Emergency Medical Services Advisory Board

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

MEETING NOTICE AND AGENDA

Date and Time of Meeting: Thursday, November 7, 2019, 2:00 p.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**
2. ***Public Comment**
   Limited to three (3) minutes per person. No action may be taken.
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**
      August 1, 2019
4. ***Prehospital Medical Advisory Committee (PMAC) Update**
   Dr. Andrew Michelson
5. ***Program and Performance Data Updates**
   Christina Conti
6. ***Presentation to the EMS Advisory Board**
   A. Leave No Victim Behind Conference, Brittany Dayton
7. **Presentation, discussion and possible approval for distribution the Washoe County EMS Oversight Program FY19 Annual Data Report.** (For possible action)
   Heather Kerwin
8. **Presentation and possible acceptance of an update of the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.** (For possible action)
   Christina Conti
9. **Discussion and possible approval and recommendation to present the updated map methodology and the draft map response zones within the Washoe County REMSA ambulance franchise service area to District Board of Health.** (For possible action)
   Christina Conti

10. Board Requests:

A. ***City of Reno and REMSA CAD-to-CAD Implementation Project**
Rishma Khimji

B. ***Nurse Health Line**
Adam Heinz

11. *Board Comment

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

12. *Public Comment

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

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Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; or they may be voted on in a block.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. An item listed with asterisk (*) next to it is an item for which no action will be taken.

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 11130, Reno, NV 89520-0027, or by calling 775.326-6049, 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. Dawn Spinola, 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. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 326-6049 or by email at dspinola@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.

Emergency Medical Services Advisory Board

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

MEETING MINUTES

Date and Time of Meeting: Thursday, August 1, 2019, 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 Newby called the meeting to order at 9:00 a.m.

The following members and staff were present:

Members present: Sabra Newby, Chair
Neil Krutz
David Solaro
Randall Todd
Dr. Andrew Michelson
Joe Macaluso

Members absent: None

Ms. Spinola verified a quorum was present.

Staff present: Leslie Admirand, Deputy District Attorney
Dania Reid, Deputy District Attorney
Christina Conti, Preparedness and EMS Program Manager
Heather Kerwin, EMS Statistician
Dawn Spinola, Administrative Secretary, Recording Secretary

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

Chief Charles Moore, Truckee Meadows Fire Protection District (TMFPD) explained that if he was a little passionate it came from a standpoint that he cared about what happens to people in the community, whether they live, in Jurisdiction A, B or C, it just does not matter. He believed, and would be providing supporting evidence for the strategic plan, that when people have critical emergencies, the closest unit needs to be sent, particularly for the Priority 1s.

Chief Moore noted that on the 30th of July, just a little bit before 5:00, TMFPD was dispatched to a report that someone had suddenly lost their vision. REMSA took the call, determined that it was a possible stroke, and it was placed as a Priority 1 call. TMFPD went in route. When they

were just a little bit from arriving on the scene, they were notified that it was not their jurisdiction, that they were cancelled. The information was not clear whether the jurisdiction agency that had the call had already arrived or was in route, but nevertheless, TMFPD cancelled.

Chief Moore looked back at the CAD notes, and found that the agency that had ownership of the call was six minutes behind TMFPD, and REMSA was probably another four minutes behind that agency. He opined that supported why the region needs to be doing closest-unit dispatch. In this case, if somebody was having a Priority 1 emergency, they did not get the response in a timely way, and he did not think that was right. He had heard the arguments about three or four people in an engine company, they had four people on their engine, with two being paramedics. TMFPD was a minute away, and were cancelled from responding to somebody who was potentially having a stroke.

Chief Moore noted that the Washoe County Emergency Medical Services Oversight Program staff has identified, in the strategic plan, that the region needed to be moving towards closest-unit dispatch, and this was clear evidence that the patient was not served. He reiterated that he did not care about jurisdictions. This was an ethical reason why we need to give this thing some momentum.

Chief Moore noted that a year ago he had been there to say that they had addressed a call in which someone was having a respiratory arrest, and they were about 600 feet away from TMFPD's fire station. He pointed out that nothing had been done over the course of the year to try to move this forward. He stated he did not know the reason why the EMS system is not giving it some momentum, and opined it needs to be given momentum. If there was a single thing that the organization could do to advance the cause of emergency medical response, it was closest-unit dispatch.

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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**
May 2, 2019

Mr. Krutz moved to approve the draft minutes. Dr. Michelson seconded the motion, which passed unanimously.

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4. *Prehospital Medical Advisory Committee (PMAC) Update
Dr. Andrew Michelson

Dr. Michelson explained that PMAC was still working on getting money. Dr. Michelson stated that from the best their knowledge, it had always been the different member organizations that have contributed, i.e. Saint Mary's, Northern Nevada, REMSA, Washoe, etc. A formal email will be compiled that will include all of the members, and move towards putting some more pressure on the community to get the money for the continuation of that non-profit organization.

Dr. Michelson noted that insurance will be due shortly, and that is the biggest concern, as far as continuation. Otherwise, the major costs are the scholarships that they promote through the paramedic schools. The insurance is around $900, and currently PMAC has almost $300, so they are short. It is a primary concern.

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5. *Program and Performance Data Updates
Christina Conti

Ms. Conti introduced herself and explained that as always, she was happy to answer questions on anything in the report; she just wanted to bring up a few things for their reference.

Ms. Conti noted the program staff had met with the Sheriff's Office (SO) to talk about how the jail is a hot spot for 9-1-1 use. What became very interesting was perspective. When viewing those numbers, we really felt like they were using the system at an alarming rate, and when the SO looked at the numbers, they felt they were very low compared to how many people they see through their doors every month. So one of the outcomes was that Ms. Heather Kerwin, Program Statistician, is going to send data to them annually, and they will also, upon request, send back some data on the admits that they see monthly so that we can quantify it better so that it is not taken out of context with the percentage.

Ms. Conti went on to share that the EMS Protocols task force had a revision that went into effect on July 1. The big note was that Storey County Fire Protection District had become a participant in the regional protocols, joining all of the Washoe County agencies already involved. Their medical director should be joining PMAC as well.

Ms. Conti noted the Mutual Aid Evacuation Annex was approved at the June District Board of Health (DBOH) meeting, and that was a big update that included more sub-acute care facilities and also changed it from an annex to an agreement. If it became necessary to set up alternate care sites within the facility, that now falls under this plan.

Ms. Conti explained the CAD-to-CAD update provided in the packet was no longer the most current. She had been invited to sit in on a meeting the day before between City of Reno, REMSA and Central Square. Ms. Rishma Khimji, Director of Information Technology with Reno, was very stern and direct with her request for a work plan that had true dates associated with it, as well as the resources that are being allocated, so that there is more of a check list. She noted Mr. Heinz was in the audience if the Board wanted more information on that. Ms. Conti had just been an observer to the conversation and could attest to the frustrations that have been shared in front of this Board that Central Square is very definitely giving them the runaround, which was disappointing.

The last thing Ms. Conti called out, unless there were questions, was that the program's EMS Coordinator, Ms. Brittany Dayton, went on a ride-along with Sparks Fire Department and was able to participate in wildland fire training so she could observe it and then do it. So while not a wildland firefighter, certainly a potential resource should we get to that point in an emergency where we need everybody.

Mr. Macaluso stated he was interested in her comment about getting the runaround, and asked what, specifically that is, and what was the net effect on what is being worked on. He also asked what, if anything, could be done about it.

Ms. Conti stated she would defer, and Chair Newby invited Mr. Heinz to come up, as she had had the same question. She wanted to hear more about the CAD-to-CAD and the two years.

Adam Heinz, Director for REMSA, stated he would start four years from this day. He expressed frustration and opined it was the same for everybody that has been a part of this regional process. In preparation for this meeting a couple weeks ago he had reached out, because his understanding was they were on target, but they had not heard from the vendor since approximately the end of April. He believed his most recent report to EMSAB had been that it was anticipated that some sort of interface would be started in the month of August. He received

a response to his status request email that suggested the project was no longer on track, which was met with frustration, and his leadership demanded that they arrange a telephone call. He believed a copy of the email was included in the Board packet.

Mr. Heinz explained that on July 31, 2019, Ms. Conti, Director Khimji, himself, EDC staff and Central Square staff all met to discuss this. What Central Square suggested is the root cause is that they have, through transition and acquisition of different CAD vendors, had to move some of their technical people that likely were working on this project, putting them behind. They did not necessarily communicate that well, which follows a historical pattern.

Mr. Heinz stated this was the last dialogue that they were going to have in such a friendly manner. What they did was clearly explain to Central Square that this interface is the hinge of emergency responders being able to provide efficient, timely and needed communication for people that are calling for emergencies. Due to the fact this is one of the largest CAD vendors in the world, it seemed unfathomable that they could not do this. He reiterated that Ms. Khimji had been very stern. He had also provided comment that suggested that REMSA and Reno were not interested in waiting for Central Square to complete the job if they were not going to be able to do it. If they could not accomplish it, then REMSA and Reno needed to look at alternative solutions that might not be in Central Square's best interest.

Mr. Heinz noted that one of the project managers advised that he would be available for the DBOH, and the Board could ask what is going on and what can be done. Mr. Heinz opined that that may be reasonable to take him up on it, so that the Board could cross-examine him directly. He added they had suggested they wanted to try something different; something they believe may help expedite this process. They suggested internal testing will be the first of October, deployment of the interface will be the second of December, transaction testing will start December 8, acceptance testing will be the 13th of January, training will be the 13th of January, and then go live would be the 27th of January, 2020.

Mr. Heinz explained Ms. Khimji had requested that a project plan be drafted and Central Square indicated it had already been provided. It was made clear the Outlook email note was insufficient, so they would need to provide an official project plan. Ms. Conti requested that it be available by next Wednesday, so that it could be included in the DBOH packet. They believed that they could do that, so they did verbally commit.

We did demand, since this has been such a laborious process, that on-site assistance be available so that we can efficiently move this project. Initially that was cited as not part of the scope, but the project manager said he thought that was reasonable and was going to get back to us.

Mr. Heinz concluded by stating he thought that there may be concern that somebody is stalling. He said he could assure you, from the REMSA/Reno side, he was very appreciative of Director Khimji, and the whole team. He felt they were working, at least locally, doing all that could be done and communicating everything necessary to try and remove any barriers to push this through. He opined the vendors were challenging.

Dr. Todd asked if there were other vendors that could be gone to if the current one continues to underperform. Mr. Heinz replied that would be something that would have to be investigated. He believed it was on the E911 agenda to potentially look at a different CAD regionally. REMSA is currently on TriTech, the other jurisdictions are on Tiburon. His understanding was that Central Square bought Tiburon and there may be an investigation to go to a different CAD vendor, which then changes their position as far as how they move forward in the future. Even if they were to make that decision, there were a lot of things that have to occur to be able to do that.

But that would unfortunately be something that they would have to consider doing.

Dr. Todd stated he wondered if Central Square was aware that REMSA/Reno was looking at other vendors, that might be a motivating factor for them. Mr. Heinz stated he did not know. He indicated this will be the last time that we are going to have this conversation before having to move forward with doing something else. He opined it might be in their best interest to potentially look at somebody else that could support that. He did not know if there was anybody else out there. He noted Reno may have done some other diligence.

Mr. Heinz went on to explain there is a third vendor involved. First there was Central Square, which previously was working with Tiburon and TriTech, and then EDC, who was the person that is supposed to be integrating these things together. Last year Central Square had brought what they thought was the solution, and they took the liberty to interpret something and so it pushed us even further back. Essentially they provided us a CAD system where we can dispatch Reno's assets, and Reno can dispatch our assets and we can move them, that just was not what we had asked for.

Mr. Macaluso asked if there were performance metrics in the agreement that REMSA/Reno, or whomever, has with this vendor to help leverage that movement. He said he felt Mr. Heinz's frustration, and opined we would want to attack that from every angle possible, including from the legal if necessary. Mr. Heinz agreed that was the next step, to be able to do that. That this project dates back to 2016,

He opined that at the time he do not think that we foresaw that this was going to be the issue, but obviously moving forward, that definitely is in everybody's best interest, should they fail to keep this timeline.

Ms. Conti opined that perhaps what Mr. Macaluso was suggesting is the project plan and how the vendor agreed checklist would be able to do that. Mr. Macaluso added achievable milestones to ensure that. He noted that was a last resort, of course, but if they were held to a tight timeline relative to whether they were going to hit each benchmark, and if not, was there some kind of penalty associated with that, whatever that might look like. He did not know if that was possible at this point, but it sounded like they were trying to tighten the reins, to try to get this thing done. He pointed out that four years was a long time, even when taking into consideration the sophistication required. Now they were talking about engaging another vendor, possibly pushing them out another four years, which just seemed unreasonable. Mr. Heinz agreed.

Jen Felter, Washoe County, added that she had been in touch with a company called Telus that does CAD-to-CAD because Truckee Meadows Fire is looking at a CAD-to-CAD solution with Carson City. She communicated with the gentleman for a couple months, and as of the end of May, Central Square acquired the company. Telus, the CAD-to-CAD solution, which is a third-party vendor, there is a gentleman by the name of Jonathan Mitchell that will probably be very intricate in this part.

Mr. Krutz asked what was happening with the budget, what had been paid for, how much was outstanding, and if costs were continuing to grow as they tend to when time drags on. Chair Newby acknowledged the right people may not at the meeting to answer that question. Ms. Conti stated she had asked that question offline at the meeting the previous day, and it was recalled that 50 percent was already paid and that 50 percent was due at the end. Ms. Conti's concern had been if everything had been paid and they just did not care anymore. Mr. Krutz explained that what had triggered his budget question was hearing the statement that we had asked for some on-site support, and they said of course. That usually comes with a line list.

Mr. Heinz pointed out they had made it clear during those conversations that that would definitely not be on their back. Reno's frustration about the SQL issue is that initially Central Square said we needed something like this and the system check was okay, and then they were suggesting that they need something different, SQL Lite versus SQL. Apparently there was money involved, and Ms. Khimji was very clear and said that should not be our responsibility to pay. Central Square needed to figure that out. Chair Newby agreed they do not have to pay for a sequel, if they did not get the product in the first place. Typically you receive the product, and then the sequel comes out, and then you have to pay for that.

Mr. Heinz pointed out there were other costs that were all of a sudden popping up in the interest of trying to continue to move this initiative. He opined it was extremely important, not only for the Board's frustration but for the people that are calling. The system was necessary and important for the sake of overcoming inefficiencies. Mr. Heinz also pointed out that all of the time that everyone is taking to discuss.

Chair Newby noted that Mr. Heinz had mentioned that in the discussion that one of the principals of the company or one of the project people would be available to come to either this meeting or to the DBOH. She asked if the DBOH had requested that yet, and opined that one Board should, either this Board, that one, or both, should avail themselves of that opportunity to really impart the urgency of this project to that person and perhaps the whole company. Mr. Heinz agreed and stated that was what he was talking to Mr. Dow about.

Ms. Conti answered that no, the DBOH had not asked. However, after every EMSAB meeting she goes to the DBOH and provides an update. At every one of those, CAD-to-CAD is something that is talked about. When she made that statement to the contractor, it was because she felt it gets old for the Chief, or REMSA, to try to make the explanations. She had asked them if they cannot get that new timeline are they going to be there to answer those questions. They said yes, they could probably make themselves available. So nobody has officially asked, but our Board chair Dr. Novak, with City of Sparks, is getting more and more frustrated by it.

Dr. Todd asked if we knew who any other customers of this vendor might be, and if they are having similar problems to what we are having. Mr. Heinz stated they have not been provided that list, despite asking for it. There is somebody, somewhere in College Station TX, that potentially is using this. That was the premise of going forward with this, that there was potentially this or something similar. As time went on, it became clear that Central Square was only looking at that, it was in development, but not actually moving forward. Dr. Todd wondered if we were their only customer, and Mr. Heinz indicated that was possible. Dr. Todd brought up the question that if so, then how are we not getting their undivided attention. Chair Newby stated that she found it hard to believe, that in the entire United States, that we are the only organization, or set of organizations, that have this need. EMS is provided in every place. She felt like this should not be a reinvention of the wheel.

Mr. Macaluso stated he would be interested to see how we move forward with taking them up on their offer to appear before this Board or some other Board so they can help us understand some of the roadblocks. He asked when would be the earliest point at which they could make the trip to provide us with that information. Mr. Heinz stated he appreciated the official request, because he felt that would assist with going back to them and saying that this Board has requested that somebody come speak directly to the Board. He felt that will be helpful for their initiative.

Chair Newby noted that Item 5 was actually not an action item; during discussion of Item 9 would be the appropriate time to make Board comments and future agenda items. Ms. Reid

confirmed that was correct.

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6. Presentation, discussion and publishing of the Washoe County EMS Oversight Program FY18 Annual Data Report. (For possible action)
Heather Kerwin

Ms. Kerwin stated she had nothing further to add to the staff report, but would be happy to take questions if there were any.

Mr. Macaluso moved to approve the report. Mr. Solaro seconded the motion which was approved unanimously.

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7. Presentation and possible acceptance of an update of the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight. (For possible action)
Christina Conti

Ms. Conti noted one typo, the list of objectives and strategies that are listed are those that are going to be during, started on, or completed not in 2019, but in Year One, so it incorporates the 12-month period of time. She pointed out a change to the format, noting that even though she was the one that provides the report as the manager, the responsible team member was now affiliated with each of the strategic planning items, so the Board can see what the program is doing. If they had any questions about any of it, she would defer to whoever is in charge of that item. She stated she did not have anything to add, but was happy to answer any questions.

Dr. Michelson moved to approve the report. Dr. Todd seconded the motion which was approved unanimously.

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8. *Community Assessment for Public Health Preparedness (CASPER) Presentation
Heather Kerwin

Ms. Kerwin stated that during 2019, WCHD was the third jurisdiction in Nevada to conduct a CASPER, so she was just going to briefly review those findings and recommendations and give the Board a bit of a background of what CASPER is. The acronym stands for Community Assessment for Public Health Emergency Response, and it is a formal methodology developed for the purpose, initially, to be conducted during an emergency phase, or just following an emergency or natural disaster. It is a door-to-door survey, and uses validated sampling methods so that the data collected is actually generalizable back to the larger sample population.

Ms. Kerwin reiterated it can be used to collect information before, during or after disasters. It can be a survey on anything, but it is traditionally used to collect information on current health status, basic needs of the household, and any house or property damage. It is a household-based assessment, so it is not intended to assess individuals. It is intended to assess household needs as a household unit.

Ms. Kerwin noted that more recently, CASPERs have been conducted during a preparedness phase, to help communities prepare better for those emergencies or disasters which would warrant an evacuation or a response from governmental and non-profit and other entities. Some communities have started using it for their Community Health Needs Assessment which also requires collection of primary data from the population at hand.

Ms. Kerwin pointed out this is the first year that Nevada has actually been on the map. She displayed the formal map produced by CDC, any state in light blue has at least at one jurisdiction who has conducted a CASPER. We intended our CASPER to be an assessment of access and functional needs, what our population might do if asked to voluntarily evacuate, where would they go first, would they seek shelter in a traditional Red Cross shelter setting, would they go to friends and family's houses, or because we have a little bit of a unique setting here where we have a lot of casinos that have capacity to host larger populations that they may find that to be a more favorable setting than a shelter. So we asked some questions about what they would do in the event of a voluntary evacuation, and that will help us better inform our shelters as to what to expect.

