

Sabra Newby, Chair
City Manager
City of Reno

Neil Krutz
City Manager
City of Sparks

Kevin Dick
District Health Officer
Washoe County Health
District

Emergency Medical Services Advisory Board

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Eric Brown
County Manager
Washoe County

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

Joe Macaluso
Director of Risk Management
Renown

MEETING NOTICE AND AGENDA

Date and Time of Meeting: Thursday, August 6, 2020, 9:00 a.m.

Unless and until the Governor of Nevada issues a Directive or Order requiring a physical location to be designated for meetings of public bodies where members of the public are permitted to attend and participate, no members of the public will be allowed in the Washoe County Health District auditoriums due to concerns for public safety resulting from the COVID-19 emergency and pursuant to the Governor's Declaration of Emergency Directive 006 Section 1, which suspends the requirement in NRS 241.023 (1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate.

This meeting will be held by teleconference only.

Please attend this meeting via the link listed below or via phone.
(Please be sure to keep your devices on mute and do not place the meeting on hold)
<https://zoom.us/j/97553703962?pwd=eGpOMHdJaFlmdmd4b3lvbmlaS05yZz09>

Meeting ID: 975 5370 3962

Find your local number: <https://zoom.us/u/adrw4jPn83>

1. *Roll Call and Determination of Quorum

2. *Public Comment

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

As required by the Governor's Declaration of emergency Directive 006, Section 2, members of the public can provide public comment by teleconference by logging into the ZOOM meeting via the above link. NOTE: the ZOOM option will require a computer with audio and video capabilities.

Anyone wishing to provide public comment may either submit them to the Board Secretary to be read at the meeting or submit a request to speak. Requests must be submitted to Dawn Spinola at dspinola@washoecounty.us by no later than 4:00 p.m. on Wednesday, August 5, 2020.

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

February 6, 2020

4. ***Prehospital Medical Advisory Committee (PMAC) Update**
Dr. Andrew Michelson
5. ***Program and Performance Data Updates**
Andrea Esp
6. **Presentation and possible approval of the EMS Oversight Program FY19 Mid-Year Data Report** (For possible action)
Anastasia Gunawan
7. ***Presentation of the Washoe County Regional Communications Interoperability Working Group**
Adam Heinz
8. ***Regional Emergency Medical Services Authority Updates**
Adam Heinz
9. **Board Requests:**
 - A. ***Briefing on operational administrative analysis of the Reno Fire Department conducted by the Center for Public Safety Management**
TBD
 - B. ***City of Reno and REMSA CAD-to-CAD Implementation Project Update**
Rishma Khimji

10. ***Board Comment**

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

11. ***Public Comment**

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

As required by the Governor's Declaration of emergency Directive 006, Section 2, members of the public can provide public comment by teleconference by logging into the AOOM meeting via the above link.

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, 1001 E. 9th St, Reno, NV 89512, 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 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 electronically at the following locations:

Washoe County Health District Website www.washoecounty.us/health

State of Nevada Website: <https://notice.nv.gov>

Pursuant to the Declaration of Emergency Directive 006, NRS 241 (1)(b), the requirement to physically post agendas, is hereby suspended.

Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020. 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.

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MEETING MINUTES

Date and Time of Meeting: Thursday, February 6, 2020, 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 9:07 a.m.

The following members and staff were present:

Members present: Sabra Newby, Chair
Eric Brown
Kevin Dick
Neil Krutz

Members absent: Dr. Andrew Michelson
Joe Macaluso

Ms. Spinola verified a quorum was present.

Staff present: Dania Reid, Deputy District Attorney
Dr. Randall Todd, EPHP Director
Heather Kerwin, Epidemiology Program Manager
Dawn Spinola, Administrative Secretary, Recording Secretary

2. *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.

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

November 7, 2019

B. Approval of November 7, 2020 EMSAB Meeting Time Change from 9:00 a.m. to 2:00 p.m.

Chair Newby noted for the record that Item 3B incorrectly displayed the date of the November meeting as November 7, 2020 and stated it should read November 5, 2020.

Mr. Krutz moved to approve the Consent agenda. Mr. Dick seconded the motion, which passed unanimously.

4. Discussion and Possible Election of EMS Advisory Committee Vice Chair (For Possible Action)

Mr. Dick nominated Manager Krutz for the Vice Chair position. Mr. Krutz expressed that he would be happy to serve.

Mr. Dick stated his nomination could be used as a motion, which was seconded by Mr. Brown and passed unanimously.

5. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Chair Newby noted that Mr. Michelson was not present but understood that Mr. Dick had his report to give.

Mr. Dick explained that Dr. Michelson had sent him some bullet points to report to the Board. The PMAC has been working on how to manage their finances. They explored some options with different financial institutions for an account. Because of the charges that were involved with those, PMAC is working with REMSA to play a fiscal management role for them for that funding and help them save some money. They have had discussions with REMSA and are planning to move forward in that direction pending approval of a vote by their members, and there is also a letter of agreement for that, which is moving forward as well.

Mr. Dick went on to say PMAC is expecting an update from members that attended the EMS conference in San Diego, that conference is in January, so they would be providing updates to the Board at the next quarterly meeting. They are working on ways to share case information in a proactive, educational manner in a neutral way that can lead to shared learning of the group and improvement in the EMS system response.

Mr. Dick explained PMAC is continuing to work on support through membership dues. As mentioned at the last meeting, they had not been collecting dues and are in a somewhat precarious financial position at this point. If they are not able to sustain the dues, they will try to work on a contingency approach to try to keep the group together. Mr. Dick's editorial note on that would be if they are not successful in maintaining a viability through their dues structure, that he would suggest that perhaps this body discuss that and come up with a resolution and a recommendation of a mechanism to keep them operational, because he felt they were an important piece of the region's EMS systems performance and improvement.

6. *Program and Performance Data Updates

Heather Kerwin

Ms. Kerwin, Epidemiological Program Manager, introduced herself and stated she would be

providing the updates on behalf of the EMS Oversight Program. There was a partner meeting on December 2nd to discuss low-acuity Priority 3 calls. There were 14 additional determinants that were added to the discussion, and nine of those were pulled out for more in-depth review into the data to determine whether or not those nine would also be added to the current low-acuity Priority 3 calls for an alternative response.

Ms. Kerwin updated the board on the current staffing situation, explaining the Program Manager position was posted, and the EMS Coordinator interviews would be conducted next week. The EMS Oversight Program Statistician has been hired and started work. Her name is Anastasia Gunawan, and she has her Master's in Public Health from the University of Nevada. Her degree specialty was in Epidemiology. While she was a student there, she did win the Sandra A. Daugherty award for Excellence in Cardiovascular Disease and Hypertension Epidemiology, and she has specialized and work experience in both qualitative and quantitative data analytics, data collection, data management, which is a very key component to this position, as well as overall statistics and population health, including project management. Ms. Kerwin asked Ms. Guanwan to stand and wave.

7. Presentation and possible approval of the 2018 Washoe County Trauma Data Report

(For possible action)

Heather Kerwin

Ms. Kerwin explained there was nothing outstanding from previous years in this report for 2018 traumatic incidents. The numbers did increase but stayed relatively within the 300-400 incidents per 100,000 population range, and 500. The rate has remained approximately the same for the last four years of data. Most of our traumatic incidents, 2 and 3 traumatic incidents are due to falls and motor vehicle accidents, so those are still the two biggest issues to work on if the region is going to see a dramatic reduction in traumatic incidents.

Ms. Kerwin reminded the Board that these trauma data do represent people who were hospitalized in Washoe County, and those hospitals then report to the State, and the State then gives us access to that data again, so this does represent people who are not Washoe County residents, they could have been travelers passing through or here for an event.

Mr. Dick moved to accept the presentation and distribution of the 2018 Washoe County Trauma Data Report, and Mr. Krutz seconded.

Ms. Reid pointed out the action was for motion and approval of the report.

Mr. Dick stated his motion was amended. Mr. Krutz indicated his second still stood and the motion passed unanimously.

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)

Heather Kerwin

Ms. Kerwin opined that probably the most notable one on the report was the CAD-to-CAD update, which was the following agenda item, she stated she would leave that for Ms. Khimji to provide those updates. She noted that much of the work would be stalled until the program was fully staffed, but they would get the Statistician up to date where those current projects lie and she could get to work on some of them.

Mr. Brown moved to approve the update of the EMS Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight. The motion was seconded by Mr. Dick and passed unanimously.

9. Board Requests:

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

Rishma Khimji

Ms. Khimji, Director of Technology for the City of Reno introduced herself and explained that the CAD-to-CAD project was still being worked on. They were supposed to go live January 21st. However, during some testing conducted in December, they found some functional issues and went back to Tiburon and TriTech, who have since resolved that issue. Two additional functional testings since then have uncovered a couple of other functional issues. It sounds bad but is a good thing, because it is important to make sure they can get past the workflows and that the functionality does work in the test environment.

