager, City of Sparks
Dr. Andrew Michelson, Emergency Room Physician, St. Mary's

Ms. Spinola verified a quorum was present.

Staff present: Leslie Admirand, Deputy District Attorney
Christina Conti, Preparedness and Emergency Medical Program
Manager
Brittany Dayton, Emergency Medical Services Coordinator
Heather Kerwin, EMS Statistician
Dawn Spinola, Administrative Secretary, Recording Secretary

2. *Public Comment

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

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

3. Consent Items (For possible action)

Matters which the Emergency Medical Services Advisory Board may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes

October 5, 2017

Vice Chair Dick moved to approve the Consent agenda. Ms. Newby seconded the motion which was approved unanimously.

4. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Ms. Conti noted that no meeting had been held.

Chair Slaughter stated the item would be moved to the next agenda.

5. *Program and Performance Data Updates

Christina Conti

Ms. Conti introduced the item and noted the first paragraph described a regional effort known as Super Utilizer. It had begun after a review of the franchise map and the identification of the Record Street homeless shelter as having three times the call volume as the next user in the system. During discussions with REMSA and the City of Reno, it was discovered that other agencies are working on the same type of projects. It was decided that the most effective way to proceed was to meld the projects together for maximum effect to achieve the needs of that population while reducing duplication of effort.

Ms. Conti noted a committee that had been working on the low-acuity Priority 3 calls had been meeting monthly to identify calls that can possibly receive a different level of service. Options include redirecting calls to the Nurse Health Line and not sending emergency responders, or perhaps only sending one tier of the two-tier response system. The committee has concluded the Omega calls and is working on Card 33 facilities, ones that have medical staff 24/7 with an AED on site. The final recommendation for those will go to the Fire Chiefs for review and approval.

Ms. Conti noted the Mass Casualty Incident Plan (MCIP) Alpha plan, which had originally been introduced to the Board in July of 2016, was currently in development.

Ms. Conti pointed out the CAD-to-CAD update, noting Mr. Heinz from REMSA was available to answer questions. Rishma Kimji, from the City of Reno Dispatch center, was unable to attend but had agreed to defer any questions presented to the available REMSA representative and would respond to any further questions specific to her agency.

Ms. Conti noted that staff had developed a Regional Emergency Operations Center (REOC) handbook, and noted the EOC had been activated several times during the previous winter. Four staff members from the WCHD are trained to fill the Medical Unit Leader position and work as a liaison with the health care community. It was determined that a handbook that provided direction for a general public health emergency would be of value, because it provided the guidance for trained staff to cover other positions. Additionally, should the trained staff members not be available, the handbook could guide others on how to cover the position(s).

Ms. Conti pointed out the final item of note, which was the Work Group Project Plan for the Super Utilizers. Sheila Leslie, of the Washoe County Human Services Agency, had participated

in its development. Staff was looking forward to piloting the program with EMS agencies and St. Mary's to iron out the specific details of how a referral comes in and is handled. Possible options included meeting with the Mobile Outreach Safety Team (MOST) or organizing a community meeting to discuss the best way to meet those individuals' needs. The project addresses aspects outside and beyond just EMS, such as the courts and law enforcement, but it was agreed that it was better to initiate it through a smaller group while improvements to the plan were created and implemented.

6. Presentation, discussion and possible acceptance of an update on regional EMS mutual aid agreements (MAAs), an objective of the Washoe County EMS 5-Year Strategic Plan. (For possible action)

Brittany Dayton

Ms. Dayton noted the report addressed Goal #2 of the 5-Year EMS Strategic Plan, which is to improve pre-hospital EMS performance by reducing system response times through technology and the development of regional policies.

Ms. Dayton explained one element of the goal was an annual review of Mutual Aid (MAA) Agreements or Memorandums of Understanding (MOUs). Staff had requested Washoe County EMS partners to provide current MAAs, and noted those were attached to the report. Ms. Dayton noted that she had learned that the NV Division of Emergency Management (DEM) also has a subcommittee that address MAAs, so she will be contacting them to determine if both agencies should be conducting a concurrent review, or if it was simply a duplicative process.

Ms. Dayton explained that, after her review of the MAAs, her only recommendation was that each agency should establish an internal review process when there is a leadership change.

