

John Slaughter, Chair
County Manager
Washoe County

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

Steve Driscoll
City Manager
City of Sparks

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

Bill Thomas
Acting City Manager
City of Reno

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

Terri Ward
Administrative Director
Northern Nevada Medical Center

1001 East Ninth Street, Reno, Nevada 89512
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MEETING NOTICE AND AGENDA

Emergency Medical Services Advisory Board

Date and Time of Meeting: Thursday, January 5, 2017, 9:00 a.m.
Place of Meeting: Washoe County Health District
1001 E. Ninth Street, Building B, South Auditorium
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

- 1. *Roll Call and Determination of Quorum**
- 2. *Public Comment**
Limited to three (3) minutes per person. No action may be taken.
- 3. Consent Items**
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 Agenda**
January 5, 2017
 - B. Approval of Draft Minutes**
October 6, 2016
- 4. Prehospital Medical Advisory Committee (PMAC) Update**
Dr. Andrew Michelson
- 5. *Program and Performance Data Updates**
Christina Conti
- 6. *Presentation to the EMS Advisory Board**
 - Emergency Medical Dispatching Process for Washoe County (Requested Item by Manager Thomas)

- Information on Proxy Representation for EMS Advisory Board (Requested Item by Kevin Dick)

7. Presentation and possible acceptance of an update regarding EMS data and content of future data reports.

Heather Kerwin

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

Christina Conti

9. Presentation, discussion and possible acceptance of an update on the regional protocol project, an objective of the Washoe County EMS 5-Year Strategic Plan.

Brittany Dayton

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.

12. Adjournment

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later.

The Emergency Medical Services Advisory Board meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services at the Washoe County Health District, PO Box 11130, Reno, NV 89520-0027, or by calling 775.328.2415, at least 24 hours prior to the meeting.

Time Limits: Public comments are welcome during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Emergency Medical Services Advisory Board can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The Open Meeting Law does not expressly prohibit responses to public comments by the Emergency Medical Services Advisory Board. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Emergency Medical Services Advisory Board will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Emergency Medical Services Advisory Board may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcements or Issues for future Agendas."

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

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

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MEETING MINUTES

**Emergency Medical Services
Advisory Board**

Date and Time of Meeting: Thursday, October 6, 2016, 10:30 a.m.
Place of Meeting: Reno City Council Chamber
One East First Street
Reno, Nevada 89501

***1. Call to Order**

Chair Slaughter called the meeting to order at 10:30 a.m.

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

The following members and staff were present:

Members present: John Slaughter, Chair
Kevin Dick, Vice Chair
Bill Thomas
Steve Driscoll
Dr. Andrew Michelson

Members absent: Terri Ward

Ms. Spinola verified a quorum was present.

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

***3. Public Comment**

Chair Slaughter opened the public comment period.

Truckee Meadows Fire Protection District (TMFPD) Chief Moore distributed copies of an

article from the Wall Street Journal entitled The Revolution in EMS Care to the Board members, Deputy District Attorney (DDA) Admirand, and to Ms. Spinola for the record (Attachment A). He noted the article discussed changing EMS trends and opined the current model of sending a fire truck out with an ambulance to every single 9-1-1 call is not going to be sustainable.

Chair Slaughter closed the public comment period.

4. Approval of Agenda

October 6, 2016 Meeting

Mr. Driscoll moved to approve the agenda for the October 6, 2016, Emergency Medical Services Advisory Board regular meeting. Dr. Michelson seconded the motion which was approved five in favor and none against.

5. Approval of Draft Minutes

July 7, 2016 Meeting

Mr. Driscoll moved to approve the minutes as written.

Mr. Dick proposed corrections to include Changing “Chief 1” to Chief Moore” on Page 17 and changing “resource zap” to “resource sap.” **He stated he would second the motion if Mr. Driscoll would accept the changes.**

Mr. Driscoll stated he would like to amend his motion to include the adjustments brought to the Board’s attention by Mr. Dick. The motion was approved five in favor and none against.

6. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Dr. Michelson reported the terms for PMAC leadership would lengthen member terms, providing an opportunity for them to gain more experience in their positions.

PMAC determined it will be more active in offering suggestions for change and education to Emergency Medical Service (EMS) providers. The intent is to assist in strengthening that environment. He noted they had not interacted with the Emergency Medical Services Advisory Board (EMSAB) in that capacity yet and asked if PMAC could bring updates to the EMSAB for oversight and approval of suggestions and recommendations PMAC would like to bring to the community. Dr. Michelson opined that although the PMAC has been in existence for some time, it should work with the EMSAB’s approval regarding what they are recommending or suggesting to the community.

Mr. Thomas asked if EMSAB had asked PMAC to provide advice. Dr. Michelson stated they had not as of yet. The PMAC is comprised of primarily physicians, medical directors, and clinical medical providers that until now have not been as active in the past few years. Dr. Michelson opined it would be a good use of the PMAC, given that they are more active now, , that it would be appropriate for EMSAB to give responsibilities to PMAC.

Mr. Thomas noted a number of the members of the Board had no particular strength in experience with emergency medicine, and stated he would look to Dr. Michelson for expert advice regarding how best to utilize a partnership with PMAC.

Mr. Dick supported the statement about PMAC becoming more active. He suggested that as the region moves forward to look at patient outcomes in the EMS system, it would be appropriate for the PMAC to be engaged in providing input about how to improve the system.

Mr. Thomas noted all of the affected agencies were working to provide the best service at

the least cost to the citizens. He suggested the PMAC would provide good support for EMSAB and its role in the community.

Mr. Driscoll stated he agreed with Mr. Thomas. We are evolving EMS for this region, not only what is being done at this level, but the choices of the individual agencies to increase their medical capacity in the field, in conjunction and partnership with REMSA, who is currently the expert in the field. So coordinating with our medical professionals and understanding what is being contemplated and how it directly affects outcomes at the patient level is going to be important for us to understand, to the point that we have obligations getting the most knowledge we can.

Dr. Michelson noted the PMAC will be bringing a mission statement forward which speaks to that goal and he expects to be able to present it at the next EMSAB meeting. He opined that since the PMAC will likely be bringing in more up-to-date evidence-based ideas for EMS, those ideas might be used in combination with data in the future, which may help to filter out what is right for the region and the Interlocal Agreement (ILA).

Chair Slaughter noted the item was not agendaized for action, but at the appropriate point on the agenda, he would ask that a PMAC update be added as an ongoing agenda item. If it is appropriate for those to be listed as action items, they should be.

[Mr. Thomas left the meeting at 10:40 a.m.]

7. *Program and Performance Data Updates

Christina Conti

Ms. Conti noted the full-scale evacuation exercise would be held on October 19. It will be a full evaluation and will be exercising the tagging system, so it will be a substantial feat for our region.

Ms. Conti stated a dispatch subcommittee is under development. Currently a committee meets in a public meeting format that discusses the dispatch centers within the region. The new committee is meant to be more of a working group to address identified issues, to come up with a solution and circles back to see if there are any continued recommendations. The first quarterly meeting would be held the following week.

Ms. Conti noted page 4 of the Program Update contained a staff report from Ms. Khimji with the City of Reno providing a Computer-Aided Dispatch (CAD)-to-CAD update. The request to utilize funds from the Enhanced 911 Fund will be heard by the City of Reno next week. Ms. Khimji has offered to reconvene the subcommittee if necessary to share information about the process.