Ms. Khimji pointed out that was creating a roadblock at this point, so Reno has let Tiburon and TriTech know that the functionality needs to be worked on again. In the meantime, they are also looking at what workflow workarounds they can put into the system to avoid changing code, maybe they can change the way they do business with their partners at REMSA. March has been selected as a new go-live month. A date has not yet been specified because they want to be sure they can get through this roadblock of issues to then go into a go-live strategy. It is not where they were hoping to be at this time, but they are definitely continuing to move forward, and should have a better update in the next few days as they work through the functionality with REMSA and Reno dispatch.

Mr. Dick reminded everyone of the importance of the CAD-to-CAD for the community, and as the region went through the negotiations of the franchise agreement with REMSA, there was a lot of discussion about how the region communicates and conducts its EMD process. What was agreed to was that the agencies would move forward with CAD-to-CAD to establish connectivity between the CAD systems to improve that communication, as has been done in numerous other communities with their CAD systems. He pointed out it had been five years and still was not implemented, which was frustrating.

Mr. Dick noted that the Reno City Council would be holding a special meeting next Monday, to include a discussion of EMD in the dispatch, and also a discussion of CAD-to-CAD. He reiterated that was what was put forward as the regional solution for communications and was pleased to see it would be discussed. He pointed out that during the franchise agreement negotiations, the region did identify that REMSA would continue to provide the EMD services. He expressed that he was hopeful that as a region all agencies could continue to focus on the CAD-to-CAD implementation and achieve that.

Mr. Krutz asked if the vendors being responsive to the hurdles that were being encountered and acknowledged that had caused frustration in the past. Ms. Khimji replied that they had been. She reiterated this was a workflow issue, which was functional. She opined they had not anticipated this issue in the testing, so it was nice to know that the testing was catching them. Now was a matter of negotiating if it is this a workflow issue or is this an actual technical code issue, and they are trying to work through all of those scenarios. It is a roadblock and they cannot go live until they figure out how to resolve a call times issue. That is what they are working on now in collaboration with REMSA from the City of Reno side, and with our vendor, to make sure that we have either an appropriate workaround in place or a functional solution. They are talking

to other regions that have also faced this issue to see what they have done.

Chair Newby noted that it had been stated that the current roadblock was one of call times. She requested elaboration and asked if that was the only roadblock, or if there were several.

Ms. Khimji explained that call times can be broken up into a couple of functional issues. The point of the issue is that when there are calls between Reno and REMSA, and Reno has fire apparatus assigned to the call and REMSA has units assigned to the call, call times are determined by last unit on the call. If it is a fire call, the report to INFERS is when the last fire apparatus has left. That closes the fire part of the call. When REMSA leaves, they mark their unit off scene and that closes the REMSA side of the call. However, because this is a joint call, just because fire has left, fire cannot close out the call if REMSA is still on scene. The reverse is also true. That changes the call times. It is important to make sure that there is not an issue in place, because a lot of these call time numbers are provided to Federal agencies for review, and also locally to the EMS Board, and so the times cannot be distorted. Therefore, they want to figure out how they can segregate the call times so that the call for that responding agency can close without closing the shared call.

Chair Newby reiterated her question regarding whether there were other issues. Ms. Khimji said that was the biggest one, but there were a couple of fallout issues from the call time when they mark closed on a call on a shared call.

Chair Newby requested to hear from REMSA about their experience in the testing process. Adam Heinz, Executive Director for REMSA introduced himself. He started by noting the substantial amount of work and collaboration that had been done by the City of Reno. This last couple of months REMSA had seen actual functionality that had not previously existed, so there was hope and obviously some progress. He expressed a significant concern from REMSA's perspective which was that during the functionality, they learned that if there was a call that was generated from another agency, and it comes to REMSA but they do not necessarily immediately recognize that that it is a new call, and it gets assigned to an apparatus, it could leave that pending status. This would require, which is what Ms. Khimji was speaking of, is an investigation into if there is a safe way that REMSA could, through a workaround or through workflow, ensure that they do not miss that call. Until they are extremely confident that they have a solution, it was a no-go until that is fixed, whether that be on the back side of the programming or humans do it. His preference would be a technological solution. That had been communicated during the last call and he was hopeful that the problem could be resolved.