Vice Chair Dick noted the recommendations suggested that the REMSA MAA should be updated, and asked if it was known if it was REMSA's intent to work on those updates. Ms. Dayton stated REMSA was currently focused on establishing three new MAAs with the Pyramid Lake Paiute Tribe, the City of Reno, and the Truckee Meadows Fire Protection District (TMFPD), as well as working to update their other agreements.

Ms. Newby moved to accept the update. Ms. Ward seconded the motion which was approved unanimously.

7. Presentation, discussion, and possible acceptance of the Special Areas of Interest data reports. (For possible action)

Heather Kerwin

Ms. Kerwin introduced the staff report. For the Duck Hill data request, staff employed the standard drive-time analysis used for a previously-developed Mount Rose Corridor study that is widely used through the County for other drive-time analysis. The data showed that the current regional mechanism for response to the area was in place and appropriate. The analysis had taken into account the closest two stations and REMSA's closest posting, as well as the historically low call volume for the area.

Ms. Kerwin noted Chief Moore from TMFPD was available to explain the work done by his staff to conduct a real-time drive time analysis, and Chair Slaughter asked to hear from him.

Chief Moore explained a GIS analysis had been done on the Duck Hill area which showed the Carson City station response time was marginally faster. His staff was of the opinion that may not be the case in real time, so they conducted the drive-time analysis from the TMFPD

station and also the Carson City station. What they found was that the response times were exactly the same. He opined the reason for that was that the Carson City responders were required to drive up a steep hill to get to the area, while the TMFPD route was through a straight section of Old Highway 395.

Chief Moore went on to say that the Carson City station closest to Duck Hill was already quite busy, and the TMFPD station was typically slower. He added that Carson City would not be available to respond to a call in Duck Hill, based on their call volume. It was more likely that the TMFPD station would be available.

At the request of Chair Slaughter, Ms. Kerwin restated her conclusion regarding the adequacy of responses for the area. She echoed Chief Moore, noting that due to the call volumes of the two closest stations in each of the jurisdictions, an appropriate response mechanism for the Duck Hill area already exists. She noted the MAAs had been reviewed to be sure that if for some reason a station was not available, the response would still be adequate. She stated staff absolutely feels that the appropriate response mechanisms are in place for the region.

Ms. Kerwin then addressed the special event of interest, noting a statistically significant increase in calls both during the month prior as well as the week of the event. Due to the manner in which participants of that event travel to it, it does impact Washoe County roadways. She opined it would be pertinent to continue to observe the effects as the event grows. She also asked the Board to confirm whether they would like a report on the study areas included in the annual reports. Chair Slaughter stated that would be his desire.

Vice Chair Dick restated that there is an increase in EMS utilization around the event. He asked if the current response strategies were adequate, or if there were any recommendations being presented for adjustment. Ms. Kerwin stated her analysis did not review each response individually, it just indicated a marked increase. She stated the EMS responders are fully aware of the event and historically have been appropriately staffed in anticipation. She suggested that perhaps more safety information could be provided along the roadways for people traveling to the event.

Ms. Newby asked if comparisons had been done with any comparably-sized events to study whether the current levels of calls are outside the realm of what could be expected when that number of people converges. Ms. Kerwin stated the analysis looked at control periods where there are no other events. Ms. Kerwin stated we could look into reviewing other events of interest if that's the desire of the Board.

Ms. Newby stated she was not sure if there were any other events where 70,000 people converge on one place at the same time, but it would be helpful to know, after next year's event, if it is outside of what should be predicted with that kind of volume of people.

Ms. Conti noted she was scheduled to spend a full day with the Las Vegas area EMS staff and potentially touring their dispatch center. She stated she would connect with Mr. Hammond because it is in Nevada and they would have similar rules and guidelines for mass gathering, to see if they could provide Washoe County with some data that could be used to augment the additional study report.

Chair Slaughter asked if the regional EMS responders participated in the pre-event planning meetings. Ms. Conti replied that some did. Chair Slaughter stated he would speak with her outside of the meeting to find out who was and who was not at the planning meetings and work to get everyone invited. He opined all agencies represented in the audience were impacted by the event and should be a part of those meetings.

Ms. Kerwin asked when the Board would like to receive the annual updates. Ms. Conti

clarified the options were either with the annual report or the mid-year check in. Chair Slaughter asked for staff's recommendation. Ms. Kerwin suggested that, due to the timing, it would be best if the event of interest is included in the mid-year report and the Duck Hill area is included in the annual report.

Vice Chair Dick moved to accept the report, to include both of the reporting periods proposed for the updates to the special reports. Ms. Newby seconded the motion which was approved unanimously.

