Neil Krutz
City Manager
City of Sparks

Doug Thornley
City Manager
City of Reno

Emergency Medical Services Advisory Board

Eric Brown
County Manager
Washoe County

Dr. John Hardwick
Emergency Room Physician

Kevin Dick
District Health Officer
Washoe County Health District

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Joe Macaluso
Director of Risk Management
Renown

MEETING NOTICE AND AGENDA

Date and Time of Meeting: Thursday, May 4, 2023, 9:00 a.m.

This meeting will be held virtually 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://us02web.zoom.us/j/84218377051
Meeting ID: 842 1837 7051 Phone: 1 669 900 6833 US

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**
      March 2, 2023
4. ***Prehospital Medical Advisory Committee (PMAC) Update**
   Dr. John Hardwick
5. ***EMS Oversight Program and Performance Data Updates –** Joint Advisory Committee Activities, Special Projects, EMS Planning, Data Performance, REMSA Franchise Agreement Updates, REMSA Exemption Requests, Community Services Department Reviews, Mass Gatherings and Special Events Reviews
   Andrea Esp
6. **Presentation of the Washoe County Trauma Data Report 2022, and Possible Permission to Disseminate** (For Possible Action)
   Andrea Esp
7. **Presentation, discussion and possible approval of the proposed REMSA Response Zone Map for the ambulance franchise service area with a July 1, 2023, effective date** (For Possible Action)
   Sabrina Brasuell

8. **Presentation, discussion and possible approval of the Washoe County EMS Strategic Plan 2023-2028, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight** (For Possible Action)
   Sabrina Brasuell

9. ***Agency Reports and Updates**

   A. ***REMSA EMSAB Report, Adam Heinz**
      Data Performance Report, EMS Operations Report

   B. ***City of Sparks Fire Department EMSAB Report, Walt White**
      Data Performance Report, EMS Operations Report

   C. ***Truckee Meadows Fire and Rescue EMSAB Report, Chief Joe Kammann**
      Data Performance Report, EMS Operations Report

   D. ***Reno Fire Department EMSAB Report, Chief Cindy Green**
      Data Performance Report, EMS Operations Report

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.

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."

Posting of Agenda; Location:
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
Washoe County Health District Website https://www.washoecounty.gov/health
State of Nevada Website: https://notice.nv.gov

Supporting materials are available at the Washoe County Health District located at 1001 E. 9th St., Reno, NV and on the website www.washoecounty.gov/health pursuant to the requirements of NRS 241.020. Ms. Jackie Lawson, 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. Lawson may be reached by telephone at (775) 326-6049, or by email at jlawson@washoecounty.gov.

Emergency Medical Services Advisory Board

MEETING MINUTES

Date and Time of Meeting: Thursday, March 2, 2:00 p.m.

This meeting was held virtually.

1. ***Roll Call and Determination of Quorum**
   Chair Krutz called the meeting to order at 2:03 p.m.

   The following members and staff were present:

   Members absent: Joe Macaluso

   Ms. Lawson verified a quorum was present.

   Staff present: Dania Reid, Deputy District Attorney
   Dr. Nancy Diao, Epidemiology and Public Health Preparedness Division Director
   Andrea Esp, Preparedness and EMS Program Manager
   Anastasia Gunawan, EMS Statistician
   Sabrina Brasuell, EMS Coordinator

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

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

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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**
      November 29, 2022

   Mr. Brown moved to approve the minutes. Mr. Thornley seconded the motion, which passed unanimously.

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4. ***Prehospital Medical Advisory Committee (PMAC) Update**
   Dr. John Hardwick

Dr. Hardwick shared that PMAC is paring down the number of meetings annually, as needed, on the lead of the Protocol Committee meetings. No other updates.

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5. ***EMS Oversight Program and Performance Data Updates –** Joint Advisory Committee Activities, Special Projects, EMS Planning, Data Performance, REMSA Franchise Agreement Updates, Community Services Department Reviews, Mass Gatherings and Special Events Reviews
   Andrea Esp

Ms. Esp has nothing to add to her report but offered to answer any questions.

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6. **EMS Strategic Plan 2023-2028 Overview Presentation and Discussion** (For Possible Action)
   Sabrina Brasuell

Ms. Brasuell presented and asked for actions or recommendations associated with the Washoe County EMS Strategic for 2023-2028. She stated that the 2014 Interlocal agreement requires maintenance of a five-year strategic plan, essentially creating unity of agencies around the shared common goals. The Strategic Plan has many of the same pillars of collaboration as the previous plan, paired with goals and objectives that meet the current culture under a main theme of equity and equality for EMS users and safety considerations for EMS providers. The focus is generally on 7 goals falling under 3 themes. Practitioner Safety: Goal#1 - Promotion of an EMS culture of safety; Operational Efficiencies: Goal# 2 - Automatic Vehicle Locator, Goal # 4 - Radio Communications and CAD-to-CAD interface, Goal # 6 - Strategic Plan tracking, future plan creation and MCI plan revision; Clinical Care: Goal# 3 – Regional Community Paramedicine Program, Goal# 5 – Improved Continuity of Care via CQI process and annual reporting, Goal# 7 – Create CQI process for Joint Advisory Committee. It was noted that several of these are carryovers and will be adjusted based on the regionalization progress. This has been presented to the partners where if regionalization has not progressed to a point where tangible goals and objectives are able to be created or updated, generic language would be inserted that goals and objectives will be updated when discussions are concluded. These would be mindful of the goals and objectives as a result of the regionalization discussions. A preference this term is to create more of an interactive, accessible dashboard for partners and agencies, rather than sharing a document via email. The Program is looking into providing a dashboard with accountability metrics, timelines, etc. The next steps include revising the specific metrics and due dates through JAC and partner meetings, review the regionalization progress, then present the final document to this Board and the District Board of Health, moving toward an effective date of July 1, 2023.

Mr. Dick suggested the Radio Communications and CAD-to-CAD item should be changed to Radio Communications and Regional CAD. Mr. Brown agreed with this comment. Ms. Brasuell agreed that this section specifically was open to be updated to support regionalization efforts specific to CAD, so this can easily be changed to Regional CAD with specific updates later, as necessary.

Mr. Dick made a motion to accept the EMS Strategic Plan 2023-2028 Overview Presentation and Discussion, with the proposed adjustment of including the Regional CAD. Mr. Brown seconded the motion. The motion was carried unanimously.

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7. ***Agency Reports and Updates**

A. ***REMSA EMSAB Report, Adam Heinz**
Data Performance Report, EMS Operations Report

Mr. Krutz expressed the condolences of the Board and acknowledged the tragedy that came to the REMSA organization in the past week. Mr. Heinz thanked all those that have reached out to the organization. The organization is heartbroken to share that 5 lives were lost in a tragic incident involving a CareFlight Medical Transport plan. Their heartfelt condolences extend to the family and friends of the patient and his spouse and the family, friends and colleagues of the CareFlight nurse, paramedic and pilot. They are grieving the loss of their valued team members and extend the deepest condolences to their families. Across the organization, leaders and front-line providers and staff have been overwhelmed at the supportive and generous offerings of assistance for their ground, air and dispatch operations, as well as mental health care. In addition, elected and appointed officials, along with co-response and healthcare partners across the region have been incredibly thoughtful through expressions of kindness from public messaging, food delivery, and support of the system by providing response, allowing staff to process this and go through critical briefings. Their focus remains in helping staff, colleagues, and families cope with this devastating situation. They are working on a community wide memorial for next week and will ensure that the Board and partners are kept informed, as many have expressed interest in participating or supporting the crews through this. Mr. Heinz is available for any questions regarding this incident or his report.

B. ***City of Sparks Fire Department EMSAB Report, Chief Jim Kindness**
Data Performance Report, EMS Operations Report

Sabrina Brasuell shared that she communicated with Sparks Fire Department, and they indicated they were unable to attend and asked her to present the report on their behalf. Mr. Dick indicated that he would like to thank Chief Kindness for extending his service to Sparks Fire Department during this period of transition.

C. ***Truckee Meadows Fire and Rescue EMSAB Report, Chief Joe Kammann**
Data Performance Report, EMS Operations Report

Chief Kammann noted that they have been honored to be able to support REMSA, offering peer support and ambulance coverage during their tragedy. He is available for any questions.

D. ***Reno Fire Department EMSAB Report, Chief Cindy Green**
Data Performance Report, EMS Operations Report

Chief Green pointed out they completed an in-house AEMT program with 28 firefighters who all completed their national registry skills testing in January. They also hired 6 single role paramedics who will staff an RFD ambulance in the City of Reno. As they implement these positions, they are also supporting REMSA during this time. An update not on their report, the Emergency Medical Dispatch training for Reno Communications has begun, with a go-live date of May 1.

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

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9. ***Public Comment**

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

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

Adjournment

Chair Krutz adjourned the meeting at 2:20 p.m.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: May 4, 2023

TO: EMS Advisory Board Members

FROM: Andrea Esp, Public Health Preparedness and EMS Program Manager
775-326-6042, aesp@washoecounty.gov

SUBJECT: EMS Oversight Program and Performance Data Updates – Joint Advisory Committee Activities, Special Projects, EMS Planning, Data Performance, REMSA Franchise Agreement Updates, REMSA Exemption Requests, Community Services Department Reviews, Mass Gatherings and Special Events Reviews

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EMS Partners – Joint Advisory Committee (JAC)
The EMS Oversight Program meets monthly with the JAC (REMSA Health, Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, and the Reno-Tahoe Airport Authority Fire Department), to discuss a variety of topics. Discussions and presentations in the first quarter of calendar year 2023 included REMSA Penalty Fund Equipment and Use, Annual EMD Determinate Review, Modification of Calls (P2 responses to Traffic Accidents within the McCarran loop), and EMS Strategic Planning. The strategic planning effort has been brief updates as the meetings are occurring outside of the JAC standard meeting times.

EMS Planning
The Washoe County Mutual Aid Evacuation Agreement (MAEA) is scheduled for review and approval by the District Health Officer before June 31, 2023. The Program has begun to reach out to partners for updates and discussion.

Data Sharing Agreement
The Program has achieved the milestone of a Data Sharing Agreement (DSA) signed by all partners (City of Reno, City of Sparks, REMSA, Truckee Meadows Fire Protection District, and the Health District). The Program is finalizing the technology interface for SeamlessDocs and a secure web client portal. SeamlessDocs is the online form submission platform users will request data through. The secure web client portal will house the data and be where users access their requested data. The Program is working to bring both technology solutions online soon.

Data Performance:
The EMS Oversight Program conducts data analysis on response and jurisdictional performance. The Program received several data requests from fire agencies in the last quarter. The details and summary of those requests are outlined in the following table.

Table 1: Data Performance Reports

Requestor	Summary of request	Date of request	Request completed
EMS Oversight Program	Call Volume Projections	2/1/2023	3/15/2023
SFD	Quarterly Jurisdictional Performance	2/25/2023	Ongoing
TMFPD	Mutual Aid Requests	3/1/2023	Ongoing

REMSA Franchise Agreement
The Annual Franchise Review for FY22 has been completed and REMSA was found to be substantially compliant. The findings were presented to the District Board of Health (DBOH) on March 23, 2023, and approved.

The REMSA Response Zone Map Annual Review has occurred. The Program worked with County GIS to create the map and associated support maps. After creation and review of the maps, the Program met with REMSA and Truckee Meadows Fire Protection District (TMFPD). TMFPD was included in the conversation as they are sub-contractor of REMSA providing service in several areas of the franchise area. REMSA and TMFPD agreed to the proposed change (an area of Damonte Ranch moving from Zone B to Zone A). Once presented to EMSAB in April of 2023, it will go to the District Board of Health for review and approval.

Community Services Department (CSD) – Memo Review
The EMS Oversight Program staff reviews and analyzes project applications received from the Planning and Building Division of the CSD and provides feedback. Program staff reviewed sixteen (16) project applications for the first quarter of calendar year 2023 and had no comments and/or concerns for any regarding impact on EMS response.

Special Events/Mass Gatherings Applications
The EMS Oversight Program received two (2) Mass Gatherings applications for review in the first quarter of calendar year 2023. Neither met the minimum number of attendees to be considered a mass gathering.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: May 4, 2023

TO: EMS Advisory Board Members

FROM: Andrea Esp, Public Health Preparedness and EMS Program Manager
775-326-6042, aesp@washoecounty.gov

SUBJECT: Presentation of the Washoe County Trauma Data Report 2022, and Possible Permission to Disseminate (For Possible Action)

SUMMARY

The EMS Oversight Program Manager is providing a summary of purpose and findings from the Washoe County 2022 Trauma Data Report.

District Health Strategic Priorities supported by this item:

4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

No previous action.

BACKGROUND

The Washoe County EMS Oversight Program releases a Trauma Data Report. Assessment of trauma and injuries presented utilizes the Nevada Trauma Registry (NTR) established under NRS 450B.238, and NAC 450B.768. In 2022, injuries due to cut/pierce, firearm, and assault made up 80% of all intentional cases reported to the trauma registry. Hospitalized trauma patients aged 15-19 years old had the highest case fatality rate compared to case fatalities in all other age groups. Among patients sustaining very severe injuries, fatality increased by six-fold compared to other Injury Severity Score (ISS) injury category. Motor vehicle and transport related accidents continue to be a common preventable unintentional injury. Local residential and business streets, recreational areas and interstate highways are among the most common places of injury reported in Washoe County.

FISCAL IMPACT

There is no additional fiscal impact should the EMS Advisory Board move to approve the motion.

RECOMMENDATION

Staff recommends the Board to confirm vote in favor of the possible dissemination of the Washoe County 2022 Trauma Data Report.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: *"Approve to disseminate the Washoe County 2022 Trauma Data Report"*

ATTACHMENTS

2022 WC Trauma Data Report_Final

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Washoe County 2022 Trauma Data Report

Published June 2023

Public Health
Prevent. Promote. Protect.

Introduction

The purpose of this report is to highlight prevalence, morbidity, and mortality associated with patterns of fatal and non-fatal injuries due to trauma, as defined by The American College of Surgeons (ACS) in Washoe County. Assessment of trauma and injuries presented in this report utilizes the Nevada Trauma Registry (NTR) standardized dataset established under NRS 450B.238, and NAC 450B.768. This report provides characteristics and trends for specific trauma and injury data submitted in calendar year 2022 in Washoe County.

This report is divided into section(s) describing patient trauma care in Washoe County with accompanying information on:

a) demographic distribution of traumatic injuries;
b) specific mechanisms causing the injury;
c) severity of the injury;
d) place of the injury; and
e) length of hospital stay in the intensive care unit (ICU).

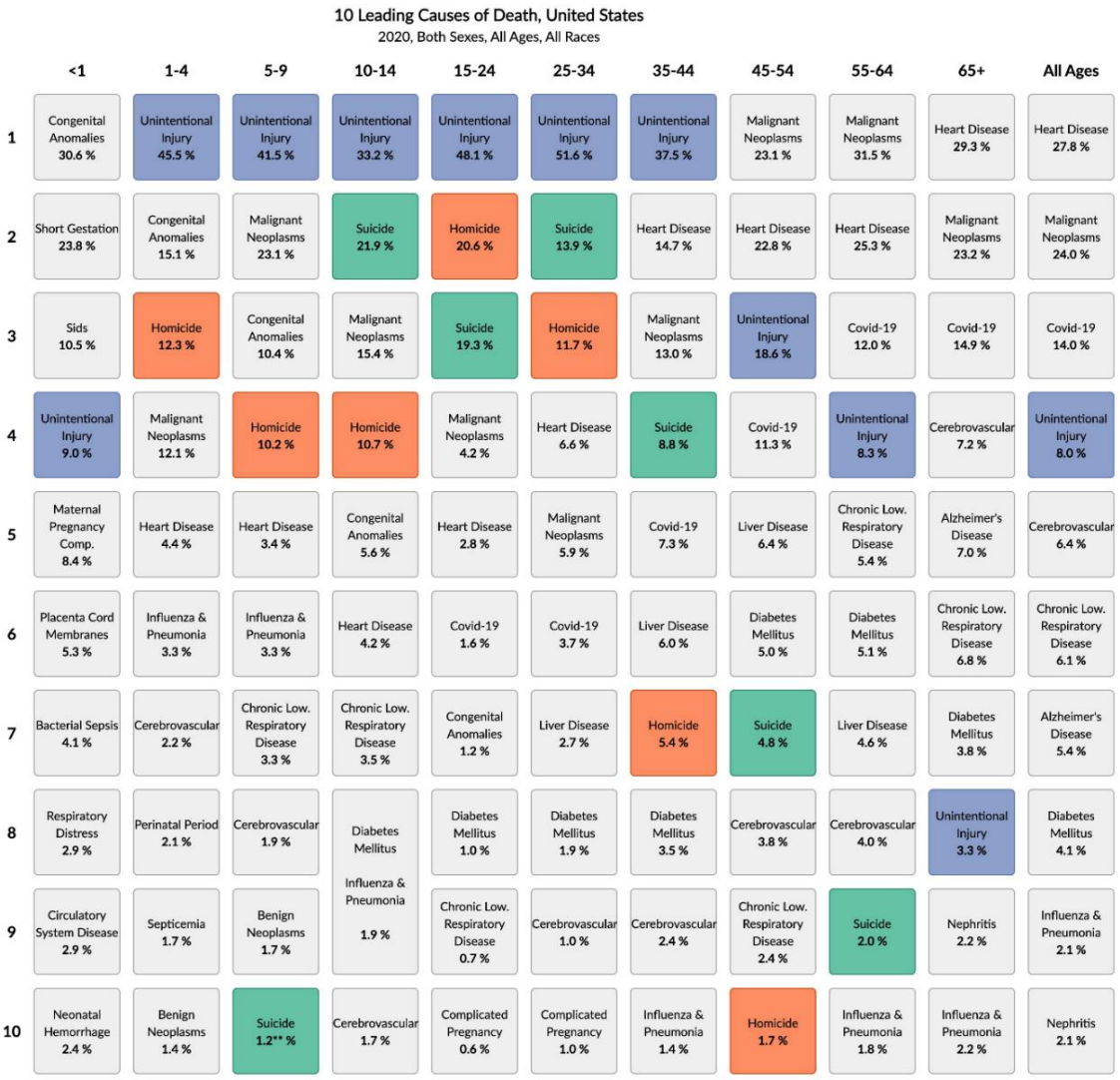
These section(s) were curated to augment the Washoe County Health District strategic priority to promote impactful partnership with stakeholders in the community and mission to protect and enhance the well-being and quality of life for all in Washoe County.