Ms. Conti announced Washoe County had been approved for the Nevada Project Heartbeat HeartSafe designation. We will be proceeding on how to roll out that information and she thanked all the partners for their contributions. Mr. Driscoll asked what the designation meant and why it had been important to receive it. Ms. Conti explained it demonstrated to citizens that the County is prepared to respond quickly and have the best outcome for any person experiencing a cardiac event. It addressed resource capabilities as well as interaction, education and training in the community, to include private citizens. Additionally, it may support opportunities for grant funding for continuing education and potentially resources, such as AEDs for our community.

Mr. Driscoll asked how the community will be informed and Ms. Conti stated that would be planned and Mr. Driscoll would be invited. Mr. Driscoll opined all partners have a great interest as it is a focus. Most of the EMS systems have been built around the cardiac event.

Ms. Conti explained some of the preliminary ideas included a press conference with all partners present to demonstrate the collaboration. Also considered was a public service announcement or television advertisement. The Public Information Officers will be involved in the planning of the information distribution.

Mr. Dick noted he had met with the Fire Chiefs in August and there had been discussion regarding data submittals to the Washoe County EMS Oversight Program (WCEMS). There had been some disagreement regarding providing CAD in addition to the RMS data. He asked if the issues had been resolved and if the program had received any of the fire data for the first quarter.

Ms. Conti stated that to date, the EMS Oversight Program has received no fire data. They received REMSA's data because they have access to their Online Compliance Utility (OCU). She reiterated they did not have any fire department data at this time. She noted that would impact the Quarter 1 data report, as they would be unable to provide much analysis.

Ms. Conti went on to explain that as far as the difference went between CAD and RMS, program staff had not been provided with the new information gleaned from the individual meetings that had occurred. From staff's perspective, having the time values from the CAD is still the best practice, coupled with all of the information from RMS. She stated staff had not seen or been told anything to support coming back to the Board to request a change in their direction.

Mr. Dick noted he had met with Chief Brown, who had briefed him on the CAD-to-CAD interface that is being established and Chief Brown had been very optimistic that this would be the solution for the region moving forward. Additionally, the CAD would be linked with ePCR so all patient care information can be obtained through one system.

Mr. Dick noted Ms. Conti's earlier discussion regarding potentially reconvening the subcommittee and opined that would be an important thing to do. He felt it would provide a great opportunity for all parties to move forward together to resolve a regional situation.

Ms. Conti clarified that program staff had been told that the CAD-to-CAD interface was an 18-month process, and requested progress not be paused. She suggested staff continue submitting data the way they currently were, and incorporate the new data as it becomes available.

Robert Chisel, Director of Finance and Administration for the City of Reno, explained the City had gone to the 911 committee to seek funding for the CAD-to-CAD. The 911 committee had requested more information, and the City intended to bring that back to them in November. They are going ahead as the City of Reno to begin the project, Mr. Chisel stated that Tiburon was estimating the project would take between six and nine months once the contract is signed and Tiburon can assign project managers. Mr. Chisel went on to explain that since the City of Reno is taking the lead and paying for it, the first step is for them to secure the contract, and if the 911 committee is able to provide funds, then the other entities will be brought in, but at this time is it primarily the City of Reno.

8. Presentation, discussion, possible approval and recommendation to present the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight, to the District Board of Health.

Christina Conti

Ms. Conti took a moment to refresh the recollection of the Board on the process the region went through to complete the strategic plan. The region has been working on this since August 2015, with monthly meetings being held beginning in November. She thanked the regional

partners that had worked on the plan with her: Shawn Taylor, Clay Griffin, Alex Kukulius, Dena Avensino, Dave Cochran, Teresa Wiley, Tom Garrison, Chris Maples joined with his new appointment, Kevin Romero, Adam Heines, and Dennis Nolan also worked with the group. Those members of our community were really wonderful to work with, it wasn't always easy meetings, but for the most part we always came to a regional consensus thinking ahead for the five years and the possibility of five years ahead and what things could look like.

Ms. Conti publicly thanked Manager Driscoll for taking the time to mentor her through the process. She opined the plan would not be what it is without his mentorship and guidance. He also took time out of his schedule every month to meet with her and it was greatly appreciated.

Ms. Conti presented the strategic plan. The group met monthly, every meeting had a specific goal. Some items were put on a "parking lot" for discussion at a later date when it was more applicable or something that was really good idea that was not appropriate for a strategic plan but the group did not want to lose that train of thought.

Ms. Conti brought some items to the Boards attention. Ms. Conti pointed out page 4 of the strategic plan provided a graphic that was the strategic plan at a glance. It includes the vision and overarching goals of the region that had come out of the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. It also contained all the steps that would be taken to achieve the mission, vision and goals.

Ms. Conti noted that plan contained a reminder of what the ILA stated regarding the duties of WCEMS and the duties of the signatories of the ILA. The ILA and those duties imply cooperation to achieve the strategic planning goals and objectives.

Ms. Conti noted there had been an item that the partners had been unable to reach consensus on that she was requesting input, direction and hopefully a decision from the Board so the plan could be finalized. Page 14 of the plan has Strategy 2.4.1 which is the strategy that did not reach consensus. It is still in red, as is Objective 2.4, because it is so closely tied to the strategy.

She explained that the premise behind Strategy 2.4.1 was that the notion of a regional standard is not something that is achievable and desired at this point in time. Based on a meeting held August 18, WCEMS had recommended that measurements should be kept at a jurisdictional level. Perhaps in a few years a regional response standard could be discussed, or never. In its current form, each jurisdiction has its own identified response standards and WCEMS can provide the performance analysis and the opportunities for improvement based on what the jurisdictions themselves have identified.

Ms. Conti went on to explain that the current status of Strategy 2.4.1, which reads "Determine jurisdictional fire response measurement by _____," is the jurisdictions themselves identifying what their individual goals are for a response to emergency medical call. It proceeds by saying the jurisdictions will then meet with WCEMS, make sure that WCEMS clearly understand it, and then WCEMS will proceed with data reports utilizing that identified jurisdictional response measurement.

Ms. Conti state the final piece of the plan is that staff recommends the plan be reviewed every two years to evaluate current status, review future goals that are still written in the strategic plan to be sure they are still desirable and achievable and to work on the extension. In summary, every two years an updated five-year plan would be prepared.

Chair Slaughter clarified if 2.4.1 was asking the Board to determine the jurisdictional response, as it could be read that way. Ms. Conti clarified she was asking the Board to fill in a date with direction that the jurisdictions determine their response times. The intention is the

jurisdictions determine their response times. Chair Slaughter restated jurisdictional fire response measurements identified by a certain date and time. Ms. Conti confirmed.

Mr. Driscoll stated 2.4.1 is one we've talked about quite a bit, coming together regionally is important and having a way to think about ourselves as a continuum of service is important. And he thinks one of the things that came out of the meeting that Mr. Dick hosted in August, as well as conversations and many speeches from this dais. It's very important that, while we are looking at a regional system that is related to patient care, that right now response times are really up to the obligation of the individual partners as to what their obligations are that are based on the individual jurisdictions. As to what their elected boards have defined from a high level of what performance is going to be there, and then holding our individual jurisdictions internally accountable to those and then having the oversight committee have an understanding of how individually they are doing. And then, eventually, and hopefully not too long, there would be a way to look at a regional standard that everyone may agree to down the road. We don't agree to them today, and I can speak specifically for my jurisdiction. I'm not going to be held accountable as the manager for the City of Sparks to a standard that someone else decides I should be held to, because I don't have the policy in place and I don't have the funding in place to do that. But what I am going to do is work inside my organization to where my fire chief has decided and brought forward, and I've then brought that forward on behalf of the operation of the City to the Councils to say this is where we hold ourselves accountable and that is where we will go.