Chair Newby asked if he had found the vendor to be responsive in his interactions with them. Mr. Heinz said yes, there has been a lot of communication both on the Reno and REMSA side, as well as both the intermediary and Central Square, and he found them, more recently, to be extremely responsive.

10.*Board Comment

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

Mr. Dick requested a briefing on the operational administrative analysis of the Reno Fire Department that was conducted by the Center for Public Safety Management that would be discussed at the Reno City Council's Monday meeting. He had reviewed a copy of the report and noted there were numerous good recommendations regarding Reno Fire. For the EMSAB briefing they should focus on what was related to EMS within that report so that the Board can be appraised of what is included within it.

Chair Newby stated they could provide a briefing on the items that relate to EMS, and pointed out the City Council, in their duties, are the overseers of the Reno Fire department.

Chair Newby requested another update on CAD-to-CAD be on the next agenda. She opined it was important to keep that front of mind so that Board members can report out on it and get regular updates.

11. *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 9:29 a.m.

**STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: August 6, 2020**

TO: Regional EMS Advisory Board Members
FROM: Andrea Esp, Public Health Preparedness and EMS Oversight Program
 Manager
 775-326-6042, aesp@washoecounty.us
SUBJECT: Program and Performance Data Updates

Meetings with Partner Agencies:

The EMS Protocols revisions have been completed and approved by the Protocols Committee, and are anticipated to go into effect July 20, 2020.

The quarterly Emergency Department Consortium meeting was held on June 24. Significant points of discussion included the Free-Standing Emergency Department (FED) that is anticipated to open at the end of August and how it will fit into the Diversion Policy and the EMS Destination Protocol.

The Diversion Policy was updated to incorporate the FED, and language in the Destination Protocol was presented and approved at the Protocols Workgroup meeting on July 9.

Revisions to the Multi-Casualty Incident Plan and its annexes, the Alpha Plan and the Family Service Center, were approved by the District Board of Health on June 25, 2020. The revisions will go into effect August 1.

EMS and PHP staff participated in training provided by the National Disaster Medical System in conjunction with the VA on the Joint Patient Assessment and Tracking System (JPATS), the system used by the federal government to track patient movements.

Program staff reviewed the Washoe County EMS Strategic Plan and reassessed internal deadlines as a result of staff turnover and COVID-19 to ensure the goals are still accomplished.

Subject: Program and Performance Data Updates

Date: August 6, 2020

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Data Performance Reports:

Requestor	Summary of request	Date of request	Request completed
Reno Fire Department	Priority 3 call Statistics	02/06/2020	Yes; 02/11/2020
Reno Fire Department	Priority 3 and Priority 9 call Statistics	02/12/2020	Yes; 02/20/2020
Reno Fire Department	Priority 1,2, and 3 Fiscal Year 2020	03/26/2020	Yes; 04/17/2020
Truckee Meadows Fire Protection District	Cancelled En-route Traffic Accidents Statistics Fiscal Year 2020	05/05/2020	Yes; 05/27/2020

Mass Gathering Applications or Events:

As a result of COVID-19 there have been no mass gatherings.

Other Items of Note:

The EMS Oversight Program recently experienced a period of transition.

- Ms. Anastasia Gunawan, the new EMS Statistician, started on February 2 and is quickly learning her position and has been assisting with COVID operations.
- Ms. Vicky Olson, the new EMS Coordinator, started on March 30 and learning her position and has been assisting with contact tracing.
- Ms. Andrea Esp, the new EMS Oversight Program Manager, started on April 13 and is serving at the Acting EPHP Division Director while the position is vacant.

**STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: August 6, 2020**

TO: EMS Advisory Board Members
FROM: Anastasia Gunawan, EMS Statistician
agunawan@washoecounty.us
SUBJECT: Presentation, possible approval for distribution of the Washoe County EMS Oversight Program Fiscal Year 2020 Mid-Year Data Report.

SUMMARY

The EMS Oversight Program Statistician is providing a mid-year report for Fiscal Year 2020, utilizing the agreed-upon template in addition to jurisdictional standards and measurements.

BACKGROUND

In order to determine how to best measure the six topics identified by the jurisdictional fire chiefs (below), the previous EMS Statistician coordinated and facilitated four regional EMS data workgroup meetings with representatives from each of the fire jurisdictions and REMSA. The EMS data workgroup was created to determine how to measure the six topics and provide input on the future quarterly data reports as outlined in the EMSAB meeting Staff Report on May 2, 2019.