Ms. Kerwin explained the counties that have conducted CASPERs to date are Carson City, Clark, Mineral and Douglas Counties. CASPERs will be conducted in the future in Lyon, Storey, Elko and Churchill Counties as well. There are four core statewide questions, and she had been part of a working group with the State Public Health Preparedness team, and the other individuals who are running CASPERs in their respective communities, and we have collectively decided on four questions that would be uniform across all jurisdictions so that those data can be compared from one jurisdiction to the next. She believed the State was publishing a formal documentation of the findings of the jurisdictions that have conducted a CASPER so far. That should be available within the next couple of months.

Ms. Kerwin explained the preparation for the Washoe County CASPER, noting that it was helpful to hear lessons learned from jurisdictions like Carson who had already completed theirs. Our group, Public Health Preparedness, and EMS volunteered down there, so we got to see firsthand what was happening in the field, both in Incident Command and the teams that go out and conduct the door-to-door surveys. Our CASPER planning committee actually met for nine months, and we were tasked with developing the survey, figuring all the logistics out for the day-to-day, as well as training, soliciting, and scheduling all of the volunteers that it takes to make a CASPER happen. We also were involved with materials preparations, pointing out that the picture currently displayed was a goody bag full of all of our highest-quality sack stuffers, and we gave them out to the households that completed a CASPER assessment with us in the field. A lot of the items have to do with how to prepare, while some of the goody bag materials were more general public-health or environmental-health related items.

Ms. Kerwin went on to explain the operations in the field, stating we conducted the CASPER over a period of four days. There were six different shifts within those four days. We bounced back and forth intentionally between the early shifts and the evening shifts trying to catch people at home at different times, and then we had a very long Saturday, at which we decided to consider it a success and end it at 8 p.m., so did not have to come back for the Sunday shift. We did operate under a formal Incident Command structure during those operational periods. There were, at any given time, three to five people in Incident Command, handling all of the radio traffic and documenting every action that went on in the field. We had anywhere from four to nine pairs of volunteers, the teams that were out in the field, during any given shift in the day. The goal for 100 percent completion rate would have been 238; we successfully completed 224 of those surveys, for what she believed is still the highest completion rate of any jurisdiction in the state, at 94 percent. Just for the Board's knowledge, at anything below 80 percent, the data are not considered to be reliable enough to be generalizable back out to the larger jurisdiction.

Ms. Kerwin explained some of the images on the PowerPoint, displaying some of the maps and acknowledging that our GIS department was instrumental in making sure we knew where everybody was and where everybody was supposed to be going. Another picture showed the

bright yellow vests the survey team members wore so that they were identifiable in the field. A comprehensive grid table was utilized by staff to help with tracking and follow up. Three knock attempts were made at any given household before a replacement household was strategically identified, so there were a lot of things going on with every team communicating, after every single knock, what the outcome was.

Ms. Kerwin summarized the results, noting that in terms of what we found, once the data analysis was conducted, that about one in three households' main source of information during an emergency is television, their primary method of communication would be a phone call or text messaging, which was a little bit lower, but highly reliable, or relying heavily on cell phones, or phones in general. About a quarter of households felt they were well-prepared in the event of an emergency. A quarter of households have a meeting place within their neighborhood, a rendezvous location if their house is not safe. Twnety-three percent said they had a meeting place outside of their neighborhood. One of the findings around Code Red was that less than half of our households are aware of Code Red, much less signed up for it.

Ms. Kerwin went on to explain that the displayed slide clearly identified some of the themes that we found related to the evacuation-related questions. Eighty-five percent of households would intend to evacuate if they were under a voluntary evacuation. Ninety-four percent of households reported they believe they could evacuate within an hour without assistance. We did not have drop-down questions, if you answered "no" to this, what would the reasons be that you could not evacuate within an hour without assistance, but it is good to see that the vast majority believed that they could. Fifteen percent of households would be concerned about leaving behind pets. Most households, two-thirds have at least one pet, and they would intend to bring their pet with them. Slightly over half the households indicated that they would initially evacuate to friend's or family member's houses or a second home. There was a much lower percentage of people who said that their initial place to evacuate would be a formal shelter, however, if we are in an earthquake situation or something that is impacting the entire community, routes of egress, they may not have that choice to go to their second home or friends or family.

Ms. Kerwin went on to note that the report did provide some formal recommendations. We have about a 10 percent of the population's primary language spoken is Spanish, but we do have some populations whose primary language is English, and they would prefer to have both verbal and written instructions. So a recommendation is to provide instructions or information in both languages, both verbal and written, when at all possible. Increasing the community awareness about the importance of planning and redundant forms of communication, having those plans set in place so that, in the likelihood that communication lines and redundant communication is not operating or functioning, that they have an ability to reunite with family members and friends. Definitely one recommendation is to increase the community awareness of Code Red. One of the ideas that came out from our planning committee, after we reviewed the findings, was actively pushing out to larger employers in the community to send a formal email through their human resources departments to suggest they sign on for this. It is one thing to know about Code Red, but you have to be enrolled to receive any kind of a notification from it. Then of course all of the shelter considerations such as pets. Over 50 percent of households reported that there is somebody in the household who takes daily medication, making pharmaceutical demands within the shelter a little bit unique. It was her understanding that our shelters do not necessarily come with a built-in pharmacy. They have the capability to write a script and send someone off to go get it, but they would still need to go to a formal pharmacy setting. The final recommendation was to continue to collaborate with our neighboring counties on messaging, plan development and preparedness exercises, just because we understand that natural disasters

and emergencies do not respect geopolitical boundaries. So we will follow suit. With that, she offered to take any questions.

Ms. Kerwin noted the names listed on the final slide and indicated that the CASPER would not have happened without them, and that that was the most important slide.

Dt. Todd noted it sounded like a lot of the respondents were going to rely on telephones for communication, and Ms. Kerwin stated that was correct. Dr. Todd asked if we had gotten any sense, or if we knew, what proportion rely exclusively on cell phones. Ms. Kerwin replied that the way that the question was phrased was to ask their primary form, and she did not know if that was exclusive, if they have a secondary or tertiary, that they would feel comfortable using, but it was very strong in favor of using cell phones to communicate, and that may be because people are on smart phones so it is dual purpose is computer and internet access, or social media. Dr. Todd stated the reason he had asked was that we know that in certain kinds of emergencies, cell phones do not work all that well. He was anecdotally aware of a number of people, including some of our own staff, who do not have a land line. They rely exclusively on the cell phone. So that could be a problem, might be something worth teasing out in future CASPERs.

Ms. Reid requested Chair Newby's attention and asked that she direct her attention back to Item 6. Ms. Reid explained the clerk was able to record the first and second regarding the vote on that item, and we are just in need of some clarification that the vote was unanimous to accept. Chair Newby stated it was.

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9. *Board Comment

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

Chair Newby opined, based on earlier conversation, the Board would like to have a representative of Central Square come back before this body to answer questions about the progress of the CAD-to-CAD project. She requested any clarifying comments or additions.

Ms. Conti requested a point of clarification, asking if the Board would prefer she look at convening a special meeting that is on that, or waiting until the November meeting for that discussion. Chair Newby asked the opinion of the Board. Mr. Krutz indicated he would rather not wait, he would prefer to convene a special meeting. Chair Newby opined that the likelihood that they would be available on the exact date of our quarterly meeting is probably low as it is. Ms. Conti stated she would work with everyone's representatives.

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10. *Public Comment

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

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

Adjournment

Chair Newby adjourned the meeting at 9:46 a.m.

WASHOE COUNTY
HEALTH DISTRICT
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STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: November 7, 2019

TO: EMS Advisory Board

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

SUBJECT: Program and Performance Data Updates

Meetings with Partner Agencies:
The EMS Coordinator and REMSA Emergency Manager conducted a tabletop exercise for the Cascades of the Sierra on August 6. The facility reached out after the Jasper fire because they did not have a complete evacuation plan. The tabletop was designed to get their leadership staff thinking about disaster preparedness. They signed on to the Mutual Aid Evacuation Agreement (MAEA) and will be more active in County preparedness activities.

ED Consortium held its quarterly meeting on August 8. The meeting included presentations on the legislative updates to the Legal 2000 processes and peer led mobile teams in the Emergency Departments. The group also discussed the blood borne pathogens process and the creation of a patient destination workgroup. The group has another meeting scheduled for November 7.

The EMS Coordinator presented to airport staff and carrier station managers on August 13. The presentation included an overview of the response structure, should a multi-casualty incident (MCI) occur in Washoe County. There was also discussion about legislative events and how the Health District would work in conjunction with airport staff if an MCI occurred on airport grounds.

The region met on August 14 to discuss citizen evacuations in the event of an emergency. The EMS Program Manager provided the information and statistics gathered during the CASPER survey conducted in March 2019. The results indicate citizens would evacuate if requested, although that does not align with what first responders are seeing. The regional representatives determined that education on the CodeRed system would be warranted, as well as educating the media. Another final option is to change messaging to make it clear evacuation is the only option, rather than using language of voluntary.

The EMS protocols task force held its quarterly meeting on August 15. Agencies reported positive feedback about the changes implemented in July. The group brought three revisions for discussion: updating the medication list, revising pediatric fever, and enhancing the ACS protocol. The next meeting is scheduled for November 21. Pending approvals, changes will be effective January 2020.

The EMS Coordinator met with the Language Bank on August 20 to discuss how our agencies could collaborate during a disaster. A goal of the Public Health Preparedness grant objectives this fiscal year is to ensure all messaging is accessible and available to the citizens of Washoe County. Consensus

was reached on language that could be used within our plans for creating messages/information in other languages during an incident.

The EMS Program Manager presented the annual report to the signatories of the Inter Local Agreement, beginning on August 26th. The City of Reno and City of Sparks presentations were on Monday, August 26 and the Board of Fire Commissioners was on October 15th.

The EMS Program began working with REMSA in late August to develop an enhanced public service announcement on reducing the number of non-emergency medical calls to the 911 system. The first advertisement was showcased in the Reno News and Review Health Guide, which was issued in September. This project was an approved expenditure of penalty funds, which is part of the franchise agreement.

On September 18, the EMS Coordinator conducted a tabletop exercise for the Northern Nevada State Veterans Home (NNSVH). More than 45 staff members attended, and walked through their possible actions if the facility experienced a long term power outage. NNSVH is one of the most recent facilities to sign onto the Mutual Aid Evacuation Agreement and this exercise provided a foundation to build upon existing emergency plans.

The EMS Coordinator attended an emergency response presentation by Southwest Airlines on September 24. The presentation included an overview of the agency's planning efforts and anticipated actions should a disaster involve their response. As a follow-up, a Southwest station manager from Reno-Tahoe International Airport is scheduled to present to the Inter-Hospital Coordinating Council on the local response and start building a relationship between the healthcare community and the airline.

Regional representatives met on October 3, led by Deputy Chief Alex Kukulus to discuss AVL dispatching. Representatives from police, fire and dispatch were in attendance. The discussion was on the AVL capabilities and next steps to advance the initiatives of AVL dispatching. Dispatch partners are going to put together a list of considerations to aid Fire Chief's in the discussion and recommendations. In addition, the reginal AVL capabilities survey, previously conducted by EMS Oversight, will be updated. Finally, individual jurisdictions were going to begin to determine the internal ability to dispatch using the AVL location, rather than the programmed run cards.

The region met on October 7 to review the REMSA franchise map. The purpose of this meeting was to discuss identified areas. Each jurisdiction was represented, as was Washoe County GIS, Washoe County EMS Oversight, and REMSA.

On October 16, the EMS Coordinator attended the Nevada Utah Earthquake Summit sponsored by the Nevada Division of Emergency Management and the Utah Seismic Safety Commission. There were several informative presentations and significant discussion concerning unreinforced masonry buildings in the state, and the challenges, opportunities and salutations to address these building before a major earthquake.

Planning for the revision of the Multi-Casualty Incident (MCI) has continued. A workshop was held on October 17. The group reviewed revisions completed from the previous meeting on July 31, which included revising the language of a MCI pre-alert verses a full MCI activation, developing a HazMat section and adding information about Rescue Task Force (RTF). The participants also identified other improvements based on recent events/trainings.

Planning for the full scale statewide FEMA sponsored exercise has continued. The EMS Oversight Program is part of the planning team for the MCI and Mass Fatality elements. From the patient perspective region will be tested on surge capabilities, family assistance center and communications. The exercise is scheduled for November 12-14, 2019.

Data Performance Reports:

Requestor	Summary of request	Date of request	Request completed
EMS Program	Transport destination review	9/25/2019	Yes; 9/26/2019
SFD	Performance by station	9/17/2019	Yes; 10/3/2019
SFD	Simultaneous calls	9/17/2019	Yes; 10/22/2019
EMS Program	WCSO call summary for FY19	10/20/2019	Yes; 10/24/2019
Renown Health	Child trauma data	10/29/2019	Yes; 10/31/2019

Mass Gathering Applications or Events:
Multiple county departments are working together to make the permitting process more effective for both staff members and the event organizers. Below are events reviewed:

- De La Luz Horse Races: select weekends from May 4–September 28
- Tahoe Forum: September 5
- Ultra 4 Nationals: October 18 and 19

Other Items of Note:
The EMS Coordinator conducted a sit-along with the Sparks public safety answering point on September 16 and was able to listen to a multitude of police, fire, and EMS calls. This experience reinforced the need for public education concerning the appropriate use of the 911 system.

The EMS Coordinator attended a two-day training at the regional emergency operations center on interdiction of extreme violence on October 1 and 2. One of the facilitators discussed a plan in his region to provide more on-scene resource during an act of violence. The EMS Coordinator obtained the plan and brought it to the MCI planning meeting for consideration. Through discussion with regional partners, it was determined that a similar plan is not needed in this region. Partner agencies provide adequate resources, in the event of an active assailant scenario.

The EMS Program Manager attended a 2.5 day action learning cohort in Chicago October 9-11. The purpose of the cohort was to discuss Maternal Child Health planning considerations for regional emergency plans. The focus of the planning is on longer term disasters. There are 26 planning

considerations to review and the process will take the remainder of the fiscal year. Washoe County is part of the State team, which is one of nine selected in the nation to participate.

The EMS Coordinator attended a three day conference in Las Vegas at the end of October called Leave No Victim Behind, hosted by the University of Oregon Police Department and the California Victim Compensation Board. The conference focused on best practices for responding to mass violence and unique partnerships between law enforcement and victim services to assist victims of crime. The theme was long term recovery of communities following mass violence incidents, and included presentations from the Virginia Tech shooting, the Boston Marathon bombing and the Borderline Bar shooting.

The annual franchise map review includes a review of the top utilizers of the 911 system. The purpose is to determine if an alternative method of response would be appropriate. Listed below are the top 20 utilizers for FY2019.

Street Address	Location	17/18	18/19	Avg Calls Per Day FY18/19	Difference (18/19 minus 17/18)
315 Record St	Homeless Shelter	1,760	1,851	5.1	91
200 E 4th St	RTC Bus Station	449	529	1.4	80
2500 E 2nd St	Grand Sierra Resort	428	453	1.2	25
2707 S Virginia St	Peppermill	484	450	1.2	-34
345 N Virginia St	El Dorado Resort Casino	341	413	1.1	72
407 N Virginia St	Silver Legacy Resort	403	413	1.1	10
911 Parr Blvd	Washoe County Jail	356	382	1.0	26
275 Neighborhood Way	Cascades of the Sierra Assisted Living	420	364	1.0	-56
1240 E 9th St	West Hills	376	349	1.0	-27
500 N Sierra St	Circus Circus	322	345	0.9	23
335 Record St	Homeless Shelter - Men's Drop in Center	-	333	0.9	NEW in Top 20
2360 Wingfield Hills Rd	Morning Star Senior Living	385	319	0.9	-66
1950 Baring Blvd	Hearthstone Assisted Living	214	310	0.8	96
2001 E Plumb Ln	Airport	131	310	0.8	179
6940 Sierra Center Pkwy	Reno Behavioral Healthcare Hospital	-	302	0.8	Opened doors April 2018
1100 Nugget Ave	Nugget	294	294	0.8	0
3101 Plumas St	Manor Care Health Services	396	286	0.8	-110
3800 S Virginia St	Atlantis Casino	286	263	0.7	-23
219 N Center St	Harrah's Hotel Casino	273	253	0.7	-20
Total	**-**	**7,318**	**8,219**	**-**	**901**

Leave No Victim Behind 2019

Brittany Dayton, MPA
November 7, 2019

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Conference Overview

- 3 day conference
- 400+ attendees
- 14 presentations on mass violence incidents
- Focused on best practices for responding to mass violence and how to assist victims of crime

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ENHANCING QUALITY OF LIFE

Incidents Discussed

- Sessions included presentations on long term recovery from responders and victims of:
  - The bombing of Pan Am Flight #103, the Boston Marathon bombing, Borderline Bar shooting, the Columbine shooting and several more
- Speakers shared best practices, challenges and their personal experiences

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Common Challenges

- Several incidents had the same complicating factors:
  - Blame
  - Media
  - Difficulty of families obtaining information
  - Compensation for victims/survivors
  - Finding mental health providers with experience in traumatic loss

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Important Takeaways

- Share <u>some</u> information with families about incident processes
  - For many, knowing the truth is easier to live with then what can be imagined
- When there is a trial related to an incident there will be an additional layer of planning

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Important Takeaways

- Each victim and survivor copes with trauma differently
- Recovery (physical and mental) will take years
  - It is not linear
  - Survivor/victim follow-up should occur at 3-months, 6 months, one year, three years, five years, etc.

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Britt et al. (2012)

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Next Steps for Washoe

- Begin developing a long term recovery/victim assistance plan with input from:
  - Emergency planners
  - State/local government officials
  - Victims of crime administrators
  - Prosecutors
  - Victim service provides

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Questions?

WASHOE COUNTY
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STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: November 7, 2019

TO: EMS Advisory Board Members

FROM: Heather Kerwin, EMS Statistician
hkerwin@washoecounty.us

SUBJECT: Presentation, discussion and possible approval for distribution of the Washoe County EMS Oversight Program FY19 Annual Data Report.

SUMMARY

The purpose of this agenda item is to present for discussion and possible direction on publishing the EMS Oversight Program's FY19 Annual Report. The FY19 Annual Report serves as an educational and informational resource highlighting the work performed and achievements of the entire region as it relates to Emergency Medical Services (EMS). This report contains performance data for signatory agencies of the Interlocal Agreement.

PREVIOUS ACTION

The previous EMS Program Annual Report for FY18 was delayed and the EMS Advisory Board approved it for distribution on February 7, 2019.

BACKGROUND

The Interlocal Agreement for Emergency Medical Services Oversight outlines duties of the EMS Oversight Program stating "the Program shall provide oversight of all Emergency Medical Services provided by RENO (City of Reno), SPARKS (City of Sparks), WASHOE (Washoe County), FIRE (Truckee Meadows Fire Protection District) and REMSA and shall … Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA covering the preceding fiscal year, containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency… ".

The FY19 Annual Report is being presented and highlights regional achievements utilizing the template agreed upon by the data workgroup representatives during winter of 2016. This template was approved by the EMSAB at the January 2017 meeting.

The FY19 Annual Report is intended to be utilized as an educational and informational resource for our community to discuss EMS system performance more effectively. It serves as a document for the EMS Advisory Board on the status of the EMS system, the achievements from all the partner agencies and meets the obligations of the Interlocal Agreement.