Traumatic Injury in United States

According to the Centers for Disease Control and Prevention, unintentional injuries are the leading cause of deaths among persons 1 to 44 years of age, accounting for half of deaths in that age group in the United States (Graphic A). In addition to those that survive, millions of people still suffer from injuries each year[1]. The combined economic cost of fatal and non-fatal preventable injury-related to employee uninsured costs, vehicle damage, fire costs, medical costs, work productivity, live lost, and quality of life in the United States was $6.2 trillion in 2020, which is 47.2% increase in costs compared to 2019 ($4.2 trillion)[2].

Injuries are categorized into three major types, 1) unintentional; 2) intentional; and 3) undetermined injuries. Unintentional poisoning, unintentional motor vehicle traffic incidents, unintentional drowning and unintentional falls related injuries make up the largest proportion of traumatic unintentional injuries and associated emergency department visitation costs in the region and the United States for population aged 1 to 44 years old (Graphic A). These injuries account for some of the highest economic cost of injuries among all types of traumatic injuries. In 2020, unintentional drug poisoning had the highest combined medical and value of life costs in the United States, reaching almost a trillion-dollars compared to other types of injuries[3]. Second highest combined cost was associated with homicide and suicide due to firearm injuries ($226.8 billion and $238.5 billion, respectively). Other injuries with high economic cost were reported amongst unintentional falls ($176.4 billion) and motor vehicle accidents ($194.2 billion) injuries.

[1] "FASTSTATS - Injuries." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 12 May 2016, https://www.cdc.gov/nchs/fastats/injuries.htm.
[2] Peterson C, Miller GF, Barnett SB, Florence C. Economic Cost of Injury — United States, 2019. MMWR Morb Mortal Wkly Rep 2021;70:1655–1659. DOI: http://dx.doi.org/10.15585/mmwr.mm7048a1external icon
[3] "WISQARS Cost of Injury – Number of Injuries and Associated Costs" Centers for Disease Control and Prevention, 24 Mar 2023, https://wisqars.cdc.gov/cost/



	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 30.6 %	Unintentional Injury 45.5 %	Unintentional Injury 41.5 %	Unintentional Injury 33.2 %	Unintentional Injury 48.1 %	Unintentional Injury 51.6 %	Unintentional Injury 37.5 %	Malignant Neoplasms 23.1 %	Malignant Neoplasms 31.5 %	Heart Disease 29.3 %	Heart Disease 27.8 %
2	Short Gestation 23.8 %	Congenital Anomalies 15.1 %	Malignant Neoplasms 23.1 %	Suicide 21.9 %	Homicide 20.6 %	Suicide 13.9 %	Heart Disease 14.7 %	Heart Disease 22.8 %	Heart Disease 25.3 %	Malignant Neoplasms 23.2 %	Malignant Neoplasms 24.0 %
3	Sids 10.5 %	Homicide 12.3 %	Congenital Anomalies 10.4 %	Malignant Neoplasms 15.4 %	Suicide 19.3 %	Homicide 11.7 %	Malignant Neoplasms 13.0 %	Unintentional Injury 18.6 %	Covid-19 12.0 %	Covid-19 14.9 %	Covid-19 14.0 %
4	Unintentional Injury 9.0 %	Malignant Neoplasms 12.1 %	Homicide 10.2 %	Homicide 10.7 %	Malignant Neoplasms 4.2 %	Heart Disease 6.6 %	Suicide 8.8 %	Covid-19 11.3 %	Unintentional Injury 8.3 %	Cerebrovascular 7.2 %	Unintentional Injury 8.0 %
5	Maternal Pregnancy Comp. 8.4 %	Heart Disease 4.4 %	Heart Disease 3.4 %	Congenital Anomalies 5.6 %	Heart Disease 2.8 %	Malignant Neoplasms 5.9 %	Covid-19 7.3 %	Liver Disease 6.4 %	Chronic Low. Respiratory Disease 5.4 %	Alzheimer's Disease 7.0 %	Cerebrovascular 6.4 %
6	Placenta Cord Membranes 5.3 %	Influenza & Pneumonia 3.3 %	Influenza & Pneumonia 3.3 %	Heart Disease 4.2 %	Covid-19 1.6 %	Covid-19 3.7 %	Liver Disease 6.0 %	Diabetes Mellitus 5.0 %	Diabetes Mellitus 5.1 %	Chronic Low. Respiratory Disease 6.8 %	Chronic Low. Respiratory Disease 6.1 %
7	Bacterial Sepsis 4.1 %	Cerebrovascular 2.2 %	Chronic Low. Respiratory Disease 3.3 %	Chronic Low. Respiratory Disease 3.5 %	Congenital Anomalies 1.2 %	Liver Disease 2.7 %	Homicide 5.4 %	Suicide 4.8 %	Liver Disease 4.6 %	Diabetes Mellitus 3.8 %	Alzheimer's Disease 5.4 %
8	Respiratory Distress 2.9 %	Perinatal Period 2.1 %	Cerebrovascular 1.9 %	Diabetes Mellitus	Diabetes Mellitus 1.0 %	Diabetes Mellitus 1.9 %	Diabetes Mellitus 3.5 %	Cerebrovascular 3.8 %	Cerebrovascular 4.0 %	Unintentional Injury 3.3 %	Diabetes Mellitus 4.1 %
9	Circulatory System Disease 2.9 %	Septicemia 1.7 %	Benign Neoplasms 1.7 %	Influenza & Pneumonia 1.9 %	Chronic Low. Respiratory Disease 0.7 %	Cerebrovascular 1.0 %	Cerebrovascular 2.4 %	Chronic Low. Respiratory Disease 2.4 %	Suicide 2.0 %	Nephritis 2.2 %	Influenza & Pneumonia 2.1 %
10	Neonatal Hemorrhage 2.4 %	Benign Neoplasms 1.4 %	Suicide 1.2** %	Cerebrovascular 1.7 %	Complicated Pregnancy 0.6 %	Complicated Pregnancy 1.0 %	Influenza & Pneumonia 1.4 %	Homicide 1.7 %	Influenza & Pneumonia 1.8 %	Influenza & Pneumonia 2.2 %	Nephritis 2.1 %

Graphic A. Ten Leading Causes of Death, United States. Source: WISQARS Centers for Disease Control and Prevention

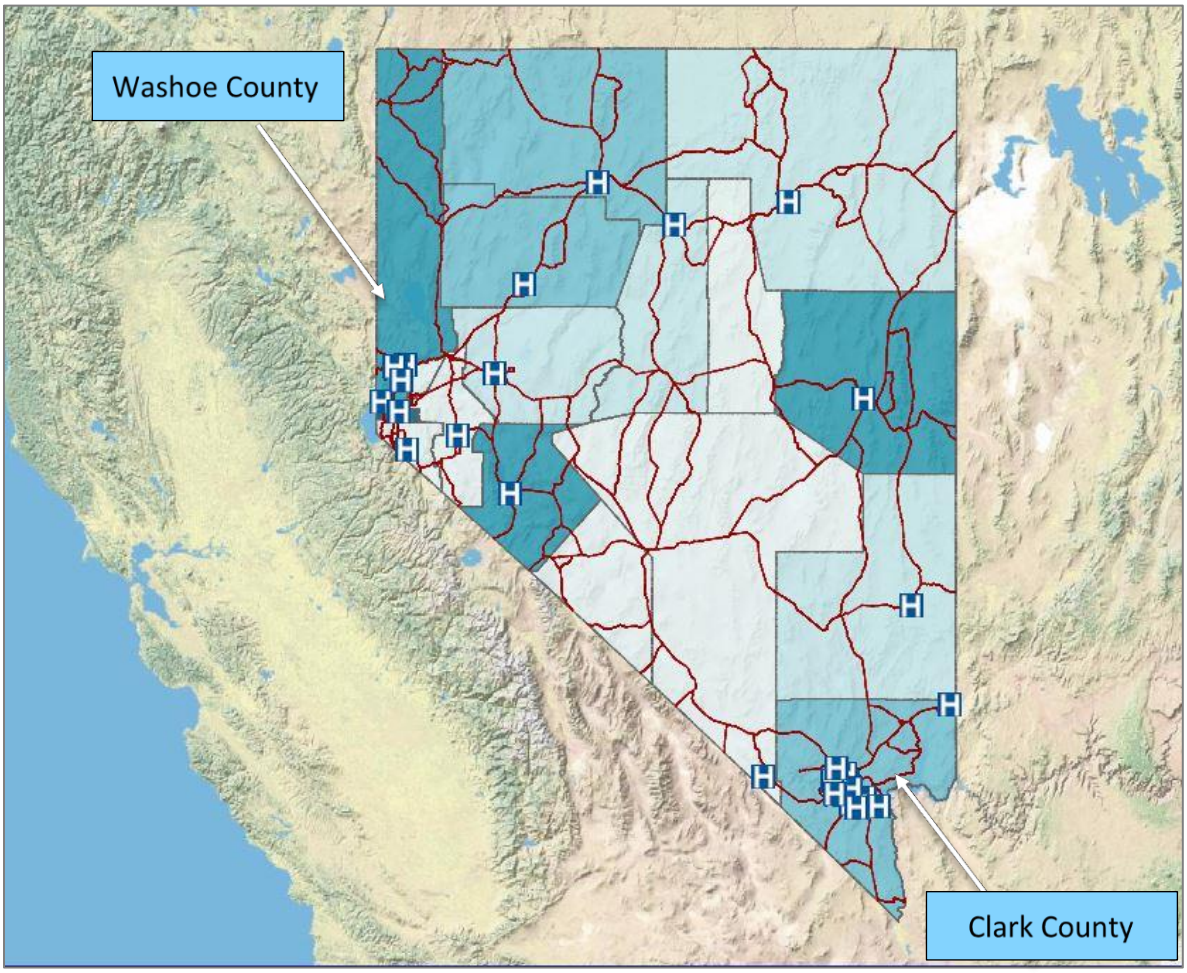
Trauma Centers in the United States

Designation and verification of trauma centers are two separate independent activities directed to assist hospitals to enhance and optimize trauma care. The designation of trauma facilities in the U.S. is a geopolitical process by which empowered entities, government or otherwise, are authorized to designate[4]. Although the American College of Surgeons (ACS) does not designate trauma centers, the ACS conducts consultation and verification activities through ACS Verification, Review, and Consultation (VRC) programs. Designated trauma centers may receive certification through voluntary review of essential elements such as trained and capable personnel, adequate facilities, and performance improvement to confirm resource capability readiness as a Trauma Center[5]. Trauma Centers are classified into various Levels (Level I, II, III, IV, or V), based on the kinds of resources available in the facility and the number of patients admitted annually[6].

[4] American College of Surgeons. Verification, Review and Consultation (VRC) Program. Source: https://www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/about
[5] American College of Surgeons. Resource for Optimal Care of the Injured Patient 6th edition. Source: https://www.facs.org/Quality-Programs/Trauma/TQP/center-programs/VRC/resources
[6] Trauma Center Levels and Capabilities. Washoe County 2017 Trauma Data Report. Source: https://www.washoecounty.us/health/files/ephp/emergency-medical-services/

Trauma Centers in Nevada

Nevada Trauma Centers are located in the most populated counties in Nevada: Clark County and Washoe County (Graphic B). Level I Adult Trauma Center and Level II Pediatric Trauma Center are located in Las Vegas, Clark County. Renown Regional Medical Center (RRMC) is a Level II Trauma center and St. Mary's Medical Center are a Level III Trauma Center located in Reno, Washoe County (Graphic B). Trauma Level III Centers are located throughout Las Vegas, Clark County. Patients with traumatic injury may arrive at a facility which is not a designated Trauma Center. Medical personnel make an informed decision as to whether a patient should be transferred to a designated Trauma Center in the region[7].



Graphic B. Licensed Community Hospitals in Nevada. Source: https://med2.unr.edu/SI/CountyData/atlas.html

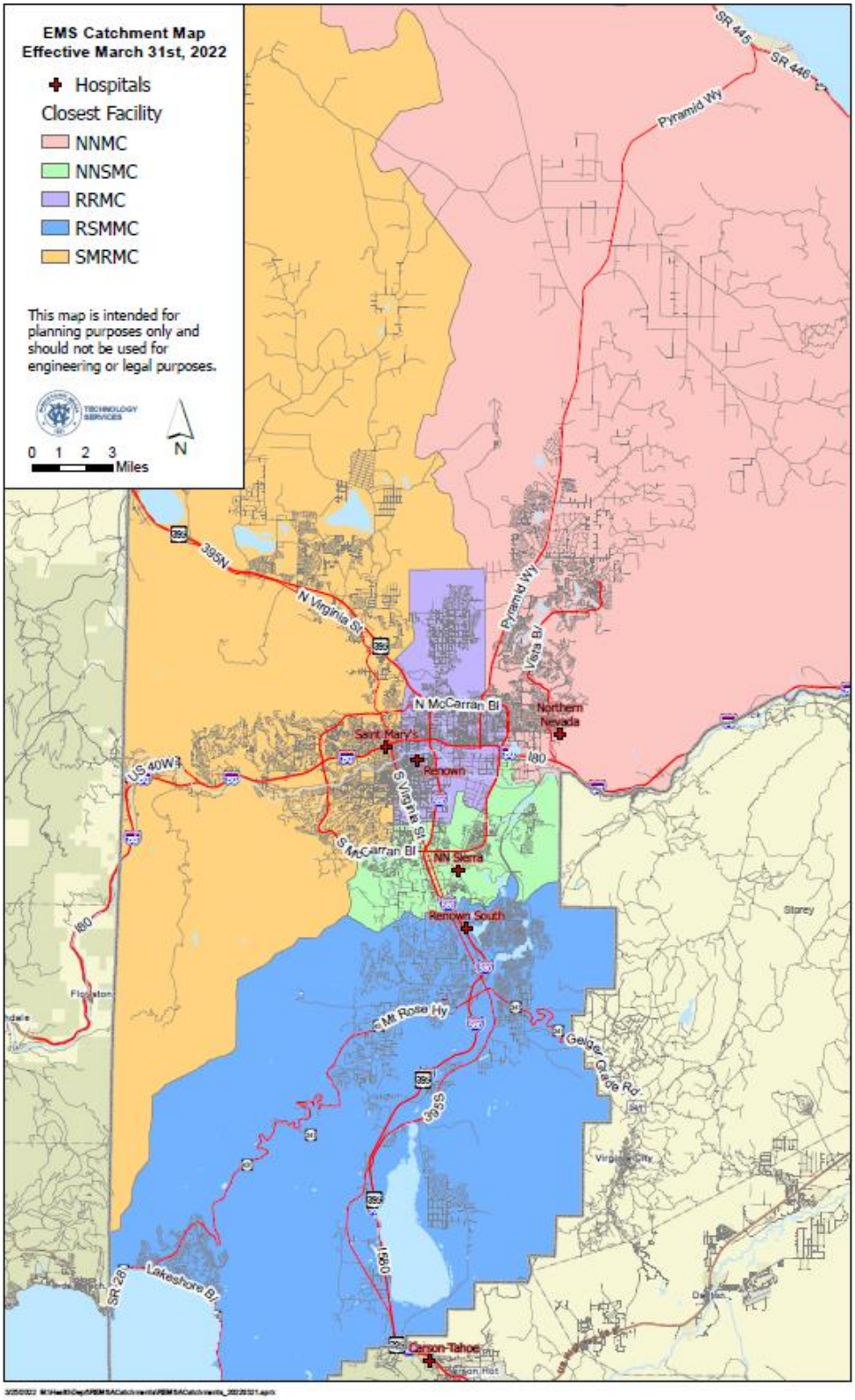
[7] Trauma Center Levels and Capabilities. Washoe County 2017 Trauma Data Report. Source: https://www.washoecounty.us/health/files/ephp/emergency-medical-services/

Catchment Zone Map in Washoe County

Adult and pediatric patient identified as trauma candidate sustaining minor to very severe injuries in Washoe County will be transported to the most appropriate adult trauma center assigned per the Washoe County EMS Catchment Zone Map (Graphic C). EMS Catchment Zone(s) in Washoe County is a geographic area with defined boundaries assigned to designated facilities and trauma centers for purposes of care of identified adult and pediatric trauma candidates. Designated EMS Catchment Zone facilities in Washoe County includes:

- Northern Nevada Medical Center
- Northern Nevada Sierra Medical Center
- Renown Regional Medical Center
- Renown South Meadows Medical Center
- St. Mary's Regional Medical Center

For trauma incident reporting, all facilities listed in the Catchment Zone are actively submitting trauma data into the Nevada Trauma Registry (NTR). The NTR data quality and assurance is operated and maintained by the Nevada Department of Health and Human Services.