The following topics were identified by EMS leadership as important to measure:

1. Response Times
2. Patient Outcomes
3. Dispatch/Prioritization of Calls
4. Transport Times
5. Quality of Patient Care in the field
6. Prevention and Community Interventions

The EMS Advisory Board approved a new template for data and made recommendation to reduce the number of EMS data reports per year from four to two. The mid-year review provides a snapshot illustrating regional EMS system performance and jurisdictional performance measurements. The four regional tables are 1) number and percent matched per REMSA priority; 2) travel time for fire from en route to arrival on scene as median, mean and 90th percentile; 3) travel time for REMSA from en route to arrival on scene median, mean and 90th percentile; and 4) patient perspective from time of initial call to first arriving unit per REMSA priority. The jurisdictional tables and graphs help evaluate performance relative to the standards adhered to by each fire jurisdiction. . Additionally the EMS Advisory Board also approved the inclusion of performance measurement relative to first tier response standards.

Subject: FY20 Mid-Year Data Report

Date: August 6, 2020

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FISCAL IMPACT

There is no additional fiscal impact should the EMS Advisory Board move to accept the mid-year EMS data report

RECOMMENDATION

Staff recommends the Board accept the update regarding the mid-year EMS data report.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the distribution of the Washoe County EMS Oversight Program Fiscal Year 2020 Mid-Year Data Report.

Attachment: FY20 Mid-Year EMS Data Report

WASHOE COUNTY **HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

EMS Oversight Program FY20 Mid-Year Data Report

August 2020



Public Health
Prevent. Promote. Protect.

Washoe County Health District EMS Oversight Program Mid-Year Data Report

The EMS Oversight Program monitors the response and performance of agencies providing Emergency Medical Services in Washoe County. One of the duties of the EMS Oversight Program are to measure performance, and analyze of system characteristics, data and outcomes of the Emergency Medical Services to Reno, Sparks, Washoe County, Fire, and REMSA as outlined in the [Interlocal Agreement \(ILA\)](#). The Fiscal Year 2020 (FY20) mid-year data report depicts regional and jurisdictional performance measures of 911 EMS data for Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, and REMSA. Fire jurisdictional performance measures and analyses reported are relative to the standards and measures adhered to by fire departments. Jurisdictional performance analyses are not comparable across the various jurisdictions due to different performance measures being utilized across Washoe County. The regional performance measures and analyses reported were approved by the [EMS Advisory Board meeting](#) in April 2017. Regional analyses in this report do not include regional performance standards and benchmarks. The EMS Oversight Program staff regional team will identify performance measures standards to be used for future data reports and continuous quality improvement as outlined in the [Washoe County EMS Strategic Plan](#). This report provides a summary of EMS agencies performance measures in the following section(s):

- Regional Tables; Table 1- Table 5
- Reno Fire Department; Table 6
- Sparks Fire Department Jurisdictional Performance; Table 7 & Figure 1
- Truckee Meadows Fire Protection District Jurisdictional Performance; Table 8 - Table 9, Figure 2 – Figure 3.

REMSA Call Priority – A call priority number is assigned in accordance to the Medical Priority Dispatch System protocols (MPDS).

- Priority 0: “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 of fire calls that matched to REMSA calls, by REMSA call priority.

Matched Fire Calls to REMSA Calls by REMSA Priority July 2019 - December 2019				
REMSA Priority	Fire Department			
	Reno Fire Department	Sparks Fire Department	Truckee Meadows Fire and Protection Department	Total
0	91	29	7	127
1	8,468	2,522	1,612	12,602
2	6,322	1,719	1,415	9,456
3	1,199	818	655	2,672
9	272	233	203	708
Total	16,352	5,321	3,892	25,565

Table 2: Travel time for fire is the time responding fire unit goes en route to fire unit arrival on scene median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

Fire Travel Time: En route to Arrival		
Median	Mean	90th Percentile
0:04:43	0:05:30	0:08:42
Total number of calls: 19,339		

Table 3: Travel time for REMSA is the time responding REMSA unit goes en route to REMSA unit arrival on scene median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

REMSA Travel Time: En route to Arrival		
Median	Mean	90th Percentile
0:05:46	0:06:44	0:10:51
Total number of calls: 20,905		

Table 4: Patient Wait Time measures the median time from the initial 911 call to the first arriving unit on scene for all REMSA Priority calls.