FISCAL IMPACT

There is no additional fiscal impact should the Advisory Board approve the presentation and distribution of the Washoe County EMS Oversight Program FY19 Annual Report.

RECOMMENDATION

Staff recommends the Board accept the presentation and distribution of the Washoe County EMS Oversight Program FY19 Annual Report.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Approve the presentation and distribution of the Washoe County EMS Oversight Program FY19 Annual Data Report."

Attachment:

Draft FY19 Annual Report

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

EMS Oversight Program
FY19 Annual Report

November 2019

Public Health
Prevent. Promote. Protect.

Table of Contents

The EMS Oversight Program would like to extend their appreciation to the EMS Partners of Washoe County for the quality emergency care they continue to deliver to the visitors and residents of Washoe County and for contributing to this report by providing their agency's highlights and accomplishments for FY19.

Washoe County EMS Oversight Program

Christina Conti, MPPA
Preparedness and EMS Program Manager

Brittany Dayton, MPA
EMS Coordinator

Heather Kerwin, MPH, CPH
EMS Statistician

Jackie Lawson
Preparedness and EMS Program Administrative Support

Dawn Spinola
Preparedness and EMS Program Administrative Support

When to call 9-1-1

- ✓ Life threatening medical emergencies such as heart attack, stroke, or cardiac arrest.
- ✓ Crimes in progress.
- ✓ A serious crime just occurred.
- ✓ Suspicious activity occurring.
- ✓ Any fire - if you know the location!

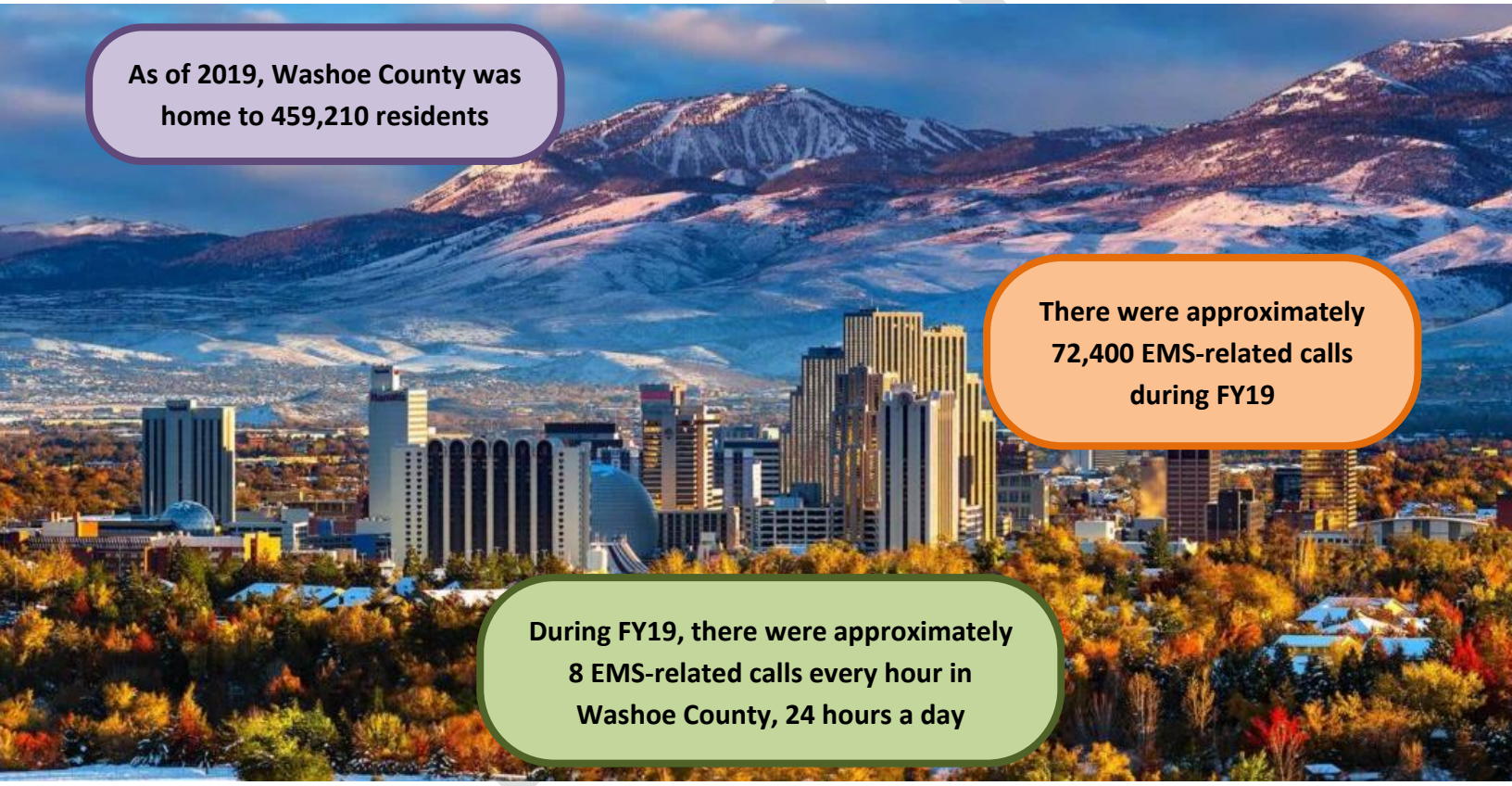
When NOT to call 9-1-1

- ☒ Medical emergencies that do NOT require emergency department care.
- ☒ For information or directions.
- ☒ Earthquakes or power outages.
- ☒ Crimes when you have NO suspect information.
- ☒ Crimes that occurred hours or days before.
- ☒ Noise disturbances or parties.
- ☒ Lost or injured pets.
- ☒ Complaints against neighbors or businesses.

Visit ThinkBeforeYouDial.com for non-emergency phone numbers in the region.

Introduction

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County EMS system from July 1, 2018 through June 30, 2019 (FY19). The report contains seven major sections highlighting the EMS system within Washoe County, including how the Washoe County 9-1-1 EMS system is set up, the EMS response agencies and their jurisdictional boundaries, performance data, as well as EMS partner highlights, the EMS Oversight Program's accomplishments, and goals for FY20.



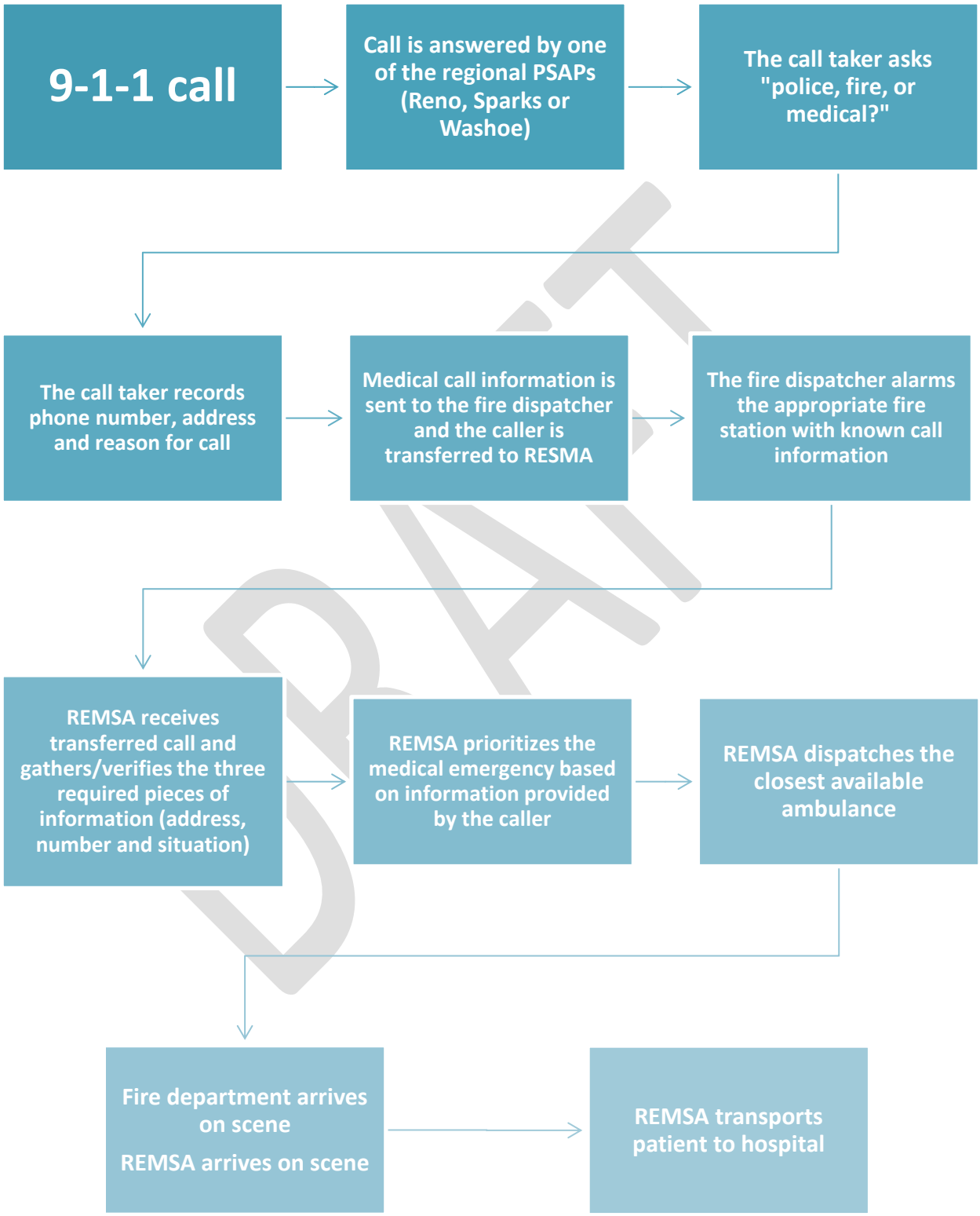
Washoe County's 9-1-1 and EMS System

Washoe County has a two-tiered response system for emergency medical calls. A 9-1-1 call is received at a Public Safety Answering Point (PSAP) where the call taker then will determine if the person in need of services is requesting police, medical or fire response. If medical is requested or needed, the caller is transferred to the REMSA dispatch center for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is dispatched first to a medical EMS incident in their jurisdiction, since fire stations are located within neighborhoods throughout the county. While fire is being dispatched, the caller is questioned by REMSA's call takers through a structured EMD process to determine the call priority and dispatch the closest ambulance.

Figure 1 on the following page, illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning, dispatch of fire, transferring the 9-1-1 call to REMSA, REMSA dispatching an ambulance, EMS (Fire and REMSA) responders arriving on scene, and, if warranted, REMSA transporting the patient to a hospital.

Figure 1: 9-1-1 Call Routing in the REMSA Franchise Area*



*See REMSA Franchise area map on page 7

Washoe County EMS Partner Agencies

The EMS system within Washoe County is comprised of multiple partner agencies. These agencies work together daily to ensure the EMS needs of the community are met. The EMS partner agencies include:

- City of Reno[1]
- City of Reno Fire Department
- Reno Public Safety Dispatch
- City of Sparks[1]
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- Mount Rose Ski Patrol
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire Rescue
- Reno-Tahoe Airport Authority Fire Department
- REMSA
- Truckee Meadows Fire Protection District[1]
- Washoe County[1]
- Washoe County Health District[1]
- Washoe County Sheriff's Office

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities (Figure 2), while Truckee Meadows Fire Protection District's jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 3). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay, and surrounding communities. The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. Pyramid Lake Fire Rescue's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

Washoe County citizens also are served by the following volunteer fire agencies: EMS coverage north of the Rural Fire Boundary and outside of Pyramid Lake Paiute Tribal Lands is covered by Gerlach Volunteer

[1] Signatory of the ILA for EMS Oversight.

Ambulance and Fire Department, their jurisdiction includes the towns of Gerlach, Empire, and surrounding rural region. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire Protection District.

The private ambulance company, REMSA, is responsible for the transport of patients within their designated Franchise response area. REMSA's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute Tribal Lands, east to Wadsworth and west to the border of California (Figure 3).

Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District

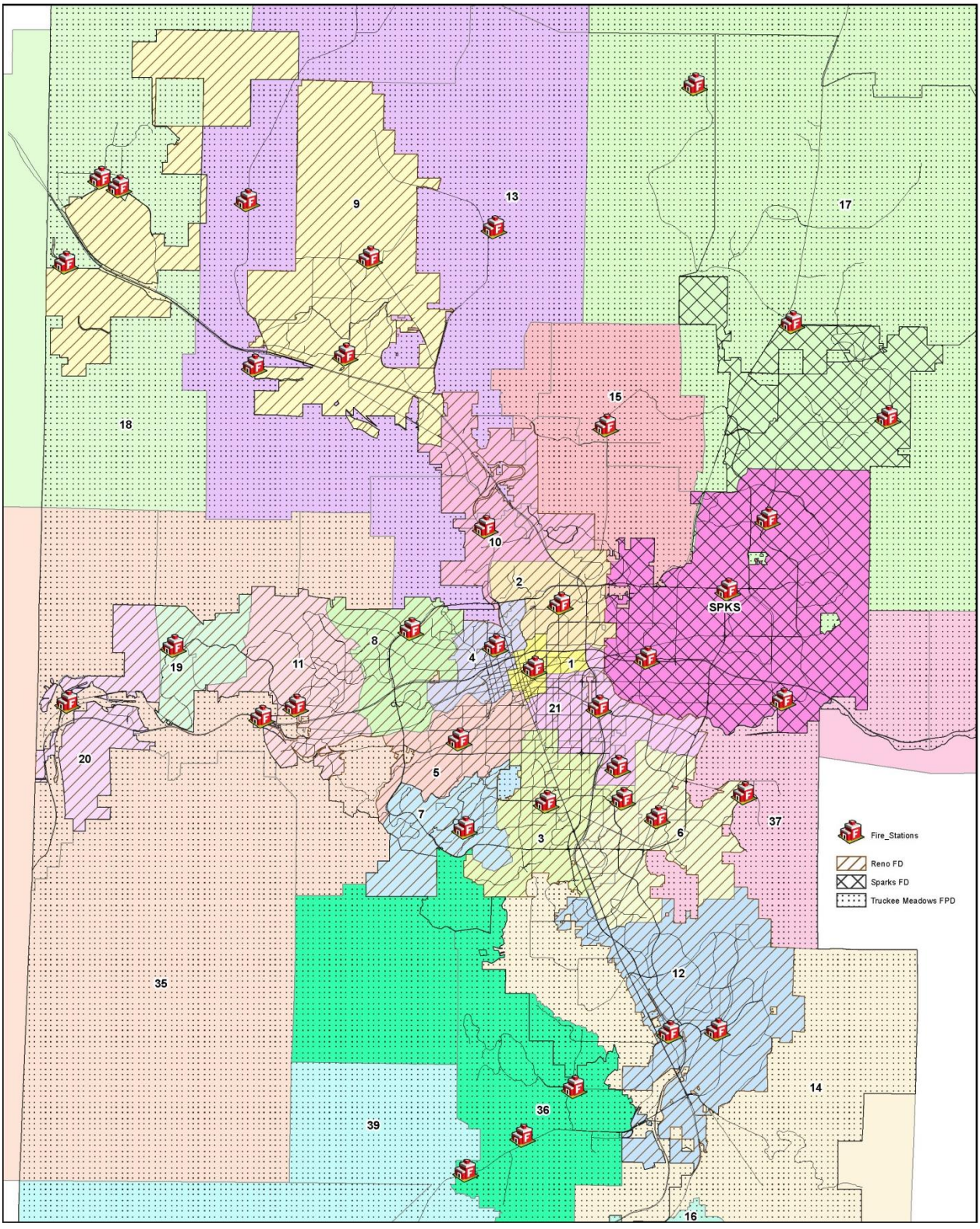
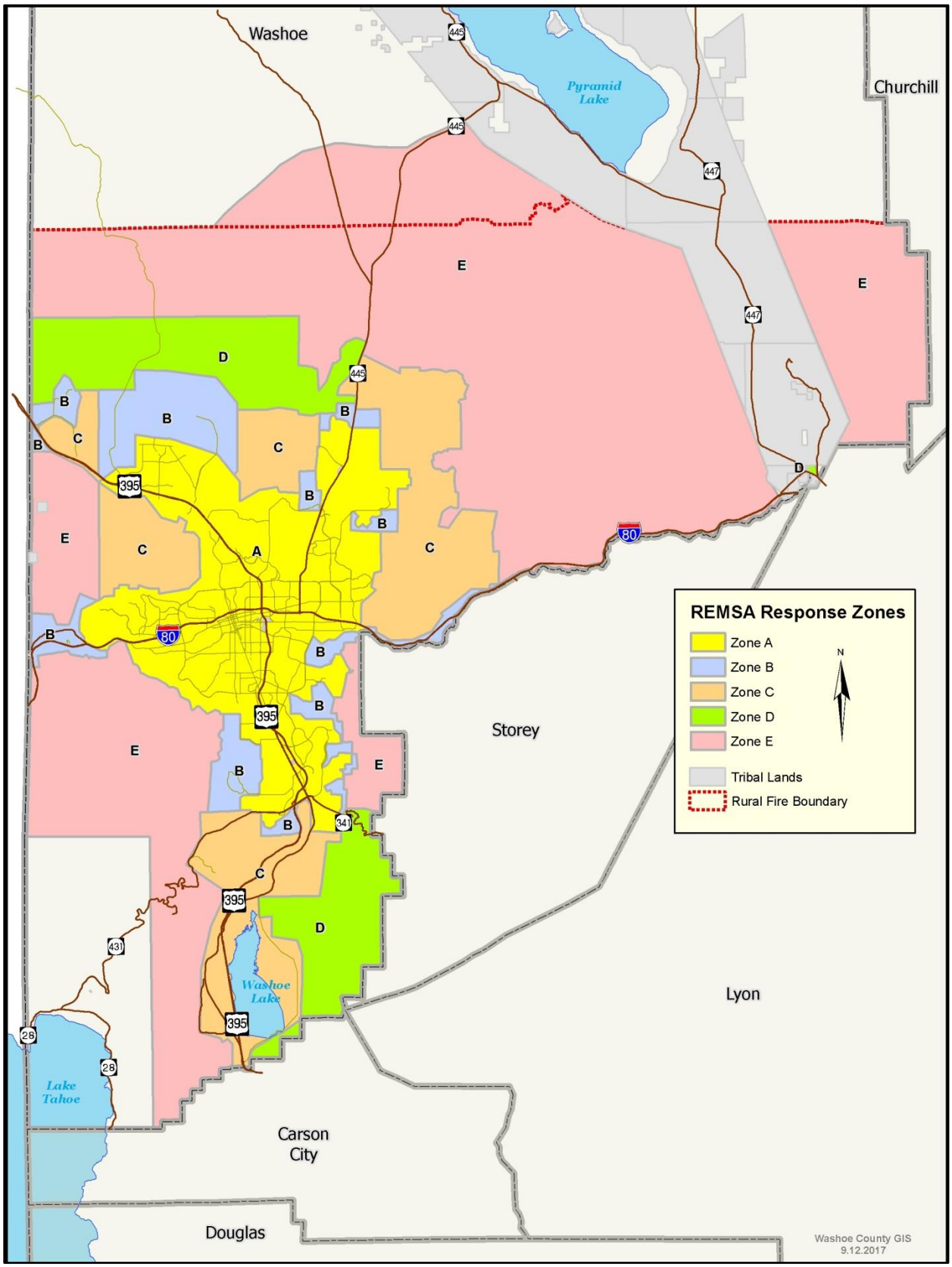


Figure 3: REMSA Franchise Response Map



Partner Agency EMS Highlights & Accomplishments FY19

Partner agencies provided their EMS related highlights for FY19, which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented.