8. Presentation and possible acceptance of an update on the Five-Year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

(For possible action)

Christina Conti

Ms. Conti explained the first item was a request for feedback from the Board regarding the new agenda layout. It was the first attempt to address Mr. Driscoll's request for ongoing updates. She explained there were three types of agenda items, the first being one-time items that required no further action, the second being updates to completed projects and the third being items still in progress. She stated their feedback would be appreciated as the revision could be an evolving process.

Ms. Conti then introduced the subject of the Omega protocols. Page 2 contained the data elements required for process verification. She reminded the Board that at the March meeting they had approved the methodology designed to verify the Omega process through REMSA's statistical systems. The Board had also requested annual reporting. The EMS Oversight Program also tried to do an independent review of that process and it provided some challenges, aside from partners stating that it was working after only using it once or twice.

Ms. Conti asked the Board if they still felt it was valuable for the EMS Oversight Program to do an independent review. She then asked if the Board might approve changing the independent review focus to more of a validation of the exclusion of those determinants from a traditional response.

Ms. Conti further explained that what is being proposed is that the EMS Oversight Program staff no longer conducts an independent review of the process itself, that would remain the responsibility of REMSA. The EMS Oversight Program would shift focus to the Omega determinants and a review of whether those determinants are still appropriate to trigger the exclusion from a traditional response. During discussions regarding the low-acuity Priority 3 calls and the Omegas, staff did realize that there would be some value in reviewing some of those to make sure that they are working as anticipated. Ms. Conti reiterated that they would be proposing that the Board approve a shift.

Vice Chair Dick asked if staff could still investigate the process itself if any concerns were raised about how it was being implemented. Ms. Conti stated they could. She added that if they heard enough anecdotes to warrant a closer look, they would do so.

Ms. Ward asked how long staff had been conducting the independent reviews, and if it had been enough time to change to the validation process. Ms. Conti asked if she was referring to an independent review of each call, and Ms. Ward answered affirmatively. Ms. Conti stated her understanding was that all of REMSA's calls go through a QI process with their quality assurance department. The calls that revert back because the caller is asking for an ambulance receive a deeper review to analyze if they had not been appropriate to go to the nurse to begin with, or if it was simply that a person did not have transportation and still wanted the ambulance.

Ms. Conti noted the next topic in the staff report discussed the completion of a regional set of protocols for the delivery of pre-hospital patient care, which was an exciting achievement for the region. All medical directors' signatures had been obtained, the protocols were available on the WCHD website, and were now available for free download for the EMS partners. The EMS Oversight Program was able to provide funding for three years so that the regional partners would have free access to the app, which is password-protected. The Android app was up and the Apple app was pending, and it was also on Acid Remap LLC, which is the platform already used by some agencies.

Ms. Conti then addressed the Automatic Vehicle Locator (AVL) technology for EMS vehicles, noting she would be sharing an update to the second attachment of her staff report. She explained the Strategic Plan starts with the creation of a survey. EMS Oversight Program staff reached out to all the Fire Chiefs, and Item 8a summarizes the responses from the chiefs or their designees, stating what their capabilities are. She pointed out there was some confusion with the North Lake Tahoe Fire Protection District (NLTFPD) response because Chief Sommers had indicated they did not have the capability. However, some partners can see NLTFPD on their MDTs. NLTFPD uses a web-based system that is not linked directly into their CAD, so she opined that perhaps that is what Chief Sommers was referring to.

Ms. Conti noted there were three parts to the draft AVL strategic plan outlined in Item 8b, and Ms. Spinola passed out the updated versions to the Board members. The AVL strategic plan includes a lot of pre-pieces that can be done. The attachment provided a background of AVL, the redacted portion showed updated verbiage relating to the TMFPD and Sparks project, and then more importantly a proposed analysis to help start the process of getting some background information, so that when the Councils and the Boards begin having these discussions, there might be some data available to them. Ms. Conti pointed out the draft document also listed the barriers to the implementation and use of AVL, as noted by partners, or observed by staff.

Ms. Conti introduced Attachment C, which was the ePCR. EMS Oversight Program staff has been aware that there is still some struggle with the electronic patient care records. In continuing to ensure that the strategic planning objectives are met or at least being worked on, staff conducted another survey of the partners to look at what system they are using right now, what version it is, do they do automatic updates so that when the region gets to the point where we can start having that continuity of information for the patient from scene to hospital we would have the software information available, to know if it is even feasible and what changes we might need to be made.