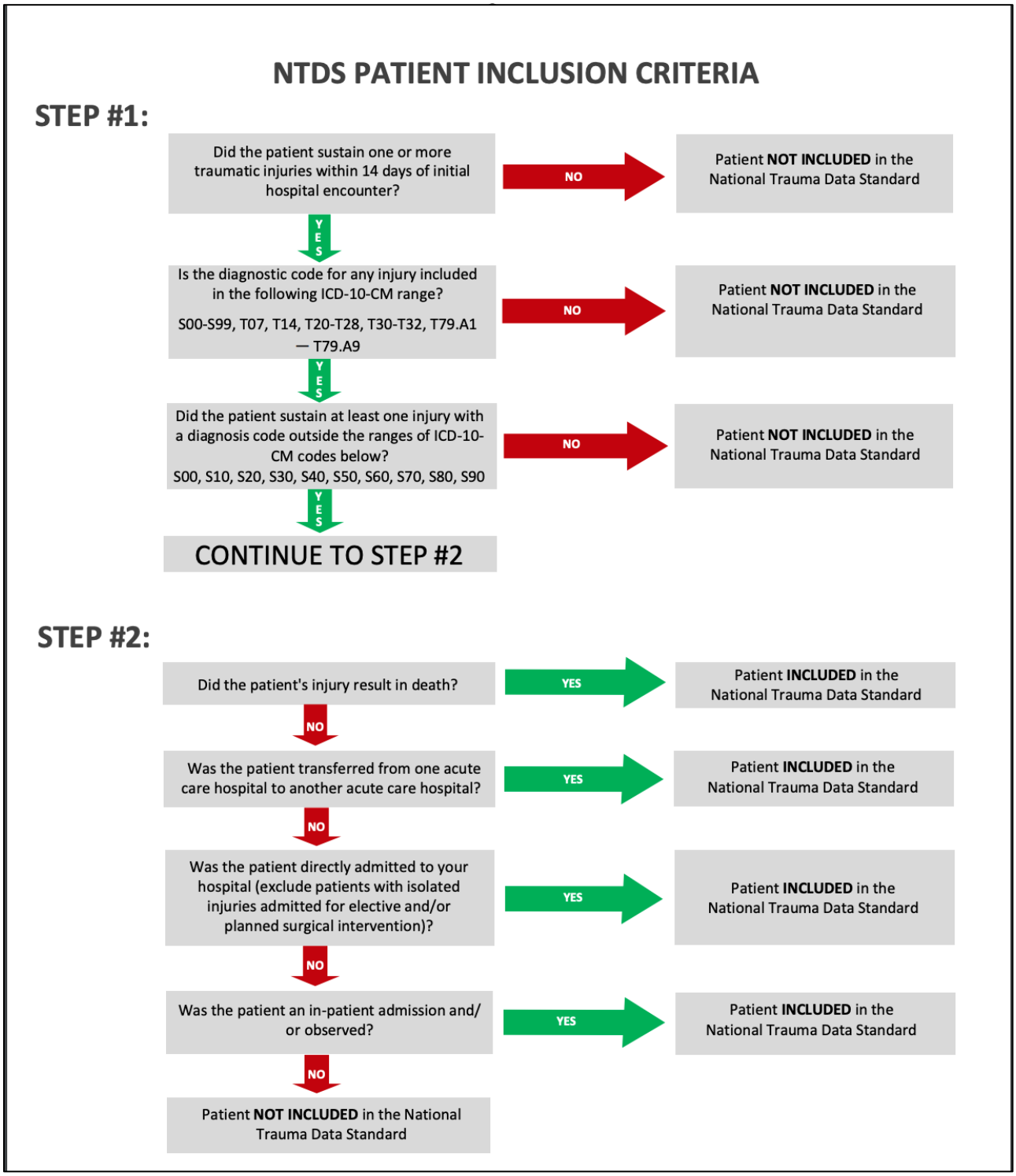


Graphic C. Washoe County EMS Catchment Zone Map 2022

Trauma Reporting in Washoe County

The National Trauma Data Bank (NTDB) is the largest combined trauma registry in the United States. Healthcare facilities across the nation report patient level trauma information to the NTDB that range from basic demographics to quantitative, and qualitative data describing the nature of the injury, level of care received, and the outcome of the injury. The National Trauma Data Standard defines a standardized set of data variables to capture and report to Nevada Trauma Registry (Graphic D). A facility does not have to be designated or a verified Trauma Center to report data on a patient experiencing traumatic injury to the Nevada Trauma Registry.

Patient level trauma data is reported to Nevada Trauma Registry (NTR) by facilities in the Catchment Zone. Reporting facilities also admit trauma patients who sustained injuries in location(s) outside Washoe County. The NTR does capture patient level information for trauma patients transported from Northern California region(s) to healthcare facilities in Washoe County. Graphic D illustrates inclusion criteria that a patient must meet to be reported to the NTR. For consistency in data reporting, the Washoe County Trauma 2022 report does not exclude out-of-state patients injured in Washoe County treated in Washoe County facilities. We intend to continue to report incidences based on injury location, and the utilization and demand of resources (EMS and hospital) in the region regardless of residency.



Graphic D. National Trauma Data Standard Data Dictionary 2020 Admissions. Source: https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds

Traumatic Injuries in Washoe County

Table 3a depicts the trend of trauma cases reported in Washoe County to the Nevada Trauma Registry from 2019 to 2022. The rate of injury classified as traumatic that were reported by Washoe County facilities increased by 53.2% in 2022 (445.2 per 100,000 population) compared to the previous year in 2021 (290.6 per 100,000 population). The increase in the number of incidents was partly due to a new facility onboarded to the NTR, and more incidents reported by designated trauma hospitals in Washoe County. Nevada Trauma Registry does not mandate compliance tracking by facilities pursuant to NRS 450B.238, and NAC 450B.768. Facilities that do report trauma cases to the registry are encouraged by the state to conduct internal data check independently.

Table 3a: Number & Rate of Trauma Incidents by Year, Washoe County, 2019-2022

Year	Number of Incidents	Rate per 100,000 population
2019	1,501	320.20
2020	1,324	280.26
2021	1,391	290.58
2022	2,160	445.22

Table 3b: Race Specific Rate of Trauma Incidents, Washoe County, 2022

Year	Number (%) of Incidents	Race Specific Rate per 100,000 population [a]
White, non-Hispanic	1,611 (74.5%)	538.90
Black, non-Hispanic	52 (2.4%)	399.94
American Indian, non-Hispanic	35 (1.6%)	476.64
Asian/Pacific Islander, non-Hispanic	58 (2.6%)	161.49
Hispanic	241 (11.2%)	185.45

[a] Source population for race-specific race from ASHRO Estimates and Projections Summary Without Group Quarters Estimates 2000 to 2040.

Demographic Characteristics

In 2022, nearly 3/4 (74.6%) of trauma patients reported to NTR were white, non-Hispanic. Hispanics of any race accounted for 11.2% of total reports, 2.7% were Asian/Pacific Islander, non-Hispanic, 2.4% were African American, non-Hispanic, and 1.6% were American Indian, non-Hispanic (Figure 1). Race-specific rate calculated for trauma incidents affecting American Indian population disproportionately compared to other races in Washoe County (Table 3b). Although Hispanic is the second largest race/ethnicity population in Washoe County, the data suggest that the Hispanic population has the lowest traumatic injury rate compared to all other reported race/ethnicity.

Table 4 depicts demographic characteristics of trauma patients by age, and gender. Almost half (48%) of the trauma incidents reported in 2022 captured trauma patients between the age of 25 to 64 years old age group (Table 4). The distribution of injury by age group among the population 35 to 54 years old was higher in 2022 compared to 2021 (Figure 2). Case Fatality Rate (CFR) per 100 trauma patients in Washoe County decreased overall in all age groups in 2022 (Figure 3). The largest decrease in case fatality rate was observed among trauma patients in the 55 to 64 years age group; CFR: 2.5 per 100 trauma patients in 2022 compared to 8.99 per 100 trauma patients in 2021; CFR: 8.9 per 100 trauma patients (Figure 3).

Table 5 summarizes case fatality rates among injuries reported. Overall case fatality rate for 2022 in Washoe County is 3.2 per 100 trauma patients. The highest case fatality rate reported among patients aged 85+ years old, 15 to 19 years old (6 deaths per 100 trauma patients), and 0-4 years old patients (4 deaths per 100 trauma patients).

Table 4. Number & Percent of Patients by Sex & Age Group, Washoe County, 2022								
Age Group	**All Incidents**		**Male**		**Female**		**Unknown**	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
0-4 years	23	1.0%	13	1.0%	10	1.2%	0	-
5-9 years	25	1.1%	19	1.4%	6	0.7%	0	-
10-14 years	47	2.2%	32	2.4%	15	1.9%	0	-
15-19 years	117	5.4%	77	5.7%	40	5.0%	0	-
20-24 years	130	6.0%	94	6.9%	36	4.5%	0	-
25-34 years	264	12.2%	188	13.9%	76	9.4%	0	-
35-44 years	236	10.9%	187	13.8%	48	6.0%	1	100%
45-54 years	236	10.9%	172	12.7%	64	8.0%	0	-
55-64 years	273	12.6%	176	13.0%	97	12.0%	0	-
65-74 years	340	15.7%	184	13.6%	156	19.4%	0	-
75-84 years	293	13.6%	135	10.0%	158	19.6%	0	-
85+ years	176	8.1%	77	5.7%	99	12.3%	0	-
Total	**2,160**	**100%**	**1,354**	**100%**	**805**	**100%**	**1**	**100%**

Table 5: Rate of Fatality Among Trauma Patients by Age Group, Washoe County, 2022				
Age Group	**Number of Incidents**	**Percent of Incidents**	**Number of Deaths**	**Case Fatality Rate[a]**
0-4 years	23	1.0%	1	4.30
5-9 years	25	1.1%	-	-
10-14 years	47	2.2%	1	2.10
15-19 years	117	5.4%	6	5.10
20-24 years	130	6.0%	5	3.80
25-34 years	264	12.2%	4	1.50
35-44 years	236	10.9%	5	2.10
45-54 years	236	10.9%	5	2.10
55-64 years	273	12.6%	7	2.50
65-74 years	340	15.7%	19	5.50
75-84 years	293	13.6%	8	2.70
85+ years	176	8.1%	10	5.70
Total	**2,160**	**100%**	**71**	**3.20**

[a] Rate per 100 trauma patients

Figure 1: Percent of Trauma Patients by Race/Ethnicity, Washoe County, 2022

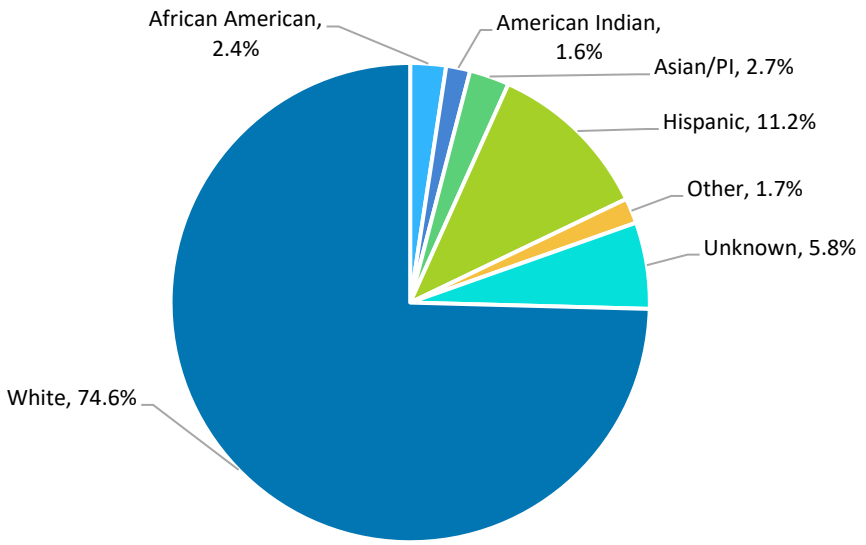
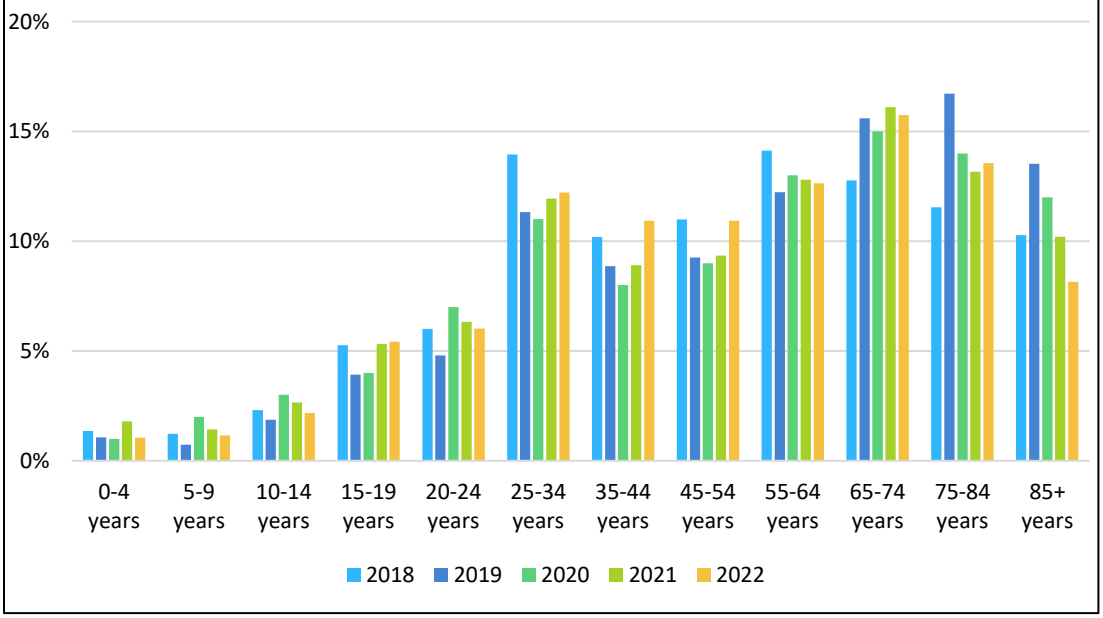


Figure 2: Percent of Trauma Patients by Age Group, Washoe County, 2019-2022



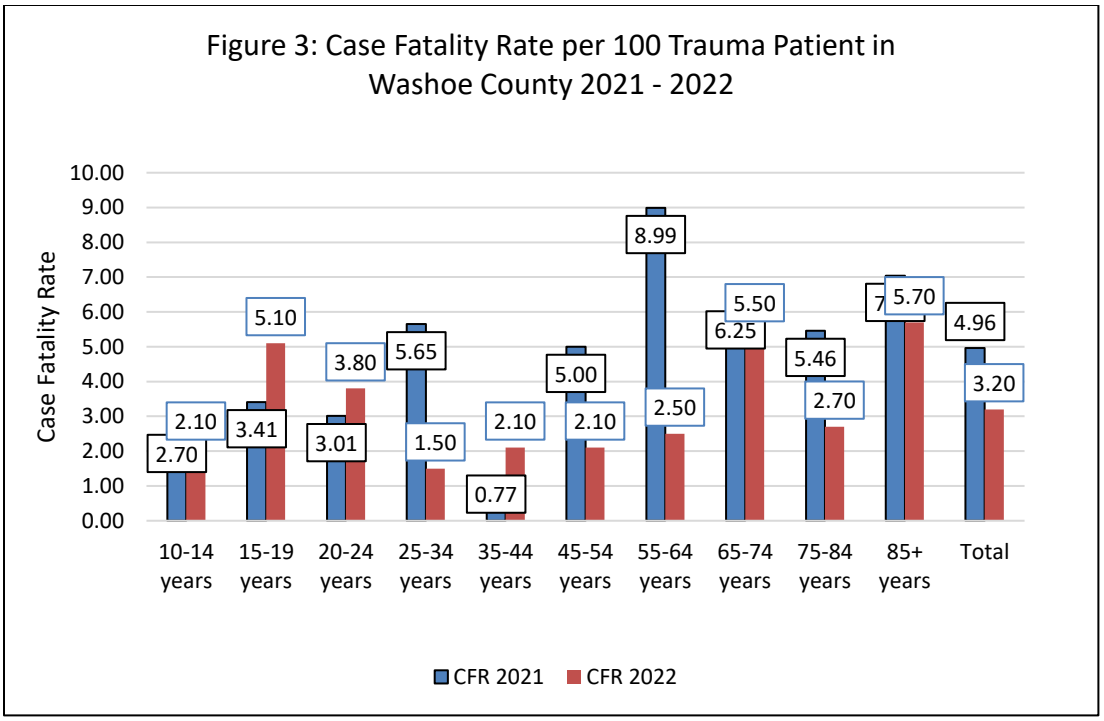


Figure 3: Case Fatality Rate per 100 Trauma Patient in Washoe County 2021 - 2022
Case Fatality Rate
10.00
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
2.70
2.10
3.41
5.10
3.01
3.80
5.65
1.50
0.77
2.10
5.00
2.10
8.99
2.50
6.25
5.50
5.46
2.70
5.70
4.96
3.20
10-14 years
15-19 years
20-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75-84 years
85+ years
Total
CFR 2021
CFR 2022

Injury Characteristics

Intent of Injury

Unintentional injuries accounted for 91.5% of trauma, with reported case fatality rate of 3.1 per 100 trauma patients. Intentional injury accounted for 7.9% of overall trauma reported, with case fatality rate of 8.5 per 100 trauma patients (Table 6). The intent of injury reported over the span of four years from 2019 – 2022 has consistently predominantly captured unintentional injuries. Intentional injuries make up 7.9% of all trauma incidents, with fatality rate higher than unintentional injuries fatalities in 2022 (Table 6).