City of Reno Fire Department Highlights for FY19

The fiscal year of 2018-19 was a typically busy year for the Reno Fire Department. The emergency medical services aspect of our operations blends into every part of our operations and response. Of the 41,000+ calls RFD responded to, over 28,000 were EMS related calls.

The following are highlights of some of RFD's EMS related advancements and program developments in the recent fiscal year.

Academy Completion

RFD graduated a four month academy which provided a compliment of a total of 16 new firefighters to the department. Among them were 6 new paramedics, 4 Advanced EMTs and 6 EMTs.

New Paramedic Companies

The addition of newly hired paramedics along with RFD members who completed paramedic training from other programs, allowed for the opening of 2 new paramedic companies; Engine 11 (northwest) and Engine 6 (southeast) are both now staffed full time for paramedic response.

Wildland EMS

Over 30 RFD personnel have been qualified as wildland fire "Line-Medics". This specialized training along with a full complement of ALS equipment and supplies allows these medics to work alongside firefighters in remote and austere conditions and provide high levels of medical care in the event of a serious injury or illness. Additionally, RFD has implemented a REM (Rapid Extrication Module) Team with the compliment of an off-road UTV vehicle, which can provide care, rescue and transportation to injured firefighters and victims in remote locations.

EMS Training

RFD held 3 Advanced Emergency Medical Technician (AEMT) classes (1 class per each shift) for the department's EMTs, graduating 16 new AEMTs.

Division level training was conducted for all 200+ line personnel, involving a firefighter down scenario. This was a night drill with a fire fighter (fully dressed manikin), succumbing during simulated live fire operations. His crew affected a rescue, providing uninterrupted CPR while removing turnouts and SCBA and then initiating advanced life support (ALS) care.

Active Assailant/Rescue Task Force (RTF) training was conducted with the Reno Police Department (RPD) and REMSA. All line personnel, Investigators and Battalion Chiefs received NFPA 3000-Tactical Emergency Critical Care (TECC) training dealing with the response, treatment and extrication of victims of an active shooter event. Live simulated exercises involving dozens of volunteer victims were executed with RFD, RPD and REMSA. The outcome helped establish more coordinated, effective responses to an active shooter event.

RFD EMS Division conducted 3 internal Advanced Cardiac Life Support (ACLS) and Pediatric Life Support (PALS) refresher courses to maintain the nearly 70 paramedic certifications.

Additional Training

- Radioactive shipment response and mitigation,
- Swift water Rescue for RFDs "WET" Team,
- AMTRAK Train emergency response
- Building Collapse and Rescue, "Tech-Team"

Community Participation in EMS

The Reno Fire Department is engaged with regions higher education institutions through its participation in the proctorship of over 150 EMT and AEMTs students annually from Truckee Meadows Community College (TMCC) as well as Western Nevada Community College (WNC) for their required clinical "ride-alongs".

RFD is an active participant in UNR's College of Public Health's internship program providing much needed internship opportunities for 2 undergraduate level students each semester. These students area of focus is on community health and are assigned such projects as community cardiac arrest outcomes and homeless population health issues.

RFD is actively involved in the regions EMS efforts through regular participation in the following organizations: National Association EMT's (NAEMT) State Advocacy, the State EMS Advisory Committee, Northern Nevada Fire Chiefs EMS Committee, Inter-Hospital Coordinating Council (IHCC), Mass Casualty Incident Plan (MCIP) Committee, EMS Regional Protocol Sub-Committee, Low Acuity Calls Sub Committee, Emergency Department (ED) Consortium, WCHD Point of Distribution (POD) set up, among others.

Grants

During the last fiscal year RFD had applied for and/or received a number of grants which provided assets to complement our EMS mission.

- Firehouse Subs, 1 ZOLL X Monitor Defibrillator
- Assistance for Firefighters Grant (AFG) 4 ZOLL X Monitor Defibrillators
- LEPC/United We Stand Grants, 3 trauma and rescue training manikins.

City of Sparks Fire Department Highlights for FY19

Paramedic Level Services

During FY19, The Sparks Fire Department expanded its Advanced Life Support Services (ALS) to Fire Station 3. This progressive implementation of ALS services follows the plans set forth by Sparks City Council. Currently, stations 2, 3, 4, and 5 provide ALS services with the upcoming goal of providing paramedic services to fire station 1. These services initially began in March of 2017 at fire stations 4 and 5 in the northern portion of the city. To date, patient care opportunities and feedback have been very positive.

New Hires

SFD hired 1 firefighter/paramedic, bringing the total number of paramedics in the department to 26. Additionally, three Sparks Firefighters attended paramedic school and successfully completed state and national exams to increase their skill sets and enhance the department's number of paramedics. These paramedics are in addition to the 48 advanced EMTs currently in the department.

Trainings

Training and education of the department's EMS providers continues to be facilitated by the SFD Training Division through in-service skills training, online and classroom education, and by attending paramedic refreshers hosted by: North Lake Tahoe Fire Protection District, North Lyon

County Fire Protection District, or REMSA. Additional training was achieved through multi-agency scenario-based training with REMSA.

SFD personnel also trained with members of the Sparks Police Department to staff Rescue Task Forces (RTFs) as a preparedness measure during special events.

Continuous Improvement with Washoe County's first Regional EMS Protocols

SFD participated in the continual improvement of Regional EMS protocols. The regional protocols were implemented in March 2018 but have undergone revision to include new skills, equipment, medications, and procedures. This regional approach to improvement benefits the citizens and visitors of the region.

SFD providers deployed on many wildland fire incidents throughout the west as Medical Unit Leaders.

Regional Committee Participation

- Inter-Hospital Coordinating Council
- Low Acuity Work Group
- Emergency Department Consortium
- Regional Protocol Committee
- Northern Nevada EMS Chiefs Group
- Nevada State EMS Committee
- Washoe County MCI Plan Review and Update

The Sparks Fire Department continues to increase the level of EMS care provided to the citizens and visitors to the City of Sparks, while working collaboratively with our regional partners.

Truckee Meadows Fire Protection District Highlights for FY19

Expanded Hazardous Materials Response Capability

The TMFPD has designated Station 44 as an official Hazardous Material Technician station. This addition will double the response capability for those within the district, as well as serve as a better supplement to the Regional Hazardous Material Response Team (TRIAD) in Washoe County. The staff at Station 44 will join those of Station 33 as Hazardous Material Toxicology Paramedics, referred to as "Tox-medics", and serve a specialized role on the TRIAD team to provide advanced level care to patients in a hazardous materials incident.

Hired New Firefighter/Paramedics

The District has added 2 new employees to the line staff to bring a total of 84 State of Nevada certified Paramedics in various positions throughout the district. The ability to have paramedics serving in multiple positions in a station has greatly increased the training and mentorship capabilities within the TMFPD.

Additional Apparatus
The TMFPD has added 2 new Type-1 structure engines, 2 water tenders, and 2 specialized first-responder UTVs to the list of equipment available to respond to all types of emergencies within out district.

Implemented a Rapid Extrication Module Support (REMS) Team
To expand our high level EMS service to the wildland firefighting realm, TMFPD has added a REMS team to our response capabilities. This team is an Advanced Life Support level group that is equipped with specialized rescue equipment and technical training to safely remove injured firefighters from the scene of wildland fires. This team provides a valuable resource for use on our local fires and any fires across the nation that require their expertise.

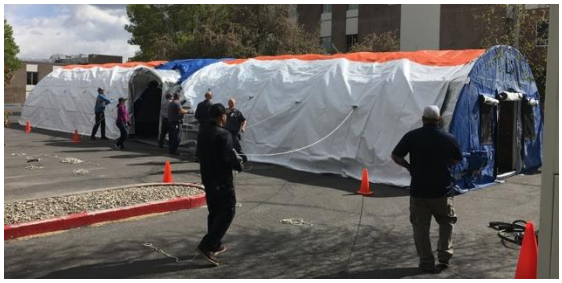
Increased Active Shooter / Hostile Threat Response Training
To prepare for the unfortunate increase in hostile events across the country, the TMFPD has purchased upgraded ballistic protective gear for all first responders. This equipment will help protect our employees so they can access those suffering from life threatening injuries that would normally die on scene before responders could treat them. The addition of this new equipment coupled with specially trained personnel and rapid trauma kits on every engine will allow the TMFPD to provide the most efficient care in these dangerous situations.

Development of a Peer Support Team
The TMFPD is proud to have our own employee Peer Support Team. The daily stresses placed on our firefighters can have a cumulative affect and negatively impact their overall health and wellbeing. The team is made up of 27 members, 3 Chaplains and a Psychologist, and is available to all firefighters within the TMFPD as well as other jurisdictions. This team helps create the support network necessary for the mental health of all of our regions first responders.

REMSA & Care Flight Highlights for FY19

DIVISION: EMS GROUND OPERATIONS

Ground Field Operations
REMSA Ground renewed its fleet with five new/remounted ambulances and a brand-new supervisor truck. The ILS division grew from three interfacility transfer units to five to better meet the needs of the region's hospital partners.



REMSA conducted and participated in 10 disaster preparedness exercises (five tabletop and five full size). One of the full-scale exercises was an Alternate Care Site exercise in which REMSA partnered with the local Interhospital Coordinating Committee to deploy the Disaster Management Facility (DMF) tents at Renown Regional, Saint Mary's and Northern Nevada Medical Center. REMSA provided patient actors in moulage to simulate a surge in patients. The hospitals staffed the tents and provided every aspect of care. The exercise included the opportunity for REMSA to train a large number of hospital employees on

how to set up and tear down the DMF tents. This ensures that another local resource, in addition to REMSA is capable of deploying the DMF tents (which REMSA stores at its facility).

Special Operations

REMSA continues to invest in the community through its Special Operations Division. Included in this is the Tactical Emergency Medical Services (TEMS) team. Two REMSA TEMS medics competed in the 2019 National Tactical Medic Competition in Charlotte, NC. The competition evaluated the team's physical fitness, clinical knowledge, rope skills, and critical thinking. SOARescue put on the competition and said it was the closest first, second and third place in their history. REMSA's team missed first place by a single point. In addition, REMSA TEMS assisted RPD and RFD in training more than 700 students (RPD, RFD, REMSA) in Rescue Task Force concepts to improve coordination in response to active assailant incidents.

REMSA's Special Events Division worked with regional law enforcement, fire departments, and promoters to improve response to large scale planned events like the Rib Cookoff, the Air Races and Hot August Nights. Additions to these events included wheelchair teams, triage area inside, preplanned access points, and plans to address hostile events at the venues. These improvements reduced the impact to the 9-1-1 system.

Finally, REMSA SAR responded to 108 Search and Rescue calls and attended 83 trainings. These calls ranged from summer and winter backcountry calls, to swiftwater rescue, dive rescue, helicopter hoist rescue and wildland fire evacuations. REMSA SAR medics all received advanced wilderness medicine training and are part of a small group of paramedic-level medical providers in the United States that have undergone this type and level of rescue training.

DIVISION: RURAL HEALTH

Rural Healthcare

REMSA's Rural Health Division provided Community Health Paramedic response in conjunction with Nye County Emergency Medical Services, through a contract with the Northern Nye County Hospital District. REMSA Tonopah Community Paramedics responded to 450 requests for service and transported 158 patients while providing Advanced Life Support care in a Nye County Volunteer EMS Ambulance. This service undoubtedly improved the EMS response model in Northern Nye County while directly attributing to increased survival rates within this rural/frontier region of the state. REMSA reviewed 100% of patient care records; 34 of the 158 transports were captured as clinically indicated reviews.

As part of the partnership, REMSA provides a dedicated seven-digit Nurse Health Line number for the citizens of Northern Nye County and surrounding areas. Numerous efforts to publish the number for utilization of patients with low acuity injury/illness resulted in 445 calls to REMSA's Nurse Health Line from Northern Nye County's dedicated line. In FY 2018-19, REMSA's Tonopah Community Paramedics received an overall satisfaction rate of 4.9 on a scale of one to five, with five representing excellent care.

The Tonopah Community Paramedic program in Northern Nye County provided on scene medical support to 23 Special Events within the region. Visual improvements (a new paint scheme and exterior wrap) were made to REMSA's Community Paramedic response truck.

Protocols were developed to provide telehealth services to the citizens and visitors to Northern Nye County when a clinic is closed or unavailable. REMSA was successful in receiving a joint USDA grant with Renown Regional Medical Center for a Global Med, state-of-the art telehealth device. This device has a planned implementation of October 2019, and will provide a new and innovative care delivery model to the region.

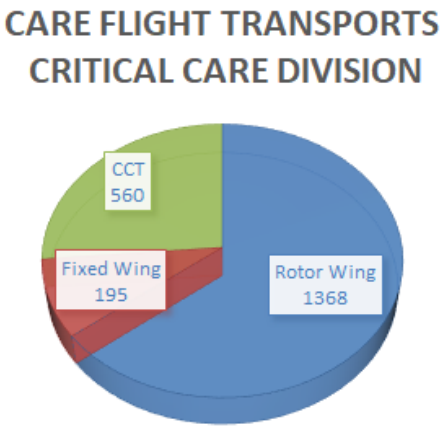
These types of innovative services helped the Northern Nye County Hospital District receive the AIMHI Award for EMS Innovation at the national Pinnacle conference in Orlando, FL.

DIVISION: INNOVATION

Community Health

The Community Paramedic program signed new contracts with hospice groups and home health groups. In addition, REMSA launched a new hospice registry program which allows hospice patients to have their information entered into REMSA's CAD. If a call comes in from a hospice registrant, the dispatcher will share this information with the responding crew ensuring proper care is given and the appropriate people are notified.

DIVISION: CARE FLIGHT



Critical Care

Care Flight Critical Care Services transported a total of 2,123 patients via three modes - rotor wing aircraft (1,368 patients), fixed wing aircraft (195 patients) and ground critical care ambulance (560 patients).

More than 640 responses for transport across all three modes occurred within Washoe County; 91 of these were for rotor wing. Patients being brought in to Washoe County for care, from outlying areas totaled 1,197.

Care Flight added four critical care nurses and one critical care paramedic; all completed Care Flight's rigorous orientation program. Care Flight also added a nurse educator through the education and clinical departments. This nurse navigator brings extensive experience and most recently worked at Yale New Haven Medical Center. She will work as a clinical development / continuous quality improvement coordinator focused on maintaining and enhancing Care Flight's high standard of care. Multiple community outreach, education and safety training events were held throughout the region.

Care Flight- Plumas County EMS Division

Care Flight Ground Operations in Plumas County took the lead in getting Quincy designated as the first HEARTSafe Community in California, in addition to being recognized by Nor Cal EMS as having the highest cardiac arrest survival rate in northern California that year. Through the HEARTSafe Committee formed by Care Flight and community partners, fundraising for the purchase and placement of AEDs throughout the communities continues with great success. More than 450 people were trained and certified in CPR within the local communities.

In addition to providing top-notch rural emergency care to the local area(s), Care Flight Ground continues to improve the standards of rural healthcare through innovative partnerships. One example is with Plumas District Hospital. Care Flight Ground staff work in the hospital emergency department and assists with providing interim psychiatric care to a number of patients until they can be placed in a longer-term facility.

Care Flight Ground provided medical support for five large wildfires, including the Camp Fire in Paradise, CA last year. In June, Care Flight Ground, along with REMSA provided an ambulance task force to assume emergency medical coverage for a neighboring county in California when their EMS program experienced a tragedy with one of their employees. The task force leader and a total of five Care Flight and REMSA ambulances provided coverage to the area for three days, ensuring there were no gaps in EMS coverage in that county, while maintaining normal staffing in our respective areas.

DIVISION: EDUCATION

Center for Prehospital Education

REMSA's Paramedic Education program hosted a site visit for reaccreditation by the Commission on Accreditation of Allied Health Programs. The program had zero violations or citations during the site visit; a distinction held by approximately just 70 of the 600 accredited paramedic programs. The program was granted five-year reaccreditation status.

REMSA Education collaborated with the regional fire departments to create its first-ever fire paramedic program that is available to paid firefighters and takes place on a fire B shift schedule. The first program is getting ready to graduate all of the students who enrolled in the program, making it a very successful endeavor.

General REMSA Education Statistics for FY 2018-19

- Paramedic students graduated: 22
- AEMT students graduated: 31
- EMT students graduated: 42
- EMR students graduated: 28
- CPR training under training center: 17,861
- ACLS training under training center: 1,607
- PALS training under training center: 1,001
- ITLS training under training center: 32

- PHTLS training under training center: 82
- Kid Care babysitting: 166
- Pedestrian Safety outreach events: 16
- Health fair outreach events: 17

Point of Impact Program held ten events, inspected 338 car seats, installed 428 car seats, distributed 63 car seats through donations and certified nine new technicians.

Cribs for Kids Program held eight trainings where 39 people were trained. More than 630 Safe Sleep Kits were distributed statewide and REMSA's Education Manager and Public Education Coordinator presented at the Safekids National Conference.

The Education Manager worked with JTNN and CASAT to educate more than 200 community members about opioids and opioid-related overdose, as well as provide training about the administration of Naloxone.

DIVISION: CLINICAL COMMUNICATIONS

Center for Clinical Communications

REMSA Clinical Communications was granted reaccreditation for its Accredited Center of Excellence (ACE) by the International Academy of Emergency Dispatch (IAED). This reaccreditation marks 18 consecutive years of being named a Center for Excellence. REMSA is one of only 11 centers worldwide to achieve this recognition from the IAED.

REMSA's Clinical Communications department continues to advance the technical components of its AED delivery partnership with drone operator, Flirtey. The department is developing protocols about how to provide CPR instructions as well as information about how callers should retrieve and administer the AED.

REMSA Communications became a One Call Solution Center for regional agencies to request aircraft. Any agency can call REMSA/Care Flight's aviation communications specialists and they will find and contact the closest aircraft to the patient regardless of whether or not it is a Care Flight aircraft. This allows agencies to only have to make one call to get the closest available aircraft for their patients.

Educational presentations about REMSA's SEND protocol were given to 116 people within the local PSAP and casino security industry. These presentations educate people about what information is important to obtain from those on scene with the patients and how to provide it to REMSA's Clinical Communications Center to ensure proper prioritization of resources and response.

The International Academy of Emergency Dispatch (IAED) requested that REMSA Clinical Communications Center become a mentor site as a resource for other agencies that are going through the process to become ACE accredited. REMSA Clinical Communications will work with these

agencies to assist them with building policies and procedures and implementing programs to meet the 20 accrediting standards.

DIVISION: COMMUNITY RELATIONS

Digital Media

REMSA continues to expand and enhance remsahealth.com. The site hosted more than 121,000 sessions and more than 303,000 page views last year. Visitors to the site spend an average of just under two minutes and visit 2.5 pages. Members of the public are engaging with our public safety content regularly and in meaningful ways.

