

John Slaughter, Chair
County Manager
Washoe County

Sabra Newby
City Manager
City of Reno

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

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

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

Steve Driscoll
City Manager
City of Sparks

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Terri Ward
Administrative Director
Northern Nevada Medical Center

MEETING NOTICE AND AGENDA

**Emergency Medical Services
Advisory Board**

Date and Time of Meeting: Thursday, April 5, 2018, 9:00 a.m.
Place of Meeting: Washoe County Health District
1001 E. Ninth Street, Building B, South Auditorium
Reno, Nevada 89512

1. ***Roll Call and Determination of Quorum**
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**
January 4, 2018
4. ***Prehospital Medical Advisory Committee (PMAC) Update**
Dr. Andrew Michelson
5. ***Program and Performance Data Updates**
Christina Conti
6. ***Presentation regarding the EMS Today conference attended by the EMS Program Manager and EMS Coordinator.** Christina Conti and Brittany Dayton
7. **Presentation, discussion, and possible acceptance of the mid-year EMS data report.** (For possible action)
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.** (For possible action)
Christina Conti
9. ***Update on the public service announcement (PSA) project relating to the appropriate use of 911.**
Brittany Dayton

10. Presentation, possible acceptance and direction to staff regarding updates to the online heat map of regional response times. (For possible action)

Heather Kerwin

11. Board Requests:

A. *Presentation on Advanced Life Support (ALS) services utilized by regional EMS response agencies.

Regional partners through Christina Conti

B. Presentation, discussion and possible direction to staff regarding the Regional EMS Strategic Plan items related to automatic vehicle location (AVL). (For possible action)

Christina Conti

C. Amendment #1 to the Interlocal Agreement For Emergency Medical Services Oversight between the Washoe County Health District, Washoe County, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks to allow representatives of the Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director, and direct staff to present the Amendment to the signing jurisdictions for possible approval. (For possible action)

Leslie Admirand

12. *Board Comment

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

13. *Public Comment

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

Adjournment

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. An item listed with asterisk (*) next to it is an item for which no action will be taken.

The Emergency Medical Services Advisory Board meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services at the Washoe County Health District, PO Box 11130, Reno, NV 89520-0027, or by calling 775.326-6049, at least 24 hours prior to the meeting.

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

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

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

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV

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

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

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MEETING MINUTES

Emergency Medical Services Advisory Board

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

1. *Roll Call and Determination of Quorum

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

The following members and staff were present:

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

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

Ms. Spinola verified a quorum was present.

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

2. *Public Comment

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

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

3. Consent Items (For possible action)

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

A. Approval of Draft Minutes

October 5, 2017

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

4. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Ms. Conti noted that no meeting had been held.

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

5. *Program and Performance Data Updates

Christina Conti

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

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

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

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

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

Ms. Conti pointed out the final item of note, which was the Work Group Project Plan for the

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

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

Brittany Dayton

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

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

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

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

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

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

Heather Kerwin

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

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

Chief Moore explained a GIS analysis had been done on the Duck Hill area which showed

the Carson City station response time was marginally faster. His staff was of the opinion that may not be the case in real time, so they conducted the drive-time analysis from the TMFPD station and also the Carson City station. What they found was that the response times were exactly the same. He opined the reason for that was that the Carson City responders were required to drive up a steep hill to get to the area, while the TMFPD route was through a straight section of Old Highway 395.

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

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

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

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

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

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

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

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

the event and should be a part of those meetings.

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

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

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

Christina Conti

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

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

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

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

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

Ms. Ward asked how long staff had been conducting the independent reviews, and if it had been enough time to change to the validation process. Ms. Conti asked if she was referring to an independent review of each call, and Ms. Ward answered affirmatively. Ms. Conti stated her understanding was that all of REMSA's calls go through a QI process with their quality

assurance department. The calls that revert back because the caller is asking for an ambulance receive a deeper review to analyze if they had not been appropriate to go to the nurse to begin with, or if it was simply that a person did not have transportation and still wanted the ambulance.

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

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

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

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

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

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

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

Chair Slaughter opened the item for public comment. He asked if both TMFPD and Sparks had received the document and Ms. Conti stated they had.

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

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

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

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

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

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

Chief Chris Maples of the Sparks Fire Department stated he wished to reiterate what Chief

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

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

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

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

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

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

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

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

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

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

Vice Chair Dick stated that in order for the governing bodies to make decisions about where

they are going to go, he felt they needed work to be done to help to guide them in that decision making. He suggested it was within the purview of the regional EMS Oversight Program and the EMSAB to make the request that the partners in this room work together to identify what they think that best solution is and what is required to get there, so that can inform the discussion of the governing bodies and their decision making about how to approach it. Or, if they think there is something that is missing there that should be thought about and done differently they could respond to it. Vice Chair Dick opined it was better to have a straw man proposal put together about what this would be for those governing bodies to react to, versus trying to have them give direction to do this without the knowledge that is in this room.

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

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

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

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

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

9. Board Requests (For possible action)

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

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

B. Presentation on October 1 Las Vegas Family Assistance Center Christina Conti

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

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

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

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

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

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

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

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

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

everything, so she had asked Ms. Conti to stay. To assist the FAC manager with that challenge, Ms. Conti set up an ICS structure to distribute responsibilities among several people.

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

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

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

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

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

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

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

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

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

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

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

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

10.*Board Comment

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

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

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

11.*Public Comment

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

Chair Slaughter opened the public comment period.

Chief Moore noted he had hired Scott Gorgon from Las Vegas as his Deputy Chief. Chief Moore stated he was going to enjoy learning how Southern Nevada conducted Fire operations

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

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

Chair Slaughter closed the public comment period.

12. Adjournment

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

Respectfully submitted,



Administrative Secretary

Approved by Board in session on _____, 2018.

**STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: April 5, 2018**

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

Meetings with Partner Agencies:

EMS staff continues to facilitate WebEOC trainings for our healthcare partners. The individuals trained are those that would be responsible for inputting patient information during an MCI or healthcare evacuation. The attendees are given the opportunity to practice logging-in, inputting records, editing information and printing the associated Hospital Incident Command System (HICS) forms.