Vice Chair Dick noted that the ePCR document indicated there were some different versions of Zoll, and asked what effect that might have regarding working towards region-wide or system-wide communication. Ms. Conti stated she did not know and invited the meeting attendees to provide input.

Chief Dennis Nolan of EMS Division Chief for Reno Fire stated the updates with Zoll were in relationship with the national reporting requirements, and as those have changed, the ePCR vendors have had to also update their software. He explained that Reno was just in the process of upgrading to Version 6.3 so they could be NEMESIS compliant. He noted that each change uncovers IT issues with Fire Records Management System (RMS), which is what they use to map out and document fire calls. They are currently working on those issues.

Vice Chair Dick asked if the different versions would impact the ability to assess patient care, or if they were insignificant. Chief Nolan opined they would not be a problem, as both Versions 6.2 and 6.3 had the ability to download patient data.

Chair Slaughter opened the item for public comment. He asked if both TMFPD and

Sparks had received the document and Ms. Conti stated they had.

Chief Moore referred back to Ms. Dayton's discussion regarding MAAs, noting she had stated that the goal should be to get the closest responder to the scene of the emergency and shorten the response time. He opined it was an admirable goal and should be the cornerstone of any EMS system, but stated it was not occurring.

Chief Moore offered his support to the Strategic Plan and commended Ms. Conti for the work that had been done. He stated it would be necessary to bring the need for AVL in the EMS system into sharper focus. He shared an anecdote about a respiratory arrest that had occurred approximately 900 feet from one of the TMFPD fire stations. There had been a paramedic on duty, possibly even two, but they were not called. Instead, the agency responsible for the jurisdiction responded, the response time was about six minutes. He pointed out that six minutes for a person who is not breathing is not a good thing.

Chief Moore went on to suggest that if the system was to be improved, everyone concerned with the enterprise of emergency medical response ought to support getting the closest unit to critical EMS calls like cardiac arrest, like not breathing, in the shortest amount of time. He opined everyone would agree that the jurisdictional boundaries are complex. What is equally complex, in the dispatch processes, is to figure out who is closest since it doesn't work that way. He explained he had had conversations with the Chiefs and REMSA CEO regarding the fact the dispatch system was archaic. The dispatcher looks at a spreadsheet and sees what the run string is and what unit should go. But it does not, and cannot, in the current technology, predict or show the dispatcher who is closest.

Chief Moore pointed out that by way of the anecdote, we could be many times during the course of a day or a week, be sending an emergency responder to an critical medical call and it is not happening. He opined AVL was probably 90 percent of what jurisdictions should focus on going forward. The dispatch processes need to be enabled so that the dispatcher can simply pick from a screen, the fire truck, regardless of what it says on the side is the one that is going to go.

Chief Moore noted we need to move towards AVL in the future. He noted there were technological impediments, one of which is there are four dispatch centers. He opined if we were ever going to move into a regional type of response, AVL is the cornerstone. He went on to note that the dispatching processes were cumbersome. Calls come into the Reno call takers, get passed to TMFPD then to REMSA, then it is processed. With three or four dispatching processes and centers involved in getting emergency personnel dispatched to a scene, the process slows things down. He opined that even when calling another agency for mutual aid is a lag. Requests for mutual aid can sometimes take as long as five minutes to get the mutual aid resource out the door.

Chief Moore stated the Board of Fire Commissioners had requested him to push AVL forward to the extent that he can. They also asked him to conduct an analysis, but he did not wish to duplicate what Ms. Conti is going to do, he would like to be a partner in that analysis. He reiterated it was time to move towards a modern dispatching system and modern dispatching process so that people with critical medical conditions could receive the care they need and deserve, because that is why we are here.