In addition, REMSA invites dialogue through its social media channels as well. These include Facebook, Twitter, LinkedIn and YouTube. Social media is an ideal way to inform the public about important safety and wellness news such as proper handwashing and heat-related illness, as well as a way for the organization to share compliments and good news about field providers.

Media Relations

Developing strong and meaningful relationships with regional media is an importance focus of the Public Affairs department. As a healthcare and public safety organization, building trust with the community through the media is critically important. We rely heavily on their coverage to raise awareness about important safety and health topics.

In addition to ridealongs and personnel features, media coverage for REMSA in 2018/2019 included following such as: air quality precautions, infant safe sleep, infant car seat safety, bleeding control, avalanche safety, heat-related illness, regional special event EMS coverage, first responder safety, cold-weather safety tips, Alpha/Omega 911 calls and stroke recognition.

Community Engagement

Collaborating and innovating to improve health in our community is a key priority for REMSA. This engagement included visits to schools, information-sharing with educators, educational programs at hospitals, career fairs and meet and greets with providers.

REMSA makes a financial contribution to support the Food Bank, gathers food donations, and volunteers at the Food Bank's annual holiday food drive. In addition, this year, REMSA offered a community-wide, enter-to-win contest, "Save the Heart You Love" to promote heart health. Also, as a way to continue dialogue with special needs populations to ensure that the organization always provides appropriate, compassionate, respectful EMS care, REMSA hosted a Cookies and Cocoa Christmas party for children with Cerebral Palsy.

REMSA is proud of its outstanding field providers and compassionate dispatchers. We welcome tours throughout the year for adults and children alike. This year we hosted international visitors from Turkmenistan as they learned about emergency preparedness.

Partnerships

REMSA is proud to partner with key organizations in the community to enhance and innovate wellness. As the AED drone delivery partnership with Flirtey advances, REMSA hosted a press conference on their behalf to announce the approval to fly beyond the line of sight - an important development in the program.

REMSA also partners throughout the year with the American Heart Association. As the agency that responds to more than 5,000 cardiac arrest and chest pain calls every year, anything we can do to raise awareness about heart health is critically important. This partnership includes staffing their special events with providers, teaching hands-only CPR, hosting lunch-and-learn sessions and sharing their message across media and social channels.

Another important partnership is the EMS Memorial Bike Ride - an event honoring EMS personnel through long-distance cycling to memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties and those who have died in the line of duty. A selection of REMSA employees supports the event by riding a portion of distance.

DIVISION: CLINICAL SERVICES

Clinical Care

REMSA welcomed a new medical director to its staff - Dr. Jenny Wilson, who provides medical oversight to the ground field providers. Dr. Wilson has been practicing emergency medicine for more than 20 years and brings experience from some of the nation's most well-known and highly regarded medical schools and hospitals. Dr. Wilson joins Dr. Lee & Dr. Gonda who make up part of REMSA's medical leadership team.

For the fourth year in a row, REMSA was recognized with the American Heart Association Mission: Lifeline Gold Award. This acknowledges excellent STEMI care in EMS. The clinical department launched a performance improvement project to improve patient contact to 12 lead time to less than 10 minutes, the current performance is that 95% of the time, crews will obtain a 12 lead within 10 minutes of patient contact.

REMSA continues to expand its clinical partnership across the community. An example of this includes quarterly joint training scenarios with area fire departments. Training topics highlighted during those

joint scenarios included a ketamine scenario and a pediatric drowning scenario. Another example of clinical partnership development includes EMS ridealongs for staff from the area's emergency rooms.

REMSA encouraged friendly competition and clinical excellence by hosting a Clinical Competition during EMS Week. ALS level crews partnered up and worked through a variety of stations, testing skills such as airway management, high quality CPR, medication administration and critical med infusion and hemorrhage control. First, second and third place winners were determined, and prizes awarded. We anticipate making this an annual event.

Finally, Clinical Services successfully planned and held Community Health Program orientation program for expansion of CHP program in Tonopah, to include advanced clinical procedures such as suturing.

DIVISION: EMPLOYEE INITIATIVES

EMS Week

Every May, across the country, EMS is celebrated during EMS Week. REMSA uses this opportunity to thank and celebrate employees across our organization. From the billing office to the mechanics, from the administrative staff to the providers and dispatchers - day-to-day contributions are recognized and beyond the call service is honored.

This year, in addition to the recognition lunch, REMSA hosted new activities for employees including yoga and visits from pet therapy dogs.

Appreciation Events

Employees are the cornerstone of our organization. We value their engagement and are committed to their safety, development and success. Throughout the year, Human Resources hosts appreciation and engagement events such as a winter Frost Fest for families, a poker night and an outing to an Aces home game.

Wellness

REMSA also launched an Employee Wellness Action Committee which focuses on the overall health and wellness, physically, mentally, emotionally and spiritually for all employees. Initiatives to formalize this program are planned for 2019/2020.

Stars of Life at the Nevada Legislature

REMSA honored six Stars of Life as outstanding mobile healthcare professionals. They were recognized for their high performance, dedication, clinical excellence and important contributions to the EMS industry. They were recognized at the Nevada Legislature and had the opportunity to meet Governor Sisolak.

Gerlach Volunteer Fire & EMS Department Highlights for FY19

The Gerlach Combination Fire Department (GFD) is a unique fire station operated by Washoe County. GFD is charged with providing fire and emergency medical services 24/7 to the surrounding areas, and is primarily focused on the Empire and Gerlach communities.

Fire House Subs Grant

The Gerlach Fire Department was awarded a grant for new Hurst battery powered electric extrication equipment. These new tools are self-contained and run on a Lithium Ion battery and do not require a hydraulic power unit or hoses to use. The new equipment was placed on the first out ambulance and will allow more efficient extrication and take up less space than traditional extrication tools. The new spreader and cutter are also rated for the new boron steel and other new alloys that are in newer vehicles allowing for faster extrication than older tools.

New Volunteer Firefighter

The Gerlach Fire Department has recruited a new Volunteer Firefighter, Timothy Edgecomb, who is starting his training to become an all risk volunteer. Gerlach Fire Department is continuously recruiting new volunteers.

Fire Protection Officer

Fire Protection Officer, Matthew Lund completed his probation in April and is now a permanent member of the Gerlach Fire Department.

New Leadership

On July 1st 2019 the Truckee Meadows Fire Protection District has taken over management of the Gerlach Fire Department from Washoe County Emergency Management and is working on improving service delivery to the citizens of the Gerlach and Empire area. TMFPD is also working with the current staff and volunteers to improve the operations of Gerlach Fire Department.

Mt. Rose Ski Patrol 2018-19 Ski Season Highlights

The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. The Mt. Rose Ski Patrol staff has been increased for the 2019-20 ski season. The current staffing allows the Patrol to provide a minimum of 14 paid patrollers 7 days per week. The Patrol is augmented on weekends and holidays with National Ski Patrol volunteers. During the off season two of our Patrol's EMS Instructors provided an EMR course for 12 volunteers in order to enhance their ability to care for our guests. Besides the Patrol's role as EMS

providers, the patrol is responsible for providing a safe skiing environment for its many guests through avalanche control, proficiency in chairlift emergencies and evacuations, general hill safety, rope rescue and over snow patient transport. The Patrol has created unique methods and devices in order to provide efficient advanced life support to sick or injured patients wherever the emergency may occur.

The current Professional Ski Patrol staff consists of the following personnel under the supervision of Dr. Lisa Nelson, Medical Director:

- 25 Emergency Medical Technicians
- 12 Paramedics
- 7 Advanced EMTs
- 2 EMS RNs

There is a minimum of 1 paramedic scheduled per weekday 2 on weekends and holidays. Also, during the 2018-19 season, the Patrol adopted an electronic patient care reporting system.

The following list provides a brief summary of the calls received for service. Of note, there were less total requests for service from the 2017-18 season due to 8 days of weather related closures and 21 days where high winds required closing of 4 chairlifts.

- Total Ski Patrol Requests for Service: 889
- Total Patients Treated: 718
- Adults: 458
- Minors: 260
- Trauma/Falls/Extremity/Snow Related: 86%
- Medical/Cardiac/Stroke/Non-Trauma/Injury: 14%
- Treated, Transported by Ground Ambulance: 86 (12.6%)
- Treated, Transported by Air: 2 (0.3%)
- Treated/Released/AMA/Refusal/Parental Release 630 (86%)
- ALS/Paramedic Assessment/Treatment 98 (13.6%)

EMS Performance Analyses

EMS-related calls are reported by REMSA and three fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District (unincorporated Washoe County). Gerlach Volunteer Fire and EMS Department data are provided through Truckee Meadows Fire Protection District's data reporting. The EMS-related fire calls are matched to REMSA calls for service to allow for an evaluation of system performance on EMS incident response, from the initial 9-1-1 call through each agency arriving on scene. This allows EMS partners to better assess opportunities for improvement.

The regional analyses presented in this section utilize the EMS calls for service, reported in SFD's, RFD's, or TMFPD's jurisdictions from July 1, 2018 through June 30, 2019. The number used in each analysis is dependent on the time stamp validity for variables used in each table.

REMSA Call Priority

- Priority 0: Priority Zero, or an unknown priority, occurs when the emergency medical dispatching (EMD) questioning process has begun. However, either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

Table 1 - Total number and percent of fire calls matched to REMSA calls by REMSA priority.

Table 1: Number and Percent of Reported EMS Calls by Match Status, REMSA Priority and Fire Agency, FY19

REMSA Priority	RFD		SFD		TMFPD		Total	
	#	%	#	%	#	%	#	%
0	215	0.7%	48	0.5%	39	0.5%	302	0.6%
1	16,864	53%	4,673	49%	3,046	42%	24,583	51%
2	11,799	37%	3,092	32%	2,723	37%	17,614	36%
3	2,402	8%	1,465	15%	1,236	17%	5,103	11%
9	417	1%	302	3%	264	4%	983	2%
Not Matched	1,347	4%	187	2%	307	4%	1,841	4%
Total	31,697	100%	9,580	100%	7,308	100%	48,585	100%

Table 2 - Travel time for fire (time from when fire goes en route to fire arrives on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis*.

Table 2: Priority 1 and Priority 2 Calls Matched to REMSA, Fire Enroute to Arrival Times by Median, Mean, and 90th Percentile, FY18 & FY19

Year	Median	Mean	90th Percentile	Number of Calls Analyzed
FY18	04:19	05:03	07:51	37,046
FY19	04:36	05:17	08:20	37,135

Table 3 - Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Table 3: Priority 1 and Priority 2 Calls Matched to Fire, REMSA Enroute to Arrival Times by Median, Mean, and 90th Percentile, FY18 & FY19

Year	Median	Mean	P90	Number of Calls Analyzed
FY18	05:52	06:56	11:29	51,796
FY19	05:33	06:25	10:24	40,468

Table 4 - Median time a patient is waiting from the initial call to the first arriving unit on scene by REMSA priority.

Table 4: Patient perspective from time call answered to first arriving agency

REMSA Priority	Patient Perspective Median Time	
	FY18	FY19
0	06:26	06:55
1	05:52	06:20
2	06:25	06:44
3	07:13	07:21
9	07:51	07:50
All	06:14	06:36
Number of Calls Analyzed	**50,680**	**47,583**

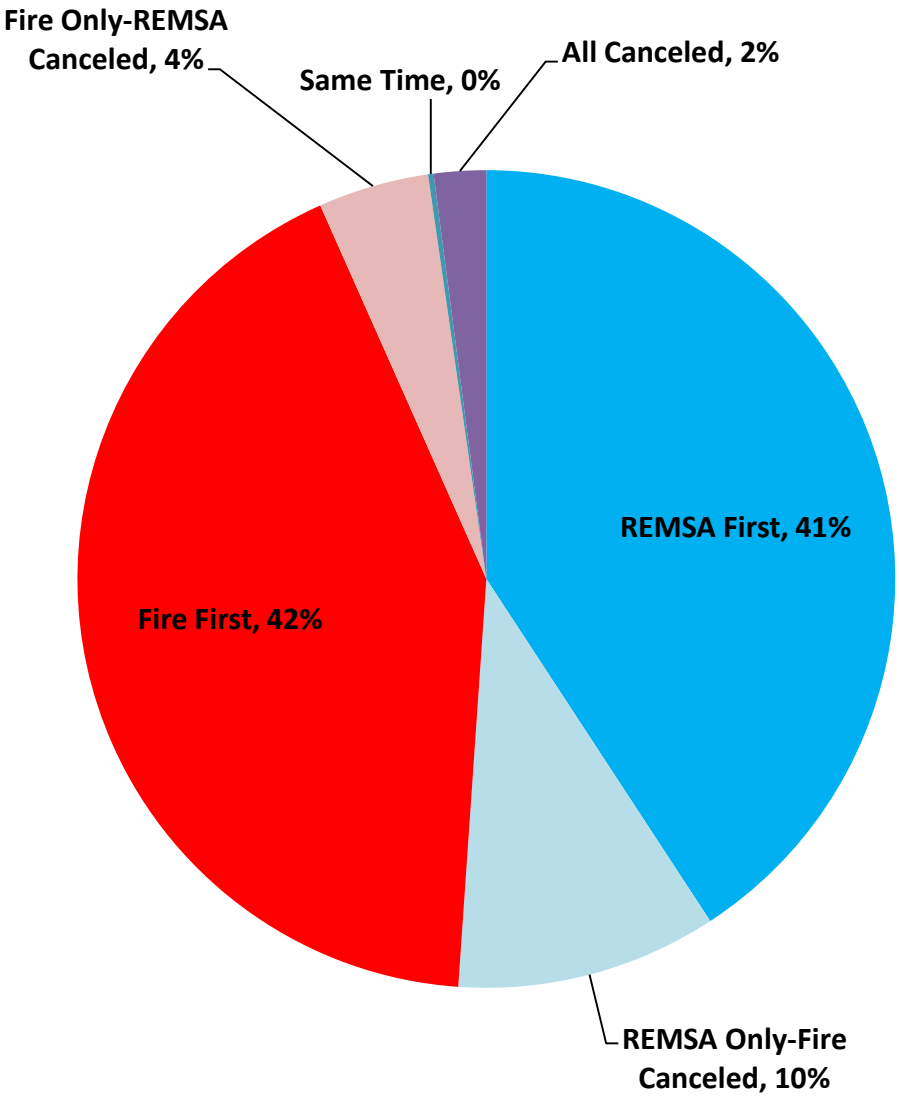
Table 5 – Arrival on scene depicts the various possible combinations for the arrival of first responders to an EMS call. This analysis included all REMSA call priorities for all calls matched to Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District.

Table 5: Arrival on Scene, All Matched Calls between REMSA and RFD, SFD, and TMFPD, FY19

Arrival On Scene	REMSA Priority											
	0		1		2		3		9		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
REMSA First	9	3%	11,490	47%	6,703	38%	1,404	28%	205	21%	19,811	41%
REMSA Only-Fire Canceled	2	1%	2,356	10%	2,012	11%	476	9%	168	17%	5,014	10%
Fire First	2	1%	10,102	41%	7,389	42%	2,570	50%	461	47%	20,524	42%
Fire Only-REMSA Canceled	165	55%	394	2%	893	5%	594	12%	81	8%	2,127	4%
Same Time	0	0%	66	0%	37	0%	4	0%	0	0%	107	0%
All Canceled	124	41%	175	1%	580	3%	55	1%	68	7%	1,002	2%
Total	302	100%	24,583	100%	17,614	100%	5,103	100%	983	100%	48,585	100%

Figure 4 – Illustrates the total column percentages provided in Table 5.

Figure 4: Arrival on Scene
Percent of All Matched Calls between REMSA and RFD, SFD, and TMFPD (combined), FY19



Jurisdictional Performance

As outlined within the Inter-Local Agreement for EMS Oversight, the EMS Program is tasked with "Monitoring the response and performance of each agency providing EMS in the region." Each fire jurisdiction has defined standards to measure performance. Those performance metrics are presented within this section.

Reno Fire Department

The City of Reno's Master Plan, approved December 13, 2017, includes metrics to assess performance, although the Master Plan states these are not performance standards. The following statement is used to gauge and measure progress toward the guiding principles and goals of the City of Reno Master plan[2]:

> *Maintain or decrease the fire service average response time of 6 minutes 0 seconds.*

Response time measured from enroute to arrival

There were 28,501 completed calls reported by the Reno Fire Department where at least one responding unit arrived on scene, resulting in an average call response time of 5 minutes 13 seconds.

Additional sets of response time performance measures are outlined in the City of Reno Master Plan[3]:

> *Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.*
>
> *Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.*

Unable to perform due to lack of the designation "urban" or "suburban" in data received.

Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The number and percent of calls classified within each of the SFD priorities are provided in Table 6. The travel time (response time) as measured from enroute to arrival for each of the Sparks Fire Department (SFD) stations are provided in Table 7.

Table 6 – SFD FY19 calls by priority.

Table 6: Number and Percent of Calls by SFD Priority, FY19		
SFD Call Priority	**#**	**%**
1	5,462	55%
3	4,446	45%

[2] REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.
[3] REIMAGINE RENO. (2017). The City of Reno Master Plan, page 183. Reno, NV.

Table 7 – SFD travel time performance. Travel time is the time the responding unit leaves the station, or is enroute to the incident, to the time of arrival on scene. Only incidents that occurred within each station's response district are included in the analyses.

Table 7: Median Travel Time by Station and SFD Priority, FY19						
SFD Call Priority	**Station 1**	**Station 2**	**Station 3**	**Station 4**	**Station 5**	**Total**
All Priorities	03:51	04:02	05:08	04:34	04:26	03:43
SFD Priority 1 Calls	03:24	03:38	04:21	04:07	04:01	05:01
SFD Priority 3 Calls	04:35	04:55	06:08	05:40	04:43	04:12

Truckee Meadows Fire Protection District

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is as follows:

Regional Standards of Cover Response Time Recommendations[4]

> **Call Processing Time:** PSAP → Fire Dispatch
> *Improve call processing times at the dispatch center so that response units are notified of the emergency within 60 seconds of the receipt of the call.*
>
> **Turnout Time:** Fire Dispatch → Fire Enroute
> *For 85 percent of all priority responses, the Region fire agencies will be enroute to the incident in 90 seconds or less, regardless of incident risk type.*
>
> PSAP → Fire Arrival on Scene
>
> ***First-Due Service Tier One***
> *Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.*
>
> *Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.*
>
> *Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.*
>
> *Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical, based on the best effort of response forces.*

Although the Regional Standards of Cover measures the first-due service for tier one from receipt of call to the arrival on scene, this does not allow for an independent measure of true travel time, which is the

[4] Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

time from enroute to arrival. Therefore, this report breaks each of the call segments out into 1) Call Processing; 2) Turnout; and 3) Travel, as illustrated in Figure 5.