As provided during the January EMSAB, staff has begun working with regional partners, including the Washoe County MOST (Mobile Outreach Safety Team), on a super utilizer pilot program. The objective surrounds the fact that often EMS personnel encounter a citizen who might benefit from social service programs. This workgroup is currently working through the HIPAA considerations to ensure information can be appropriately shared across agencies.

On January 17 the EMS Coordinator and REMSA Emergency Manager facilitated Mutual Aid Evacuate Annex (MAEA) training for six of the skilled nursing facilities (SNFs) in the community. The two-hour training included an overview of the MAEA, the evacuation process and a hands-on tabletop exercise.

Regional fire, EMS and law enforcement tabletop exercise were developed that focused on on-scene coordination during a multi-casualty incident (MCI). The objectives of the tabletop were to identify possible planning gaps for the revision of the Multi-Casualty Incident Plan (MCIP). The exercises occurred on January 22, 24 and 26. Over the three days 37 individuals from fire, EMS and law enforcement agencies attended. The EMS Coordinator received great feedback and input of participants. For example, the MCIP is being revised to include MCI levels and an activation flow chart. The agencies also expressed a desire to conduct regional trainings on multi-casualty incidents on an annual basis.

The low acuity priority 3 working group has continued to meet to discuss card 33 facilities and alpha calls. At the February 13th meeting, it was determined further discussion between the Chiefs was necessary before finalizing the proposed changes to responses to card 33 facilities.

The group has also begun reviewing the list of alpha determinants to select the call types to be reviewed as possibly receiving an alternative response.

On March 8th, EMS partner leadership met with the EMS Program Manager and EMS Statistician to provide an update on the 911 hotspot at the homeless shelter. This project initially began from the identification of this area has a “hot spot” during the annual franchise map review. A brief overview of data and a summary of proposed projects to date were provided to the EMS leadership. The specific project being discussed was the notion of a two-man response team that would deploy prior to a fire truck or ambulance. The pros and cons of a two-man hotspot team were discussed, as well as next steps for this project.

CAD-to-CAD (C2C) Update:

The C2C vendor revealed some issues that will require a new CAD version for REMSA. Additionally, a new CAD build is needed for Reno. The new build requires a “cold start” on the training system. There is no current date for the build or the deployment. The C2C vendor is hoping the testing to begin at the end of April or early May.

Data Performance Reports:

Requestor	Summary of request	Date of request	Request completed
EMSAB	Heat map data update	Ongoing	Yes; 3/6/2018
Alpha Call Workgroup	Summary of alpha call data	1/16/2018	Yes; 2/7/2018
TMFPD	Call priority by station	1/18/2018	Yes; 2/6/2018
SFD	First on scene	1/25/2018	Yes; 1/25/2018
PSA for 911	Low acuity call map	2/6//2018	Yes; 2/14/2018
Alpha Call Workgroup	Detailed analyses of first 4 alpha call types	2/13/2018	Yes; 2/28/2018

Mass Gathering Applications or Events:

Lake Tahoe Farmers Market: May 24-August 30, 2018 (Thursdays 4:00pm-7:00pm)

Lantern Fest: May 26, 2018

Red, White and Tahoe Blue: June 30-July 4, 2018

Incline Village Fine Arts Festival: August 10-12, 2018

Keep Tahoe Blue Fundraiser: August 2018

Other Items of Note:

EMS Program staff continues to work on the deliverables for the Nevada Governor’s Council on Developmental Disabilities (NGCDD) grant. The EMS Coordinator drafted the training content for the grant objectives, which includes a short 5-minute training video for first responders to watch during shift change as well as an hour long training video that provide strategies for responding to calls involving individuals with intellectual and/or development disabilities (I/DD). The short training video is in production and the hour long training is being reviewed by a subject matter experts. REMSA and Truckee Meadows Community College Paramedic Program will pilot the training videos and provide feedback prior to finalization.

The EMS Coordinator participated in a FirstNet webinar on January 10 and learned that all 50 states opted into the system. The presentation covered why FirstNet is being developed, when agencies will be able to use the functionality, how it can be used for day-to-day operations and

how it connects with current systems. The overarching message was that FirstNet will simplify processes but expand capabilities for public safety agencies.

The EMS Program Manager was in Las Vegas on January 9th to learn more about the EMS system in Clark County. As part of the day, 4 hours was spent in the Fire Alarm Office (FAO) to learn more about their use of AVL as well as their dispatching practices for the Clark County fire agencies affiliated with the FAO. While there, the EMS Program Manager learned more about the Southern Nevada CHIPs program. This is a program that is similar in aspects to the Washoe County MOST program.

The EMS Program Manager was asked to participate in a two-day symposium regarding the 1 October incident. The symposium, held in Las Vegas February 1-2nd, was for information sharing as it relates to large scale mass casualty events. The symposium covered all response aspects from field triage/transport, hospital operations from both the trauma center and other facilities perspectives, as well as aspects of fatality management. The EMS Program Manager brought back information to the region so that plans can be improved upon based on lessons learned.

The EMS Statistician went to REMSA dispatch February 14 to observe dispatching of ambulances and the EMD process. This ensures the EMS Oversight staff is familiar with the steps of call processing and dispatching to 911 EMS calls. The EMS Office Support Specialist also observed the process at REMSA dispatch on February 15.

The EMS Office Support Specialist rode along with Sparks Fire Department on February 12 and REMSA on March 15. This provides familiarity with the process of the working units and how the healthcare agencies work together.

The EMS Program Manager and EMS Coordinator attended the EMS Today Conference February 20-23. There were more than 85 sessions available in six different tracks. The conference tracks included advanced clinical practice, foundations of clinical practice, operations, dynamic and active threats, and special topics.

EMS Program staff continue to work on initiative 2.2.5.1 of the Washoe County Strategic Plan, which is develop a marketing plan to educate the public on appropriate uses of 911 . Staff and the graphic design contractor are working to finalize campaign materials by mid-March and will be collaborating with REMSA to coordinate and purchase advertising mediums for the Spring/Summer.

The EMS Program Manager presented to the Board of Fire Commissioners on March 20. As part of Goal 6 in the EMS Strategic Plan, the EMS Program Manager annually presents to the Boards/Councils that are signatories of the Inter-local Agreement for EMS Oversight. The presentation included an overview of the EMS Oversight Program, the EMS Advisory Board, accomplishments and current projects.