Chief Chris Maples of the Sparks Fire Department stated he wished to reiterate what Chief Moore had said. He explained their two agencies had recognized the shortcomings in the way units are dispatched. They had developed an Enhanced Automatic Aid Agreement in an effort to get a unit to the scene of an emergency as quickly as possible without duplicating efforts. Currently there are a number of areas where two resources are sent for a single call, it is ineffective and is wearing out the crews and wearing out the equipment. They developed the

Enhanced Automatic Aid but it is a stopgap measure, it will work better than what currently doing but is not the same as using AVL. Chief Maples noted there are a number of problems with AVL, and stated the agencies would need direction from the governing bodies, because the problems involve a boundary drop. Sparks could potentially respond into Reno, and vice versa and the same with Truckee Meadows. He acknowledged there had been reluctance in the past for agencies do that automatically, outside of the MAAs. He stated that all of the rigs have AVL technology on them, and their dispatchers could track their units, either using AVL or GPS through the Tiburon system. They did not have the capability of viewing both Reno and Sparks without opening the group application. That can be complicated, because all the units will show. Additionally, the Sparks dispatchers could not dispatch them; they can dispatch through Tiburon CAD system, but that only shows up on the monitor in the unit. They cannot dispatch through radios because they are not monitoring each other radio traffic. Chief Maples went on to say there was also a problem with opening it up into the stations. Sparks is the only one that uses the First In system. TMFPD and Reno use Z-Tron, and the two systems do not communicate. There are a number of steps that would need to be taken to get to the point where AVL could be used; it is not as easy as flipping a switch and turning it on. He reiterated his statement that the main place it has to start is direction from the governing bodies to say “this is where we want to go.” The technology is there to get it done but it is not going to be easy.

Dean Dow, President and CEO of REMSA and Care Flight, opined that the statements being made at the meeting were substantial. He suggested the message that the Board was hearing collectively from the EMS Oversight group and the representatives of all agencies in the room, is that the Board, as the oversight group and the voice for the governments being served, do have the ability to give direction, new direction and new insight. He opined that the agency represented were expressing that they are prepared to do business differently. They recognize need to do business differently. We cannot keep continuing to do a 30-year-old model and expect it to work today.

Mr. Dow stated he would also speak for the three hospitals, as he meets with the CEOs of all three health systems on a consistent basis, and they too are urging that all agencies collectively do healthcare differently. He pointed out that what the region does and how it is done impacts them directly. He opined that the message that the Board was hearing was that the agencies were all prepared to sit down at the table and move the 30-year-old model forward and up, whether it be through Omega calls, super users, AVL, some combination, or something else.

Chief Dennis Nolan stated he was not speaking on behalf of Reno Fire Chief Dave Cochran, but he indicated that Chief Cochran also understands that this is an issue that is of paramount importance, and that he is committed to working with the partners to try to move forward and resolve the issues. He noted that for a long time it has been understood there are problems with the way the calls come in, the way EMD is handled, and calls being shuffled back and forth. That was something that requires further review. He opined that resources and funding were portions of the overall project that would need to be reviewed as it proceeded forward. It really shouldn't matter whether it is a citizen of Reno, citizen of Washoe County or of Sparks, if it is someone that is having an acute medical crisis or a life-threatening emergency, we agree, whatever medical resources are the closest should be dispatched.

Chief Nolan went on to say that once one of those partners dispatch those mutual aid resources into another area, that leaves the area that they are primarily responsible for uncovered, which causes a cascade effect of having to wait for the next closest unit into that area which is usually a longer response time. He stated that was an issue that needs to be considered as well as the project moves forward.

Vice Chair Dick opined that the recognition that the region needed to improve the way that

we are dispatching and utilizing AVL in that approach was encouraging, but that it would be complicated. He opined the region needed to figure out how we would do it and that it would be worthwhile to develop a road map of how we could get there. The Board could use that to then make informed decisions about how we might approach that, and the various governing bodies could understand what they would need to do to achieve that. Vice Chair Dick further stated that he really understood from the discussion that we need a roadmap to go forward so we can make decisions and begin implementing them.

Ms. Conti asked Vice Chair Dick if the proposed GIS data analysis included in the draft document would begin meeting that need. Vice Chair Dick stated he was not sure, as he had heard discussion about different AVL systems and the dispatches. He was not completely clear what was being proposed as the GIS project. He opined it might be bigger as a road map to get there.

Ms. Conti explained that the EMS Oversight Program understood that it was a jurisdictional decision. The Boards and the Councils needed to weigh in because of the financial impacts as well as the impact to having a true boundary drop. The project simply would provide some data for looking at, working with GIS, taking only Priority 1 and 2 calls, and then creating the circles of responses at 4, 6 and 8 minutes. That would provide the jurisdictions, when they get to that discussion point; a visual to see where overlapping is occurring from a community perspective, not necessarily the AVL itself, but the stations, to start the discussion. Being able to do an analysis with just the AVL would provide more of a challenge, because it is unit-based, but it could be viewed from the station perspective, and then create a map that could be a tool for the Councils when they start that discussion.