Figure 5: Segments of Time Measured for Performance

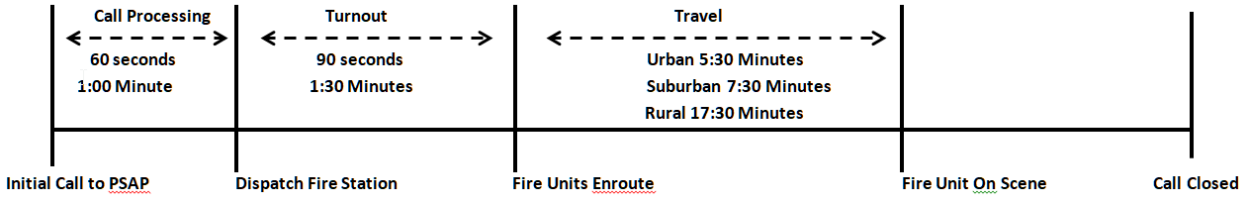


Table 8 – Illustrates the number and percentage of TMFPD EMS calls for service during FY19 that were measured and meet performance standards. Inclusion criteria for calls considered for measurement are as follows:

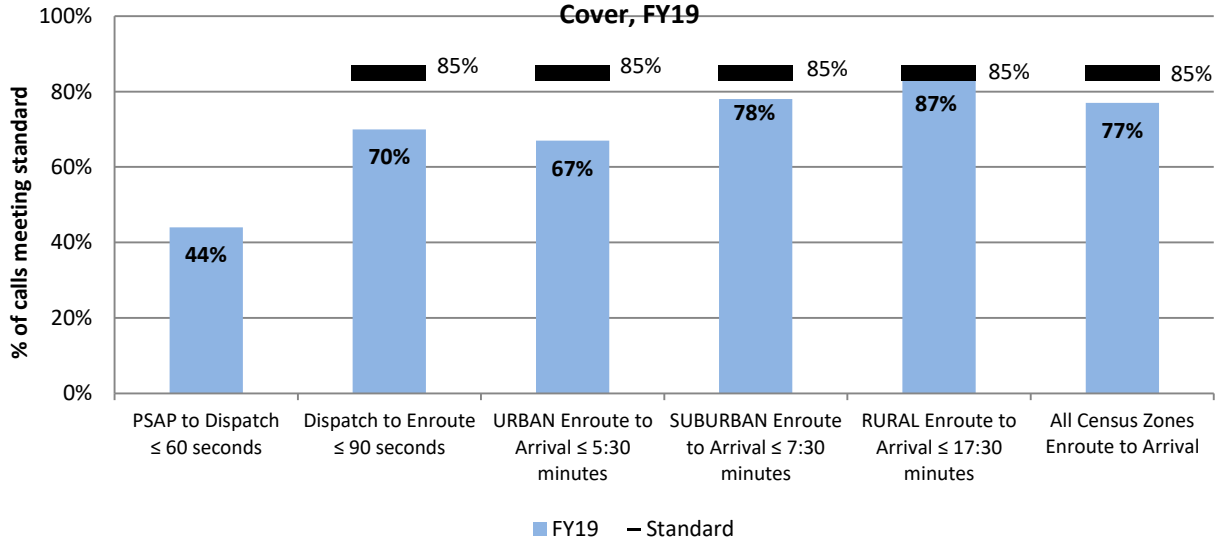
1. TMFPD calls for service within each fire response district.
2. Calls that matched to REMSA and were categorized as a Priority 0, Priority 1, or Priority 2 through REMSA's EMD process.
3. Time stamps measured must be populated.

Table 8: TMFPD Calls within each Career Fire Response District that Matched to REMSA Priority 0, 1, or 2 Calls, FY19

Measurement	Standard	Expected	Calls Used	Met Standard		Median	Average
		%	#	#	%	Time	Time
PSAP to Fire Dispatch	60 seconds or less	-	4,712	2,062	44%	01:05	01:37
Fire Dispatch to Enroute	90 seconds or less	85%	4,712	3,284	70%	01:10	01:22
Fire Enroute to Arrival							
Urban	5:30 minutes or less	85%	690	464	67%	04:25	05:38
Suburban	7:30 minutes or less	85%	3,445	2,677	78%	05:13	05:54
Rural	17:30 minutes or less	85%	522	456	87%	08:41	10:16
ALL: Fire Enroute to Arrival	depends on density	85%	4,657	3,597	77%	05:20	06:21

Figure 6 – Illustrates the proportion of TMFPD EMS calls that met the performance standards.

Figure 6: TMFPD Calls within each Career Fire Response District that Match to REMSA Priority 0, 1, or 2 Calls, Performance Relative to Regional Standards of Cover, FY19



NOTE: There is not an explicit percentage defined for call processing, measured from PSAP to Dispatch.

Gerlach Volunteer Ambulance & Fire Department

Due to the rural and frontier nature of the communities of Gerlach and Empire, the median time is provided in Table 9 for the three major time segments, call processing, turn out time, and travel (response) time.

Table 9: Median Time for All Calls, Day Calls, and Night Calls, Gerlach Volunteer Department, FY19

Time Interval	Median Time			# of Calls Measured
	All Calls	Day (0900 - 1800)	Night (1801 - 0859)	
Call Processing (PSAP to Dispatch)	01:12	01:09	01:17	94
Turn Out (Dispatch to Enroute)	03:10	01:52	06:58	88
Travel/ Response (Enroute to Arrival)	03:44	03:46	02:46	72

Special Area of Interest - Duck Hill

Duck Hill is located in Washoe County at the south end of Washoe Valley, bordering the east side of highway 580, just north of Carson City. There are 13 total household addresses located within the defined area of interest. Duck Hill homes are within an 8-minute drive to the nearest hospital, Carson Tahoe Regional Medical Center. In the event of a medical emergency, phone towers connect a 911 call from that location to the Washoe County Sheriff's Office dispatch center, where the call would be answered by the dispatchers for Truckee Meadows Fire Protection District (TMFPD). Table X provides a summary of the number of calls each agency has responded to each year. Only EMS calls were included in the table and there were too few calls to conduct statistically meaningful review of mean, median or 90th percentile response times.

Table 10 – Provides the EMS call summary to 13 households located on Duck Hill from 2010 through FY19

Table 10: Number of EMS Calls for Service, Carson City Fire District, Truckee Meadows Fire Protection District, and REMSA, 2010-FY19

Location	'10	'11	'12	'13	'14	'15	'16	'17	Jan-June 30, 2018	July 1, 2018 - June 30, 2019	Total calls for service	Total calls arrived
CCFD Station 51	~	~	~	~	~	~	~	2	0	0	2	Unknown
CCFD Station 52	0	0	0	0	1	0	0	2	0	0	3	3
TMFPD Station 30	~	~	~	0	0	0	1	1	0	1	3	3
TMFPD Station 16	~	~	~	2	0	0	1	2	0	0	5	5
REMSA	1	2	0	2	2	1	1	1	2	1	13	8
~calls not available												

About the Washoe County EMS Oversight Program

On August 26, 2014, an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno, City of Sparks, Washoe County Board of Commissioners, Washoe County Health District, and Truckee Meadows Board of Fire Commissioners. The ILA created the EMS Oversight Program, the purpose of which is to provide oversight of all emergency medical services provided by Reno, Sparks, Washoe, Fire, and Regional Emergency Medical Services Authority (REMSA).

The Program is staffed with the equivalent of 3 full-time employees; a full-time Program Manager, a full-time Program Coordinator, a part-time Program Statistician, and a part-time Office Support Specialist. The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

a. City Manager, Reno
b. City Manager, Sparks
c. County Manager, Washoe County
d. District Health Officer
e. Emergency Room Physician (DBOH Appointment)[5]
f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)[2]

The EMSAB was established to provide a concurrent review of topics within the EMS system. The purpose of the EMSAB is to review reports, evaluations and recommendations of the Program, discuss issues related to regional emergency medical services and make recommendations to respective jurisdictional boards and councils.

A summary of the eight duties of the Program, and seven duties of the signatory partners, as designated per the ILA include:

EMS Program Roles & Responsibilities

1. Monitor the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommend regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations
5. Collaborate with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identify sub-regions to be analyzed and evaluated for recommendations regarding EMS response

[5] DBOH is the Washoe County District Board of Health; the governing board which oversees health-related issues within Washoe County.

7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency
8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

Signatory Partner Roles & Responsibilities

1. Provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation and continued improvement of EMS
3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface[6]
4. Work cooperatively with the EMS Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems and protocols evolve
5. Participate in the EMS Advisory Board
6. Strive to implement recommendations of the EMS Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submit recommendations regarding the EMS system to the EMS Program for implementation or consideration and possible action by the District Board of Health

EMS Oversight Program Accomplishments FY19

Regional Multi-Casualty Incident (MCI) Tabletop Exercise November 2018

The EMS Coordinator partnered with Quad-County Public Health Preparedness and East Fork Fire Protection District to develop a Regional Multi-Casualty Incident (MCI) Tabletop Exercise that focused on on-scene coordination for fire/EMS if a major incident occurred in Washoe County and mutual aid was not available from partner agencies due to other system demands. The exercise was held on November 2, 2018 and had more than 24 attendees and representation from Fire, EMS and hospitals from all five counties. This was a starting point for working beyond jurisdictional boundaries for disaster and preparedness planning.

Pediatric Training December 2018

A Texas A & M Engineering Extension Service (TEEX) Pediatric Disaster Response Training was held on December 12-13, 2018. This course addressed pediatric emergency planning and medical response considerations for agencies at the local level. The training was provided to 35 first responders,

[6] CAD-to-CAD is a two-way interface with allows for call-related information to be transferred between all agencies involved with an incident to have access to live updates and incident status information.

healthcare employees, emergency mangers and public health personnel to help prepare our community to respond to pediatric disasters.

Regional Advocate Response Plan January 2019

A team comprised of regional partners developed an annex to the Active Assailant Response Protocols, focused on the advocacy and reunification elements of a mass casualty/mass fatality incident. Partner agencies in the four month project included the Federal Bureau of Investigation, Reno Police Department, Sparks Police Department, Trauma Intervention Program, Washoe County District Attorney's Office, Washoe County School District, Washoe County Sheriff's Office, and the University of Nevada, Reno Police Department. The plan was approved by all agency Command staff.

Regional Multi-Day Tabletop Exercise May 2019

A regional team was created and over a six month period of time planned a regional multi-day tabletop exercise (TTX). The premise was to take the region from "steady state" through the incident and back to a "steady state." The exercise tested regional plans, specifically related to EMS were the Multi-Casualty Incident Plan and the Mutual Aid Evacuation Agreement. The exercise was held from May 22-24, 2019 with six individual modules to ensure the appropriate regional partners could attend the section specific to them. The scenario wove through the six modules for continuity of information. In total, the TTX had 156 attendees logged between all the sessions, with one individual session at 46 participants.

Updated the EMS Strategic Plan

During this fiscal year, the EMS Oversight Program led a 10-month redevelopment of the EMS strategic plan. The Washoe County EMS Strategic Plan is a requirement of the ILA. The mission of the EMS Strategic Plan is 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 plan was approved in May 2019 by both the EMS Advisory Board and the District Board of Health.

Updated the Mutual Aid Evacuation Agreement (MAEA)

The Mutual Aid Evacuation Agreement (MAEA) is a plan specifically for healthcare facility evacuations due to a natural or technological disaster. Beginning August 2018, EMS Program staff worked with healthcare partners and EMS agencies to complete several revisions the MAEA. The most notable being the enhancement of the evacuation forms, and the establishment of a phone application that will be used for redundant communications. Plan revisions were approved by the District Board of Health on June 27, 2019.

Text to 9-1-1

Regional partner agencies from the City of Reno, City of Sparks and Washoe County collaborated to officially roll out the Text to 9-1-1 service in the Truckee Meadows region. Text to 9-1-1 is the ability to send a text message to reach 9-1-1 emergency call takers from a mobile phone or device. The new technology is advantageous in certain emergency situations and for citizens with disabilities. The regional partners held a press conference with the media to share the information and to stress the importance of calling when you can, texting when you can't.

Alpha MCI Plan Kit and Command Vehicle Kit Distribution

Beginning in August 2018, in conjunction with the ASPR grant for Healthcare Preparedness Partners, 13 Alpha kits were strategically placed throughout the county for first responder access during an MCI event. These kits contain supplies intended to provide basic support and care for victims of an MCI. In addition, 90 Command Vehicle Kits, containing basic Stop the Bleed items, have been distributed to law enforcement and EMS agencies for first responder use during an incident.

Updated the Washoe County EMS Protocols

The Washoe County EMS Protocols is a regional patient care document for EMS providers. This project began in 2017 and was objective 5.1 of the Washoe County Five-Year EMS Strategic Plan (2017-2021). The protocols task force is comprised of two representatives from each fire/EMS agency and meets on a quarterly basis to review and revise the existing protocols. In early 2019, Storey County Fire Protection District joined the review process and is now an active participant. The task force produced an updated set of protocols that was approved by the first responding agency's Medical Directors with an effective date of July 1, 2019.

Conducted a Community Assessment for Public Health Emergency Response (CASPER)

The EMS Oversight Program Statistician led Washoe County Health District staff in conducting a Community Assessment for Public Health Emergency Response (CASPER) from March 12 through March 17, 2019. The CASPER was designed to assess the community's level of preparedness and identify opportunities for improving existing systems and processes to preserve and prevent loss of property and life in the event of a natural disaster or other emergency. CASPER survey questions captured household level information related to the community's evacuation readiness, emergency preparedness, and household basic needs in the event of an evacuation. Households were randomly selected to participate

in the household survey in accordance with the CDC Community Assessment for Public Health Emergency Response (CASPER) Toolkit version 2.0.[7]

The CASPER results provide beneficial information for emergency management and shelter considerations, as well as help inform updates to plans utilized in the event of a disaster. Select tables of results from the CASPER surveys are provided in this report, for a full summary of findings contact the Washoe County Health District EMS Oversight Program at EMSProgram@washoecounty.us.

Over one in four households (26.86%) felt the household was well prepared for an emergency, while the majority of households (56.66%) felt somewhat prepared for an emergency, and over one in ten households (14.49%) felt they were not at all prepared (Table 11). In the event of an emergency, the majority of households (74.11%) reported the primary method of communication would be through phone call and over one in five households (21.51%) indicated the primary method of communication would be through text message (Table 12). CodeRED is the emergency alert telephone notification system that Washoe County Emergency Management utilizes, however the majority of households (52.04%) reported they had not heard of CodeRED (Table 13).

Table 11: Household Perceived Preparedness Level

Perceived Preparedness Level	Frequency (n=224)	Unweighted Percent	Projected Households (n=164,246)	Projected Percent	95% CI
Well Prepared	60	26.79%	44,123	26.86%	(20.6%, 33.1%)
Somewhat Prepared	129	57.59%	93,054	56.66%	(49.5%, 63.9%)
Not at all Prepared	31	13.84%	23,807	14.49%	(9.2%, 19.8%)
Don't Know	4	1.79%	3,262	1.99%	(-0.1%, 4.0%)

Table 12: Primary Method of Communication During an Emergency

Primary Method	Frequency (n=224)	Unweighted Percent	Projected Households (n=164,246)	Projected Percent	95% CI
Phone Call	166	74.11%	121,725	74.11%	(68.9%, 79.3%)
Text Message	49	21.88%	35,322	21.51%	(15.4%, 27.6%)
Social Media	6	2.68%	5,025	3.06%	(0.6%, 5.5%)
Other	3	1.34%	2,175	1.32%	(-0.2%, 2.9%)

[7] Centers for Disease Control and Prevention (CDC). Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Second Edition. Atlanta, GA. Accessed July 2018 https://wcms-wp.cdc.gov/nceh/hsb/disaster/casper/docs/cleared_casper_toolkit.pdf .

Table 13: Household Heard of the Emergency Notification System of the CodeRED Notification System					
Aware of CodeRED	**Frequency (n=224)**	**Unweighted Percent**	**Projected Households (n=164,246)**	**Projected Percent**	**95% CI**
Yes	85	37.95%	62,402	38.00%	(30.2%, 45.8%)
No	116	51.79%	85,477	52.04%	(43.9%, 60.2%)
Don't Know	23	10.27%	16,367	9.97%	(4.7%, 15.2%)

EMS Oversight Program Goals for FY20

The EMS Oversight Program is working with regional partners to achieve the following objectives within the next fiscal year.

Automatic Vehicle Locator (AVL)

A goal of the region is to work toward the implementation of AVL technology. This is a project that could span multiple years as there are equipment and other potential factors to consider for dispatching. Individual agencies will be assessing their existing capabilities, version products and technology barriers. The EMS Oversight Program will utilize that information to verify and revise the regional assessment completed in April 2018.

Radio Communication Interoperability

Statewide there is a change in the radio systems to Harris P25, with Washoe County not anticipated to be impacted until 2021. However, a comprehensive migration interoperability plan for the Washoe County Regional Communication System that outlines the enhancement of the radio communications system to include completion of upgrades, maintenance of REMSA gateway connection, and identified equipment needs will need to be drafted. REMSA and regional public safety partners will utilize that information to develop an internal plan to upgrade their systems when appropriate.

CAD-to-CAD Interface

The City of Reno and REMSA continue to work to implement the CAD-to-CAD data exchange. This project continues to span multiple years, as the technology to build the exchange continues to change. After the exchange is built, dispatch centers will be requested to develop policies, processes and train staff on the system.

Continuous Quality Improvement

A regional continuous quality improvement (CQI) team will be created to determine goals and identify performance measures, utilizing individual agency metrics, which will be used for the CQI Program. This

program is affiliated with the Prehospital Medical Advisory Committee (PMAC) and any identified recommendations would be sent to the regional protocols task force for discussion.

Hospital Data

The Emergency Department Consortium is working to identify data available for submission to the EMS Oversight Program for cardiac, stroke, and STEMI patients. This will allow the EMS Oversight Program to have the continuum of data from 911 calls through hospital dispatch. Information obtained will be used as a pilot for the FY20 annual report.

Recurrent Callers

The EMS Oversight Program will continue to work with EMS partner agencies to identify recurrent callers and utilize a system for handing off patient information for more appropriate follow-up other than 9-1-1.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: November 7, 2019

TO: EMS Advisory Board

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

SUBJECT: **Presentation and possible acceptance of an update on the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.**

SUMMARY

The purpose of this item is to discuss the implementation of projects within the Washoe County EMS Strategic Plan (2019-2023), as required in the Inter Local Agreement for Emergency Medical Services Oversight.

PREVIOUS ACTION

During the EMS Advisory Board on October 6, 2016, the Board approved the presentation and recommended staff present the five-year strategic plan to the District Board of Health.

During the District Board of Health meeting on October 27, 2016, the Board moved to accept the presentation and the five-year Strategic Plan to the District Board of Health.

During the EMS Advisory Board on May 2, 2019, the Board approved the presentation and recommended staff present the 2019-2023 five-year strategic plan to the District Board of Health.

During the District Board of Health meeting on May 23, 2019, the Board moved to accept 2019-2023 five-year Strategic Plan.

BACKGROUND

The EMS Oversight Program was created through an Interlocal 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 outlined for the EMS Oversight Program.
The ILA tasks 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."

Beginning in August 2018, the EMS Coordinator worked with regional partners to revise the existing EMS strategic plan. The review process began with an assessment of the remaining objectives and strategies and discussions on future ideas for improving the EMS system. The stakeholders met monthly to revise the plan and develop new strategic plan elements.

The final draft plan was presented to the EMS Advisory Board on May 2 and it was recommended to present the draft plan to the District Board of Health for approval.

Below is a list of objectives and strategies to be completed during year 1, with an update on status, if applicable, and the EMS Program staff person leading or tracking the project.

- **Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response.** (Objective 1.1, Strategy 1.1.1-Strategy 1.1.4) *Christina Conti*
    - Annual meeting to review the existing list of determinants and identify any additional call types to receive an alternate response is being scheduled.