Table 6: Rate of Fatality Among Trauma Patients by Intent, Washoe County, 2022

Intent of Injury	Number	Percent of Total	Deaths	Case Fatality Rate [a]
Unintentional	1,965	91.5%	61	3.10
Intentional [b]	168	7.9%	7	4.16
Undetermined	13	0.6%	2	15.3
Total	**2,146**	**100%**	**70**	**3.26**

[a]Rate per 100 trauma patients.
[b]Includes assault, other, and self-inflicted related injury.

Mechanism of Injury

Mechanism of injury (MOI) was determined by the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD10-CM) primary external cause code (e-code) reported as the main cause of the injury. ICD10-CM is a standardized classification system of diagnosis in medical reporting for healthcare systems in the United States. The percentage of reported unintentional injuries make up most injuries reported to the registry (Figure 4). The highest number of intentional injuries reported in Washoe County was due to intentional cut/pierce (Table 7). Based on analysis of ICD10-CM, the deadliest injury was due to intentional firearm (CFR: 21.6 per 100) in 2022. The highest contributing factor to unintentional traumatic injuries in Washoe County are injuries due to falls, and the second highest involving occupants in transportation or motor vehicles collisions (Table 8).

Figure 4. Percent of Traumatic Injuries by Intent, Washoe County, 2019 - 2022

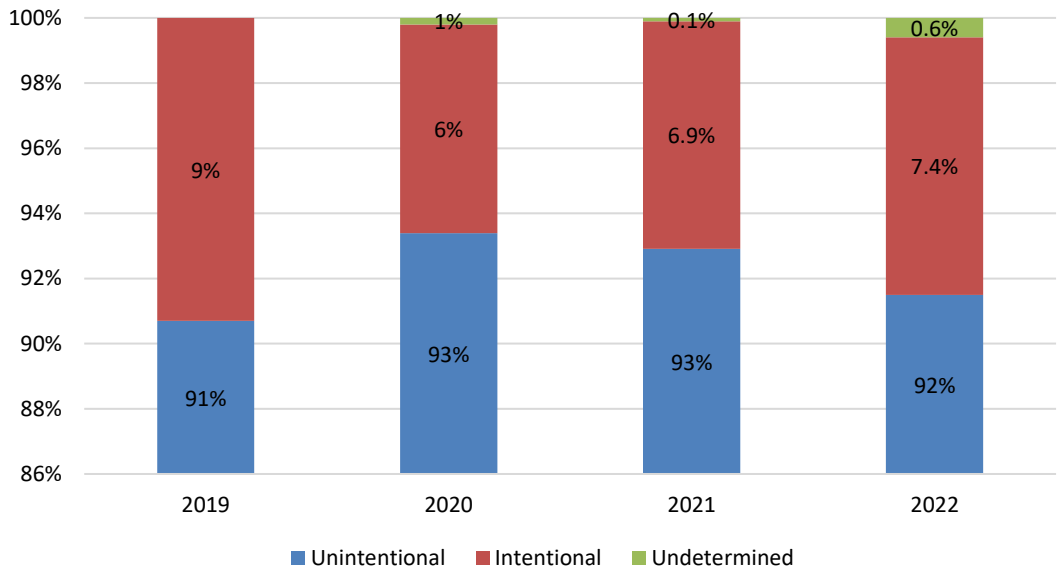


Table 7: Rate of Fatality Among Trauma Patient Due to Intentional Injuries, Washoe County, 2022				
Mechanism of Injury (MOI)	**Number**	**Percent of Total**	**Deaths**	**Case Fatality Rate [a]**
Cut/Pierce	53	31.5%	1	1.88
Fall	4	2.4%	-	-
Fire/Flame	0	0.0%	-	
Firearm	37	22.0%	8	21.6
Hot Object/Substance	0	0.0%	-	-
MVT Motorcyclist	0	0.0%	-	-
MVT Occupant	1	0.6%	-	-
MVT Other	1	0.6%	-	-
MVT Pedal Cyclist	0	0.0%	-	-
MVT Pedestrian	0	0.0%	-	-
Machinery	0	0.0%	-	-
Natural/Environmental Bites and Stings	0	0.0%	-	-
Natural/Environmental Other	0	0.0%	-	-
Other Specified Not Elsewhere Classification	4	2.4%	-	-
Other Specified and Classifiable	2	1.2%	-	-
Overexertion	0	0.0%	-	-
Pedal Cyclist	0	0.0%	-	-
Pedestrian	0	0.0%	-	-
Struck by or Against	57	33.9%	-	-
Transport	0	0.0%	-	-
Unspecified	9	5.4%	-	-
Total	168	31.5%	9	5.4
[a] Rate per 100 trauma patients				

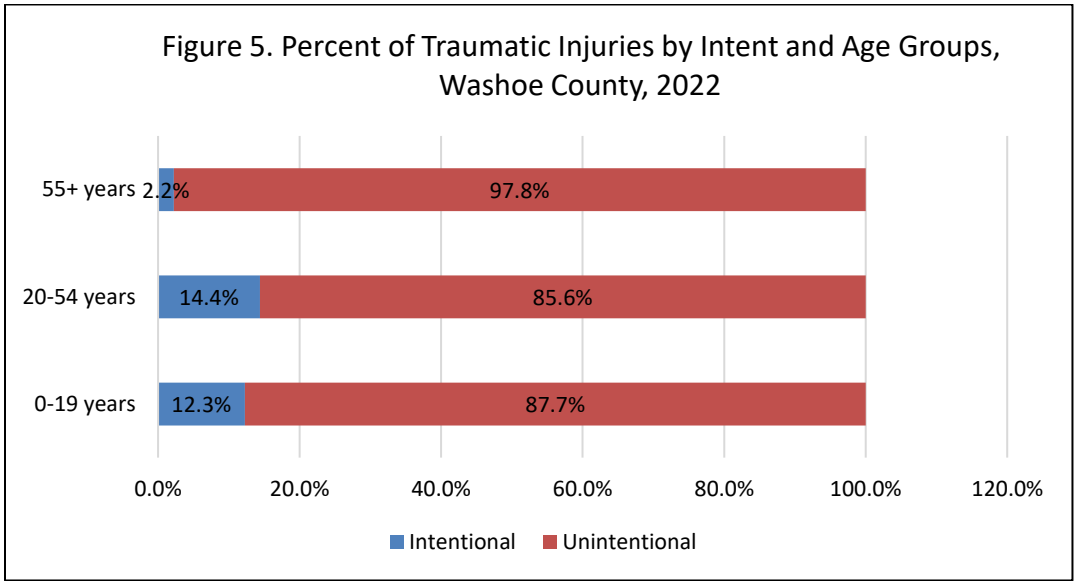
Table 8: Rate of Fatality Among Trauma Patient Due to Unintentional Injuries, Washoe County, 2022				
Mechanism of Injury (MOI)	**Number**	**Percent of Total**	**Deaths**	**Case Fatality Rate [a]**
Cut/Pierce	16	0.8%	-	-
Fall	943	48.0%	30	3.2
Fire/Flame	5	0.3%	-	-
Firearm	18	0.9%	1	12.5
Hot Object/Substance	2	0.1%	-	-
MVT Motorcyclist	134	6.8%	5	3.7
MVT Occupant	370	18.8%	14	3.7
MVT Other	41	2.1%	1	2.4
MVT Pedal Cyclist	19	1.0%	-	-
MVT Pedestrian	67	3.4%	6	8.9
Machinery	4	0.2%	-	-
Natural/Environmental Bites and Stings	6	0.3%	-	-
Natural/Environmental Other	6	0.3%	1	16.6
Other Specified Not Elsewhere Classification	1	0.1%	-	-
Other Specified and Classifiable	39	2.0%	-	-
Overexertion	8	0.4%	1	12.5
Pedal Cyclist	76	3.9%	-	-
Pedestrian	13	0.7%	-	-
Struck by or Against	74	3.8%	1	1.4
Transport	124	6.3%	1	0.8
Unspecified	0	0.0%	-	-
Total	1,966	100.0%	61	3.1
[a] Rate per 100 trauma patients				

Mechanism of Injury by Age Group

Table 9 indicates the top three mechanisms of intentional and unintentional traumatic injury by selection of age groups: 0-19 years, 20-54 years old, and 55 years and older. Motor vehicle accidents were among the top three mechanisms of injury across all age groups. Intentional injuries reported were more common among individuals 20-54 years old age group (Figure 5).

Table 9: Top 3 Mechanisms of Injury by Number of Incidents by Age Group in Washoe County, 2022

Rank	0-19 years	20-54 years	55+ years
1	MVT Occupant	MVT Occupant	Fall
2	Fall	Fall	MVT Occupant
3	Struck by or Against	MVT Motorcyclist	Transport (Other)



Place of Injury

The Nevada Trauma Registry database captures place of injury through ICD-10-CM codes, which allows for detailed classification of the place of injury. Approximately 10.7% of all injuries that occurred in Washoe County in 2022 took place on the local residential or business street, interstate highway (7.3%) and other recreation area (8.0%). These were also the three most common places of injuries reported in 2021.

Table 10: Detailed Place of Injury, Washoe County, 2022

Place of Injury	Number	Percent
Airport	5	0.2%
Amusement park	1	0.0%
Baseball field	1	0.0%
Bathroom	57	2.6%
Bedroom	68	3.1%
Bike path	2	0.1%
Bus station	1	0.0%
Campsite	1	0.0%
Car	2	0.1%
Cell of prison	8	0.4%
Courtyard of prison	2	0.1%
Daycare center	1	0.0%
Derelict house	18	0.8%
Desert	97	4.5%
Driveway	5	0.2%
Elementary school	3	0.1%
Exit ramp or entrance ramp of street or highway	12	0.6%
Football field	5	0.2%
Forest	14	0.6%
Garage of mobile home	1	0.0%
Garden or yard in single-family (private) house	43	2.0%
Gas station	2	0.1%
Health care provider office	3	0.1%
Ice skating rink (indoor) (outdoor)	1	0.0%
Interstate highway	157	7.3%
Kitchen	24	1.1%
Local residential or business street	231	10.7%
Other ambulatory health services establishments	3	0.1%

Table 10: Detailed Place of Injury, Washoe County, 2022 (cont'd)		
Place of Injury	**Number**	**Percent**
Other place in mobile home	2	0.1%
Other paved roadways		
Other place in apartment		
Other place in nursing home	3	0.1%
Other place in other non-institutional residence	1	0.0%
Other place in prison	1	0.0%
Other place in single-family (private) house	43	2.0%
Other place in unspecified private residence	18	0.8%
Other place on military base	1	0.0%
Other public administrative building	1	0.0%
Other recreation area	173	8.0%
Other wilderness area	25	1.2%
Other ambulatory health services establishments	22	1.0%
Other paved roadways	3	0.1%
Other place in apartment	1	0.1%
Other place in mobile home	19	0.0%
Parking lot	7	0.0%
Parkway	13	0.1%
Patient room in hospital	1	0.0%
Private driveway to single-family (private) house	9	0.9%
Private garage of single-family (private) house	1	0.3%
Public park	6	0.6%
Railroad track	42	0.0%
Restaurant or café	2	0.4%
Roller skating rink	24	0.0%
Shop (commercial)	8	0.3%
Sidewalk	1	1.9%
Soccer field	2	0.1%
State road	3	1.1%
Supermarket, store or market	1	0.4%
Train	1	0.0%
Unspecified	627	29.0%
Missing	318	14.7%
Total	**2,160**	**100.0%**

Injury Severity

The Injury Severity Score (ISS) is an ordinal anatomical scoring system that provides an overall score for patients with multiple injuries. The score may range from 1-75. The ISS score is calculated as the sum of the squares of the highest Abbreviated Injury Score (AIS) for the three most severely injured region out of six AIS grouped regions: head or neck, face, chest, abdominal or pelvic contents, extremities, or pelvic girdle, and external[8]. The category of the injury severity is minor, moderate, severe, or very severe. Categories were derived based on the 2016 National Trauma Data Bank Annual Report which assigns ISS into the groups identified in Table 11.

Table 11: Injury Severity Score & Category

Injury Severity Score (ISS)	ISS Category
1 to 8	Minor
9 to 15	Moderate
16 to 24	Severe
25 or higher	Very Severe

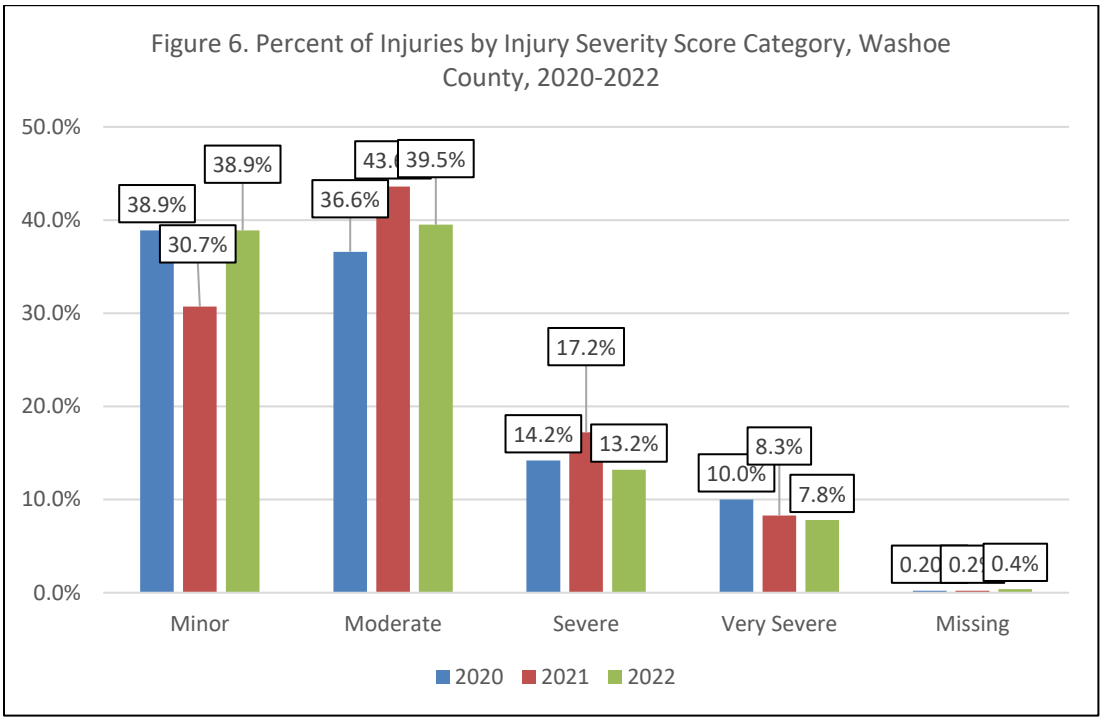
Table 12: Rate of Fatality by Injury Severity Score Category, Washoe County, 2022

Injury Severity Score Category	Number of Injuries	Percent of Injuries	Number of Deaths	Case Fatality Rate*
Minor	842	38.9	10	1.2
Moderate	855	39.5	9	1.1
Severe	286	13.2	11	3.8
Very Severe	169	7.8	41	24.2
Missing	8	0.4	0	-
Total	**2,160**	**100%**	**71**	**3.3**

[a] Rate per 100 trauma patients

Almost 80% of all injuries in Washoe County in 2022 were categorized as minor or moderate injuries (Table 12). While nearly one in ten incidents were categorized as very severe. The case fatality rate increases dramatically with each increase in ISS category. In 2022, trauma cases with very severe injuries accounted for 57% of deaths reported.