Mr. Driscoll opined that while it will have the oversight committee staff has to deal with four standards, for the four major partners today, seven major partners today, I understand the difficulty with that, but I think it's more important for individual jurisdictions to perform to the level that they hold themselves accountable to. And then eventually come to an overall standard. I think to continue is what is important. And one of the biggest pieces of the continuance will be the backside, hospital component that we have had long conversations and debates about, and those are the folks that we don't control. But we do control a lot of what is going on. I think that is a long way of me saying I'm going to hold myself accountable, and if someone can help me overlook that once in a while and maybe provide me some suggestions on what I can do better I would welcome that.

Ms. Conti pointed out that while we do have seven different partners, because we do have dispatch and would be looking at that separately as well, it is not a problem for us at all. That is where sitting down with Heather Kerwin and myself ensures we completely understand those internal goals and the code is written appropriately so we can move forward. So, it is incumbent upon the jurisdictions to be sure staff clearly understands the internal goals. She clarified that while seven data sources was not desirable, the program staff are there to serve the region and what is best for the region.

Ms. Conti clarified she had understood new proposed language for Strategy 2.4.1 to be "Jurisdictional fire response measurement identified by _____." Mr. Driscoll stated he had a question and might need to get a technical answer from partners, how long will each agency need. The technical question is that all jurisdictions needed to hold themselves accountable, and he asked how soon those individual seven definitions could be developed. He stated he would like all of the seven individual entities to have defined what they are holding themselves responsible to and how they are determining it within less than six months. Then they would then provide WCEMS the information on the oversight, as the education point.

Ms. Conti stated she would defer to the EMS partners, but noted from the meetings that the majority do have the established response times so there would not be a significant burden. She

explained some of the partners were reviewing updates to those, and she was not sure how long that would take. However, there were existing ones while the review and update was taking place. Before turning it over to her colleagues, Ms. Conti noted that as a group they had agreed that they could meet with WCEMS prior to December 31 to provide the required education to the EMS oversight staff needed for the purposes of beginning the analysis. That would allow WCEMS to achieve a Quarter 2 report for the EMSAB. Since that was an agreed upon date, it was her request that the first date be pushed before that.

Mr. Driscoll clarified the definitions were out there and Ms. Conti indicated they were. Mr. Driscoll then asked if December 31st was the date to sit down and provide WCEMS the education you need for the purposes of beginning the analysis on behalf of the information that each jurisdictions are holding themselves accountable to. Ms. Conti confirmed that was correct. She wanted to make it clear that not all partners have them; but the majority do. But some will need to develop them, whether developing from scratch or from an old system they don't use anymore. But the majority of the partners have something out there identified.

Mr. Driscoll asked if a December 31 date for 2.4.1 with the updated language it would be reasonable that the majority of the partners would have a defined response standard and would have had an adequate time to educate the oversight committee staff members on how it works for future analysis. He asked if that is what Ms. Conti was representing. Ms. Conti replied that is what she felt to be true, but deferred to her colleagues to clarify if they felt that was a timeline they could meet. She stated the group they had met with did feel the December 31st date was a sufficient amount of time to come educate WCEMS, the small workgroup did feel that was something that was achievable.

Chair Slaughter asked for the record who the seven partners were. Ms. Conti explained it was the three fire jurisdictions, REMSA, and the three dispatch centers, being Reno, Sparks and Washoe County, so all seven would have different response standards available to them. She noted there would be a discussion about the REMSA dispatch center, as well as any associated with them.

Mr. Driscoll proposed the December 31st holds us accountable and if an individual jurisdiction had a particular issue as to why they might not be able to have it defined and WCEMS educated, that he would rather have one or two not in compliance with five or six in compliance because if we don't have a date that is fairly aggressive, we will languish. He stated he would prefer that be the date, and then have the ability to discuss exceptions.

Mr. Driscoll stated that if he were motioning it before we had more discussion that would be the motion he would be contemplating.

Chair Slaughter opened the public comment period.

Chief Moore stated the Board of Fire Commissioners had tasked him with revising the standards of coverage for the District and are currently involved in that study. They have been involved in the process for about three months and probably have another three months to go. He noted the process was exhaustive analysis and the consultant will have something to present to the Fire Board after the calendar year, and probably will not adopt until February. He noted they did have standards of cover in place, but he preferred the Fire Board adopt that standards of cover and then submitted that to the EMSAB because that is what they will have going forward.

Reno Fire Chief Dave Cochran stated they would be one of the exceptions. Chief Cochran stated the issue with Reno is that they certainly have guidelines, they have goals that they strive to achieve, but they do not have a set, measurable policy. They certainly have response plan,

through dispatch protocols their run strengths and everything that goes with that, they do have a response plan that he can submit, but in terms of measurables, it does not include that. Chief Cochran's concern is that is really a policy decision that his council needs to make and he doesn't want to presume to dictate policy to them. At the August 18th meeting they talked about some of the fiscal implications that tie into that. Reno is not doing a standard of cover there would be fiscal implications to that if they chose to go down that road. His concern is that really any direction that we suggest that he dictate policy to his council, so Reno would be one of those exceptions and those are the reasons why.

Mr. Driscoll asked Chief Cochran if they were contemplating, any time in the near future, to seek direction from their elected body as it is related to standards of coverage. Chief Cochran stated they are not, he is not.

Chair Slaughter closed the public comment period.

Chair Slaughter clarified, summarizing that the Board was focusing on the one specific item but overall, staff would like a motion to approve and to forward the draft plan to the District Board of Health (DBOH). Ms. Conti stated that was correct; she was open to any feedback or any changes within the entire document. She noted this was the one item she had wanted to bring to their attention so that they understood she was not asking them to approve an incomplete document. She stated the intention would be to then go to the DBOH for approval since the EMSAB is under their purview. It would then be the strategic plan for EMS for the region. Then, with the annual update to the signatories of the ILA, this would be something they would have made available to them and she would be available for questions on the strategic plan.

Mr. Dick clarified that updates to the jurisdictional response measurements would be acceptable under the plan and Ms. Conti replied that would be fine. She explained the quarterly report would contain a note pointing out any changes within the measurements within the quarterly time period. It would be clearly identified and split appropriately.

Chair Slaughter noted the plan was not dictating jurisdictional measurements. So, if a jurisdiction changes a measurement that's fine, in the same manner, if a jurisdiction does not have them currently, may in the future but not currently, will we move forward in that manner as well? Ms. Conti stated it could be done but would pose challenges when we start to look at patient outcomes if we do not have all jurisdictions participating. She stated that specifically, if the City of Reno is the agency not participating with that part, because they are such a large percentage of the call volume. But WCEMS would figure it out as we go along if that is the road we continue down.

Mr. Driscoll proposed that the Board complete the document by adding, on 2.4.1 the date of March 31, 2017. Mr. Driscoll asked if there was a proposal to change the language on 2.4.1. Ms. Conti replied that if the Board was comfortable with Chairman Slaughter's suggestion the language would be changed to read "Jurisdictional fire response measurement identified by March 31, 2017." Mr. Driscoll stated he was willing to do that with the March 31st date and the understanding is that if you don't have it there, if you change it, we go figure it out and understand that as we are building data changes to data may cause issues but no jurisdiction should be held accountable to something they are not willing to hold themselves accountable to.