- **Verify and revise the regional assessment to update existing AVL capabilities equipment and recognize other potential factors for dispatching closest EMS responder.** (Objective 2.1, Strategy 2.1.1) *Brittany Dayton*
    - Deputy Chief Kukulus led a regional meeting on October 3. City of Reno Dispatch personnel agreed to update the regional assessment as part of the information gathering Chief Kukulus requested.

- **Monitor national trends and plan for response, specifically active assailant.** (Objective 2.3) *Regional Partners/Jacqueline Lawson*

- **Develop a comprehensive migration interoperability plan for WCRCS that outlines the enhancement of the radio communication system to include completion of upgrades, maintenance of REMSA gateway connection and identified equipment needs.** (Objective 3.1, Strategy 3.1.2) *Regional Partners/Brittany Dayton*
    - Washoe County Regional Communications provided EMS Oversight with the migration plan for Region 0, which will be followed. Washoe County is part of the region 2 cutover.
    - Washoe County has dedicated itself to allocating CIP funding for new equipment purchases for the next 3 fiscal years.
    - The Contract signed by Washoe County, September 28, 2018, allows for long term fixed pricing with significant discounting, to members of the Washoe County Regional Communications System (WCRCS) through 2025.
    - It is the responsibility of all users of the system, both Participating and Sponsored Members, to upgrade their radio equipment (e.g. portables, mobiles, and control stations and consoles) through this contract before the Region 2 cutover, currently scheduled for May 10, 2022.

- **As technology allows, City of Reno to implement configuration process regarding data exchange for CAD-to-CAD.** (Objective 3.2, Strategy 3.2.2) *Regional Partners/Christina Conti*
    - City of Reno and REMSA continue to discuss testing and endpoint delivery with the vendor, Central Square. Current timelines are:
        - Internal testing within the Central Square VM environment start Oct 1, 2019
        - Deployment of the interface to the REMSA and Reno environments Dec 2, 2019
        - Transaction testing start Dec 8, 2019
        - Acceptance testing Jan 13, 2020
        - Training review, EDC hub administration overview Jan 13, 2020
        - Go Live Jan 27, 2020

- **In accordance with the Pre-hospital Medical Advisory Committee (PMAC) approved CQI processes create a regional team, which would work to improve the system through examination of system performance by June 30, 2019.** (Objective 4.1, Strategy 4.1.1) *Christina Conti*
    - Staff met with Chief Mike Brown and reviewed the PMAC CQI process. He began speaking with agency Chief's on a possible path forward for the project.

- **Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and STEMI patients.** (Objective 4.2, Strategy 4.2.1) *Heather Kerwin*
    - ED Consortium is working to identify the appropriate personnel in each agency to work on this objective.

- **Develop a process to identify and report the recurrent callers in the community.** (Objective 5.1) *Regional Partners/Heather Kerwin*
    - WCHD, through the Office of the District Health Officer, is working with community partners to connect citizens in the community in need of social service programs through the use of Good Grid.
    - The Good Grid demonstration revealed it was not feasible platform to meet the request of the regional first responder partners. A subcommittee will need to reconvene to reassess how to meet this objective.

<u>Completed "One Time" Objectives:</u>

- **Obtain information regarding social, health and other community services that are available for recurrent callers.** (Objective 5.1, Strategy 5.2.1) *Brittany Dayton*
    - Completed and a community resources section has been added to the EMS Protocols.

- **Create a Gantt chart for the regional partners with the details of the goals.** (Objective 6.1, Strategy 6.1.2) *Brittany Dayton*

- Completed and distributed to the EMS team, available to regional partners.

Quarterly/Annual Items Include:

- **Increase depth of resources able to respond to EMS calls for service in Washoe County**. (Objective 2.2) *Brittany Dayton*

- **Coordinate and report on strategic planning objectives quarterly.** (Objective 6.1)
  - EMS Oversight Program will continue to provide updates at each EMS Advisory Board meeting.

- **Promote the EMS Oversight Program through regional education of the EMS Strategic Plan goals and initiative.** (Objective 6.2, Strategy 6.2.1) *Christina Conti*
  - Christina presented at the City of Reno and City of Sparks City Council meetings on August 26th and the Truckee Meadows Board of Fire Commissions on October 15th.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board approve the update on the EMS Strategic Plan, a requirement of the Interlocal 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 update on the EMS Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight."

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: November 7, 2019

TO: EMS Advisory Board Members

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

SUBJECT: **Discussion and possible approval and recommendation to present the updated map methodology and the draft map response zones within the Washoe County REMSA ambulance franchise service area to District Board of Health.**

SUMMARY

The purpose of this agenda item is to present for discussion the outcome and recommendations of the annual REMSA Franchise Map review process. Included in this report is the process the region employed with regards to a revision of the response zones within the Washoe County REMSA ambulance franchise service area. A revised REMSA Franchise Map went into effect July 1, 2016. Consensus has been reached regarding changes to the map inside the franchise service area as well as the map methodology.

PREVIOUS ACTION

The EMS Advisory Board approved and recommended the draft map response zones within the REMSA ambulance franchise service area be presented to the District Board of Health on January 7, 2016.

The District Board of Health reviewed and approved the draft REMSA response zone map within the Washoe County REMSA ambulance franchise service area on January 28, 2016.

The District Board of Health reviewed and approved the implementation plan of the approved REMSA response zones within the Washoe County REMSA ambulance service area on February 25, 2016.

The EMS Advisory Board approved the REMSA Franchise Map review methodology on April 6, 2017.

The EMS Advisory Board approved the annual REMSA Franchise Map review on October 5, 2017.

The EMS Advisory Board approved the annual REMSA Franchise Map review on October 4, 2018.

BACKGROUND

EMS staff, along with Mr. Gary Zaepfel of GIS, met with or corresponded with regional partners between the months of June –December 2015 to develop a revised franchise area response map. The franchise map was developed primarily with Census population data, utilizing call data as an overlay.

The zones within the franchise area reached a regional consensus and were implemented July 1, 2016. Annually the map has been reviewed utilizing call data as the method to determine if there are any areas that might need an alternative response zone. For both FY 17 and FY 18 reviews, no changes were recommended.

The original map methodology called for the use of population density again in 2021, however, due to Census timing, the EMS Oversight Program recommended the methodology change and the five-year review occur in 2019. The new methodology is attached for consideration and aligns with the 10-year Census.

Ms. Heather Kerwin worked with Mr. Jay Johnson of GIS to put the maps together for the FY19 revision. Mr. Johnson produced population density maps utilizing the dwelling unit data from Truckee Meadows Regional Planning Agency and applying interim population estimates to show any significant changes in the population since the 2010 Census. Three areas were identified for discussion: Wingfield Springs, Cold Springs and Damonte Ranch.

A committee of regional partners convened to discuss the identified areas and map methodology. The partners agreed with the recommendation to adjust the methodology to align with the Census. The following recommendations reached consensus by the committee:

- Wingfield Springs is already a Zone A response, it was informational only.
- Damonte Ranch had a significant population change from the 2010 Census, the committee recommends changing this area from a response Zone B to a response Zone A.
- Cold Springs also experienced a significant change in population density, however, is not currently sharing a border with a Zone A response area. The committee recommends keeping Cold Springs as a response Zone B. However, as outlined in the Inter Local Agreement, this area has been identified as a sub-region and will be analyzed separately for evaluation of potential future recommendations regarding EMS response services in order to optimize the performance of system resources. The committee will reconvene in August/October 2020.

In addition to the above recommendations, as part of the annual review, the regional hot spots are run to determine if an alternative method of response is available. Listed below are the identified top 20 locations for FY19.

Street Address		Location	17/18	18/19	Avg Calls Per Day FY18/19	Difference (18/19 minus 17/18)
315 Record St		Homeless Shelter	1,760	1,851	5.1	91
200 E 4th St		RTC Bus Station	449	529	1.4	80
2500 E 2nd St		Grand Sierra Resort	428	453	1.2	25
2707 S Virginia St		Peppermill	484	450	1.2	-34

345 N Virginia St		El Dorado Resort Casino	341	413	1.1	72
407 N Virginia St		Silver Legacy Resort	403	413	1.1	10
911 Parr Blvd		Washoe County Jail	356	382	1.0	26
275 Neighborhood Way		Cascades of the Sierra Assisted Living	420	364	1.0	-56
1240 E 9th St		West Hills	376	349	1.0	-27
500 N Sierra St		Circus Circus	322	345	0.9	23
335 Record St		Homeless Shelter - Men's Drop in Center		333	0.9	NEW in Top 20
2360 Wingfield Hills Rd		Morning Star Senior Living	385	319	0.9	-66
1950 Baring Blvd		Hearthstone Assisted Living	214	310	0.8	96
2001 E Plumb Ln		Airport	131	310	0.8	179
6940 Sierra Center Pkwy		Reno Behavioral Healthcare Hospital		302	0.8	Opened doors April 2018
1100 Nugget Ave		Nugget	294	294	0.8	0
3101 Plumas St		Manor Care Health Services	396	286	0.8	-110
3800 S Virginia St		Atlantis Casino	286	263	0.7	-23
219 N Center St		Harrah's Hotel Casino	273	253	0.7	-20
Total		**-**	**7,318**	**8,219**	**-**	**901**

FISCAL IMPACT

There is no additional fiscal impact to the FY19 EMS Oversight budget should the Board approve the updated map methodology and the draft map response zones within the Washoe County REMSA ambulance franchise service area.

RECOMMENDATION

Staff recommend the EMS Advisory Board approve the updated map methodology and the draft map response zones within the Washoe County REMSA ambulance franchise service area to direct staff to represent to the District Board of Health.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the updated map methodology and the draft map response zones within the Washoe County REMSA ambulance franchise service area to direct staff to represent to the District Board of Health."

Attachment:

Revised map methodology

Annual REMSA Franchise Map Review

EMS Advisory Board Proposed Changes for Annual Review Timeline

Annual Reviews (2017-2018 then 2020-2021)

- *Map out calls for the fiscal year (July 2016-June 2017) to determine any possible response concerns.*
    - *Multitude of calls occurring in lower response zones (Zones B - E)*
    - *No calls occurring in portions of Zone A*

5-Year Review (July 2019, year 3)

- Map out population density data to determine if the density of any jurisdiction/region has significantly altered since the 2015-2016 map revision.
- Map out calls for the fiscal year to determine any response concerns.

10-Year Census Review (July 2022, year 6)

- Full revision the REMSA response map based on the map methodology utilized in 2015-2016.
    - Census Data Driven – system call data not considered, other than a "double check"
        - 2020 Population and Housing Unit census tracts estimated release later than July 2021
    - Zone designations of urban, suburban, rural and wilderness:
        - Urban: 101+ per square miles
        - Suburban: 50-100 per square mile
        - Rural: 7-49 per square mile
        - Wilderness: 1-6 per square mile

Revision Background

The revised REMSA Franchise map was based on population density, with an overlay of call volume, to ensure any outliers were identified and addressed. The approved annual review methodology language identifies two aspects to examine for map reviews. The change in call volume will be used to reflect change over time and will measured as absolute change in call volume from Year 1 (BASELINE) to the current year under review.

For annual reviews, the call locations for the most frequent fiscal year of data should be plotted against the BASELINE data to determine where changes in call volume are occurring relative to the REMSA response zones.

CAD-TO-CAD UPDATE

By: Rishma Khimji, Director of Technology, City of Reno

What is CAD-to-CAD

- As part of the EMSAB strategic plan and REMSA Franchise Agreement
- Review of CAD workflow found that Dispatch had to manually transfer calls to REMSA
- CAD-to-CAD Vision between Agency Dispatch and REMSA Dispatch:
  - Share call information
  - Don’t handle names
  - Only basic/necessary information allowed to pass through the interface
  - There will still be separate run/case numbers but there should be a reference link that will connect the call between different response agencies
  - Information shared should be standardized

C2C History

2015 — Tiburon and Tritech proposals signed by respective agencies

Jan 2016 — Washoe County Health initiates C2C meeting with TriTech

Apr 2016 — Reno reviewing quote from Tiburon

C2C History Continued

Nov 2016

- Reno requests funding from E911 Advisory Board.
- Funding for a multi-jurisdictional C2C was denied.

Dec 2016

Reno continues to move forward as the ONLY agency with a C2C between REMSA.

Jan through Oct 2017

- Reno works with Tiburon to determine that Reno's CAD environment is eligible for the C2C interface
- Continue internal C2C requirements conversations

C2C History Continued

Nov 2018 — Tiburon and TriTech working with third-party agency (EDC) on interface hardware

Apr 2018 — REMSA is informed that it must upgrade their CAD system

June 2018 — Reno and REMSA complete workflow and functional worksheets for data exchange.

C2C History Continued

Sept 2018

Tiburon, TriTech, ECD demo functionality – **NOT CONSISTENT WITH REQUIREMENTS**

Oct 2018 – Jan 2019

Agencies work on new and redefined workflows and requirements for C2C

Jan - Apr 2019

NEW SOW is developed and negotiated. Signed in April and reviewed with REMSA, Reno, Tiburon/TriTech and EDC

C2C History Continued

Jan - July 2019
Tiburon, TriTech and EDC developing new code and interface

July 2019
Tiburon, TriTech determine that they will not meet that Aug 2019 release date due to internal (to them) server issues

July 31, 2019
Reno, REMSA, Tiburon, TriTech and EDC have a conference call to determine new delivery dates

C2C History Continued

Sept 2019

New Deliverables Schedule is finalized and approved by Reno and REMSA

Oct 2019

Functional Acceptance Testing performaned by Tiburon, TriTech and EDC

Nov 2019

Nov 5 – USER Train the Trainer

Nov 19 – ADMIN Train the Trainer

Nov 20 – EDC Train the Trainers

Nov 5 – 18 – Testing, Testing, Testing

C2C Go-Live

January 21, 2019

Vendor staff will be onsite for support and issue resolution

Issues throughout project

- Initial SOW did not include project timeline or deliverables
- Tiburon and TriTech had to partner with a third-party on the hardware/appliance for data delivery
- Reno and partner agencies are the first agency to need a C2C to REMSA that is multi-jurisdictional
- Incompatible CAD environments for REMSA and Reno
- Tiburon, TriTech did not conduct a formal requirements review with IT and SMEs
  - Caused deliverables delay in October 2018
  - They were under the assumption that the various meetings held in 2016 supported their functional assumptions
  - New requirements developed
- Internal Staff and Server issues at Tiburon, Tritech postponed deliverables in August 2019

What’s next

- Includes deliverables of C2C to other agencies who can share in the costs of development
- Vehicle location interface if required
- Review of Mutual Aid
- Review of service workflows
- Review of data
- Continued improvements based on data review

Questions/Discussion

Regional Emergency Medical Services Authority

Nurse Health Line

EMS Advisory Board

November 7, 2019

1 OVERVIEW OF REMSA NURSE HEATHLINE

2 CURRENT ALPHA / OMEGA INITIATIVE PROCESS

3 ALPHA / OMEGA PERFORMANCE DATA

4 FUTURE OF REMSA NURSE HEALTHLINE

Nurse Health Line Information

- Staffed 24/7 with Registered Nurse (ECN)
  - 5 Full time RNs
  - 1 Quality Assurance Officer
  - 1 Medical Director
- Evidence based protocols
- Safely navigate patients to the *right level of care*
- Provide self-care instructions
- Identify and assist with transportation barriers
- Contracted, no public access

REMSA NHL FACTS

- **Annual Call Volume : 28,000**
- **Call Length : 14 minutes**
- **Taxi Cab Vouchers: $3,600**

*rounded approximate values

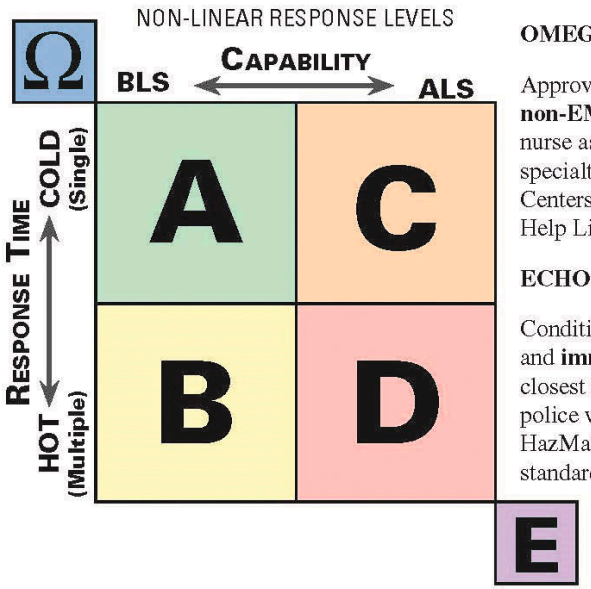
TOP 5 PROTOCOLS

REMSA

REMSA'S NURSE HEALTHLINE & OUR REGION'S EMS SYSTEM

ALPHA / OMEGA Determinates

- 94 Approved ALPHA / OMEGA Determinates
- Regional Committee Review / Approval
- Internal Quality Assurance Review Process



OMEGA (Ω) definition:

Approved low acuity conditions qualifying for **non-EMS response referrals** to quality-assured nurse assessment systems, and other external specialty agencies such as Poison Control Centers, Rape Crisis Lines, Suicide and Mental Help Lines, social services, and clinics.

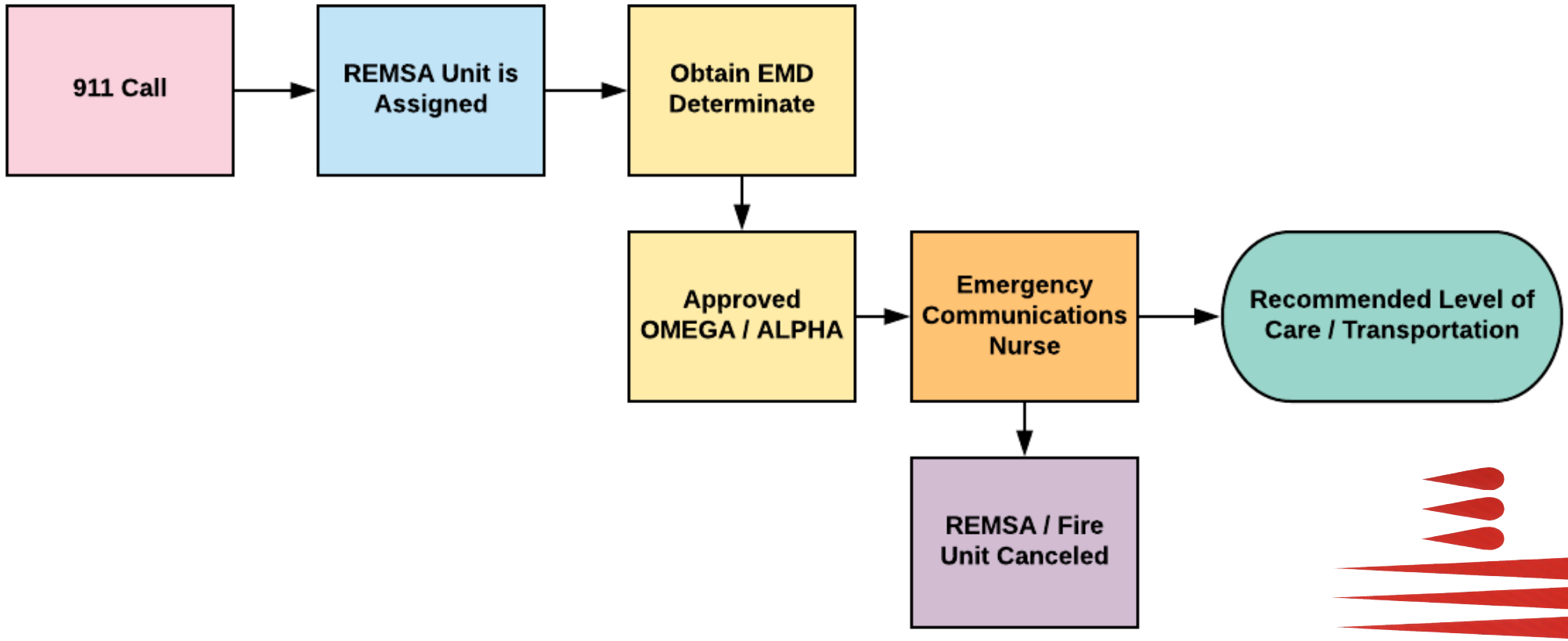
ECHO (E) definition:

Conditions requiring **very early recognition** and **immediate dispatch** of the absolute closest response of **any trained crew** such as police with AEDs, fire ladder or snorkel crews, HazMat units, or other specialty teams not in the standard medical response matrix.