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: April 5, 2018

TO: EMS Advisory Board Members

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

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

SUBJECT: Presentation regarding the EMS Today conference attended by the EMS Program Manager and EMS Coordinator.

SUMMARY

The EMS Program Manager and EMS Coordinator attended the EMS Today conference, sponsored by the Journal of Emergency Medical Services (JEMS). There were over 4,500 EMS professionals in attendance from the United States and 45 countries across the globe. Over 85 sessions and workshops were held over a four day period of time in Charlotte, North Carolina.

PREVIOUS ACTION

The EMS Advisory Board accepted a presentation regarding the 2017 EMS Today conference on April 6, 2017.

The EMS Advisory Board accepted a presentation regarding the 2016 EMS Today conference on July 7, 2016.

BACKGROUND

The EMS Today conference was first offered 37 years ago with the intention of providing education to EMS professionals. The partnership with JEMS recognized the EMS industry's need and desire to have high-quality lectures presented by visionary and progressive prehospital field providers, physicians and administrative leaders.

EMS Today is considered to be one of the leading prehospital care conferences in North America. This distinction comes with participants knowing there is a commitment to offer the most forward-thinking lectures that will not only challenge the minds of the attendees but will provide valuable state-of-the-science research, cutting-edge evidence based prehospital protocols, and advice from well-respected industry leaders on how to implement ideas to improve service to patients.

The 2018 conference had six innovative conference tracks and several pre and post-conference workshops. Each of the six tracks was split into two tracks offering more courses in that focus area. The tracks were:

- Administration and Leadership
- Advanced Clinical Practice
- Dynamic and Active Threats and MCI Management
- Foundations of Clinical Practice
- Operations – Community Paramedicine/MIH
- Special Topics and Technology

Ms. Conti and Ms. Dayton attended over 10 sessions individually. This presentation to the EMS Advisory Board will highlight the ideas presented during those conference lectures that could be, or are currently being, implemented in the Washoe County region.



**MOVING EMS
FORWARD**



FEBRUARY 21-23, 2018 //

CHARLOTTE, NC // // // CHARLOTTE CONVENTION CENTER // // //

WWW.EMSTODAY.COM // // // #EMSTODAY

EMS TODAY 2018

Christina Conti and Brittany Dayton

Conference Details

- 4,500+ EMS professionals attended
- 85+ conference sessions
 - WCHD EMS staff attended 3-4 sessions per day
- 6 conference tracks
 - Administration & Leadership
 - Advanced Clinical Practice
 - Dynamic and Active Threats & MCI Management
 - Foundations of Clinical Practice
 - Operations – Community Paramedicine
 - Special Topics & Technology

In Harms Way: Using Simulation to Protect EMS Personnel

- Healthcare workers are the highest ranking for workplace violence: 20.4 of every 10,000
- Methodology: engaged LE as SMEs
 - Created project committee
 - All simulations were recorded for post event audit/debrief
 - Simulation was in an unfamiliar location
 - 8 days, 4 scenarios with the same components

In Harms Way: Using Simulation to Protect EMS Personnel

- Primary outcome:
 - ▣ Did the provider escape the unsafe scene before the scenario ended?
- Secondary outcome:
 - ▣ Did the provider make an adequate de-escalation attempt?
- 45% did not escape.
 - ▣ 44% did not even attempt to de-escalate the situation.
- 45% of total did not make an adequate de-escalation attempt.

Using Social Workers in the Field

- Tulsa, OK – CARES program
 - ▣ Seeks to prevent and reduce the super usage of emergency services through helping clients navigate the complex physical health, mental health and social support systems.
- Common issues between agencies
 - ▣ EMS called too often
 - ▣ Duplication of efforts
 - ▣ Lack of care coordination
 - ▣ All sharing common customers

Using Social Workers in the Field

- Options of Social Work solutions:
 - Form integrated teams as needed
 - Establish social work student practicum site in EMS
 - Embed a licensed social worker or master student with the CARES team

- Police, paramedic and social worker – team of 3
 - Work together & respond to 911 calls. Refer clients to CARES

Hurricane Harvey Lessons Learned

- “Planning is everything, the plan is nothing.”
 - Dwight D. Eisenhower
 - ▣ The disaster did not read the plan.
 - ▣ Don’t become fiercely adherent to the plan, there is a need for flexibility.
 - ▣ Plans should be considered a toolbox.
- Don’t use your convention shelter as a shelter.
 - ▣ Health and medical will be expected to be run by health department (local medical control).
 - ▣ No credential process except for the certified pharmacist.

Best Approaches to Special Needs Patients

- Special Needs Awareness Program (SNAP) in Chattanooga, TN
- Proactive approach to care for people with intellectual and/or development disabilities.
 - ▣ Understand challenges faces by families.
 - ▣ Understand the prevalence of disabilities.
 - ▣ Information to assist with verbal exchanges and interactions to improve EMS responses.