REMSA Priority	Patient Wait Time
0	0:07:49
1	0:06:31
2	0:06:58
3	0:07:39
9	0:07:58
All	0:06:48
Total number of calls: 25,037	

Table 5: Jurisdiction arrival on scene by REMSA priority.

Jurisdictional Arrival on Scene by REMSA Priority						
July 2019 - December 2019						
Jurisdiction(s)	REMSA Priority					Total
	0	1	2	3	9	
REMSA First	0	5,764	3,456	756	200	10,176
REMSA Only-Fire cancelled	1	1,193	1,145	243	103	2,685
Fire First	0	5,275	4,025	1,359	325	10,984
Fire Only-REMSA cancelled	57	242	510	291	41	1,141
Same Time	0	27	19	6	0	52
All Cancelled	69	101	301	17	39	527
Total	127	12,602	9,456	2,672	708	25,565
Total number of calls: 25,565						

Reno Fire Department

The City of Reno’s Master Plan, approved December 13, 2017, provides definitions that can be utilized to assess performance relative to the identified measures, although the document states these are not performance standards.

The first definition is identified as a performance measure to gauge and measure progress toward the guiding principles and goals of the Master Plan¹. The identified definition is to maintain or decrease the fire service average response time of 6 minutes 0 seconds. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene (Table 6).

Table 6. Reno Fire Department Travel Time: En Route

Reno Fire Department Travel Time: En route to Arrival July 2019 - December 2019		
Median	Mean	90th Percentile
0:04:41	0:05:24	0:08:34
Total number of calls: 12,845		

Additionally, the concurrency management system ensures new development does not decrease existing levels of service targets. Specific to the Reno Fire Department it states that fire stations should be distributed throughout the city and its sphere of influence (SOI) to provide adequate fire protection for the entire city and to provide any one area of the city with an adequate response time. While these are not performance measurement standards, the City of Reno strives for response times outlined below²:

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 provide performance measurements due to lack of the designation “urban” or “suburban”.

¹ REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

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

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 following Sparks Fire Department (SFD) analyses only include those Sparks Fire Department calls designated as a Priority 1 per the responding captain.

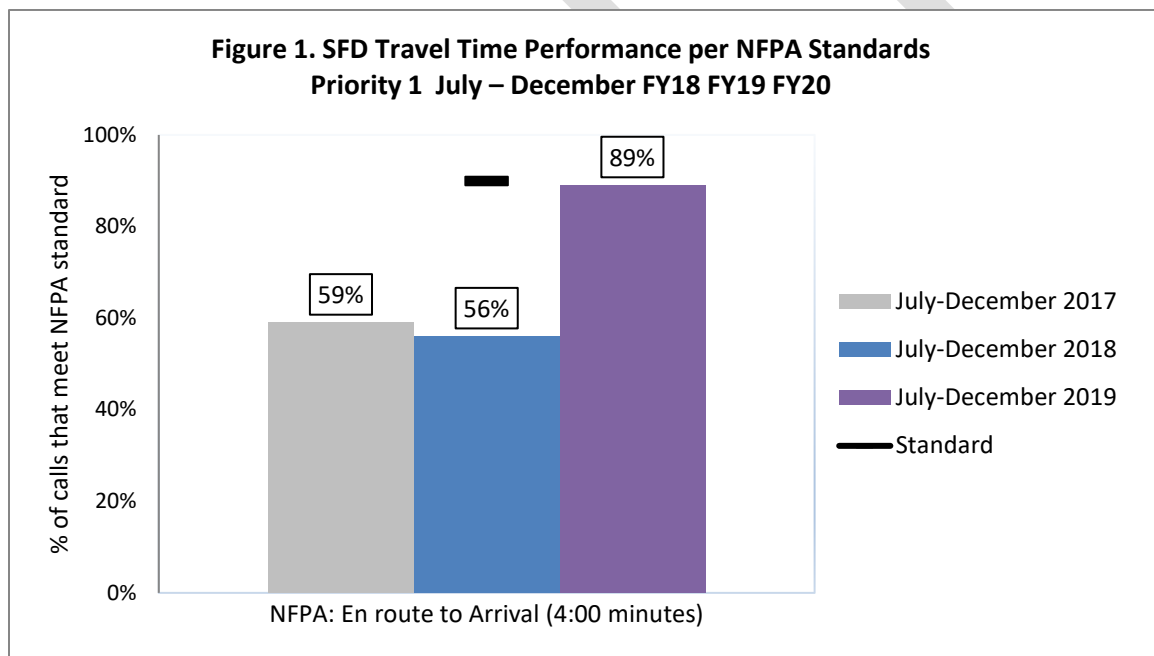
City of Sparks uses the National Fire Protection Association (NFPA) standards for response time. The NFPA creates and maintains private copyrighted standards and codes for usage and adoption by local governments. Per NFPA 1710 4.1.2.1 (2016 Edition), a fire department shall establish the following “240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher-level capacity at an emergency medical incident” for 90 percent of incidents.