[8] An overview of the injury severity score and the new injury severity score. BMJ Injury Prevention. Accessed https://injuryprevention.bmj.com/content/7/1/10

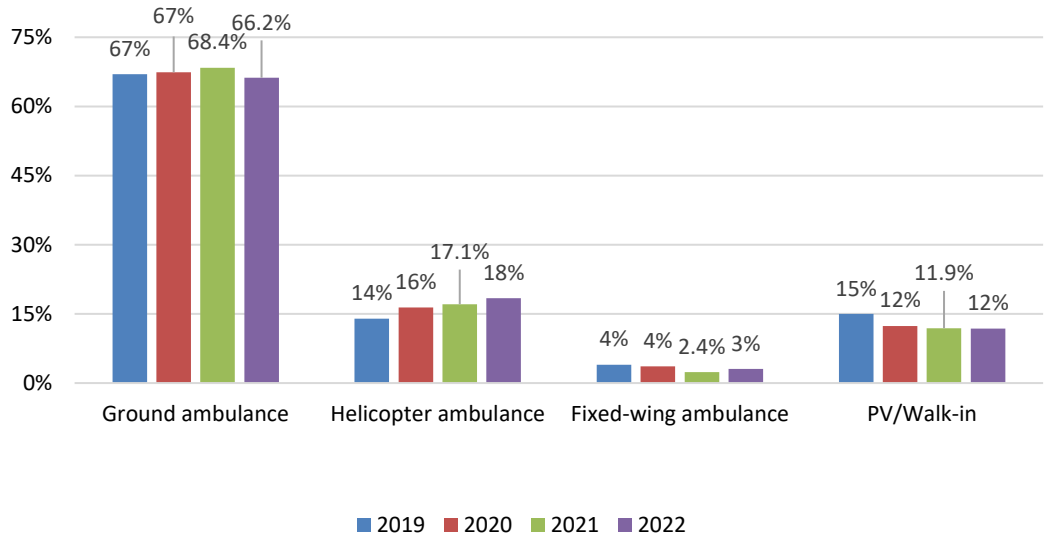


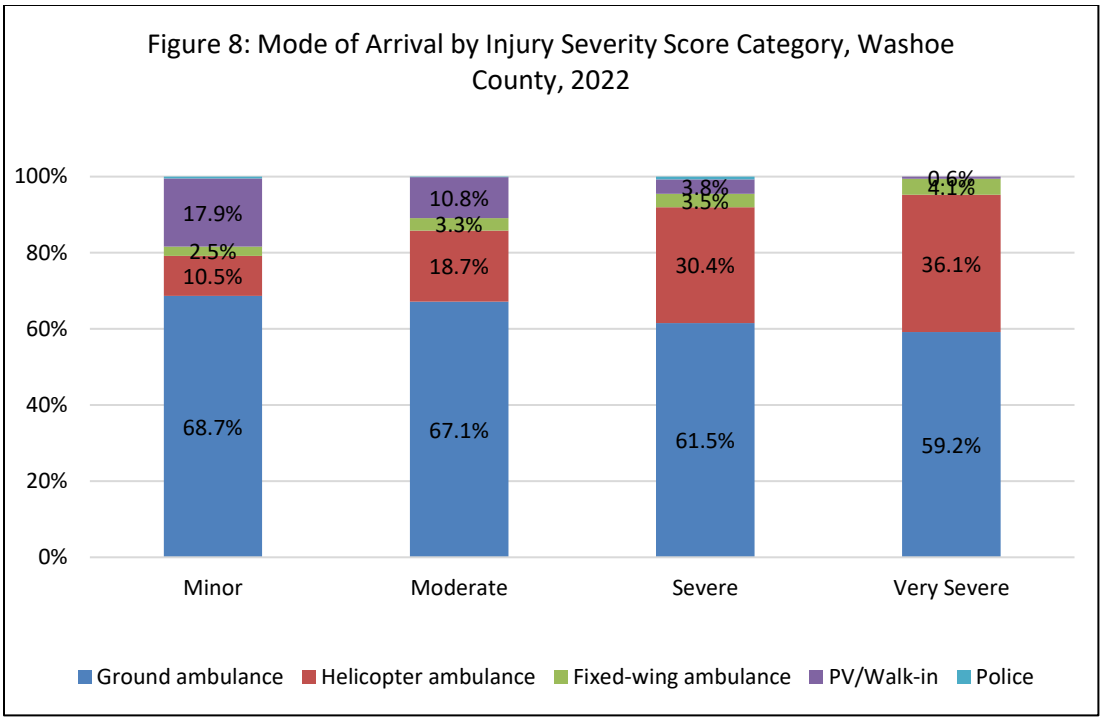
Over the span of 2020 – 2022, the trends for minor injuries based on ISS increased from 30.7% to 38.9% and very severe injuries slightly decreased from 8.3% to 7.8% in Washoe County. Moderate and severe injuries decreased by 4% over the span of three years from 2020 – 2022 (Figure 6).

Prehospital Characteristics

Figure 7 summarizes the distribution of transport by mode of arrival from 2019 – 2022. More than 2/3 of trauma patients in Washoe County was transported by ground ambulance (66.2%), followed by private vehicle/walk in (12%), and by helicopter ambulance (18.1%). In 2022, more than half of patients with very severe injury score was transported via ground ambulance, with consistent increase in helicopter ambulance utilization as injury severity score increases (Figure 8). Helicopter ambulance utilization in Washoe County also increased by 4% from 2019 – 2022.

Figure 7. Percent of Arrivals by Mode of Arrival, Washoe County, 2019-2022





The highest case fatality rate (CFR) reported in Washoe County were among trauma patients transported by fixed wing and helicopter ambulance [CFR:5.8]. CFR by transport doubles among patients transported in helicopter ambulance compared to ground ambulance [CFR:3.2] (Table 13). Approximately 12% of patients opted for private vehicle or walk in to be seen by ER providers in Washoe County.

Table 13: Rate of Fatality by Mode of Arrival, Washoe County, 2022

Mode of Arrival	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate [a]
Ground ambulance	1,430	66.2%	46	3.2
Helicopter ambulance	397	18.4%	23	5.8
Fixed-wing ambulance	66	3.1%	-	-
Private Vehicle/Walk-in	255	11.8%	2	0.8
Other	12	0.4%	-	-
Total	**2,159**	**100%**	**71**	**3.3**

[a] Rate per 100 trauma patients

Substance Use

As noted in Table 14, approximately 37.1% of patients with traumatic injury in Washoe County were not tested for alcohol use in 2022. Among those patients who were tested for alcohol use, less than 17.4% had alcohol detected in their system via trace levels or tested above the legal limit. Alcohol use was detected above the legal blood alcohol limit among 15.3%, or 40 trauma patients with intentional injuries. Approximately 83.9% or 219 trauma patients with unintentional injuries were also tested above the legal blood alcohol limit (Table 15). Substance use was detected and confirmed by test in 373 trauma patients or 17.3% of all trauma patients reported to NTR in 2022.

Table 14: Detected Substance Use Among Trauma Patients, Washoe County, 2019 – 2022

Alcohol Use	2019		2020		2021		2022	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No/Not Tested	719	47.9%	589	44.5%	541	38.8%	800	37.1%
No/Confirmed by Test	535	35.6%	515	38.9%	611	43.9%	980	45.4%
Yes/Confirmed by Test, Trace Levels	116	7.7%	63	4.7%	42	3.0%	112	5.2%
Yes/Confirmed by Test, > Legal Limit[a]	129	8.6%	154	11.6%	193	13.8%	264	12.2%
Unknown	1	<1%	1	0.1%	4	0.3%	4	0.1%

[a] Legal alcohol limit less than **0.08 blood alcohol limit NRS 484C.110**

Table 15: Detected Substance Use Among Trauma Patients by Intent, Washoe County, 2022

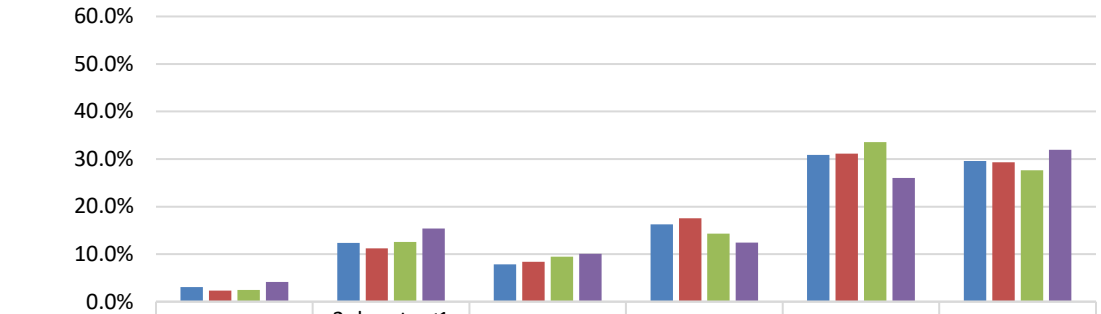
Alcohol Use	Intentional		Unintentional		Undetermined		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No/Not Tested	41	5.2%	746	94.3%	4	0.5%	791	100%
No/Confirmed by Test	76	7.8%	896	91.5%	7	0.7%	979	100%
Yes/Confirmed by Test, Trace Levels	11	9.8%	101	90.2%	0	0.0%	112	100%
Yes/Confirmed by Test, > Legal Limit[a]	40	15.3%	219	83.9%	2	0.8%	261	100%
Unknown	0	0.0%	3	100.0%	0	0.0%	3	100%

[a] Legal alcohol limit less than **0.08 blood alcohol limit NRS 484C.110**

Patient Outcomes

Patient outcomes highlighted in this section include median length of stay spent in an intensive care unit, total length of stay by ISS category and top ten highest median length of stay by MOI. Fifteen percent of patients with traumatic injury classified as minor were discharged within a week. The length of stay increases as the severity of the injury increases, as demonstrated by nearly 27.6% of patients with severe traumatic injury, and 32.0% of patients with very severe traumatic injuries being hospitalized for more than four weeks (Figure 9).

Figure 9. Incidents by Length of Stay & Injury Severity Score Category, Washoe County, 2022



	1 day	2 days to ≤1 week	1-2 weeks	2-3 weeks	3-4 weeks	4+ weeks
Minor	3.1%	12.4%	7.8%	16.3%	30.9%	29.6%
Moderate	2.3%	11.2%	8.4%	17.5%	31.1%	29.4%
Severe	2.4%	12.6%	9.4%	14.3%	33.6%	27.6%
Very Severe	4.1%	15.4%	10.1%	12.4%	26.0%	32.0%

Intensive Care Unit

The median number of days spent in an intensive care unit (ICU) increased as the severity of injury increased every year (Table 16). Incidents of intentional self-harm had the longest median length of stay in an ICU of 30 days (Table 17). Among the top 10 highest median length of stay, poisoning, motor vehicle transport, and contact with heat or hot substances related injuries resulted into longer ICU days and hospitalizations.

Table 16: Incidents by Injury Severity Score and Median Days in ICU, Washoe County, 2019 - 2022

ISS Category	2019	2020	2021	2022
Minor	0	0	0	0
Moderate	2	2	2	2
Severe	4	4	4	4
Very Severe	4	6	5	6
Missing	-	-	-	-

Table 17: Top Ten Highest Median Length of Stay (LOS) Mechanism of Injury ICD-10 Code, Washoe County, 2022

Mechanism of Injury	2022 (LOS)
Toxic effects of substances nonmedicinal (T51-T65)	31.0
Occupant motor vehicle in transport accident (V30-V39)	29.0
Contact with heat and hot substances (X10-X19)	27.5
Other land transport accidents (V80-V89)	25.0
Motorcycle rider injured in transport accident (V20-V29)	24.5
Pedestrian injured in transport accident (V00-V09)	24.0
Pedal cycle rider injured in transport accident (V10-V19)	24.0
Water transport accidents (V90-V94)	24.0
Slipping, tripping, stumbling and falls (W00-W19)	23.0
Occupant of pick-up injured in transport accident (V50-V59)	23.0

Conclusion

In 2022, injuries due to cut/pierce, firearm, and assault (violence) made up 80% of all intentional cases reported to the trauma registry. Hospitalized trauma patients aged 15-19 years old had the highest case fatality rate compared to case fatalities in all other age groups. Among patients sustaining very severe injuries, fatality increased by six-fold compared to other ISS injury category. Motor vehicle and transport related accidents continues to be a common preventable unintentional injury. Local residential and business streets, recreational areas and interstate highway are among the most common places of injury reported in Washoe County. In addition to motor vehicle injuries, falls are the second most common unintentional injury reported. Roughly 60% of injuries reported are minor to moderate injuries, with ground ambulance or private vehicle/walk in as the most common mode of transportation. With increasing severity of injury, the utilization of helicopter ambulance increases.

With half of trauma patients tested for alcohol use, about 2/3 or 886 cases tested negative for blood alcohol level. However, alcohol use was detected in 16% of unintentional cases (approximately 320 cases) from impaired motor vehicle and motorcyclist accidents, and falls reported in 2022.

Suggested Citation

Washoe County Health District, Division of Epidemiology and Public Health Preparedness. (June 2023). Washoe County 2022 Trauma Data Report. Reno, NV.

Additional Information

For additional information regarding the Washoe County Trauma Report contact

Anastasia Gunawan, MPH
Division of Epidemiology and Public Health Preparedness
Washoe County Health District
agunawan@washoecounty.us

APPENDIX A – MECHANISM OF INJURY DESCRIPTION(s)

Cut/Pierce
Assault by sharp object
Contact with other sharp objects
Contact with sharp glass
Intentional self-harm by sharp object
Fall
Fall due to ice and snow
Fall from bed
Fall from chair
Fall from cliff
Fall from non-moving wheelchair, nonmotorized scooter and motorized mobility scooter
Fall from other furniture
Fall from, out of or through building or structure
Fall on and from ladder
Fall on and from playground equipment
Fall on and from scaffolding
Fall on and from stairs and steps
Fall on same level from slipping, tripping and stumbling
Fall while being carried or supported by other persons
Fall, jump or diving into water
Other fall from one level to another
Other fall on same level due to collision with another person
Other slipping, tripping, and stumbling and falls
Pedestrian conveyance accident
Fire/Flame
Exposure to ignition of highly flammable material
Firearm
Accidental discharge and malfunction from other and unspecified firearms and guns
Accidental handgun discharge and malfunction
Accidental rifle, shotgun and larger firearm discharge and malfunction
Assault by handgun discharge
Assault by other and unspecified firearm and gun discharge
Intentional self-harm by handgun discharge
Intentional self-harm by other and unspecified firearm and gun discharge
Legal intervention
Hot Object/Substance
MVT Motorcyclist
Motorcycle rider injured in collision with car, pick-up truck or van
Motorcycle rider injured in collision with fixed or stationary object
Motorcycle rider injured in collision with heavy transport vehicle or bus

APPENDIX A (cont'd)– MECHANISM OF INJURY DESCRIPTION(s)

Motorcycle rider injured in collision with two- or three-wheeled motor vehicle
Motorcycle rider injured in non-collision transport accident
Motorcycle rider injured in other and unspecified transport accidents
MVT Occupant
Car occupant injured in collision with car, pick-up truck or van
Car occupant injured in collision with fixed or stationary object
Car occupant injured in collision with heavy transport vehicle or bus
Car occupant injured in collision with pedestrian or animal
Car occupant injured in non-collision transport accident
Car occupant injured in other and unspecified transport accidents
Occupant of heavy transport vehicle injured in non-collision transport accident
Occupant of pick-up truck or van injured in collision with car, pick-up truck, or van
Occupant of pick-up truck or van injured in collision with fixed or stationary object
Occupant of pick-up truck or van injured in collision with heavy transport vehicle or bus
Occupant of pick-up truck or van injured in non-collision transport accident
Occupant of special all-terrain or other off-road motor vehicle, injured in transport accident
MVT Pedal Cyclist
Pedal cycle rider injured in collision with car, pick-up truck or van
Pedal cycle rider injured in other and unspecified transport accidents
MVT Pedestrian
Pedestrian injured in collision with car, pick-up truck or van
Machinery
Contact with other and unspecified machinery
Natural/Environmental Other
Contact with dog
Contact with other mammals
Toxic effect of contact with venomous animals and plants
Other Specified and Classifiable
Caught, crushed, jammed or pinched in or between objects
Discharge of firework
Legal intervention
Overexertion
Other slipping, tripping and stumbling and falls
Pedal Cyclist
Pedal cycle rider injured in collision with car, pick-up truck or van
Pedal cycle rider injured in collision with fixed or stationary object
Pedal cycle rider injured in collision with other pedal cycle
Pedal cycle rider injured in collision with pedestrian or animal
Pedal cycle rider injured in non-collision transport accident
Pedal cycle rider injured in other and unspecified transport accidents

APPENDIX A (cont'd) – MECHANISM OF INJURY DESCRIPTION(s)

Pedestrian Other
Pedestrian injured in collision with car, pick-up truck or van
Pedestrian injured in other and unspecified transport accidents
Struck by or Against
Accidental hit, strike, kick, twist, bite or scratch by another person
Accidental striking against or bumped into by another person
Assault by blunt object
Assault by bodily force
Other slipping, tripping and stumbling and falls
Striking against or struck by other objects
Striking against or struck by sports equipment
Struck by thrown, projected or falling object
Accidental hit, strike, kick, twist, bite or scratch by another person
Transport
Accident to nonpowered aircraft causing injury to occupant
Animal-rider or occupant of animal-drawn vehicle injured in transport accident
Occupant of special all-terrain or other off-road motor vehicle, injured in transport accident
Unspecified
Assault by unspecified means

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: May 4, 2023

DATE: May 4, 2023

TO: District Board of Health

FROM: Sabrina Brasuell, EMS Coordinator
775-326-2443, sbrasuell@washoecounty.gov

SUBJECT: Presentation, discussion, and possible approval of the proposed REMSA Response Zone Map for the ambulance franchise service area with a July 1, 2023, effective date (For Possible Action).

SUMMARY

On an annual basis, the REMSA Response Zone Map is reviewed and approved by the District Board of Health (DBOH) if changes are recommended. This process has been in place since the original map was created in FY14.

Annual review of the response zone map is a requirement of the REMSA Franchise Agreement. Article 7.3 "Zone Map" states "REMSA shall provide, and the DISTRICT shall maintain a current response zone map, which is annually reviewed and approved by the DISTRICT. The response zone map will be made publicly available through the DISTRICT's website."

The most recent revision of the REMSA Response Zone Map had an effective date of January 1, 2019. Since that date, no further revisions have been made or published. This year, the annual review identified one area in the Damonte Ranch area of Reno, for proposed change from Zone B to Zone A. In April of 2023, the Washoe County Health District (WCHD) Emergency Medical Services (EMS) Oversight Program presented the proposed map to REMSA's Chief Executive Officer, Chief Operating Officer, Director of EMS System Program Management, and the Director of EMS Operations. Also included in the conversation were the Truckee Meadows Fire Protection District (TMFPD) EMS Division Chief and EMS Coordinator. TMFPD was invited to the conversation as they are subcontractor of REMSA providing service within the region.

PREVIOUS ACTION

Previously, the Emergency Medical Services Advisory Board (EMSAB) was presented with the proposed maps for review.

Previously, the DBOH was presented with the proposed maps for review and approval.

BACKGROUND

The REMSA Response Zone Map was based on call volume and population density. REMSA response continues to increase by 4% annually. Despite overall call volume increasing, the P1-P2-P3 calls declined in the last two fiscal years. The current map review was conducted based on an annual review methodology approved in FY 2017 which provides an overview of FY 2015 (Year 1) and FY 2022 (Year 8) call volume and census change from 2010 to 2020. Each map presented in the review shows differences in call volume over time and is measured from Year 1, also known as the baseline FY 2015, to the current year under review Year 8, FY 2022.