Tips 3rd Edition for First Responders

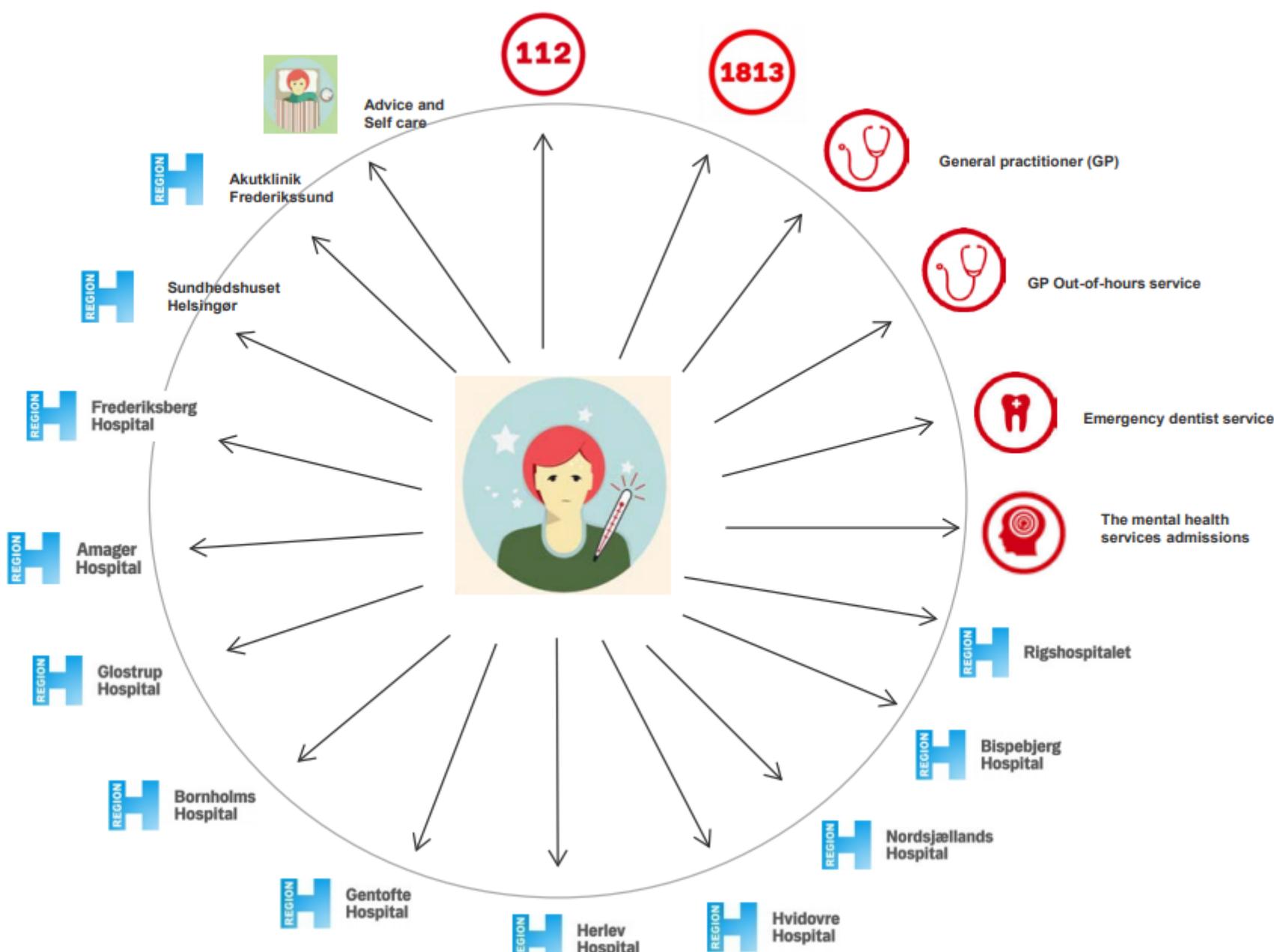


- University of New Mexico Center for Development and Disability
- English & Spanish
- Color Coded
- One in each front line fire apparatus in Chattanooga, TN

EMS Around the World

- Presentations about the EMS systems in Austria, Israel and Demark.
- Copenhagen, Demark (1.8 million)
 - Reorganized the EMS system in 2014.
 - Call 1813 to get admission to ED – will find hospital, triage and information is sent immediately.
 - Reduced overcrowding in hospitals and decreased health costs.
 - 80% of citizens are referred to hospitals by EMS.

Emergency Care before 2014



EMS Around the World

- Israel/EMS Hatzalah
 - Socialized medicine, 1 gov't service, 100 private and 1 national volunteer-based organization.
 - Recruit the community to be lay first responders (90 second response time).
 - 5,000 volunteers go on approx. 1,700 calls a day.
- EMS Austria
 - Two numbers to call 144 or 1450
 - Strong interface between EMS and social services

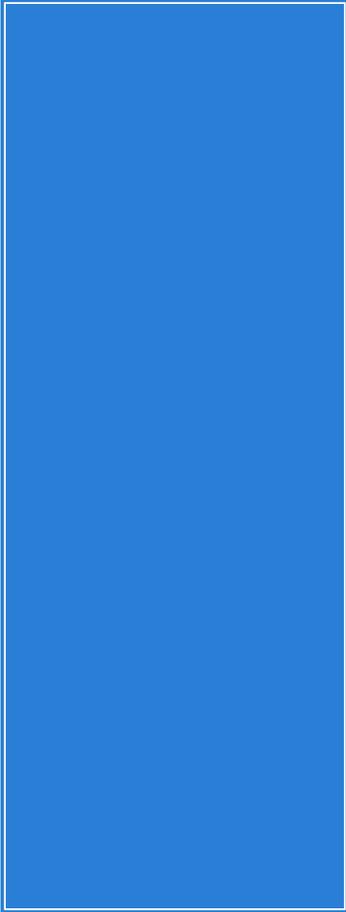
Implemented Ideas

2016 EMS Today Conference

- Creating Active Bystanders
 - ▣ Stop the Bleed campaign
- Terror in Paris
 - ▣ Alpha Plan Development
- Developing a Standardized Scenario Program
 - ▣ Simulation Scenario Format

2017 EMS Today Conference

- Anatomy of a Burn Disaster
 - ▣ Included burn information in the MCIP update
- EMS Protocol Reboot
 - ▣ Regional Protocols
- MCI Lessons Learned
 - ▣ Alternative EMS Responses (LE, Uber, Self Transport)



Questions?

STAFF REPORT
BOARD MEETING DATE: April 5, 2018

TO: EMS Advisory Board Members
FROM: Heather Kerwin, EMS Statistician
 775-326-6041, hkerwin@washoecounty.us
SUBJECT: Presentation and possible acceptance of the mid-year EMS data report.

SUMMARY

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

PREVIOUS ACTION

During the January 2017 EMSAB meeting, the EMS Advisory Board unanimously approved a motion to accept the proposed template for data.

BACKGROUND

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

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

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

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

Subject: Mid-year EMS Data Report

Date: April 5, 2018

Page 2 of 2

The Board reduced the frequency of the data reports from quarterly to biannually. Additionally the EMS Advisory Board also approved the inclusion of performance measurement relative to first tier response standards, once first tier response standards are defined.

FISCAL IMPACT

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

RECOMMENDATION

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

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the update regarding the mid-year EMS data report".

Attachments: Mid-Year EMS Data Report

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

The regional tables depict analyses approved by the EMS Advisory Board on January 2017. The jurisdictional tables and figures reflect performance relative to the standards and measures adhered to by local fire departments. Regional and jurisdictional analyses include 911 EMS data for Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, and REMSA

- Regional Tables; Table 1- Table 4
- Reno Fire Department
- Sparks Fire Department Jurisdictional Performance; Table 5 & Figure 1
- Truckee Meadows Fire Protection District Jurisdictional Performance; Table 6 & Figure 2

REMSA Call Priority

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

Table 1: Total number of fire calls that matched to REMSA calls, by REMSA call priority.