Mr. Driscoll clarified that would close out the outstanding and the rest of his motion would also be to approve the plan as submitted with the changes so that it can be updated and taken forward to the DBOH.

Dr. Michelson seconded the motion.

Ms. Conti clarified that if 2.4.1 was going to be pushed to March 31st, then 2.4.2 should be as well, as they were the only ones with dates associated with them and that would ensure continuity. Mr. Driscoll stated that was his intent.

Chief Cochran stated he wanted to make a point of clarification. The target kind of moved there, he was talking about measurable response times, and that's been the crux of the discussion we've been having. We have talked about patient outcomes. We are all in on developing the best, most efficient patient outcomes in whatever form that takes so I don't want to suggest that we are not going to participate in a broad spectrum. When the real focus is that Reno does not have adopted response time standards, so that is just additional backup clarification.

The motion passed four in favor and none against. Chairman Slaughter wanted it noted that Mr. Thomas was absent.

9. Presentation, discussion and possible approval for distribution the Washoe County EMS Oversight Program FY 15-16 Annual Data Report.

Heather Kerwin

Ms. Kerwin noted the report was designed to be helpful for the general public to comprehend. It contains less data and more information relating to how the system is designed and how a 911 call might move through the system. Additionally it highlighted some of the EMS Oversight Program's accomplishments for the last fiscal year as well as partner accomplishments and highlights. She noted the short section on aggregate regional data and noted she did not utilize any of the fire variables in question.

Mr. Dick asked how it was possible for REMSA to get a 911 call before the Public Safety Answering Point (PSAP). Ms. Kerwin explained how she used the data, focusing on the time initially noted but acknowledged she was unable to directly answer his question. Mr. Dick noted there had been discussion regarding developing a regular schedule to correlate the time on PSAP and dispatch clocks with the Atomic clock and wondered if this was an issue that might be happening. Ms. Kerwin acknowledged differences and stated she could adapt the system to address anomalies in Atomic Clock times to coincide with language that allows clocks to be off by up to 5 seconds between centers. Ms. Kerwin stated that the calls included those outside the 5 second.

Mr. Dick then noted the number of total matched was larger than the number of total calls used. Ms. Kerwin explained that if the time stamp was missing, it was not utilized. She pointed out that was replicated through the other tables. The calls shown as used was the number of calls utilized for that particular analysis. The reason there are more matched than used is because not all of them have all the time stamps needed to conduct the analysis, so it was a comparison between a time stamp from fire and a time stamp from REMSA and if those are missing, they are not included.

Chair Slaughter requested they go back to the initial question. Ms. Conti noted what Ms. Kerwin was describing was a change in methodology employed last year after realizing that just using calls that are matched between REMSA and fire was not showing the entire system performance. She pointed out that throughout the document, there were different numbers of calls utilized so that the entire possible picture could be analyzed for every data set. It was a way to broaden what was looked at for the region.

Deena Avansino, Assistant Manager of Reno Dispatch, clarified that REMSA is not a PSAP, so they do not receive 911 calls. Any calls they receive are direct dial. If they receive a 911 call it is because it was transferred from a PSAP. She went on to state that their time clocks match.

Mr. Dick requested clarification that calls that were listed as going to REMSA first were not going through 911 and were going directly to REMSA. He requested confirmation from the WCEMS staff. Ms. Kerwin explained the data she pulled from REMSA was captured by the CAD and it has always been represented that they are 911 calls.

Chair Slaughter requested clarification of how a 911 call would go directly to REMSA, or if there was a seven-digit number that was going directly to REMSA. Ms. Conti opined the conversation was focusing on 911 calls and that calls were transferred to REMSA from many different entities and may not go through a PSAP. The calls that go to the PSAPs are classified as 911 calls. Ms. Conti opined the terminology should indicate that the calls were emergency calls for medical services, not 911. She supported Ms. Avansino's statement that a 911 call would never go directly to REMSA. Ms. Conti noted the change would be made to the terminology.

Chief Moore noted the first paragraph on page 9 referred to volunteer fire departments in the rural areas north of Reno. Although that is true, Truckee Meadows Fire Protection District (TMFPD) responds to every single emergency call in the Red Rock area because volunteers are not always available. He noted the Verdi Volunteer Fire Department no longer exists, although there are independent volunteers in that area.

Chair Slaughter noted the action requested was to approve the document with changes discussed.

Mr. Driscoll made the motion and Mr. Dick seconded. It was approved four in favor and none against.

10. Presentation, discussion and possible approval of updated EMS Advisory Board Bylaws or possible direction to staff to make changes as discussed and bring back to Board for final approval.

Brittany Dayton

Ms. Dayton presented the staff report. She noted Mr. Dick had requested revisions specific to the chair and vice chair terms. Staff had researched other EMS advisory boards to arrive at recommended updates and additions, which she reviewed.

Mr. Driscoll noted proxy votes were not permitted in the updated bylaws. He stated that was problematic, as there are times when he is away and has legally designated someone to have all of the duties and responsibilities of his position. Deputy District Attorney (DDA) Admirand stated that was a matter addressed in the Open Meeting Law, and the enabling legislation creating the Board, being the ILA, would have to have the authority for members to appoint proxies for that to be allowed for EMSAB. She reviewed the language of the ILA and stated it did not contain an allowance for proxies to be used. Mr. Driscoll stated he would defer to Open Meeting Law.

Mr. Driscoll asked DDA Admirand if the ILA would need to be changed to allow proxies and she indicated that was correct. Mr. Driscoll withdrew his objection.

Mr. Dick asked a clarifying question if a Manager is away from the community and has designed an Acting City Manager while they were away, would that satisfy for the purposes of the EMSAB that they are the City Manager. DDA Admirand stated she was not sure of the authorities designated under the City charters. She further provided an example that the District Health Officer is able to appoint an interim Health Officer when away on travel and stated she would look into the issue through research before providing the Board with an answer.

Mr. Dick noted page 1, under Section 2, provided an overview of the purpose of the Advisory Board is to review reports, evaluations and recommendations of the Regional

Emergency Medical Services Oversight Program, discuss issues related to regional emergency medical services and make recommendations to the respective jurisdictional Boards. He opined EMSAB's purpose was to make recommendations to the DBOH, and then the DBOH who is upholding the recommendations would be the body that would make the recommendations to the jurisdictions governing bodies; rather than the EMSAB providing recommendations directly without going to the DBOH. Ms. Conti asked for clarification if Mr. Dick was asking that the language be changed to have it only go the District Board of Health versus jurisdictions. Mr. Dick stated that was his understanding. Ms. Conti requested a moment to review the ILA.

Mr. Dick asked if the current appointees had been asked if they were amenable to the proposed term extensions. Ms. Dayton stated they had not, but clarified one had just indicated acceptance. She noted the following section clarified that DBOH appointees can submit a written letter of resignation at any time.

Ms. Conti stated she and DDA Admirand had reviewed the ILA and she remembers why that was included; there might be some things that the jurisdiction themselves would feel important to do their separate recommendation and approval specifically. But there is a desire to get to the point where jurisdictions have their employees come before the EMSAB to vet new processes. The recommendation would then be from this Board to go back to that jurisdictional Board with an agreement with the process forward, the path forward, and they think that it is a good idea and endorse it. Therefore, that is why it was put in, but Mr. Dick, you are correct; the ILA specifically says DHO and/or DBOH so it would be a deferral to the Board if it would like to include other jurisdictional boards.