The WCHD EMS Oversight Program staff, along with staff from Washoe County GIS, developed the maps outlined in the annual review methodology. Once the Program and GIS had all the maps developed, the maps were presented to REMSA as well as TMFPD, a sub-contractor of REMSA. Proposed map revision was a change to the Damonte Ranch area from a Zone B area, where 90% of all Priority 1 medical calls have a response time of 15 minutes and 59 seconds to a Zone A area, where 90% of all Priority 1 medical calls have a response time 8 minutes and 59 seconds. The change was recommended by the Program due to call volume in the service area and census population change. During previous reviews, Damonte Ranch area was under residential development and construction. During the FY 2022 map review, the Damonte Ranch proposed change area saw increase in residential dwelling and call volume that did not exist in the previous franchise map review.

REMSA and TMFPD agreed to the proposed Damonte Ranch area change. If approved at EMSAB, this proposed change to the map will be presented to the District Board of Health meeting on May 25, 2023.

FISCAL IMPACT

There is no anticipated fiscal impact.

RECOMMENDATION

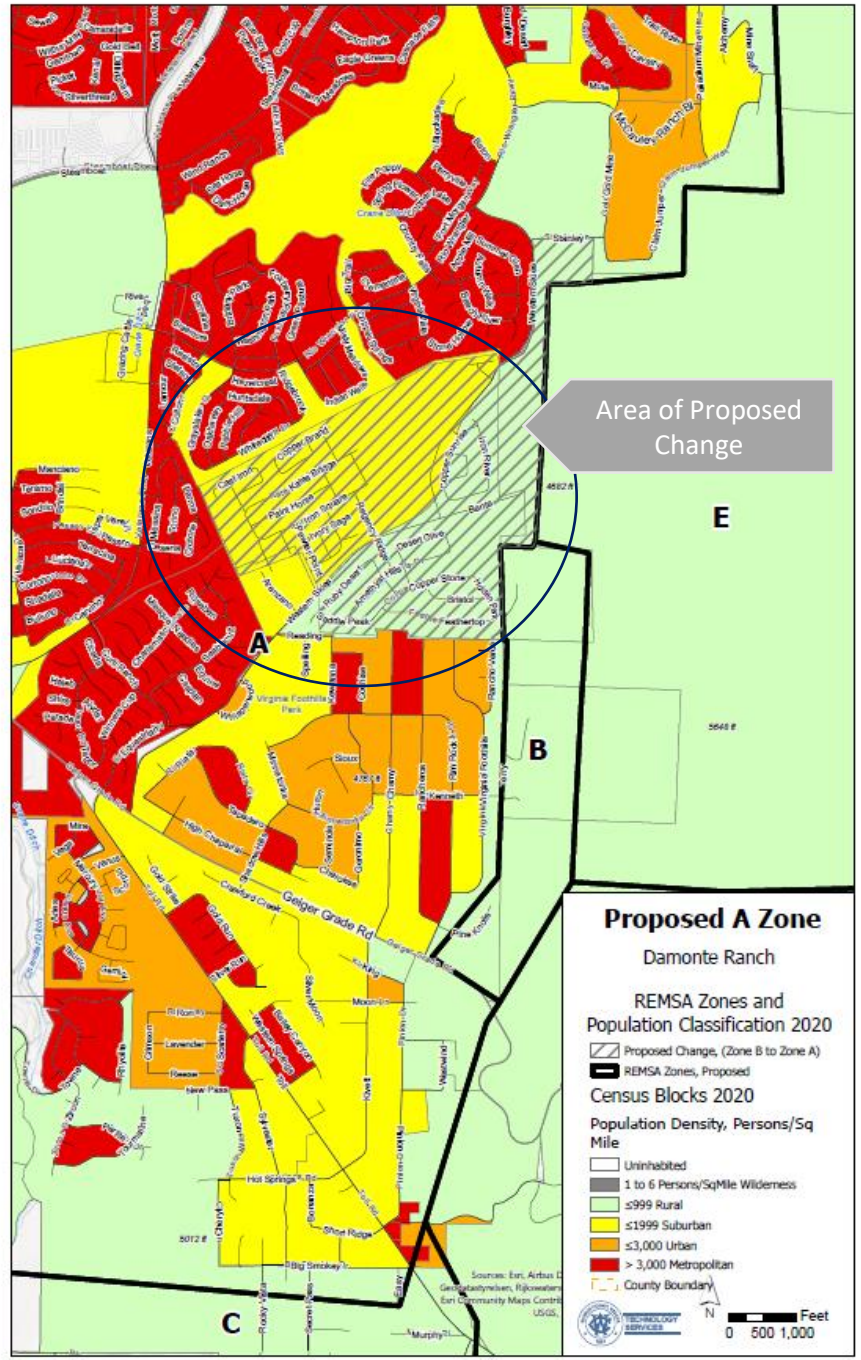
Staff recommends that the board approve the proposed REMSA Response Zone Map for the ambulance franchise service area with a July 1, 2023, effective date.

POSSIBLE MOTION

Should the Board agree with the staff's recommendations, a possible motion would be: *"Move to approve the proposed REMSA Response Zone map for the ambulance franchise service area with a July 1, 2023, effective date."*

ATTACHMENTS

EMSAB – 05-04-2023 - Proposed Map Change


Area of Proposed Change
A
B
C
E
Proposed A Zone
Damonte Ranch
REMSA Zones and Population Classification 2020
Proposed Change, (Zone B to Zone A)
REMSA Zones, Proposed
Census Blocks 2020
Population Density, Persons/Sq Mile
Uninhabited
1 to 6 Persons/SqMile Wilderness
≤999 Rural
≤1999 Suburban
≤3,000 Urban
> 3,000 Metropolitan
County Boundary
N
Feet
0 500 1,000

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: May 4, 2023

TO: EMS Advisory Board Members

FROM: Sabrina Brasuell, EMS Coordinator
775-326-2443, sbrasuell@washoecounty.gov

SUBJECT: Presentation, discussion, and possible approval of the Washoe County EMS Strategic Plan 2023-2028, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight (For Possible Action).

SUMMARY

The purpose of this agenda item is for discussion and possible approval of the Washoe County EMS Strategic Plan 2023-2028. This five-year emergency medical services strategic plan is a requirement of the Inter Local Agreement for Emergency Medical Services Oversight.

PREVIOUS ACTION

During the District Board of Health (DBOH) meeting on October 27, 2017, the Board moved to accept the presentation and the previous five-year Strategic Plan covering 2017-2021.

On May 2, 2019, the EMS Advisory Board approved the revised plan effective 2019-2023.

On May 23, 2019, during the DBOH meeting, the Strategic Plan covering 2019-2023 was approved.

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 September of 2022, members of the Joint Advisory Committee (JAC) met with the EMS Coordinator and EMS Statistician, to create the 2023-2028 EMS Strategic Plan. Agencies provided feedback, suggestions, and guidance to the creation process. The EMS Program researched EMS Strategic Plans for other regions within the United States as reference material.

Below is a summary of the 7 (seven) separated by their overarching themes:

Practitioner Safety:

- Goal #1 – Promotion of an EMS culture of Safety

Operational Efficiencies:

- Goal #2 – Automatic Vehicle Locator
- Goal #4 – Radio Communications and CAD-to-CAD interface
- Goal #6 – Strategic Plan tracking, creation and MCI plan revision

Clinical Care:

- Goal #3 – Regional Community Paramedicine Program
- Goal #5 – Improved Continuity of Care via CQI process and annual reporting
- Goal #7 – Create CQI process for Joint Advisory Committee

Goal #2, Goal #4, and Goal #6 may require changes because of the ongoing regionalization discussions taking place. To accommodate that potential change, those goals have had the following language added to them.

Goal #2 and Goal #4 - **Once regionalization discussions have concluded, these goals and objectives will be updated to support the regionalization discussion outcomes.*

Goal #6 - **Once regionalization discussions have concluded, these goals and objectives will be updated to support the regionalization discussion outcomes.*

All the goals included in this plan were framed with a lens of equity for all, as well as public health considerations. They also allow for revision if the national standards they are associated with change.

If approved, the Washoe County EMS Strategic Plan 2023-2028 will be presented to the DBOH for approval, in May of 2023.

FISCAL IMPACT

There is no anticipated fiscal impact.

RECOMMENDATION

Staff recommends the Board approve the Washoe County EMS Strategic Plan 2023-2028.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be:
"Move to approve the Washoe County EMS Strategic Plan 2023-2028."

ATTACHMENTS

EMS Strategic Plan 2023-2028_Draft (PDF)

EMSAB 2023-2028 EMS Strategic Plan Presentation_05042023 (PDF)

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Washoe County EMS Strategic Plan

2023-2028

Public Health
Prevent. Promote. Protect.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

VISION

A healthy community

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County

Preface

The Washoe County Emergency Medical Services (EMS) Five-Year Strategic Plan was created with EMS Advisory Board support, and developed an/or reviewed by the following agencies:

Stakeholder Organizations and County Departments
North Lake Tahoe Fire Protection District
REMSA
Reno Dispatch
Reno Fire Department
Reno-Tahoe Airport Authority Fire Department
Sparks Dispatch
Sparks Fire Department
Truckee Meadows Fire Protection District
Washoe County Communications
Washoe County EMS Oversight Program
Washoe County Shared Communication System

Stakeholder Organizations and County Departments
District Board of Health
EMS Advisory Board

Distributed To
Incline Village Community Hospital
Northern Nevada Medical Center
Renown Regional Medical Center
Saint Mary's Regional Medical Center
Stakeholder Organizations and County Departments
Veterans Affairs Sierra Nevada Health Care System

Plan Administration

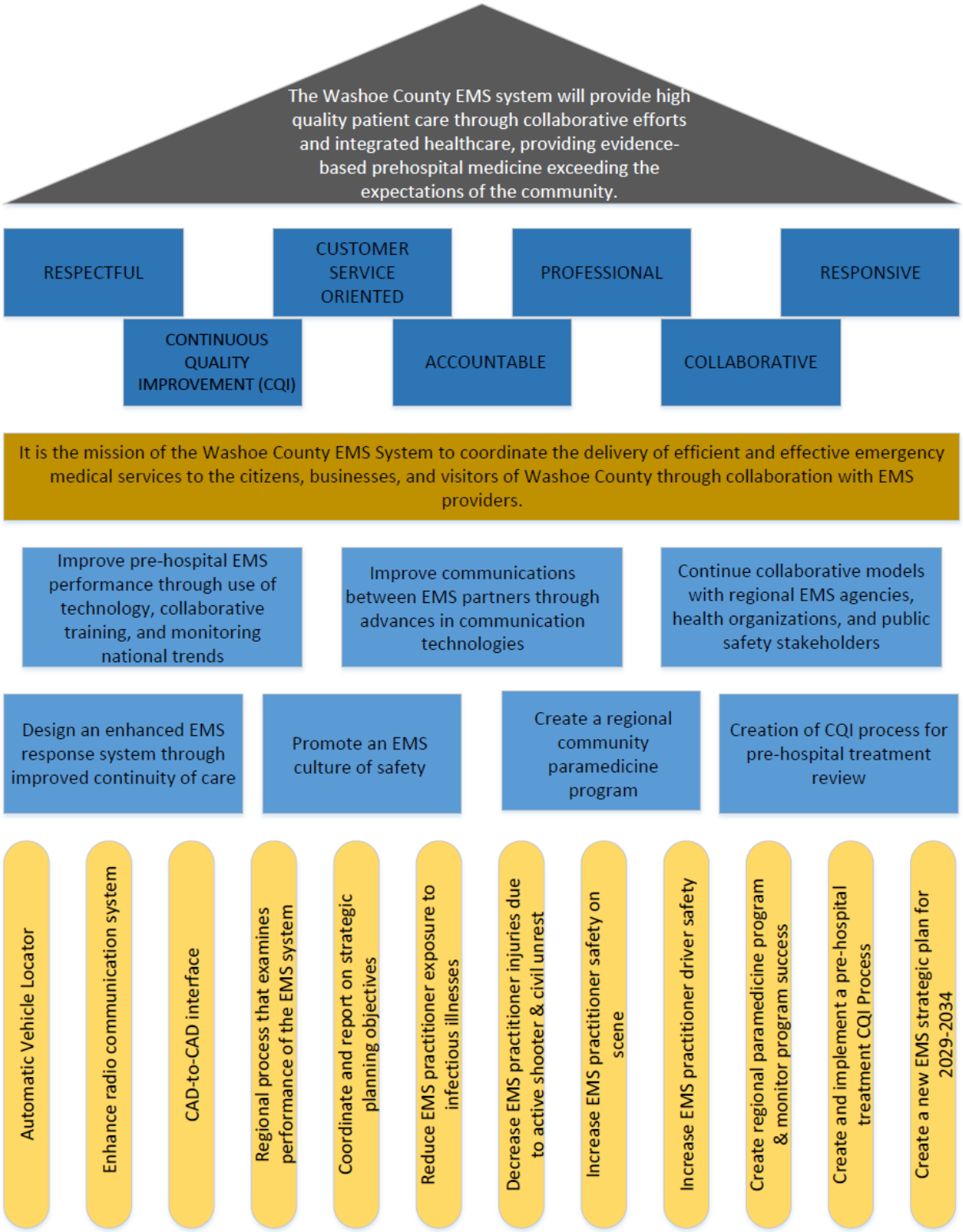
Record of Plan Changes

Track and record all updates and revisions to the *Washoe County EMS Strategic Plan 2023-2028* in the following table. This process ensures the most recent version of the plan is disseminated and implemented.

Record of Change	Date	Revisions	Agency
Original Plan Publication	July 2023		WCHD

Table of Contents

Section 1: Strategic Plan at a Glance



Section 2: Executive Summary

Washoe County is the second largest EMS region in the state of Nevada. It is 6,315.88 square miles in size and has approximately 486,492 residents. Washoe County is diverse geographically in its mountainous, urban, suburban, rural and wilderness/frontier terrain.

There are many EMS system stakeholder organizations including police and fire agencies, dispatch centers, healthcare organizations, and a contracted ambulance provider. The current contracted ambulance provider, REMSA Health, provides service to Washoe County, excluding the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District.

The best EMS systems are based on collaborations among the diverse organizations that comprise the EMS system. When these organization's strengths are emphasized by system-wide integration and a culture of trust, the EMS system can more effectively capitalize on new opportunities and mitigate threats to the system. The planning process for Washoe County was supported by and involved EMS stakeholder leadership.

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

The seven goals within the Washoe County EMS Strategic Plan are most relevant to the EMS system's ability to adapt to the changing healthcare environment, specifically focusing on pre-hospital care. Three goals within the strategic plan focus on improvements related to clinical care. Three goals are focused on improving operational efficiencies within the county through collaboration. One goal is specific to EMS and Fire practitioner safety. All the objectives associated with these goals strive to be equitable for all persons utilizing the EMS system in Washoe County.

Section 3: Emergency Medical Services Mission, Vision, and Values

Mission Statement

It is the mission of the Washoe County EMS System to coordinate the delivery of efficient and effective emergency medical services to citizens, businesses, and visitors of Washoe County through collaboration with EMS practitioners.

Vision

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

Values of the Washoe County EMS System

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

Section 4: Emergency Medical Services Authority

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

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

At the local government level, by the authority established through Nevada Revised Statutes *(NRS 439.370 et seq.)* and the *1986 Interlocal Agreement* (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health (DBOH). Through this authority, the DBOH established an exclusive ambulance franchise in August 1986 in Washoe County, excluding Gerlach and the North Lake Tahoe Fire Protection District. This franchise was awarded to the Regional Emergency Medical Services Authority (REMSA) in May 1987. Through a regional process, the agreement was amended, restated, and approved by the DBOH most recently in February of 2023. As part of the regional process, one recommendation for improvement of the delivery of patient care and outcomes and the delivery of emergency medical services was the creation of a Regional Emergency Medical Oversight Program through an Inter Local Agreement (ILA).

The ILA was fully executed in August 2014 and is an agreement between five political jurisdictions: City of Sparks[1], City of Reno[2], Washoe County Board of County Commissioners[3], Washoe County Health District[4], and Truckee Meadows Fire Protection District[5]. The ILA establishes an Emergency Medical Services Advisory Board (EMSAB).

EMSAB is 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)
f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

[1] Referred to as "SPARKS" within the ILA
[2] Referred to as "RENO" within the ILA
[3] Referred to as "WASHOE" within the ILA
[4] Referred to as "DISTRICT" within the ILA
[5] Referred to as "FIRE" within the ILA

The purpose of the EMS Advisory Board is to review reports, evaluations, and recommendations of the Regional Emergency Services Oversight Program and to discuss issues related to regional emergency medical services. The function of the EMS Advisory Board is to thoroughly discuss changes within the regional EMS system prior to making recommendations to the respective Board(s) of the five signatories and placing items on an agenda for possible approval and implementation.

Additionally, the EMS Advisory Board can make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by the Mangers of the City of Reno, City of Sparks, and Washoe County, striving to have a uniform system maintained for the region whenever possible.

The ILA also established the Regional Emergency Medical Services Oversight Program (the Program). The purpose of the Program is to provide oversight of all emergency medical services provided by the EMS personnel within the signatory jurisdictions, as well as REMSA. Additionally, the Program is expected to achieve the duties outlined within the ILA. The Program has an equivalent of 3 full time employees which consist of a Program Manager, Program Coordinator, Statistician, and Office Support Specialist. The eight duties specifically detailed within the ILA are:

1. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services.

2. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE, and REMSA providing emergency medical services.

3. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE, and REMSA.

4. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS, WASHOE, FIRE, and REMSA.

5. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE, and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map.

6. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE, or DISTRICT to be analyzed and evaluated for potential recommendations regarding EMS response services in order to optimize the performance of system resources.

7. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE, and REMSA, covering the preceding fiscal year (July 1st to June 30th), 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, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise.

8. 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.

The ILA also outlines the duties of the signatories, which support the expectation that the strategic planning objectives will be achieved. Those duties are:

a. Providing information, records and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services, for review, study, and evaluation by DISTRICT.

b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.

c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) – to – CAD two-way interface with REMSA, which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates.

d. Working cooperatively with DISTRICT to provide input to the development of the Five-Year Strategic Plan and to ensure consistent two-way communication and

coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future, as technologies, equipment, systems, and protocols evolve.

e. Participating on the Regional Emergency Medical Services Advisory Board.

f. Striving to implement recommendations of DISTRICT or submitting those recommendations to their governing bodies for consideration and possible action, if determined necessary and appropriate by the respective managers.

g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation, or for consideration and possible action by the District Board of Health, if determined necessary and appropriate by the District Health Officer.

Section 5: Strategic Plan Process, Objectives, and Implementation

Washoe County has a two-tiered system response to emergency medical calls. When an individual dials 9-1-1, the call routes through one of three Public Safety Answering Points (PSAPs): Reno, Sparks, or Washoe County. Jurisdictional fire departments are dispatched to a medical call by PSAP personnel. If appropriate, the caller is then transferred to REMSA's communications center for Emergency Medical Dispatch (EMD). EMD allows REMSA dispatch to prioritize the caller's chief complaint, to dispatch appropriate resources, and provide pre-arrival instruction to the caller.

There are several agencies and organizations involved in the response to an emergency medical call. The EMS Advisory Board recognizes the need to provide optimal emergency care under the varied conditions throughout Washoe County. Therefore, the EMS Advisory Board strives to influence the coordination of all stakeholders, as it develops and sustains a system to ensure appropriate and adequate emergency medical services. With this in mind, the Five-Year EMS Strategic Plan was constructed.

The Washoe County EMS Strategic Plan includes goals, objectives, and strategies. The seven goals of the strategic plan are broad statements, to identify future achievements of the Washoe County EMS System. Each goal includes objectives designed to measure progress towards the attainment of the goal. The strategies for each goal describe a major approach or method of attaining the objectives.

Additionally, the strategic plan outlines the method to achieve effective and efficient solutions to system-wide challenges. The strategic plan calls for maximum communication to achieve the objectives and strategies within the five-year planning period (2023-2028). Through continued collaboration, the strategic plan can be updated to capitalize on new opportunities or to mitigate threats to the system. This process will ensure key stakeholders remain involved in regional emergency medical services planning activities.

Goal #1

Goal #1 Promote an EMS culture of safety which includes considerations for practitioners through promotion of reporting, measurement, prevention, and mitigation.	
Objective 1.1. Reduce EMS practitioner exposures to infectious illnesses by February 29, 2028.	**Strategy 1.1.1.** Study, and monitoring, of EMS practitioner risk associated with infectious illness during, and outside of, a pandemic beginning by June 30, 2023. **Strategy 1.1.2.** Enhance agency practices and education for Infection Control and make documents available for Fire and EMS agencies to then determine how, when, and if, this applies to their agency by June 30, 2024. **Strategy 1.1.3.** Set an initial metric for maximum number of exposures by June 30, 2024 and decrease annually.
Objective 1.2. Decrease EMS practitioner physical and psychological injuries due to active shooter and civil unrest by February 29, 2028.	**Strategy 1.2.1.** Increase training for active shooter with inter-agency cooperation and participation annually beginning in CY 2024. **Strategy 1.2.2.** Conduct trainings with local Law Enforcement, specifically Police and Sheriff, to better understand roles and responsibilities in an "all together response" annually beginning in CY 2024.
Objective 1.3. Increase EMS practitioner safety on scene beginning in CY 2023.	**Strategy 1.3.1.** Hold trainings for EMS/Fire/Law Enforcement specific to aeromedical services including safety, interaction, and landing zones for rotary wing or fixed-wing aircraft for injury and near-miss prevention beginning no later than December 31, 2025. **Strategy 1.3.2.** Work with local Reno based Traffic Incident Management (TIM) Coalition to improve safety for responders and motorists beginning in CY 2023. **Strategy 1.3.3.** The EMS Oversight Program annually presents a proclamation of "Crash Responder Safety Week," which occurs in November, to EMSAB in November, and the District Board of Health in October, to increase citizen awareness, beginning in CY 2023.

Objective 1.4. Increase EMS practitioner driver safety by February 29, 2028.	**Strategy 1.4.1.** Increase the number of available trainings, online and behind-the-wheel, for EMS practitioners by February 29, 2028. **Strategy 1.4.2.** Decrease use of lights and sirens responses to less than 30% and less than 5% for transport for 911 EMS calls, as imagined by the Joint Advisory Committee (JAC) and initiated in February of 2023. **Strategy 1.4.3.** Evaluate driver safety trainings and application by February 29, 2028. **Strategy 1.4.4.** Measure success of efforts with decrease in accidents per response beginning in CY 2025, after baseline review of CY 2024 is conducted by Program.

Goal #2

Goal #2	
Enhance pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 29, 2028. **Once regionalization discussions have concluded, these goals and objectives will be updated to support the regionalization discussion outcomes.*	
Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by February 29, 2028.	**Strategy 2.1.1.** Verify and revise the original assessment to update existing AVL capabilities equipment and recognize other potential factors for dispatching the closest EMS responder by December 31, 2024. **Strategy 2.1.2.** Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board, by December 31, 2024. **Strategy 2.1.3.** Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2024. **Strategy 2.1.4.** Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 28, 2025.

Goal #3

Goal #3 Explore opportunities for a Regional Community Paramedicine Program to unify the creation and implementation and create continuity amongst participating agencies by December 31, 2024.	
Objective 3.1. Explore details associated with the creation and maintenance, monitoring and evaluation of Regional Community Paramedicine Program by December 31, 2024.	**Strategy 3.1.1.** Research funding sources and applicable legislative codes by June 30, 2024. **Strategy 3.1.2.** Research and create hiring processes, policies, and additional items as needed for the implementation process by June 30, 2024. **Strategy 3.1.3.** Establish metrics to measure and monitor, biennially, the success and opportunities of the program and create revisions as needed. Evaluate this process using a Plan-Do-Study-Act (PDSA), or similar, tool, by December 31, 2024.

Goal #4

Goal #4	
Improve communications between EMS partners through advances in communication technologies by June 30, 2024. **Once regionalization discussions have concluded, these goals and objectives will be updated to support the regionalization discussion outcomes specific to CAD.*	
Objective 4.1. Continue interoperability of radio communication systems within Washoe County beginning July 1, 2023.	**Strategy 4.1.1.** REMSA will continue to maintain interoperability between UHF and 800MHz through a gateway connection between REMSA and Washoe County Regional Communication System (WCRCS) during the P25 upgrade system roll out.
Objective 4.2. Establish a regional CAD based on regionalization decisions by February 29, 2028.	**Strategy 4.2.1.** Continue providing updates to EMS Advisory Board quarterly. **Strategy 4.2.2.** Dispatch centers begin work on policies, processes, procedures, and training CAD-to-CAD by December 31, 2024. **Strategy 4.2.3.** All PSAPs will be on a regional CAD by December 31, 2024.

Goal #5

Goal #5 Design an enhanced EMS response system through improved continuity of care by December 31, 2024.	
Objective 5.1. Create and maintain a regional process that continuously examines performance of the EMS system by December 31, 2024.	**Strategy 5.1.1.** In accordance with the Pre-hospital Medical Advisory Committee (PMAC) approved CQI processes, create and maintain a regional team, which would work to improve the system through examination of system performance by January 31, 2024. **Strategy 5.1.2.** The regional team will determine goals and identify performance measures, utilizing individual agency metrics, to be used for the regional continuous quality improvement program by March 31, 2024. **Strategy 5.1.3.** Create partnerships, and data sharing agreements if needed, with hospital and/or EMS partners to obtain access to, or reports of, patient outcomes by July 31, 2024. **Strategy 5.1.4.** Present progress updates to PMAC beginning August 2024. **Strategy 5.1.5.** Annually review and evaluate performance measures and standards across all agencies that meet the needs of patient care beginning December 31, 2024.
Objective 5.2. Produce annual reports on a fiscal year basis on EMS system performance that includes hospital outcome data, beginning July 1, 2024.	**Strategy 5.2.1.** Collaborate with EMS partners on data available for submission to the EMS Oversight Program for cardiac, stroke and STEMI patients by March 31, 2024. **Strategy 5.2.2.** Pilot the annual report with hospital outcome data by June 30, 2024. **Strategy 5.2.3.** Review annual report with ePCR implementation and determine data elements for hospital outcome data by September 15, 2024.

Goal #6

Goal #6 Continue collaborative models with regional EMS and Fire agencies, health organizations and public safety stakeholders. **Once regionalization discussions have concluded, these goals and objectives will be updated to support the regionalization discussion outcomes.*	
Objective 6.1. Coordinate and report on strategic planning objectives quarterly through June 2028.	**Strategy 6.1.1.** Create and maintain a dashboard and reports for the regional partners with the details of the goals by July 1, 2024. **Strategy 6.1.2.** Maintain structured feedback loops, via reports and meetings, for the current initiatives of the strategic plan goals. **Strategy 6.1.3.** Provide progress reports to EMSAB quarterly.
Objective 6.2. Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiatives through June 2028.	**Strategy 6.2.1.** Continue current structure of reporting to the signatories of the Inter Local Agreement for updates on the status of the regional EMS system annually.
Objective 6.3. Create a new EMS strategic plan for 2029-2034 by February 28, 2029.	**Strategy 6.3.1.** Conduct a SWOT, NOISE, or similar analysis with regional partners to determine current strengths, weaknesses, opportunities, and threats by February 28, 2028. **Strategy 6.3.2.** Create a committee by March 31, 2028 to meet monthly to develop the strategic plan by February 28, 2028. **Strategy 6.3.3.** Present EMS Strategic Plan to the EMS Advisory Board by February 28, 2028.
Objective 6.4. Revise Mass Casualty Incident (MCI) Plan and Alpha Annex biennially beginning June 30, 2024	**Strategy 6.4.1.** Ensure biennial MCI plan updates include a focus of Unified Command, as appropriate, beginning June 30, 2024. **Strategy 6.4.2.** Create organizational structures and associated organizational charts that allow for easy integration of agencies and increased communication between Fire and EMS by June 30, 2024.

Goal #7

Goal #7 With legal protections in place for agencies participating in JAC, narrow focus to creation of Continuous Quality Improvement (CQI) process.	
Objective 7.1. Create and implement a CQI process for pre-hospital treatment/patient outcomes, no later than June 31, 2024.	**Strategy 7.1.1.** With legal protections in place and confirmed, create CQI process for JAC to review and discuss specific patient outcomes with implementation by no later than June 31, 2024.

Section 6: Strategic Plan Evaluation and Update

In an effort to ensure the successful implementation of the strategies and objectives of the EMS Advisory Board Strategic Plan, the EMS Oversight Program will develop, and maintain, a Gantt chart, a dashboard, or something similar. The Gantt chart or dashboard will be accessible to the regional partners. The Gantt chart or dashboard will be reviewed semi-annually, at minimum, to ensure all projected timelines remain achievable. Progress on the strategic planning strategies and objectives will be included in the "Program and Performance Data Update" staff report at the EMS Advisory Board meeting.

In 2028, the stakeholders should conduct a SWOT, NOISE, or similar analysis and develop a Washoe County EMS Strategic Plan for 2029-2035. Upon completion, the EMS Oversight Program will bring a new five-year strategic plan to the EMS Advisory Board for review, input, and approval.

Section 7: Acronyms

Acronyms	Meaning
AVL	Automatic Vehicle Locator
CAD	Computer Aided Dispatch
CQI	Continuous Quality Improvement
CY	Calendar Year
DBOH	District Board of Health
EMD	Emergency Medical Dispatch
EMS	Emergency Medical Services
EMSAB	Emergency Medical Services Advisory Board
ePCR	Electronic Patient Care Reporting
ILA	Inter Local Agreement
JAC	Joint Advisory Committee
MCI	Mass Casualty Incident
MHz	Mega Hertz
NOISE	Needs, Opportunities, Improvements, Strengths, and Exceptions
NRS	Nevada Revised Statute
PDSA	Plan-Do-Study-Act
PMAC	Pre-Hospital Advisory Committee
PSAP	Public Safety Answering Point
REMSA	Regional Emergency Medical Services Authority
STEMI	ST Elevation Myocardial Infarction
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TIM	Traffic Incident Management
UHF	Ultra-High Frequency
WCRCS	Washoe County Regional Communications System

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

EMS Oversight Program

EMSProgram@washoecounty.gov

Washoe County Health District

EMS Oversight Program Strategic Plan 2023-2028

Sabrina Brasuell, EMS Coordinator

May 4, 2023

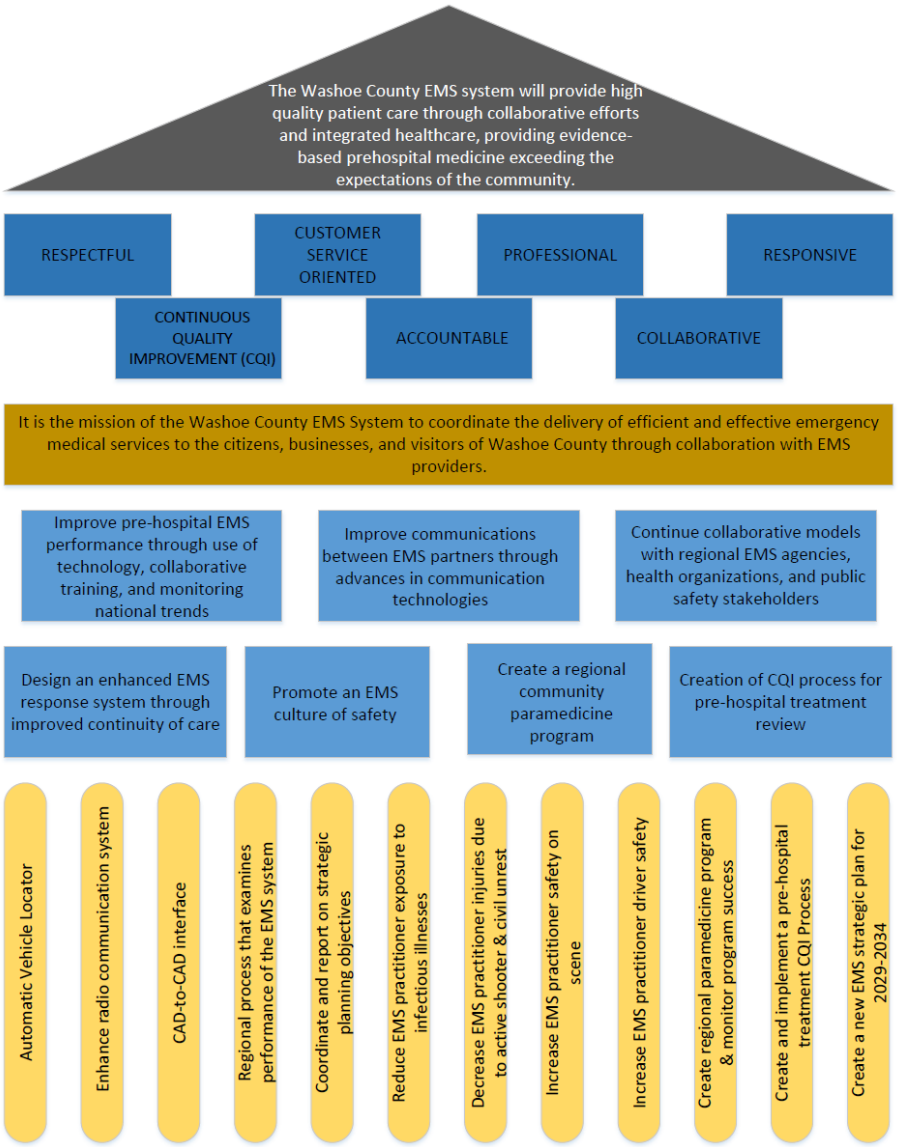
Why create a Strategic Plan?

- The 2014 Interlocal Agreement requires maintenance of a five-year strategic plan.
- Creates EMS and Fire agency unification around shared goals.

How did we get here?

- Reviewing previous plan goals and objectives
- Reviewing outcomes of previous goals
- Researching EMS Strat plans for other systems both similar and different to ours

Strategic Plan at a Glance



7 Goals for 2023-2028

Practitioner Safety

Operational Efficiencies

Clinical Care

Practitioner Safety

Goal #1 – Promotion of an EMS culture of Safety

Operational Efficiencies

Goal #2 – Automatic Vehicle Locator

Goal #4 – Radio Communications and CAD-to-CAD interface

Goal #6 – Strategic Plan tracking, creation and MCI plan revision

Regionalization Discussion Caveat

Goal #2

Enhance pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 29, 2028.

**Once regionalization discussions have concluded, these goals and objectives will be updated to support the regionalization discussion outcomes.*

Goal #6

Continue collaborative models with regional EMS and Fire agencies, health organizations and public safety stakeholders.