REMSA Priority	#	%
0	202	0.7%
1	13,269	48.1%
2	9,731	35.3%
3	4,237	15.4%
9	162	0.6%
Total	27,601	100%

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

Fire Travel Time: En route to Arrival		
Median	Mean	90th Percentile
04:17	05:07	07:49
¹ Used N = 19,829		

¹ The number of calls measured is denoted as the "Used N" and is dependent on the validity of the time stamps necessary for the analysis.

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

REMSA Travel Time: En route to Arrival		
Median	Mean	90th Percentile
05:26	06:21	10:36
Used N = 21,555		

Table 4: How long a patient is waiting from the initial 911 call to the first arriving unit on scene.

REMSA Priority	Patient's Perspective
0	06:21
1	05:53
2	06:28
3	07:18
9	08:04
Total	06:17
Used N = 26,670	

Reno Fire Department

The City of Reno's Master Plan was approved December 13, 2017 and provides Levels of Service Response Time Targets as follows:

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

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

Due to lack of the designation "urban" or "suburban" being provided with data reported to the EMS Oversight Program during this review period, the Levels of Service Response Time Targets are not able to be measured.

Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The following SFD analyses only include those Sparks Fire Department calls designated as a Priority 1 per the responding captain.

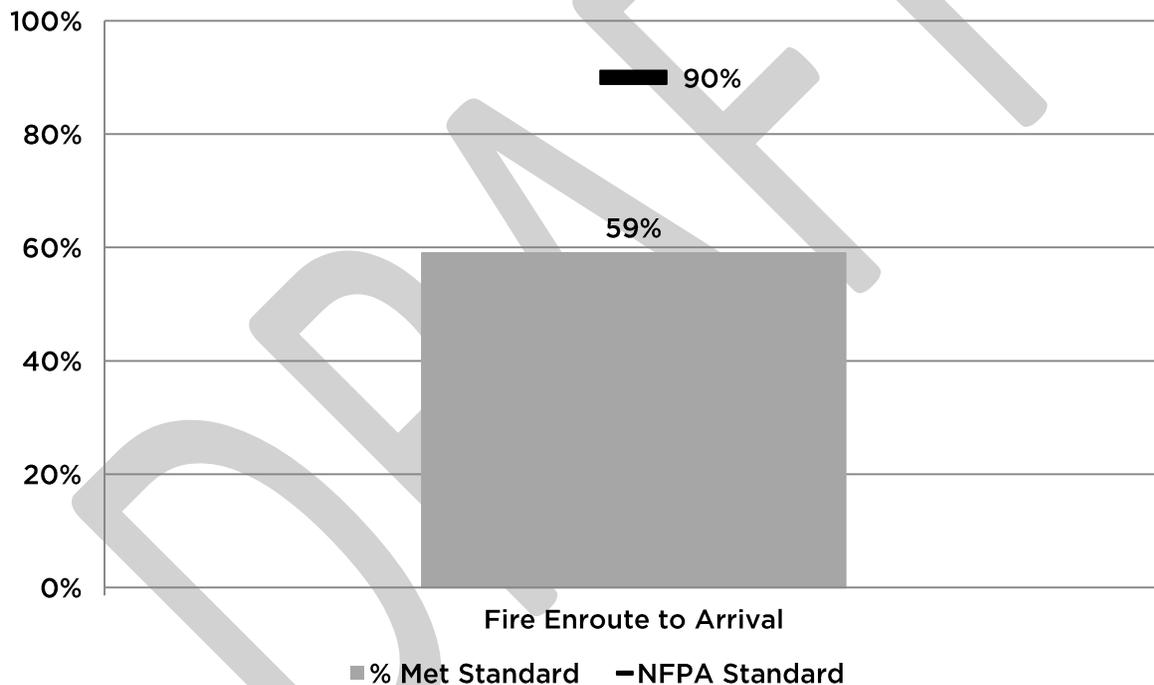
City of Sparks has not conducted a Standards of Cover study, and adheres to the National Fire Protection Association (NFPA) standards for response time. The NFPA creates and maintains private copyrighted standards and codes for usage and adoption by local governments.

Per NFPA 1710 4.1.2.1 A fire department shall establish the following “240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident.” for 90 percent of incidents.

Table 5 - SFD travel time performance per NFPA Standards. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene. Only SFD designated Priority 1 calls were used for this analysis.

Variables	Standard	Calls Used	Met Standard		Median Time	Average Time
		#	#	%		
NFPA: Fire En route to Arrival	240 seconds or less (4:00 minutes)	2,833	1,685	59%	03:42	03:48

Figure 1: SFD Performance Relative to NFPA Standards, Priority 1 EMS Calls July-December, 2017



Truckee Meadows Fire Protection District

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

Regional Standards of Cover Response Time Recommendations

Turnout Time: Fire Dispatch → Fire En route

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

Travel Time: PSAP Created → Fire Arrival on Scene

First-Due Service Tier One

Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.

Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.