Mr. Dick clarified, stating Ms. Conti's recommendation was to leave the language as it has been suggested with the track changes indicating jurisdictional boards, because there may be cases in which a jurisdiction may be seeking a recommendation from the EMSAB that they would then want their Council to act on directly without having to go through the process of going through the DBOH.

[Mr. Thomas returned to the meeting.]

Ms. Conti stated that was correct. Through the ILA, it provides that concurrent review. Ms. Conti provided an example with Truckee Meadows Fire Protection District that does not have a DBOH representative and that this provides a pathway for them as well as they are a signatory on the ILA. She noted the recommendation could be to go to their Board and not to DBOH, which would be an unnecessary step from their chain of command.

Mr. Dick stated he was comfortable with leaving the language as proposed with the explanation.

Mr. Thomas noted that the DBOH exists as the health department to the City of Reno, Sparks and also the Washoe County Health District (WCHD). He suggested this inferred that the WCHD was acting on behalf of all three jurisdictions. Obviously when there is a disagreement or alternate direction people want to go within the jurisdictions, you have the three managers that clearly are here representing the three jurisdictions. Whatever happens out of this group is going to get back through the other group. Particularly which has a direct bearing on the organization.

So I guess I'm less concerned about the process by which recommendations come out of this board, because the information will get back. I would just hope whatever we structure would be designed in a way that facilitates solving the discourse as opposed to accelerating it. And I don't know what I mean by that other than saying that that's probably one of the purposes of the DBOH is to look for common ground and not the parochial position. But you're still going to have situations for example where a jurisdiction simply does not want to do whatever the

recommended from the collegial, they just need a process by which that individual entity has the ability to address their grievance regarding Board decisions. I suppose that means going back to DBOH, right?

Mr. Dick opined that ultimately the way the ILA is set up, that the DBOH could make a decision, but it really was just a recommendation that was being made. Ultimately each jurisdiction is responsible for making a decision about how their EMS system will operate.

Mr. Dick explained the way the ILA clarified EMS oversight activities. EMSAB makes recommendations, the DBOH can then act and agree with that and make that recommendation. Ultimately it is a recommendation and the Board has not taken any authority away from each of the jurisdictions as to how they operate their fire and dispatch and the decisions that ultimately are made by them.

Ms. Dayton suggested keeping the term "...respective jurisdictional Boards." and add "...and/or DBOH." Mr. Dick stated he would support that change.

Chair Slaughter confirmed with Ms. Dayton that was the only item proposed to be changed. He noted he represented Washoe County and that he did not have authority over TMFPD. They have a separate Fire Board. I think with respective jurisdictional boards we could make recommendations to the Fire Board as well.

Mr. Driscoll stated he would be willing to forward a motion that approves the changes as discussed with the addition on Page 1, Section 2, second paragraph, with the end of the sentence that says "...jurisdictional Boards," to continue the sentence to say and/or DBOH.

He stated he was willing to accept the fact that some legal research needed to be done, specifically the legal question of whether the legally designated acting manager would be in lieu of or considered proxy.

Mr. Driscoll restated the motion, saying he was accepting it as it was presented with the addition of "and/or DBOH" in Section 2, Page 1, and the side comment that on Page 3, Article 3 Section 2 we'll be provided with some legal clarification in the future and that may or may not need change. Mr. Dick seconded the motion which passed five in favor and none against.

11. *Board Comment

Chair Slaughter repeated his request that future agendas include an update from PMAC, as an action item when appropriate. Ms. Conti asked there was an action item associated, would it require then a staff report and Chair Slaughter answered in the affirmative.

Mr. Dick requested a standing agenda item regarding the progress of the CAD-to-CAD implementation over the course of the anticipated 18-month period.

Mr. Thomas asked if emergency medical dispatch would be a topic of conversation anytime in the near future. He noted there had been substantial history surrounding that and there were issues that had not been fully resolved. Mr. Driscoll asked Mr. Thomas if he was suggesting an agenda item of an update on the status of emergency medical dispatch amongst the partners. Mr. Thomas indicated that would bring him up to speed with where we are on that issue. Mr. Driscoll further clarified it would be all the moving parts and all the partners.

Mr. Driscoll acknowledged was some of the action taken with the individual jurisdictions and the data collection and data analysis is putting a lot of time commitment by the statistical team from the EMS Oversight Board. He opined they should not lose the vision of what we are doing, we are asking them to get up to speed on a lot of different things, but we're asking them to do it

for the right reasons. He pointed out they were willing to take that on and he felt they should be acknowledged that the workload is being done and that team is taking on behalf of EMSAB. He publicly thanked the staff and the work that will be done with the seven partners.

12. *Public Comment

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

13. Adjournment

At 11:14 a.m. Mr. Driscoll moved to adjourn. The motion passed five in favor and none against.

Respectfully submitted,



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2017.

STAFF REPORT
BOARD MEETING DATE: January 5, 2017

TO: Emergency Medical Services Advisory Board
FROM: Dr. Andrew Michelson,
 PMAC Chairman, Saint Mary's Regional Medical Center
SUBJECT: **Update from the Prehospital Medical Advisory Committee with possible Discussion and Direction to PMAC and/or Staff.**

SUMMARY

On October 6, 2016 the EMS Advisory Board (EMAB) requested a standing item be placed on the agenda to receive updates and information from Dr. Michelson as a representative of Prehospital Medical Advisory Committee (PMAC). The updates may or may not result in recommendations to the PMAC or direction to Washoe County staff to take some type of action.

PREVIOUS ACTION

The EMS Advisory Committee heard an update on the Prehospital Medical Advisory Committee during the October 6, 2016 quarterly meeting and requested it as a standing agenda item.

BACKGROUND

On October 6, 2016, Dr. Michelson explained to the EMSAB members the purpose of the PMAC and the connection to the EMSAB. The PMAC has determined it will be more active in offering suggestions for change and education to Emergency Medical Service (EMS) providers. He would like PMAC to bring updates to the EMSAB on recommendations PMAC would like to bring to the community.

The Board agreed PMAC would provide good support for EMSAB and its role in the community. They requested a standing agenda item to regularly receive updates and provide direction to PMAC when appropriate.

The PMAC met on December 14, 2016 and received a presentation by consultants from the EMS Consulting Group on the regional protocols project. This item supports Strategic Planning objective 5.1 "Develop a regional set of protocols for the delivery of prehospital patient care." EMS Consulting Group provided the PMAC with an analysis of existing protocols from the partner agencies and a recommendation for which protocols to use in the development of a regional protocol document. Recommendations were based on evidence-based practices, Emergency Medicine texts, American Heart Association Pediatric Advanced Life Support and Advanced Cardiac Life Support guidelines, and the American College of Surgeons Advanced Trauma Life Support guidelines.

PMAC recommended the development of a task force to begin systematically reviewing the recommendations of each 109 protocols, reach consensus and then bring the draft protocols back to the PMAC at the March meeting.

RECOMMENDATION

Subject: PMAC Quarterly Update

Date: January 5, 2017

Page 2 of 2

Staff recommends the Emergency Medical Services Advisory Board accept the report as presented.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the report as presented."