Table 7: SFD Travel Time Performance per NFPA Standards, July 2019 — December 2019.

Sparks Fire Department Travel Time Performance by Priority – High Acuity					
NFPA: Fire En route to Arrival	Expected	Calls Used	Met Standard	Median Time	Average Time
	90%	2,748	89%	0:04:14	0:04:35

Table 7 summarizes SFD travel time performance per NFPA standards. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene.

Figure 1 summarizes the percentage of SFD calls that met travel time performance per NFPA standards over the course of three mid-year comparisons for Fiscal Year 2017, Fiscal Year 2018 and Fiscal Year 2019. Only SFD designated Priority 1 calls were used for jurisdictional analyses.



Truckee Meadows Fire Protection District

A Regional Standards of Cover (SOC) 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 (TMFPD) Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is provided below.

Regional Standards of Cover Response Time Recommendations³

Turnout Time: Fire Dispatch → Fire En Route

For 85 percent of all priority responses, the Region fire agencies will be en route to the incident in 90 seconds or less, regardless of incident risk type.

Travel Time: PSAP Created → 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.

Additionally, TMFPD evaluates response times in close alignment with NFPA standards for response time from time of dispatch to the time of arrival measures. This allows for independent measuring of the call processing time, which is handled by fire dispatchers.

³ Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

Table 8: Truckee Meadows Fire Protection District Performance Relative to Standards of Cover REMSA Priority 1 and Priority 2 July 2019 – December 2019					
Standards of Cover Measurement (s)	Expected	Calls Used	Met Standard	Median Time	Average Time
Fire Dispatch to En Route	85%	2,878	81%	0:01:13	0:01:28
URBAN: Call Received to Arrival	85%	449	57%	0:08:41	0:12:04
SUBURBAN: Call Received to Arrival	85%	1,942	69%	0:09:15	0:14:05
RURAL: Call Received to Arrival	85%	336	86%	0:08:09	0:10:56
*ALL: Call Received to Arrival	85%	2,694	69%	0:08:27	0:11:52
*ALL calls include calls occurring in the frontier but excluded in all other region(s).					

Table 8 summarizes TMFPD performance per Regional SOC Tier One is displayed. All TMFPD EMS-related calls that matched to REMSA, categorized as a Priority 0, Priority 1, or Priority 2 through REMSA’s Emergency Medical Dispatch were analyzed. Unmatched TMFPD calls, or matched REMSA Priority 3 and Priority 9 calls were excluded from the jurisdictional analyses.

Figure 2: TMFPD Performance Relative to Standards of Cover Standards Call Received to Arrival, REMSA Priority 1 and Priority 2 calls only July - December FY18 FY19 FY20