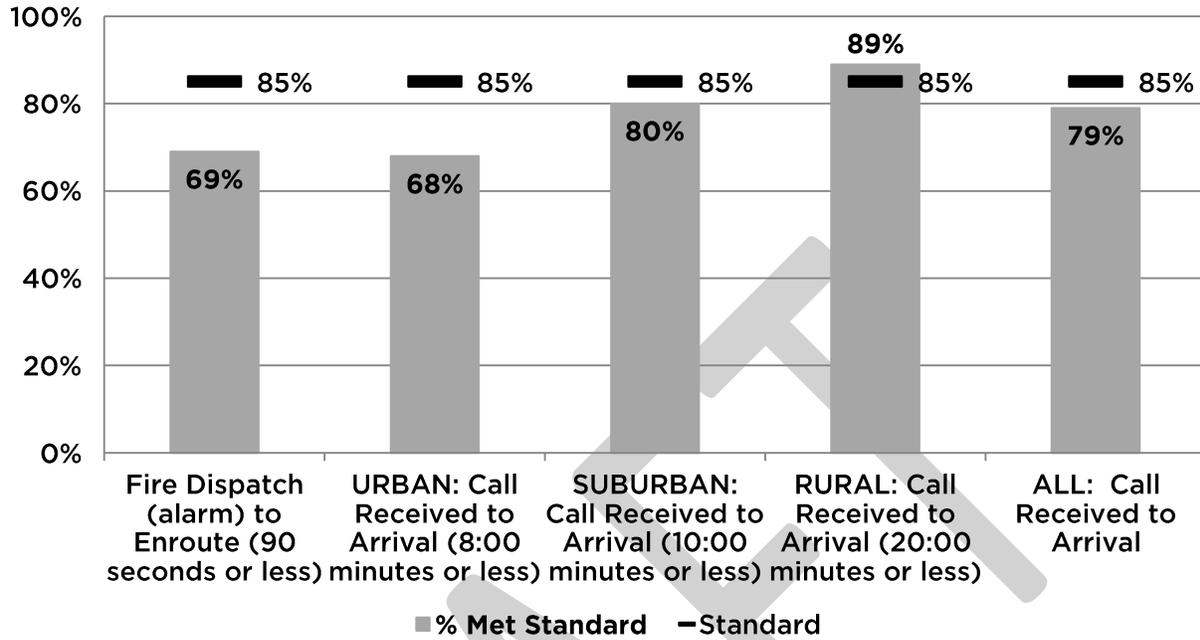
Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.

Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical based on the best effort of response forces.

Table 6 - TMFPD performance per Regional Standards of Cover Tier One. All TMFPD EMS-related calls were utilized, excluding calls that matched to REMSA and were designated as a Priority 3 or Priority 9 call.

Task	Standard	Calls Measured	Met Standard		Median Time
		#	#	%	
Fire Dispatch (alarm) to En route	90 seconds or less	2,781	1,905	69%	01:12
Response Time: Measured as Call Received to Arrival on Scene					
URBAN	8 minutes or less	402	274	68%	06:42
SUBURBAN	10 minutes or less	2,099	1,672	80%	07:27
RURAL	20 minutes or less	299	267	89%	11:45
ALL CALLS	~	2,800	2,213	79%	07:37

Figure 2: TMFPD Performance Relative to Standards of Cover Standards, July-December, 2017



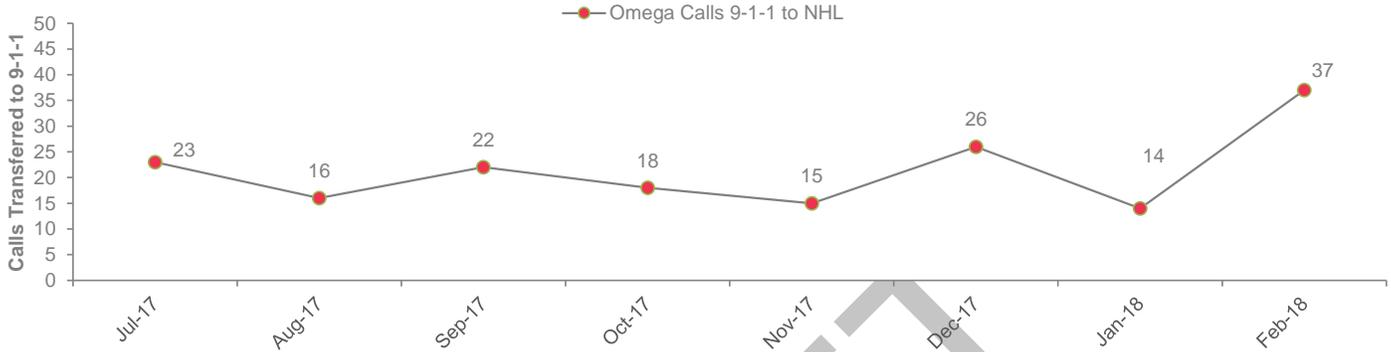
DRAFT



Nurse Health Line Omega Call Report

03/01/2017 - 02/28/2018

Calls Transferred from the Nurse Health Line to 9-1-1 Dispatchers



	Total 911 Calls	Omega Calls 9-1-1 to NHL ¹	Omega % of Total 911 Calls	Omega Calls Returned to 9-1-1 ²	% of Omega Calls Returned to 911
Jul-17	6,005	23	0.4%	0	0.0%
Aug-17	6,116	16	0.3%	1	6.3%
Sep-17	5,926	22	0.4%	2	9.1%
Oct-17	5,631	18	0.3%	3	16.7%
Nov-17	5,630	15	0.3%	1	6.7%
Dec-17	6,222	26	0.4%	0	0.0%
Jan-18	5,842	14	0.2%	0	0.0%
Feb-18	5,441	37	0.7%	3	8.1%
Total	46,813	171	0.4%	10	5.8%

1) The REMSA Medical Director has approved 89 of the 178 Omega Protocols that identify "no acuity" patients.

2) These are the Omega calls that have been transferred to the REMSA Nurse Health Line for further triage and have been deemed by the Emergency Communication Nurse System (ECNS) Protocol to require an ambulance response.



Calls Reviewed – OMEGA Calls Transferred to 911

The following calls were transferred back to 911 following nurse evaluation in the past eight months. All of these calls were reviewed by the Clinical Quality Coordinator to ensure protocol compliance and all safety measures are followed to provide patients with the correct level of care.