STAFF REPORT
BOARD MEETING DATE: January 5, 2017

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

Meetings with Partner Agencies:

EMS and PHP staff met with personnel from Renown Skilled Nursing to discuss point of care and evacuation planning for the facility on October 11th. This meeting was scheduled for WCHD to have a better understanding of Renown Skilled Nursing's current planning and provide and an introduction to the countywide healthcare evacuation plan (MAEA).

Mutual Aid Evacuation Annex (MAEA) training was conducted at Northern Nevada Medical center on October 17th. Multiple area healthcare facilities that would respond to an evacuation incident had staff attend. The participants had an opportunity to learn about the MAEA and the patient tagging and tracking system. The 22 attendees then used what they learned in the training to walk through the processes of an evacuation of 20 "patients" in a tabletop exercise.

A full-scale evacuation exercise was conducted on October 19th and involved a complete evacuation of Tahoe Pacific Hospital – Meadows. The scenario, planned by the EMS Coordinator, was a power outage and subsequent malfunction of the back-up generator system. The exercise included more than 80 staff and volunteers from 13 agencies. The final AAR/IP was distributed to the participating agencies on October 31st. A meeting was then held on November 22nd with members of the Inter-Hospital Coordinating Council to discuss the identified improvement plan action items. In an effort to expand training for EMS and healthcare personnel on hospital evacuations, regional agencies are collaborating to design a training video. The group hopes to have the project completed by early 2017.

The EMS Coordinator and Public Health Emergency Response Coordinator met with the leadership team of Rosewood Rehabilitation Center on November 3rd. The purpose of the meeting was to review the MAEA member responsibilities and have the agency sign onto the plan. Rosewood is the first skilled nursing facility to become a member of the MAEA.

The EMS Statistician has been coordinating EMS data workgroup meetings. The purpose of the meetings is to help frame future quarterly data reports and analyses for the region and each agency. The EMS data workgroup consists of a representative from each of the ILA signatories as well as REMSA.

EMS Program staff participated in the NAC 629 public workshop on November 4th. This was a workshop to review the regulations being proposed by the Nevada Department of Public and Behavioral Health, developed out of the 2013 Legislative Session. The EMS Program Manager spoke on the record supporting the NAC 629 verbiage, if it was appropriately utilized. The EMS Program Manager specifically stated that it was appropriate for special events to utilize 450B and not 629, which was specific to a healthcare fair and not providing emergency medical care at a special event.

As an identified improvement item from the full-scale evacuation exercise held, all healthcare radios were reprogrammed with the channels listed in the Multi-Casualty Incident Plan. Additionally, each facility was provided with a laminated training guide that outlines the basics for using the radios. This addresses the healthcare facilities identified gap in 800 MHz radio training and utilization.

The contractor for the regional protocols was selected and able to begin work at the end of October. In anticipation of the approval of the EMS 5-year Strategic Plan, EMS partners began submitting protocols to the EMS Program in early October. The contractor, EMS Consulting Group, began receiving protocols to review on October 24th. EMS Consulting Group prepared an analysis of the protocols from the EMS partners affiliated with the PMAC (Prehospital Medical Advisory Committee). The analysis of current protocols included the EMS protocols of the Airport Fire Department, Gerlach Volunteer Fire Department, North Lake Tahoe Fire Protection District, REMSA, Reno Fire Department, Sparks Fire Department and the Truckee Meadows Fire Protection District. The EMS Program has continued to work with EMS Consulting Group in preparation for their presentations to the PMAC. The members of the PMAC received an electronic copy of the EMS protocol analysis completed by EMS Consultant Group on December 1st. The timeline provided the Medical Directors two weeks to review the EMS Consulting Group's initial recommendations before the December 14th PMAC meeting.

The region continues to meet to discuss the HeartSafe Designation. The purpose of the meetings is to determine the public outreach and notification of this regional achievement.

EMS and PHP staff conducted a tabletop exercise for approximately 15 personnel of Hearthstone of Northern Nevada on December 8th. This presentation emphasized the importance of emergency preparedness efforts; staff discussed their procedures to maintain patient safety if a disaster affected their facility.

EMS Program staff attended the Nevada State Board of Health meeting on December 9th. The revisions for NAC 450B and NAC 629 were on the agenda. The NAC 629 was approved without change. NAC 450B had several discussion points and was tabled during the meeting to allow for stakeholder input on proposed changes. NAC 450B ultimately was approved with the submitted changes to the air ambulance sections not approved for deletion. Additionally, the fee schedule for 2019 was removed.

CAD-to-CAD (C2C) Update:

1. Reno City Council approved IT staff report, granting approval to fund the C2C interface for the City of Reno.

2. At this time, Reno will work with Tiburon/TriTech to develop the interface for the City of Reno only. Other agencies can come on after Reno has deployed to production.
3. The staff report sent to the E911 Advisory Committee has been deferred to the January meeting (again). City of Reno is asking for reimbursement at this time for the interface. Ms. Khimji provided the E911 Advisory Committee the update listed as 1 and 2.
4. TriTech has not scheduled the work yet as their development cycle schedule is out by 6-9 months. Ms. Khimji has not received an update from TriTech, however given their initial development cycle schedule, she is anticipating City of Reno project to begin in May '17, the soonest. REMSA is aware of this.

Mass Gatherings:

There were no mass gathering/special event permits reviewed or inspected by the EMS Program this quarter.

A meeting with various Washoe County Department personnel was held on November 23rd to discuss the permit process for special events/mass gatherings in unincorporated Washoe County. The EMS Coordinator participated in the meeting as the representative for the Health District that identifies the EMS mass gathering stipulations for special events in unincorporated Washoe County. The group intends to enhance internal communications between departments through a shared calendar and committee meetings.

Legislative Information Relating to EMS:

With the Legislative session beginning in February 2017, the EMS Program has begun to identify Bill Draft Reports to track. Each EMS Advisory Board meeting will have a summary of relevant bills and actions included in the program update.

Other Items of Note:

The EMS coordinator observed Fire/EMS simulation trainings for both Reno Fire Department and Sparks Fire Department. This quarter's training focused on a tricyclic antidepressant medication that is not as commonly prescribed.

The EMS Program Manager and EMS Coordinator attended the annual EMS Chiefs luncheon at Incline Village during the annual paramedic refresher conference. This is a great opportunity to network with regional EMS leadership.

The EMS Coordinator was accepted in the 2017 Leadership Reno Sparks program. The 10 month program focuses on communication, developmental organization and community participation to develop current and future community leaders.

The EMS Program Manager has presented to the City of Reno City Council, Truckee Meadows Fire Protection Board of Fire Commissioners and the REMSA Board on the annual report, strategic plan and annual accomplishments of the region. The City of Sparks City Council is scheduled for January 2017.

Staff Report

BOARD MEETING DATE: January 5, 2017

TO: EMS Advisory Board Members

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

SUBJECT: Presentation and possible acceptance of an update regarding EMS data and content of future data reports.

SUMMARY

The EMS Oversight Program Statistician has been coordinating and facilitating meetings of an EMS data workgroup in order to obtain guidance and input from regional EMS partners on future data analyses to be included in the EMS Program's Data reports. The EMS Statistician is providing an update regarding progress to date.

EMS Program did not receive fire EMS data for Quarter 1 during the specified timeframe to allow for an analysis; therefore a template for the Quarter 2 report is being presented. If approved, the produced report will include data from both quarters 1 and 2.