Ms. Newby opined that data is a beginning, but there was probably a lot more that we need to go through in order to get there. She noted she had come to Reno from Southern Nevada where there were no boundaries. The closest unit, for whatever reason, is what responds and that provides the best service. She pointed out the discussion today had revolved around emergency medical response only, and that was only half of the discussion. Ms. Newby restated that a lot more would need to go into that and a lot more discussion amongst the jurisdictions. She indicated that she was supportive of those discussions but it needs to be recognized that it is only half of the discussion.

Chief Maples opined that the proposal to collect the GIS data was premature. He reiterated what is needed is direction from the governing bodies to say ultimately this is how we want the EMS system to function in Washoe County. Through the program oversight, if we get that direction, we have a mechanism in place where we can work through that. It has been done with regional protocols. But what we are looking for is direction from the bodies to say this is where we want the Chiefs of the departments to go with this and ultimately this is what we want it to look like so figure out how to get us there. And with that we can start working on it. He clarified that right now we are only focusing on is the EMS component and that is all he is talking about, a better way of delivering EMS in the area.

Vice Chair Dick stated that in order for the governing bodies to make decisions about where they are going to go, he felt they needed work to be done to help to guide them in that decision making. He suggested it was within the purview of the regional EMS Oversight Program and the EMSAB to make the request that the partners in this room work together to identify what they think that best solution is and what is required to get there, so that can inform the discussion of the governing bodies and their decision making about how to approach it. Or, if they think there is something that is missing there that should be thought about and done differently they could respond to it. Vice Chair Dick opined it was better to have a straw man proposal put together about what this would be for those governing bodies to react to, versus trying to have them give

direction to do this without the knowledge that is in this room.

Chief Maples pointed out it was not going to be a small undertaking. Achieving the objective would change the way the region does business, and that was going to take a lot of time and money and resources to find out how it would go together and how it would ultimately work. He stated he did not want to commit the time and the resources to that unless he had the backing of his City Council.

Ms. Conti explained that the EMS Oversight Program could, to Ms. Newby's comments, work with GIS and have the data be station-specific and then the data could be utilized however the partners and the Councils wanted to use it. The call data would not be included. The information would display only the response times for the entire region from their stations in response-time circles, showing the overlaps. Ms. Conti reiterated that EMS was only a small part but by taking the call part out and simply looking at station response the Councils could use the data however they wanted. Ms. Conti went on to state that one example not yet discussed was the availability of partners that are driving through the region from trainings or dropping patients off. Those partners may end up being the closest resource because they are driving through town. She noted there was no analysis that she could think of that would capture that, but that is one way that we could proceed and have a piece of information being worked on.

Ms. Conti pointed out that the strategic plan did contain two items regarding AVL, and it also outlined dispatching the closest unit by use of AVL. The due dates for the items had been pushed out to 2020. We are at the beginning stages, recognizing that we are a couple years out. They were objectives contained within the original version of the strategic plan, which was approved by the various boards, so some guidance was already available to proceed.

Chair Slaughter summarized, saying that yes, the region would like to move forward on this, and there are complications. In the end it results in a change of how business is done. He acknowledged that has always been difficult to do, but opined there was agreement that it was an endeavor everyone wants to take on, and the proposed analysis is appropriate.

Vice Chair Dick moved to accept the report, including the proposed GIS data analysis. Ms. Ward seconded the motion which was approved unanimously.

9. Board Requests (For possible action)

A. Presentation on ALS services utilized by regional EMS response agencies.

Regional Partners

Chair Slaughter announced that he and Ms. Conti had discussed Item 9a, which had been added to the agenda at the request of Mr. Driscoll, and decided to move it to the next agenda. In the meantime, staff would be meeting with Mr. Driscoll to clarify his request.

B. Presentation on October 1 Las Vegas Family Assistance Center

Christina Conti

Ms. Conti displayed PowerPoint Exhibit A, and explained she had been requested to provide a presentation on her response to assist Las Vegas with the Route 91 emergency.

She started by reviewing her background so the Board, partners and audience would know why it was appropriate for the City of Las Vegas to ask for her help. She explained her undergraduate degree is in criminal justice and substance abuse, but her Master's is in Public Policy and Public Administration with an emphasis in Law. That was one of the reasons that she started her career at Washoe County at the District Attorney's office. She was the Victim Services Program Manager for several years. They worked with victims of all crimes through

the court system, testified at the legislature, taught classes at the University and handled everything else related to victim services.