Summary of the Quality Reviews for the past eight months of calls transferred to 911 from NHL for emergency Transport following a nurse evaluation:

07/2017	None
08/2017	Call 1 Protocol completed by RN with final determination of "Seek Emergency Care as Soon as Possible." Patient suffered an injury with resulting deformity, no transportation available. Call transferred to 911 dispatcher for transport.
09/2017	Call 1 Protocol completed by RN with final determination of "Schedule an appointment to be seen by the doctor within the next 1-3 Days." Caller refused this recommendation, insisted on ambulance transport to Emergency Department. Call transferred to 911 dispatcher for ambulance transport. Call 2 Protocol completed by RN with final determination of "Emergency Response." Caller having worsening headache with new onset of mental confusion and disorientation. Call transferred to 911 dispatcher for ambulance transport.
10/2017	Call 1 Protocol completed by RN with final determination of "Emergency Response." Initially patient complaining of vomiting to dispatcher. During protocol, determined caller had symptoms of possible cardiac event. Call transferred to 911 dispatcher for ambulance transport. Call 2 Protocol completed by RN with final determination of "Emergency Response." Elementary school called about a child complaining of chest pain, during protocol additional symptom of lethargy. Call transferred to 911 dispatcher for ambulance transport. Call 3 Protocol completed by RN with final determination of "Emergency Response." Patient condition during protocol determined to be potential cardiac event, call transferred to 911 dispatcher for ambulance transport.
11/2017	Call 1 Protocol completed by RN with final determination of "Emergency Response." During protocol caller described new symptoms in addition to the chronic symptoms reported initially. Transferred caller to 911 dispatcher for ambulance transport.
12/2017	None
01/2018	None
02/2018	Call 1 Protocol completed by RN with a final determination of "Take Self to Emergency Department." Patient requested an ambulance for transport. Transfer was a patient request and not indicated by protocol as an emergent transport need requiring an ambulance.

- Call 2 Protocol completed by RN with a final determination of "Ambulance Response." This patient was blind and was unable to transport themselves to the Emergency Department requiring an ambulance response for transport. Call was transferred to 911 for a response.
- Call 3 Protocol completed by RN with a final determination of "See Provider within One to Four Hours." Patient stated they did not have access to transportation. RN attempted to schedule a cab for the patient. Patient refused the cab and demanded an ambulance response. Call was transferred to 911 for response.

DRAFT

STAFF REPORT
BOARD MEETING DATE: April 5, 2018

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

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

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 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) had twelve objectives or strategies completed.

Year 2 (2018) includes several more objectives or strategies to be completed in conjunction with the ongoing items from Year 1.

Completed “One Time” Objectives:

- **Establish ambulance franchisee response map review methodology.** (Objective 2.2, Strategy 2.2.2)
- **Coordinate and report on strategic planning objectives quarterly.** (Objective 6.1)
- **Create a Gantt chart for the regional partners with the details of the goals.** (Objective 6.1, Strategy 6.1.2)
- **Coordinate with PMAC to develop regional protocols based on national standards and recent clinical studies.** (Objective 5.1, Strategy 5.1.2)
- **Jurisdictional fire response measurement identified and review defined jurisdictional measurement with EMS Oversight Program.** (Objective 2.4, Strategies 2.4.1 & 2.4.2)

Completed Objectives with Associated Project Updates:

- **Determine data elements required for process verification of Omega Protocols.** (Objective 1.1, Strategy 1.1.4)
 - Mid-year Omega review is included in the mid-year data report, being presented during April 5, 2018 meeting.
- **Promote the EMS Oversight Program through regional education of the strategic plan’s goals and initiative.** (Objective 6.2– annual item)
 - Presented 2018 annual report to Board of Fire Commissioners on March 20th.
 - City of Reno administration requested that a memo be provided, rather than a presentation. EMS Program Manager is preparing memo and packet to be provided to City of Reno Management Analyst for the Council.
- **Increase depth of resources able to respond to EMS calls for service in Washoe County.** (Objective 2.3 – annual item)
 - Annual review provided to EMSAB January 2018. Next review will be presented to EMSAB in January 2019.

- **Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board.** (Objective 2.2, Strategy 2.2.4 – annual item)
 - The next review will be presented to the EMSAB in October 2018.
- **Develop a regional set of protocols for the delivery of prehospital patient care.** (Objective 5.1).
 - The regional protocols were effective April 1, 2018.
 - The task force will meet on April 19th to review the training processes and discuss any known concerns with protocols or items to track for possible future revisions.

In Progress Objectives:

- **Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls.** (Objective 1.2)
 - Monthly meetings have continued on this initiative.
 - Card 33 facilities (those who meet criteria to include a medical professional on-staff at all times and access to crash cart/AED) were extensively reviewed by the subcommittee. The subcommittee requested the Chiefs to connect on this item to ensure a regional process would be implemented.
 - Alpha determinants are now being reviewed. These are low acuity Priority 3 determinants that could safely receive a different level of service. The EMS Statistician will provide a statistical report for each of the determinants being reviewed.
- **Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1.** (Objective 3.1, Strategy 3.1.2)
 - EMS Oversight Program has been tasked with this item from District Health Officer.
- **Establish a CAD-to-CAD interface between the primary PSAP and REMSA dispatch center.** (Objective 3.2)
 - The City of Reno and REMSA participate in weekly meetings with the contractors. Some issues were identified during the testing in Texas that needs to be worked through.
- **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)
 - This item was associated with the CAD-to-CAD project between the City of Reno and REMSA dispatch centers.
- **Evaluate how to transfer information between ePCR from the fire response unit to the REMSA unit.** (Objective 4.1, Strategy 4.1.2)

- During the PMAC meeting, the City of Reno representative discussed the new ability ePCR data to be transferred in the field from the fire department tablet to REMSA for a more complete patient care record.
- This has just begun and does not yet include the entire patient care record – but does include the cardiac information.

- **Pilot the annual report with hospital outcome data with one regional hospital.** (Objective 4.2, Strategy 4.2.2)
 - This strategic objective continues to provide some challenges.

- **Establish a regional process that continuously examines performance of the EMS system.** (Objective 5.2)
 - The PMAC discussed this item and the March meeting. There is interest in beginning to draft out a process for regional review of calls. The Medical Directors would need to approve calls to be utilized, to include ensuring all identifying information for both the patient and agency was redacted.

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: April 5, 2018

TO: EMS Advisory Board Members
FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us
SUBJECT: Update on the public service announcement (PSA) project relating to the appropriate use of 911.

SUMMARY

Nationwide there is growing concern related to the misuse of the 911 system. Locally, excessive non-emergent calls have placed a strain on PSAP personnel and first responders and could impact callers who have life-threatening emergencies. The Washoe County Health District Strategic Plan includes initiative 2.2.5.1, which allows the EMS Oversight Program to continue community education efforts about appropriate uses for calling 911.

The EMS Oversight Program has been working with a company specializing in branding, graphic and web design to develop a portfolio of marketing materials on the appropriate use of 911. EMS staff has also begun to explore additional options, in addition to social media, to increase exposure for the previously developed PSAs.

PREVIOUS ACTION

During Board comment at the January 7, 2017 EMS Advisory Board meeting, Mr. Dick requested information on a media campaign related to appropriate use of 911.