PREVIOUS ACTION

During the July 2016 EMSAB meeting, the EMS Advisory Board unanimously approved a motion which directed jurisdictional fire partners to provide both CAD and Fire RMS data for all EMS and EMS-related calls.

BACKGROUND

On August 18, 2016: The Health District Officer, County Manager, and EMS Oversight Program Manager met with Fire Chiefs of partner jurisdictions to discuss moving forward with data and analyses. Fire Chiefs continued to express disagreement regarding the assertion that CAD data is the best practice for incident level time stamps. .

The Chiefs outlined the following areas as important to measure:

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

Additionally fire partners determined that a separate meeting of the Chiefs would be held to define what an EMS-related call is and what EMS call types the agencies are comfortable submitting. After

the determination was made, the Chiefs would meet with the EMS Program to discuss the identified incident types.

On August 25, 2016:

Chief Garrison, retired Fire Chief for Sparks Fire Department, responded on behalf of all Chiefs to the meeting summary provided by District Health Officer (DHO) Kevin Dick. Chief Garrison stated that the Fire Chiefs did not agree with CAD data being utilized and that a special Chiefs meeting will need to be held to determine what type of data will be submitted to the EMS Oversight Program.

Chief Moore, Fire Chief of Truckee Meadows Fire Protection District, submitted a letter, addressed to the DHO and EMS Oversight Program Manager, stating Fire RMS incident level data would be provided and outlined the EMS-related incident types which would be included in future data submissions.

September 8:

The DHO replied to the correspondence from Chief Moore, on behalf of the regional Fire Chiefs. In his reply, the DHO identified additional incident types that yielded a high percentage match and reiterated the request that fire agencies meet with the EMS Oversight Program to reach agreement on the response data that would be submitted.

The EMS Oversight Program did not receive any fire partner data until two months after the deadline for quarter 1 (October 15th). Therefore data from Quarter 1 and 2 will be combined and presented as a mid-year report. Furthermore, the EMS Program Statistician has not received any clarification as to why other incident types will not be included.

In order to determine how to best measure the six topics identified by the Chiefs (listed on page 1), the EMS Statistician has coordinated and facilitated four regional EMS data workgroup meetings with representatives from each of the fire jurisdictions and REMSA. The EMS data workgroup was created to determine how to measure the six topics and provide input on the future quarterly data reports. A summary of each meeting is outlined below:

- Meeting #1; 9/29/16: Discussion of four of the six topic areas resulted in agreement that response times are the only topic that the region has the current capacity and data available for measurement.
 - ❖ A map of response times for matched calls was proposed as a way to visually represent regional performance related to this topic. Although it was recognized, response times only impact patient outcomes for certain types of 911 calls such as stroke, STEMI, or cardiac arrest.
 - ❖ Transport times and time spent on scene were determined to be too situationally dependent. Measuring this time interval would be misleading without considering other information not currently reported by any jurisdiction such as time stamps for actions related to patient care and scene management. Transport times to facilities only utilize REMSA data and would merely reflect drive times from various areas in Washoe County to a healthcare facility.

- ❖ Quality of patient care in the field is not a topic our region currently has capacity to measure. Currently, neither REMSA nor Fire jurisdictions report data related to patient care or actions taken on scene to the EMS Oversight Program.
- ❖ The topic of measuring patient outcomes is dependent on the EMS Oversight Program obtaining hospital discharge data to determine diagnosis and status at time of discharge.
- Meeting #2; 11/17/16: The EMS Statistician met with GIS to discuss how best to map response time data and subsequently provided an update to the EMS data workgroup members in order to solicit feedback and insight on additional variables to be included. The two outstanding topics from the previous meeting were discussed resulting in the following:
 - ❖ Measuring dispatch/prioritization of calls is unclear since all PSAPs prioritize according to different protocol. Prioritization of calls can be situationally dependent as EMD screens are automated and the prioritization can change depending on the information provided by the caller.
 - ❖ In order to measure the impact of prevention and community interventions there was discussion on including more qualitative description of each agency's contribution for the quarter provided as a highlight similar to the FY 15-16 Annual Report. Additionally there are objectives within the EMS Strategic Plan which require measurement of regional protocol; this may be an appropriate application to assess community intervention.
- Meeting #3; 12/8/16: Example heat maps from GIS were shared and discussed to help improve the visual clarity of the maps. Agency representatives were tasked with reviewing tables, graphs, and analyses in previous quarterly reports to determine what types of analyses were helpful, what could be dropped from future reports, and what could be done to clarify existing analyses. Agency representatives were asked to bring forth additional analyses their jurisdictions would find helpful. This resulted in the template outline provided.
- Meeting #4; 12/15/16: No further changes to heat map at this time. No additional tables were requested to be put into the quarterly reports template. The agency representatives would appreciate the development of a process to be able to request special data analyses to be used internally, and would not necessarily be made available in a public document (i.e. a quarterly or annual report).

The four data meetings resulted in three tangible products:

1. Heat map of response times. The heat map utilizes the EMS response time from the patient's perspective measured as the difference between the initial 911 call to the first arriving agency on scene. The heat map will be continually updated as monthly data matches are conducted and in the future will be available as an interactive tool. The heat map will have parameters so a minimum number of calls will have to be included and the

location of an individual incident will not be identifiable to preserve patient privacy. The heat map serves to inform regional performance regardless of which agency arrived first.

2. Template of analyses regional partners would like included in future data reports.
3. Formal process to request data analyses to be provided for internal agency use only.

FISCAL IMPACT

There is no additional fiscal impact should the EMS Advisory Board move to accept the update on the status of Fire partner EMS data and the content of future data reports.

RECOMMENDATION

Staff recommends the Board accept the update regarding the EMS data and the content of future data reports.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the update regarding the EMS data and the content of future data reports".

Draft data analyses template

Total number of Fire calls which matched to REMSA calls by REMSA priority. The number used in each analysis is dependent on the time stamp validity for time stamps used in each table.

Priority	#	%
1	21,498	47.5%
2	17,149	37.9%
3	5,954	13.2%
9	693	1.5%
Total	45,294	100.0%

The travel time (time from when fire agency goes en route to fire agency arrival on scene). Median, Mean (average), and 90th percentile.

Fire Travel Time: En route to Arrival		
Median	Mean	90th Percentile
0:03:57	0:04:27	0:07:22
<i>Used N= 38,980</i>		

The travel time (time from when REMSA goes en route to fire agency arrival on scene). Median, Mean (average), and 90th percentile.

REMSA Travel Time: En route to Arrival		
Median	Mean	90th Percentile
0:03:57	0:04:27	0:07:22
<i>Used N= 38,980</i>		

The table below shows how long a patient is waiting from the initial call to the first arriving unit on scene.

REMSA Priority	Patient's Perspective
1	05:43
2	06:02
3	06:27
9	06:53
All	05:57
N = 9529 (83%)	

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: January 5, 2017

TO: EMS Advisory Board Members
FROM: Christina Conti, EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us
SUBJECT: Presentation and possible acceptance of an update on the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

SUMMARY

The purpose of this agenda item is to discuss the progress on the implementation of the five-year emergency medical services strategic plan, as required in the Inter Local Agreement for Emergency Medical Services Oversight.

PREVIOUS ACTION

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

During the District Board of Health meeting on October 27, 2017, the Board moved to accept the presentation and the five-year Strategic Plan to the District Board of Health.