She then worked for Aaron Kenneston at the Department of Emergency Management and Homeland Security, where she learned emergency planning from Mr. Kenneston. Because of her victim services background and skillset, she worked heavily with the mass fatality initiative and then the Family Assistance Center (FAC) planning. At the time, FAC was only in Clark County. But because she had the victim services background and the relationships down south, she became the liaison for Washoe County.

When she came to the Health District, she continued mass fatality planning. In 2012, a mass fatality FAC annex was developed for our region. She was instrumental in the development of that annex and continues to be responsible for providing updates for the region.

A family service center annex for the region had been created and was recently approved. The family service center would be activated during that in-between period of time where a mass casualty has occurred, it is not necessarily a mass fatality to trigger the FAC, but a place was still needed for families to go. She was looking forward to helping to update that plan depending on lessons learned in Las Vegas. Just prior to that event, she had updated the Washoe County FAC annex.

She went on to explain the series of events regarding her involvement in the Las Vegas incident and her daily duties while down there. She received a call at 7:30 a.m. on Monday, October 2, 2017, asking if she had availability to go down there, and she stated she could make it happen if needed. At 9:50 a.m. the request came in from Clark County Coroner John Fudenberg. The request was very specific. Clark County did not have a night time command team available that was trained in family assistance.

The official request for her to deploy came from Carolyn Levering and had come in through the NV Department of Emergency Management (DEM). The official request was finalized at 2:14 p.m. She, Stacy Belt from Carson City and Laurie Fralick from the City of Reno had been notified that they were being requested to cover the night shifts.

They left at 4:40 p.m. and arrived in Las Vegas, dropped off their bags, and went to the FAC. The main initial request was to obtain a patient list for the hospitals. She was able to achieve that within two hours.

Ms. Conti noted they also created an infrastructure for the FAC. The personnel that were working it were absolutely incredible and they had all the pieces there, but they were also very tired, because they had been up since Sunday morning. She, Ms. Belt and Ms. Fralick provided the backbone to what had been done. They created the intake forms and set up a volunteer reception center. They also set up the family quiet rooms, so there was an area that could be a little bit more separated from the families coming in. The day shift FAC manager did not have a deputy, and was overwhelmed with everybody continuing to come to her for everything, so she had asked Ms. Conti to stay. To assist the FAC manager with that challenge, Ms. Conti set up an ICS structure to distribute responsibilities among several people.

When leaving, the FAC manager asked Ms. Conti to start covering days instead of nights, so her next day was Wednesday. At that point the team addressed call center operations. Every person that was at that event had somebody that cares for them and loves them and wanted to know where they were. If they were not hearing from them they were calling the central phone number. All of those persons require a call back. There were three notifications being able to be made because of those return phone calls. It was extremely successful.

On Thursday, she was asked to set up a Family Information Center (FIC). The reason for that was that attendees of the incident were going to the Convention Center to retrieve their personal property. As they did so, they were retelling the story. The Coroner's office staff did not want family members of the decedents to have to be exposed to that and have some vicarious trauma associated with hearing what their loved ones went through. Vital Statistics and mortuary services were also set up there, so the family members were able to conduct their business in a more private area.

On the last day, the FIC was operational until about 1:00 p.m. They spent the morning in a meeting with the FBI, who served Mr. Fudenberg a subpoena. The FBI wanted all the information related to the families. The Washoe County representative's job was to help alleviate stress on Clark County staff, so that was a task that they were able to do. She and Ms. Fralick spent the day copying all four days' worth of records that they had for the 54 decedents

She discussed lessons learned for Washoe County. Washoe County Family Services Annex plan has a single-page reporting form in quadruplicate copies and it's given it to the partners so that everybody has the same form. It had been previously recognized that if family members go to the hospitals, the Coroner, Red Cross or any number of related places, all of them are asking the same things. With the one form, a family member only has to be asked questions one time. The importance of that was reiterated in Las Vegas.

There would be value in pre-creating forms for the second and third days. It had been necessary to continuously revise the forms based on people's changing priorities as the event evolved, especially in the FIC. People's initial focus and priority had been all about location and identification of loved ones. The revised forms addressed issues that came up later, and requested information about such things as listings of paperwork already completed and whether or not people had booked their flights home.