BLS: Basic Life Support
ALS: Advanced Life Support
Ω: MPDS OMEGA determinant level
A: MPDS ALPHA determinant level
B: MPDS BRAVO determinant level

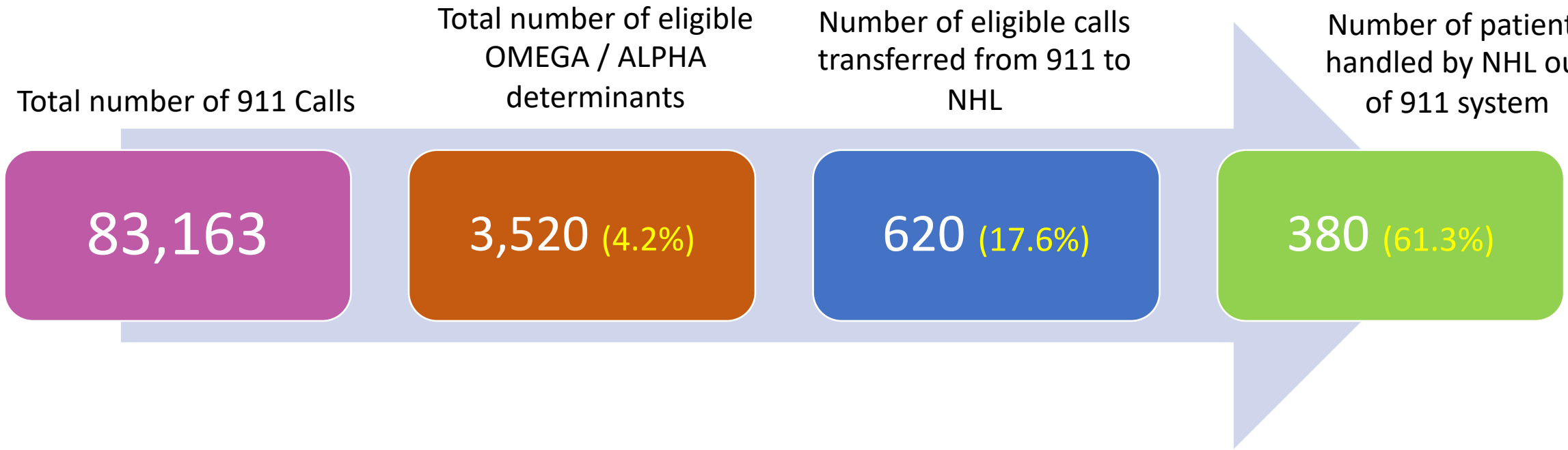
HOT: Lights-and-Siren response
COLD: No Lights-and-Siren response
C: MPDS CHARLIE determinant level
D: MPDS DELTA determinant level
E: MPDS ECHO determinant level

ALPHA / OMEGA Process



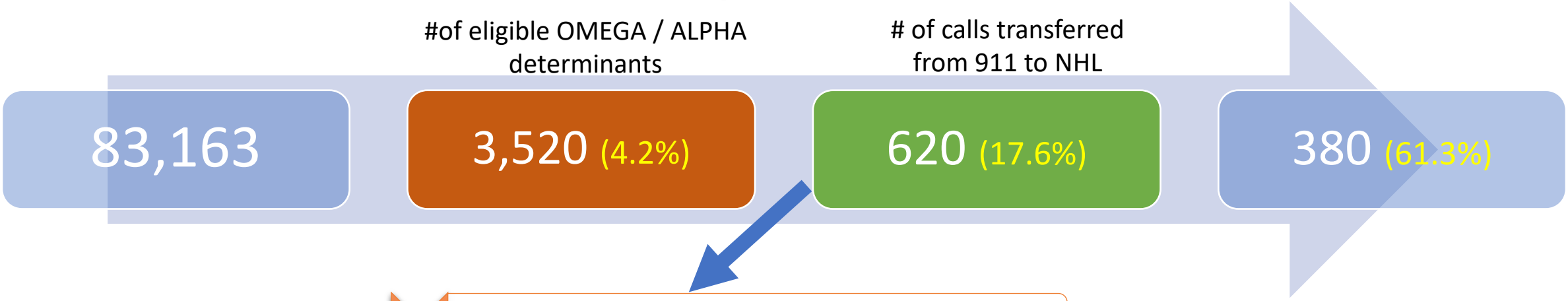
REMSA

October 2018 – September 2019

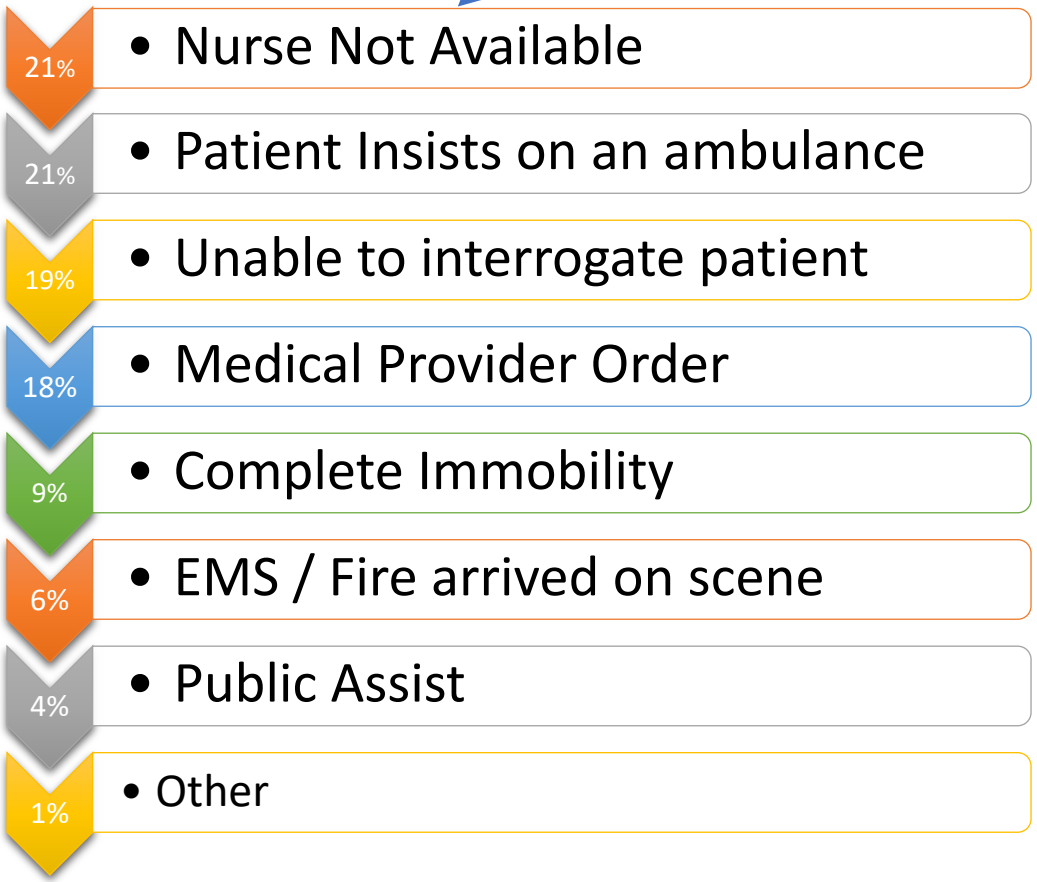


REMSA

October 2018 – September 2019

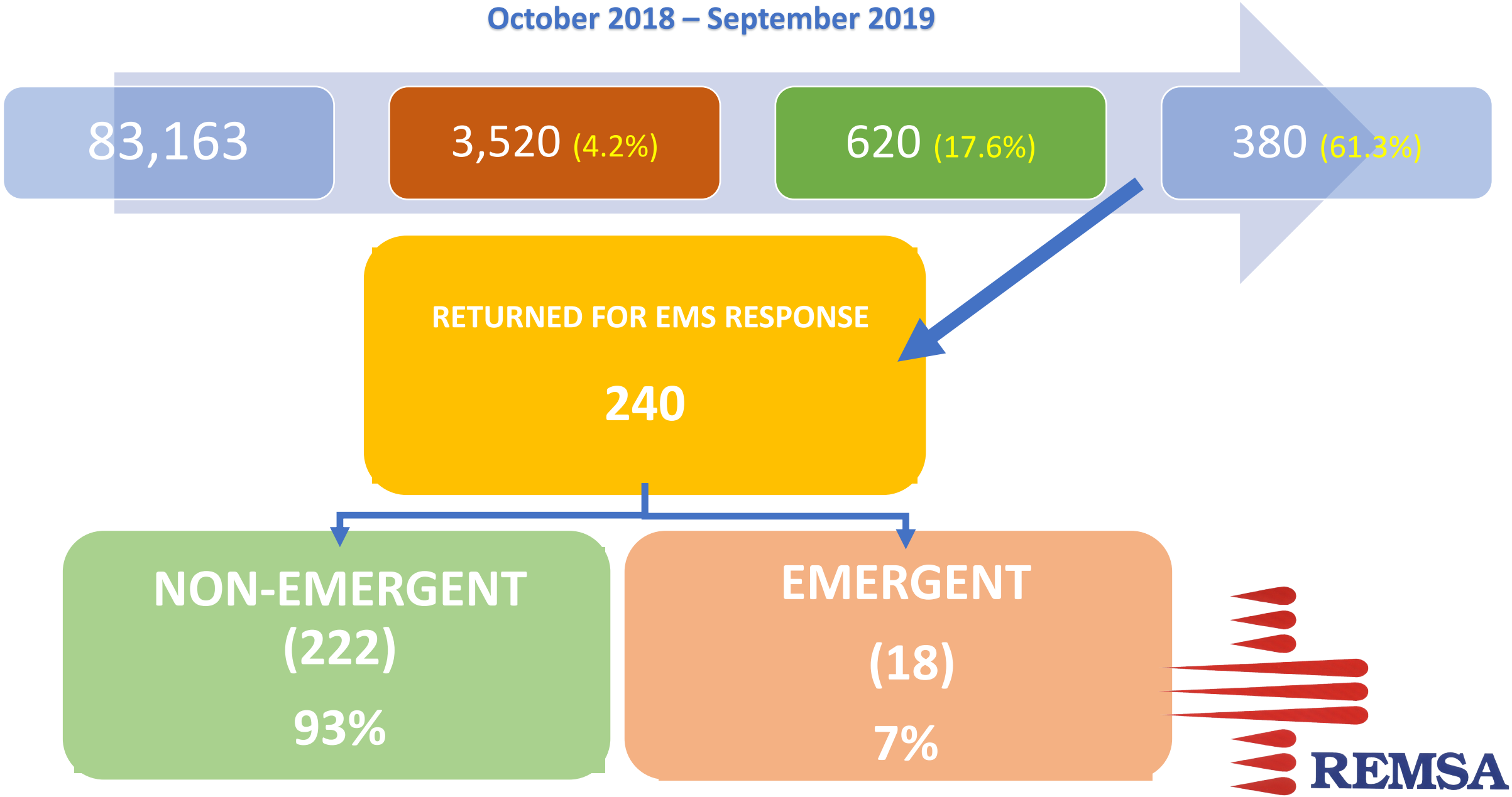


Reasons why calls were not transferred to NHL (2900)

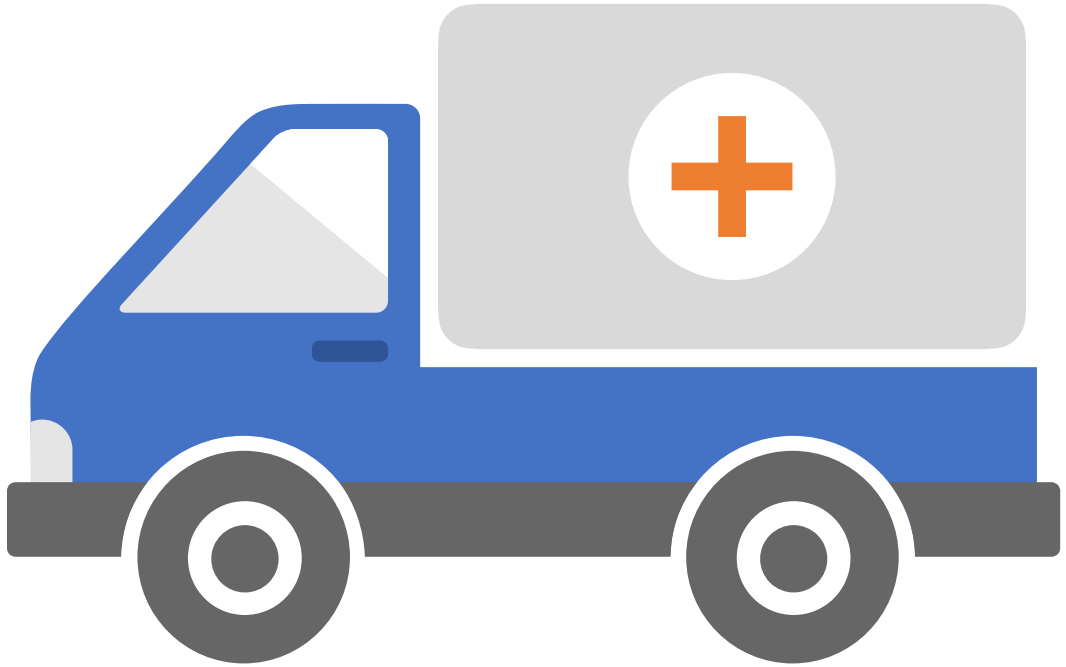


REMSA

October 2018 – September 2019



CALLS RETURNED FOR EMS RESPONSE



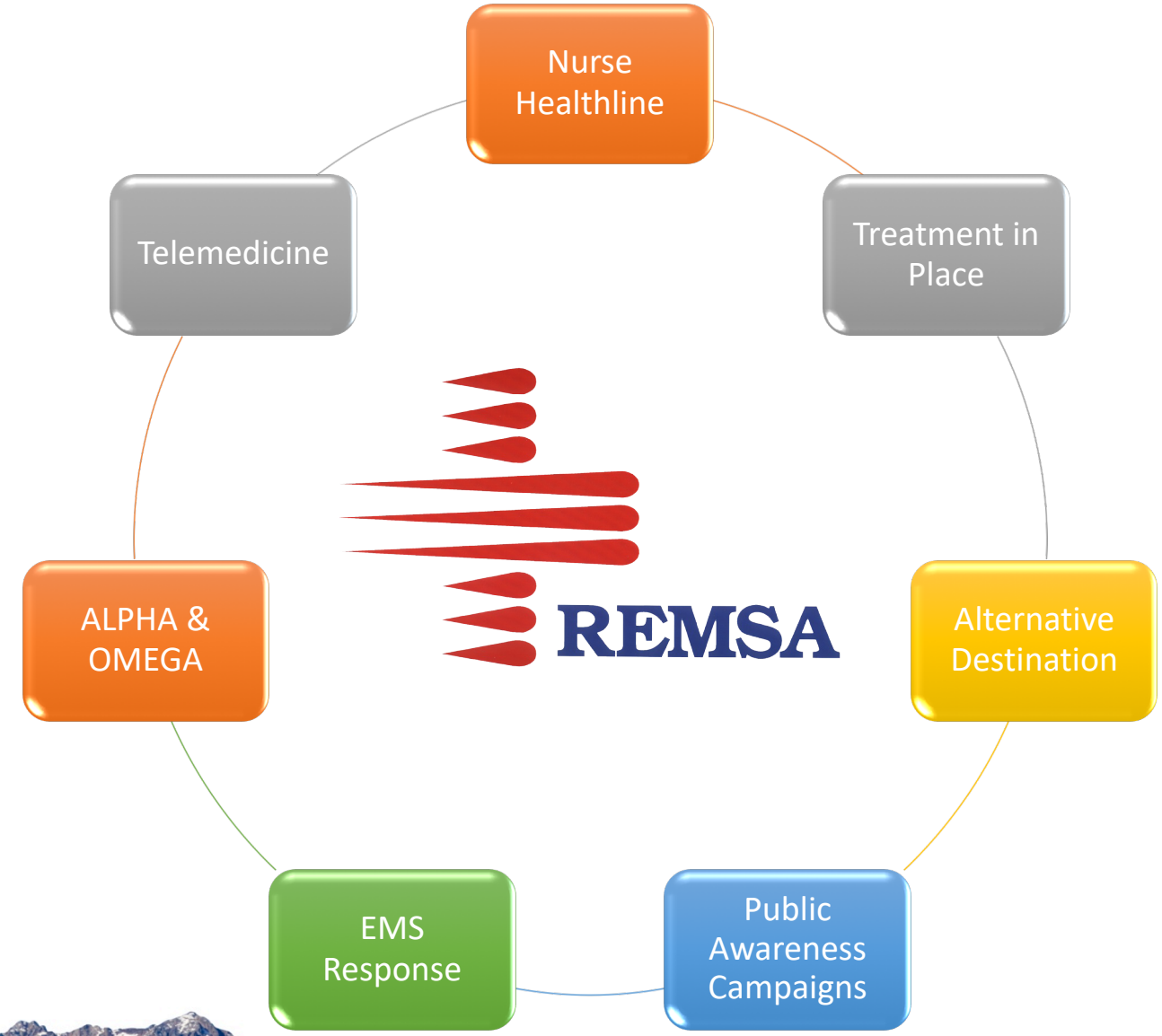
EMERGENT (18)

- (2) AMA WHEN EMS ARRIVED
- (16) TRANSPORTED NON-EMERGENT TO HOSPITAL
  - (11) NO INTERVENTIONS
    - (1) WENT TO TRIAGE
  - (4) ROUTINE
  - (1) CARDIAC WORK-UP

NON EMERGENT (222)

- DEMANDED AN AMBULANCE
- DECLINED TRANSPORTATION OFFER
- SPECIALIZED TRANSPORTATION UNAVALIBLE
- NON ACUTE MEDICAL COMPLAINT, NOT APPROPRIATE FOR OTHER TRANSPORTATION /POV

WHAT DOES THE FUTURE LOOK LIKE?


Nurse Healthline
Treatment in Place
Alternative Destination
Public Awareness Campaigns
EMS Response
ALPHA & OMEGA
Telemedicine
REMSA

REMSA

Future Opportunities

Thank you!