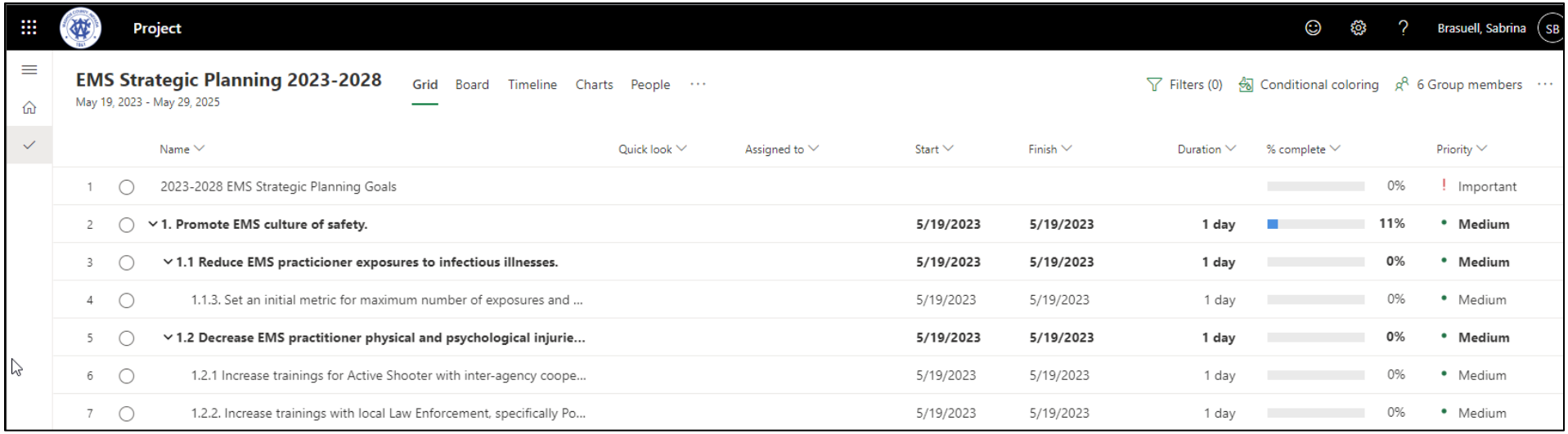
**Once regionalization discussions have concluded, these goals and objectives will be updated to support the regionalization discussion outcomes.*

Goal #4

Improve communications between EMS partners through advances in communication technologies by June 30, 2024.

**Once regionalization discussions have concluded, these goals and objectives will be updated to support the regionalization discussion outcomes specific to CAD.*

Goal #6
Strategic Plan Progress Tracking



	Name	Quick look	Assigned to	Start	Finish	Duration	% complete	Priority
1	2023-2028 EMS Strategic Planning Goals						0%	Important
2	**1. Promote EMS culture of safety.**			**5/19/2023**	**5/19/2023**	**1 day**	**11%**	**Medium**
3	**1.1 Reduce EMS practicioner exposures to infectious illnesses.**			**5/19/2023**	**5/19/2023**	**1 day**	**0%**	**Medium**
4	1.1.3. Set an initial metric for maximum number of exposures and ...			5/19/2023	5/19/2023	1 day	0%	Medium
5	**1.2 Decrease EMS practitioner physical and psychological injurie...**			**5/19/2023**	**5/19/2023**	**1 day**	**0%**	**Medium**
6	1.2.1 Increase trainings for Active Shooter with inter-agency coope...			5/19/2023	5/19/2023	1 day	0%	Medium
7	1.2.2. Increase trainings with local Law Enforcement, specifically Po...			5/19/2023	5/19/2023	1 day	0%	Medium

- Partner access via web browser
- Easy tracking of assignments and progress

Clinical Care

Goal #3 – Regional Community Paramedicine Program

Goal #5 – Improved Continuity of Care via CQI process and annual reporting

Goal #7 – Create CQI process for Joint Advisory Committee

Changing national standards

- All strategies with metrics pulled from national standards allow for updating when, and if, national standards change.

Next steps:

- Present finalized document to DBOH for approval in May of 2023.

- If approved by DBOH, effective date of July 1, 2023.

Questions?

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: May 4, 2023

TO: EMS Advisory Board Members

FROM: Adam Heinz, Chief Operating Officer, REMSA Health

SUBJECT: EMSAB Report

SUMMARY

Update of the emergency medical services (EMS) operations for the 1st quarter of 2023.

DATA PERFORMANCE REPORTS

	Jan 2023	Feb 2023	Mar 2023	TOTAL
TOTAL EMS RESPONSES	8,102	7,362	7,872	23,336
TOTAL EMS TRANSPORTS	5,008	4,570	4,907	14,485
TOTAL EMS RESPONSES CANCELED	3,094	2,792	2,695	8,581

*Includes Priority 1, 2, 3, 4, 9, 99 calls for service within the franchise service area.

QUARTERLY FRANCHISE DATA REPORTING

MUTUAL AID

To comply with section 12.2 (a) of the REMSA Franchise Agreement Amended August 25, 2022.

Number of incidents when a co-response partner is requested for mutual aid within the REMSA Health service area.

	TMFR	Percentage of Total Responses	Reno Fire	Percentage of Total Responses	Storey County Fire	Percentage of Total Responses	Carson City Fire Department	Percentage of Total Responses	North Lake Tahoe Fire Protection District	Percentage of Total Responses	Total	Total Percentage of Responses
Jan 2023	46	0.57%	10	0.12%	3	0.04%	1	0.01%		0.00%	60	0.74%
Feb 2023	43	0.58%	10	0.14%	3	0.04%	2	0.03%		0.00%	58	0.79%
Mar 2023	58	0.74%	8	0.10%	2	0.03%	2	0.03%	2	0.03%	72	0.91%
Quarterly Summary	147	0.63%	28	0.12%	8	0.03%	5	0.02%	2	0.01%	190	0.81%

TIERED RESPONSE REPORTING

To comply with section 12.2 (b) of the REMSA Franchise Agreement Amended August 25, 2022.

CALL PROCESSING

Call received by REMSA Health's Regional Emergency Communications Center (RECC) to final EMD determinate.

	P1	P2	P3	P9	Grand Total
Jan 2023	2:28	2:36	2:35	3:04	2:40
Feb 2023	2:33	2:38	2:34	2:53	2:39
Mar 2023	2:26	2:34	2:38	2:39	2:34
Quarterly Summary	2:29	2:36	2:35	2:53	2:38

SYSTEM ILS RESPONSES & NUMBER OF ILS RESPONSES AND TRANSPORTS TO ILS DETERMINATES

	Total ILS Response	Total ILS Transports	ILS Responses to ILS Determinates	ILS Transports to ILS Determinates
Jan 2023	239	182	137	103
Feb 2023	364	279	182	130
Mar 2023	185	139	83	49
Grand Total	**788**	**600**	**402**	**282**

*Total ILS responses Includes ILS co-response with an ALS unit, interfacility, and ILS determinate responses.

NUMBER OF ILS RESPONSES UPGRADED TO ALS

The number of ILS eligible calls and responses that, once an ILS unit arrived on scene an ALS unit was requested to respond to provide care and transport.

Month	ILS Responses	ALS Intercepts	% of ILS Calls with ALS Intercept
Jan-23	239	6	2.5%
Feb-23	364	11	3%
Mar-23	185	2	1%

AVERAGE ILS RESPONSE TIME BY ZONE

The response time target for low acuity, non-emergent ILS calls shall be less than 19:59 for Zone A, 24:59 Zone B, 29:59 Zone C, 39:59 Zone D, & ASAP for Zone E.

	Average Response Time Zone A	Average Response Time Zone BCD
Jan 2023	0:19:49	0:25:13
Feb 2023	0:18:07	0:21:25
Mar 2023	0:15:46	0:22:05
Grand Total	**0:18:13**	**0:22:36**

AVERAGE ON SCENE TIME FOR ILS

	Avg ILS Scene Time
Jan 2023	0:21:47
Feb 2023	0:20:02
Mar 2023	0:18:44
Grand Total	**0:20:22**

NUMBER OF CALLS REQUIRING FIRE RIDERS ON AN ILS TRANSPORT

Month	Number Of ILS Calls Requiring Fire to Ride into Hospital	Percentage of Responses
Jan-23	1	0.4%
Feb-23	0	0%
Mar-23	1	0.5%

NUMBER OF ILS UNITS PERCENTAGE BASED ON DAILY STAFFING

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
ALS	32	43	38	41	42	40	36
ILS	4	6	5	5	6	5	5
	12.5%	14.0%	13.2%	12.2%	14.3%	12.5%	13.9%

EMS OPERATIONS UPDATES

For the first quarter of 2023, one of Ground Operations main focuses was on recruitment, in order to increase staffing levels of ALS, ILS, and BLS level ambulances. During that three month period we brought on 24 new employees, which accounts for 12 additional ambulances on the street weekly. On top of this, we completed the training of 3 new EMS supervisors, which increases our supervisor coverage to a Day, Swing, and Night supervisor each day.

We added three brand new Supervisor vehicles to our fleet, changing from a truck style vehicle to the new Dodge Durango SUV's. Which are far more versatile for the work that they typically do.

Taking care of the community and meeting our compliance requirements are always our top priorities. With the increased staffing numbers and broadened supervisor coverage, we have been able to make significant improvements in care of the community, response times, and the workload of our employees.

COMMUNITY RELATIONS UPDATES

Community News, Partnerships, and Programs

In January, as the region experienced significant inclement weather, REMSA Health worked to share important patient navigation and public health messages about how to stay safe, particularly for the elderly population. Messaging included reminders about being cautious when walking on snow and ice to minimize the risk of falling since many seniors are on blood-thinners and a fall can have more severe consequences in that case, as well as not over-exerting themselves when shoveling snow as that can lead to cardiac emergencies. These tips were featured in segments on local TV news stations KTVN and KOLO.

KOLO aired a news story about REMSA Health's response operations during inclement weather incidents. Topics in the segment included policies and procedures that prioritize the safety of patients, crews and the community during such incidents, the capabilities of our Search and Rescue team, how supervisors support ground operations during inclement weather, and other operational flexibility that ensures we are still able to respond and provide care - regardless of the weather.

Throughout February (Heart Month), Alma Marin was a subject matter expert for several media interviews about heart health, CPR and the importance of AEDs. Interviews included an appearance on the midday show on KOLO 8 News Now, KUNR - Reno's NPR station and on KRNV Fox 11. In addition, she provided an interview to Telemundo Reno on the importance of learning CPR. The interview and story were conducted and aired in Spanish.

Terri Russell from KOLO News Now spoke with Adam Heinz about the proposed state legislation that would formalize an interstate compact for certain medical professionals - including paramedics and EMTs - to work in other compact states without having to get that specific state's certification.

Clinical Services Manager, Scott Norman provided an interview to Ed Pierce of KOLO 8 News Now about the FDA approval to purchase Narcan over the counter. The interview focused on the benefits of the drug's availability, how the drug works to reverse the effects of an opioid overdose and that REMSA Health's medically trained dispatchers can provide life-saving instructions to callers about how to administer it.

Jerry Overton, president of the International Academies of Emergency Dispatch, visited REMSA Health for a meet and greet with our dispatchers and to participate in an informal conversation about the important role REMSA Health's Regional Emergency Communication Center plays in the health and safety of the region.

Riley, the REMSA Health Raccoon, visited the Washoe County District Board of Health in late February. Riley is made possible through partnership funds between REMSA Health and the Washoe County Health District. Riley is focused on sharing important public health and safety messages about topics such as how to help patients find the right level of care.

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: May 4 , 2023

TO: EMS Advisory Board Members

FROM: Walt White, Fire Chief

SUBJECT: City of Sparks Fire Department EMSAB Report

SUMMARY

Update of the emergency medical services (EMS) operations for the first quarter of 2023 .

DATA PERFORMANCE REPORTS

	January	February	March	TOTAL
TOTAL EMS RESPONSES	1,160	1,081	1,116	3,357
TOTAL EMS TRANSPORTS	0	0	0	0
TOTAL EMS RESPONSES CANCELLED	307	276	271	854
MUTUAL AID RESPONSES	4	9	8	21
MUTUAL AID TRANSPORTS	0	0	0	0
MUTUAL AID RESPONSES CANCELLED	3	6	6	15

EMS OPERATIONS UPDATES

Operational

January-March: Expiring AEMT & paramedic EMS re-certification applications were submitted to the state EMS office.

New recruit interviews were held. Positions include firefighter/paramedic, firefighter/AEMT, & paramedic.

One firefighter tested and was accepted into REMSA's fire paramedic cohort beginning in April. Paramedic training programs are approximately 12-14 months duration. Acceptance into this program completes the balance of funds awarded through the 2021 AFG (Assistance to Firefighters Grant) to train new paramedics. The SFD currently has 5 personnel in paramedic school.

Training

January: EMS skill makeups were held for re-certifying personnel.

February: Initial Lucas device training and implementation was conducted in February.

March: Followup cardiac arrest drills with Lucas device training was held. The devices have been in use for approximately 1 month and excellent feedback has been provided by Sparks Fire and REMSA personnel.

Fire Academy: 5 recruits completed state testing for firefighter 1 & 2. They will enter the EMS portion of the fire academy in May. The EMS module is their final training before graduating the academy and starting their preceptor-ship with seasoned SFD firefighter/paramedics.

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: May 4th, 2023

TO: EMS Advisory Board Members

FROM: **Joe Kammann, Division Chief**
Truckee Meadows Fire Rescue

SUBJECT: EMSAB Report

SUMMARY

Update of the emergency medical services (EMS) operations for the 1st quarter of 2023.

DATA PERFORMANCE REPORTS

	Jan	Feb	Mar	TOTAL
TOTAL EMS RESPONSES	757	724	655	2136
TOTAL EMS TRANSPORTS	241	227	207	675
TOTAL EMS RESPONSES CANCELLED	133	133	127	393
MUTUAL AID RESPONSES	19	19	16	54
MUTUAL AID TRANSPORTS	11	10	4	25
MUTUAL AID RESPONSES CANCELLED	2	2	0	5

EMS OPERATIONS UPDATES

Personnel Update- TMFR has commenced the initial fire academy training for 5 new Firefighter/Paramedics. The new recruits are scheduled to graduate the academy in June 2023. The new employees will then complete several weeks of in-depth EMS training prior to beginning their 12-month probationary period.

Response Operations- TMFR is still currently operating 3 Advanced Life Support capable ambulances staffed with fully qualified Firefighter/Paramedics. The addition of 2 new Type 1 ambulances to the TMFR fleet has allowed us the ability to do a trial expansion of a 4th ambulance commencing April 1, 2023. This additional unit will increase our depth of resources and provide valuable service coverage during prolonged incidents, multiple calls, and for extended training events. TMFR is also gearing up for wildland season, and maintains the ability to send out fully trained fireline Paramedics as needed for fires occurring both regionally and across the nation.

Training Update – TMFR has been working collaboratively with the Washoe County School District (WCSD) to provide additional trainings to the nursing staff. These trainings have encompassed the most common type of emergencies that occur within school grounds. Topics covered were narcotic overdoses, allergic reactions, and CPR management. We are very proud of this partnership and the ability to create seamless interactions when dealing with medical emergencies involving students within Washoe County. TMFR was also invited to be judges for the Health Occupation Student Achievement (HOSA) program within the WCSD. The HOSA program allows students the ability to train and learn valuable health care related skills, and then show them off in a competition against other students. We find it very valuable to build a strong foundation at an early age to get future employees on the path to career success.

TMFR has completed recertifications for all EMS providers that must maintain American Heart Association (AHA) medical credentials. These Advanced Cardiac Life Support and Pediatric Advanced Life Support classes are all taught by in-house TMFR instructors and provide extremely comprehensive practical applications to the core AHA requirements.

Equipment Update- TMFR has received 10 Cyanokits through a local grant program to ensure every Advance Life Support engine within TMFR has the capability to treat cyanide overdoses in the prehospital setting. Firefighters are among the highest risk occupations for death or injury from cyanide exposure during structure fire responses. These kits will also provide rapid life-saving treatment to patients suffering from smoke inhalation or other forms of cyanide exposure.

We have also begun evaluating new cardiac monitors and charting software platforms for possible EMS program upgrades in the future. TMFR strives to be on the cutting edge of technology to provide the citizens of Washoe County every advantage possible when requesting emergency response from our personnel. The choice of equipment purchased will allow a seamless continuum of care between TMFR responders, mutual aid partners, and Emergency Department staff.

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: April 27, 2023

TO: EMS Advisory Board Members

FROM: Cindy Green
EMS Division Chief

SUBJECT: City of Reno Fire Department EMSAB Report

SUMMARY

Update of the emergency medical services (EMS) operations for the first quarter of 2023.

DATA PERFORMANCE REPORTS

	January	February	March	TOTAL
TOTAL EMS RESPONSES	4309	3770	4108	12,187
TOTAL EMS TRANSPORTS	7	4	7	18
TOTAL EMS RESPONSES CANCELLED	1274	1074	1221	3,569
MUTUAL AID RESPONSES	34	20	27	81
MUTUAL AID TRANSPORTS	7	4	7	18
MUTUAL AID RESPONSES CANCELLED	12	3	8	23

EMS OPERATIONS UPDATES

The Reno Fire Department started a fire academy with 26 Firefighters in February. Along with the fire academy, we also hired six Single Role Paramedics and started their onboarding process. The Single Role Paramedics are currently responding (in an ambulance) to identified medical calls within district 3 and mutual aid transport requests within the City of Reno. This is furthering our goal of providing the right resource to the right call at the right time. Additionally, the City of Reno has purchased the remaining equipment needed to outfit all front-line responding fire department vehicles to the Advanced Life Support (ALS) level. This will allow all paramedic licensed personnel to respond and treat our community with the highest level of prehospital medical care.

We have ordered a mechanical CPR machine and prehospital ventilator in an effort to provide more state of the art life saving equipment for our community. Finally, we have completed the initial submission for EMS recertification of 177 RFD personnel.

Paramedic - 81
AEMT - 112
EMT - 85