Regarding the challenge of filling more than one shift in the case of a disaster response that required more than one shift, she noted Clark County had come to Washoe County to provide night shift support for the Air Races. Washoe County currently has all the staff that can fill all the underlying positions, but not a second shift of five or six people that can run the center during the night time hours. She opined that is something important that the region needs to work through.

It would be necessary to update the Job Action Sheets so they can be more flexible and scalable, as the current ones are too specific.

Lessons learned from both the Air Races and the Las Vegas incident clearly included that a call center representative must be part of the Command team from the very beginning. They do not have to stay, but they just need to make sure that all the different call centers are gathering and sharing information the same way.

She ended with a review of Washoe County's Regional Response plans. She had been asked if Washoe County was prepared if the same thing happened here, and opined staff had done all they could to ensure that the plans in are place for as seamless of a response as possible, if the worst does occur.

Ms. Conti shared that was said during the Air Races by one of the Mental Health volunteers and was probably still appropriate today with what happened in Las Vegas, and that those that were down there might say it as well. "What we did was perfect. Would we try a different thing next time, yes, but what we did was perfect." She opined the staff and people of Las Vegas did an absolutely amazing job that she was honored to be able to go help them.

Vice Chair Dick expressed his appreciation for Ms. Conti going down there, fulfilling that mission on short notice and doing an excellent job. Additionally, he noted that she would be attending a meeting with the Cities of Las Vegas and New York to share information and help each other during these types of events. He opined it would be beneficial for Washoe County to have her at that meeting. Ms. Conti noted she would be the only Washoe County representative there.

Chair Slaughter - thank you, thank you for your leadership. That was what I heard from the very beginning, that we're going to go and we're going to help, so thank you for that. He acknowledged the event was tragic, and opined there were great takeaways that she was bringing back to the County. He looked forward to reviewing those further.

10.*Board Comment

Limited to announcements or issues for future agendas. No action may be taken.

Chair Slaughter stated he had asked Counsel to draft some guidelines to allow meeting alternates for the public members of the Board. One of the things he would look for in those alternates is that they are assistant- or otherwise high-level staff. He has requested the item come back to the Board on a future agenda.

Vice Chair Dick noted the development of an AVL dispatch in the future would be a complex project, and requested a report be brought to the Board outlining what are the things we need to be working on to figure out how we would do or have the capability to effectively do AVL dispatch. He clarified the report would not be a request to actually pursue it, nor the policies that the various jurisdictions may have about how they might want to approach it. The report should just explain the work that needs to go into being able to design a system that could do AVL dispatch so that the Board would have the information to provide a recommendation on to the various governing bodies to be able to support what Chief Maples had said about having approval to invest the resources even to do the work around how would we develop the technical capacity and infrastructure to do something like this.

11. *Public Comment

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

Chair Slaughter opened the public comment period.

Chief Moore noted he had hired Scott Gorgon from Las Vegas as his Deputy Chief. Chief Moore stated he was going to enjoy learning how Southern Nevada conducted Fire operations with respect to cross-jurisdictional responses. Chief Moore had heard anecdotes that North Las Vegas resources could end up in Henderson during any one day because they keep sending the closest unit. It never seems to bother any one of the jurisdictions down there, because it is just a very seamless and well-run process. He opined part of the problem, again, was technological, and also that there were some institutional barriers, and perhaps maybe even an institutional reluctance to want to call for mutual aid at times. He stated the agencies needed to get past that, because we are talking about people's lives and no one should suffer a cardiac arrest or respiratory arrest or whatever their emergency is because there is a reluctance to want to call. The region can have all the mutual aid agreements in the world, but if they are not utilized, then they are not helping.

Chief Moore noted the earlier discussion regarding inadvertently creating uncovered areas in one jurisdiction or the other. He brought up the Automatic Aid Legislative Initiative that Senator

Kieckhefer had proposed a few years ago when there was a lot of angst about one jurisdiction subsidizing the other. When the analysis was done and the activities started, it worked fine. He stated that was his prediction for this, is that when the agencies get into it and finally roll it out and start working with each other a lot closer, it will actually be the first step toward more regional cooperation. He suggested that perhaps eventually, maybe 10 years from now, a regional fire department. That's not his decision to make, but he will say it is the first step towards that.

Chair Slaughter closed the public comment period.

12. Adjournment

At 10:22 a.m., Ms. Newby moved to adjourn.

Respectfully submitted,



Administrative Secretary

Approved by Board in session on April 5, 2018.