BACKGROUND

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

Beginning in August 2015, the EMS Program Manager worked with regional partners to develop a five-year regional strategic plan. The stakeholders participating in the developing of the plan included representatives from each jurisdiction and REMSA, from dispatch and operations, as well as a regional communications representative. Over the course of 11 months, the workgroup identified the components that would be included in the strategic plan. The first meetings were used to review the SWOT analysis and to identify goals for the region. Subsequent meetings reviewed the individual goals and the objectives within.

To ensure the process was efficient, each meeting had an identified objective to accomplish. All items drafted by the EMS Oversight Program remained in red and turned to black once the group has discussed and reached consensus on the draft.

The final document of the strategic plan shows the efforts of the region in creating a path forward to improve the EMS system within Washoe County. The EMS Oversight Program, as part of the strategic plan Objective 6.1, will provide quarterly reports to the EMS Advisory Board on the progress of the various projects outlined within the plan.

Year 1 (2017) has twelve identified objectives or strategies to be completed. The items are listed below with an update, if applicable, on status.

- **Establish ambulance franchisee response map review methodology.** (Objective 2.2, Strategy 2.2.2) The EMS Oversight Program has drafted a revision methodology based on the objectives employed during the franchise map revision in FY 2016.
- **Determine data elements required for process verification of Omega Protocols.** (Objective 1.1, Strategy 1.1.4) The EMS Statistician has begun drafting the data verification process and is working with REMSA personnel. It is anticipated these data elements will be included in the data reports when produced.
- **Determine data elements for process verification of Omega Protocols.** (Objective 1.2, Strategy 1.2.3) The EMS Statistician has begun drafting the data verification process and is working with REMSA personnel. It is anticipated these data elements will be included in the data reports when produced, allowing for EMS Advisory Board review.
- **Jurisdictional fire response measurement identified and review defined jurisdictional measurement with EMS Oversight Program.** (Objective 2.4, Strategies 2.4.1 & 2.4.2)
- **Develop a regional set of protocols for the delivery of prehospital patient care.** (Objective 5.1)
- **Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1.** (Objective 3.1, Strategy 3.1.2)
- **Establish a CAD-to-CAD interface between the primary PSAP and REMSA dispatch center.** (Objective 3.2)
- **Establish a two-way interface to provide visualization of AVL for all EMS vehicles for the primary PSAP and REMSA dispatch center.** (Objective 3.3)
- **Evaluate how to transfer information between ePCR from the fire response unit to the REMSA unit.** (Objective 4.1, Strategy 4.1.2) The EMS Oversight Program will begin working with partners on this strategy once ePCR units are operating without error.

- **Pilot the annual report with hospital outcome data with one regional hospital.** (Objective 4.2, Strategy 4.2.2) The EMS Oversight Program has been working with Northern Nevada Medical Center since November 2015. The Oversight Program recently received access to the State Trauma registry with all hospital information, including non-trauma centers, and will proceed with piloting a report.
- **Coordinate with PMAC to develop regional protocols based on national standards and recent clinical studies.** (Objective 5.1, Strategy 5.1.2)
- **Create a Gantt chart for the regional partners with the details of the goals.** (Objective 6.1, Strategy 6.1.2) Completed and distributed to the partners.

There are also annual items within the strategic plan that will begin in 2017. Those are:

- **Increase depth of resources able to respond to EMS calls for service in Washoe County.** (Objective 2.3)
- **Coordinate and report on strategic planning objectives quarterly.** (Objective 6.1)
- **Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiative.** (Objective 6.2)

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board to approve the update on the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

POSSIBLE MOTION

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

“Move to approve the update on the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.”

STAFF REPORT
BOARD MEETING DATE: January 5, 2017

TO: EMS Advisory Board Members

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

SUBJECT: Presentation, discussion and possible acceptance of an update on the regional protocol project, an objective of the Washoe County EMS 5-Year Strategic Plan.

SUMMARY

The Washoe County EMS 5-Year Strategic Plan Goal #5 is to design an enhanced EMS response system through effective regional protocols and quality assurance by December 31, 2018. An element of this goal is the development of regional protocols. The purpose of this agenda item is to update the Board on progress of the regional protocol project (objective 5.1).

PREVIOUS ACTION

During the October 6, 2016 EMS Advisory Board meeting, the Board approved the Washoe County EMS 5-Year Strategic Plan and recommended presentation to the District Board of Health.

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 specifically outlined for the EMS Oversight Program.

One of the items explicitly tasked the EMS Oversight Program to “Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.”

At the June 4, 2015 EMS Advisory Board meeting, through discussion with the Board, the purpose of the strategic plan was identified as a document that would create milestones, furthering the EMS system in Washoe County.

The EMS Program Manager worked with regional partners to develop the regional strategic plan. The stakeholders participating in the developing of plan included representatives from each jurisdiction and REMSA from dispatch and operations, as well as a regional communications representative. Over the course of 11 months the workgroup identified the components that would be included in the strategic plan. The first meetings were used to review the SWOT analysis and to identify goals for the region. Subsequent meetings reviewed the individual goals and the objectives within. To ensure the process was efficient, each meeting had an identified objective to accomplish. All items drafted by the EMS Oversight Program remained in red and turned to black once the group has discussed and reached consensus on the draft.

After approval by the EMS Advisory Board, the EMS Program Manager presented the Washoe County EMS 5-Year Strategic Plan to the District Board of Health (DBOH) on October 27, 2016. The Board unanimously approved the strategic plan.

In anticipation of possible approval, staff researched and spoke with several contractors about the proposed regional protocol project. EMS Consultant Group (Dr. Jordan Barnett and Mr. Eric Rosen), based in Philadelphia, was ultimately selected.

Immediately following approval of the EMS 5-Year Strategic Plan, staff began working on objective 5.1 with EMS Consultant Group. The contractors were provided the following project deliverables:

- Review current EMS agency protocols and identify protocol variances.
- Provide recommendations based on evidence-based practices.
- Facilitate Medical Directors discussion at PMAC.
- Develop regional protocols based on existing protocols.

Staff provided the contractor with a combined PDF of the protocols from the various participating agencies, promoting the ease of cross agency analysis. The contractors reviewed the protocols of all agencies, provided a summary of existing protocols and a recommendation for which protocols to use in the development of a regional protocol document. Recommendations were based on evidence-based practices, Emergency Medicine texts, American Heart Association Pediatric Advanced Life Support and Advanced Cardiac Life Support guidelines, and the American College of Surgeons Advanced Trauma Life Support guidelines.

The contractors' 129-page analysis was sent to PMAC members on December 1, 2016 for review prior to the December PMAC meeting. PMAC held their quarterly meeting on December 14, 2016 where Dr. Barnett and Mr. Rosen presented their initial analysis and facilitated discussion about select protocols.

PMAC moved to establish a task force to begin working on unified protocols. The task force will have two members of each agency (i.e., EMS coordinator and line staff). The group will meet on a frequent basis the review all protocols. The initial meeting will focus on a format of the regional protocols document, and subsequent meetings will discuss the recommendations of the contractors for all protocols. The progress of the group will be reported on at the March PMAC meeting.

FISCAL IMPACT

There will be no additional fiscal impact to the adopted FY17 budget as expenses for this contract were anticipated and projected in the EMS Oversight Program budget.

RECOMMENDATION

Staff recommends the Board accept the update on the regional protocol project.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be: "Move to accept the update on the regional protocol project."