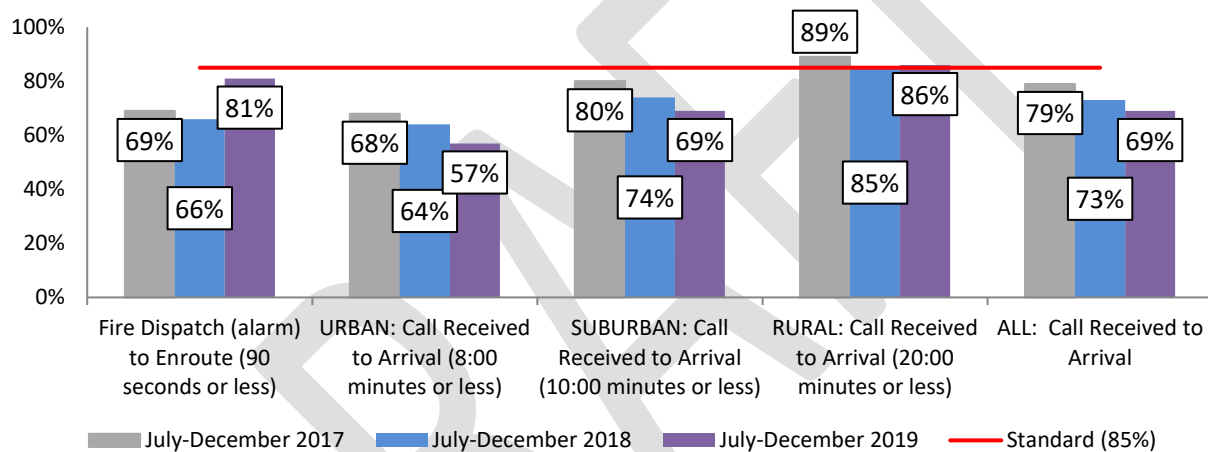


Figure 2 summarizes the percentage of TMFPD calls that met SOC standards over the course of three mid-year periods from Fiscal Year 2018, Fiscal Year 2019, and Fiscal Year 2020. Based on the FY20 mid-year analyses, TMFPD meets the SOC standards for Call Received to Arrival (20:00 minutes or less) for Rural Areas.

Table 9: Truckee Meadows Fire Protection District Performance REMSA Priority 1 and Priority 2 July 2019 – December 2019					
Standards of Cover Measurement (s)	Expected	Calls Used	Met Standard	Median Time	Average Time
URBAN: Dispatch to Arrival	85%	449	74%	0:07:20	0:08:21
SUBURBAN: Dispatch to Arrival	85%	2,022	80%	0:07:38	0:09:10
RURAL: Dispatch to Arrival	85%	379	89%	0:06:51	0:07:34
*ALL: Call Received to Arrival	85%	2,918	81%	0:07:09	0:08:07
*ALL calls include calls occurring in the frontier but excluded in all other region (s).					

Table 9 summarizes the number and percentage of TMFPD EMS calls for service during July to December 2019 that meet performance measures as measured from time of dispatch to time of arrival are displayed. Based on the FY20 mid-year analyses, TMFPD meets the SOC standards for Dispatch to Arrival time (20:00 minutes or less) for Rural Areas.

Figure 3: TMFPD Performance Relative to Standards of Cover Dispatch to Arrival, REMSA Priority 1 and Priority 2 calls only July – December FY19 FY20

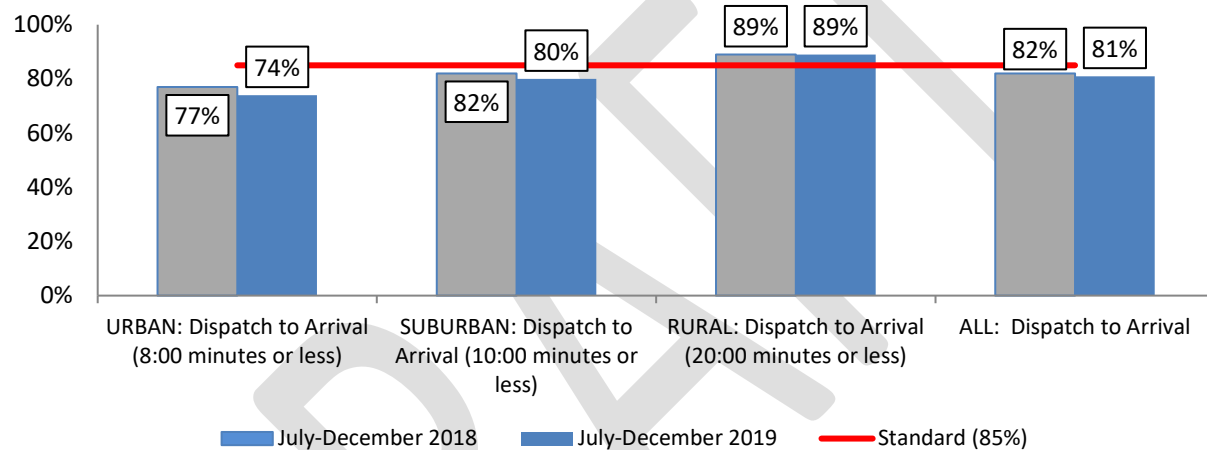


Figure 3 summarizes the percentage of TMFPD calls that met SOC standards for fire unit dispatch to fire unit arrival over the course of three mid-year periods from Fiscal Year 2018, Fiscal Year 2019, and Fiscal Year 2020. All TMFPD EMS-related calls that matched to REMSA and categorized as Priority 0, Priority 1, or Priority 2 through REMSA’s EMD process were analyzed. Unmatched TMFPD calls, or matched REMSA Priority 3 and Priority 9 calls were excluded from the TMFPD jurisdictional analyses.