The April 6, 2017 EMS Advisory Board meeting included a presentation on the process with the PSA project and the proposed plan to educate the community on appropriate uses for 911.

The August 3, 2017 EMS Advisory Board meeting contained another update on the PSA project and the videos submitted by partner agencies.

BACKGROUND

Previously the region conducted an educational campaign on the appropriate use for 911. The efforts culminated with a regional press conference on May 23, 2017 attended by leadership from dispatch, law enforcement, fire, EMS and healthcare.

The District Board of Health (DBOH) held a strategic planning retreat on November 2, 2017 where the Health District management team updated the DBOH on the progress of the strategic planning initiatives. During the EMS Program Manager update on the EMS Strategic Plan, DBOH Board Members opined about needing public education on the appropriate use of the 911 system. During the Health District retreat review on November 13, 2017 the District Health Officer requested an initiative be added to the Health District Strategic Plan. Initiative 2.2.5.1 was developed as it relates to a marketing plan for public education of the 911 system. The DBOH approved the revised and updated strategic plan at the December 2017 meeting. Initiative 2.2.5.1 is the development of marketing plan to educate the public on the appropriate use of 911.

EMS contracted with The Factory, a graphic design company, and held an initial meeting on January 10, 2018. The purpose of the meeting was to explain the challenges with inappropriate use of 911 and the utility of the local PSAs to date. The Factory developed a set of marketing materials to be utilized for the PSA on the appropriate use of 911. Materials were created for display through a range of marketing mediums, including RTC bus panels and movie theaters. Materials have also been translated into Spanish by Washoe County Health District staff.

Throughout the development of the campaign EMS Oversight Program staff provided a marketing plan and updates to regional partners so they would be aware of the initiative. Additionally, the EMS Oversight Program requested budgetary support so the campaign could have a larger impact and longer duration. The EMS Oversight Program also welcomed any in-kind support partners would be able to provide to the project. To date, REMSA offered in-kind support by assisting with the media purchasing process.

The goal is to go live with marketing materials on RTC busses and social media in April 2018 as well as a month of television advertisements beginning in mid-June. Through the agreement with The Factory, the EMS Oversight Program will retain rights to all materials so these can be utilized and shared across the region into the future.

STAFF REPORT
BOARD MEETING DATE: April 5, 2018

TO: EMS Advisory Board Members
FROM: Heather Kerwin, EMS Statistician
 775-326-6041, hkerwin@washoecounty.us
SUBJECT: Presentation, possible acceptance and direction to staff regarding updates to the online heat map of regional response times.

SUMMARY

The EMS Oversight Program Statistician has been providing response time data to county GIS personnel for the regional heat map on an ongoing basis and the heat map currently includes EMS calls for a two and a half year period - July 1, 2015 through December 31, 2017. This update provides a few options for alternative methods of displaying data and potential retiring of previous mechanisms to display the data.

PREVIOUS ACTION

During the April 2017 EMSAB meeting, the EMS Advisory Board unanimously approved a motion to move forward with the creation and publishing of an online heat map for public utility.

BACKGROUND

During the April 2017 EMSAB meeting, the EMS Advisory Board approved an online regional heat map of EMS response times be published for public availability on the EMS Program webpage. The EMS response times are measured from the patient's perspective, measured as the difference between the initial 911 call to the first arriving agency on scene. The online heat map of regional response times serves to inform regional performance regardless of which agency arrived first.

The map is updated with matched calls each quarter, however due to the increasing volume of calls added to the map there are challenges in recognizing unique patterns over time. The EMS Statistician met with County GIS staff to discuss possible options for displaying this data in a manner that is useful to EMS partners, jurisdictional leadership, and the general public. The demonstration of options include adding graphs to show call volume by month and median response time by month and could add or replace the day vs night swipe panel with the Year 1 (July 2015-June 2016) versus Year 2 (July 2016-June 2017) swipe panel.

FISCAL IMPACT

There is no additional fiscal impact should the EMS Advisory Board move to accept the demonstration and possible updates to the online heat map of regional response times.

RECOMMENDATION

Staff recommends the Board accept the demonstration and approve the replacement of the day versus night with the Year 1 versus Year 2 swipe map, and include the additional tab with two graphs showing increase in call volume and median response time by month in the online heat map of regional response times.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the demonstration and possible updates to the online heat map of regional response times".

STAFF REPORT
BOARD MEETING DATE: April 5, 2018

TO: EMS Advisory Board Members
FROM: Regional EMS Partner Agencies
THROUGH: Christina Conti, Preparedness & EMS Program Manager
775-326-6042, cconti@washoecounty.us
SUBJECT: Presentation on Advanced Life Support (ALS) services utilized by regional EMS response agencies.

SUMMARY

EMS Advisory Board member, Sparks City Manager Steve Driscoll, requested an agenda item to be brought back to the Board regarding ALS services within Washoe County. The attached report includes information provided by EMS agencies.

PREVIOUS ACTION

There is no previous action on this item.

BACKGROUND

During the October 5, 2017 EMS Advisory Board meeting, Manager Driscoll requested a high level overview report regarding how frequently paramedic service levels were utilized, particularly the upper-level services.

Several regional partners had questions regarding this specific request and it was brought back to the EMS Advisory Board on January 4, 2018. The agenda item was tabled with direction to the EMS Program Manager to obtain further direction from Manager Driscoll.

The EMS Program Manger obtained clarification and through email correspondence dated January 17, notified all partners who provide ALS services of the specifics of the request. The EMS Program Manager included the following agencies in her email: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, REMSA, and North Lake Tahoe Fire Protection District (NLTFPD). While NLTFPD is not associated with the Inter Local Agreement, the EMS Oversight Program includes them in all correspondence and projects to ensure inclusion if they choose.

The clarification and specific request by Manager Driscoll was as follows:

Reporting for FY 2017

Subject: Regional partner information

Date: April 5, 2018

Page 2 of 2

- Outlined by month
- Total number of EMS calls for service
 - Of those, how many utilized PARAMEDIC LEVEL PROTOCOLS

The agencies were asked to provide the EMS Oversight Program the requested information by March 15, 2018 for inclusion in the Board packet. The attached report is the information submitted by the partners.

Attachment:

Regional Partner Informational Document

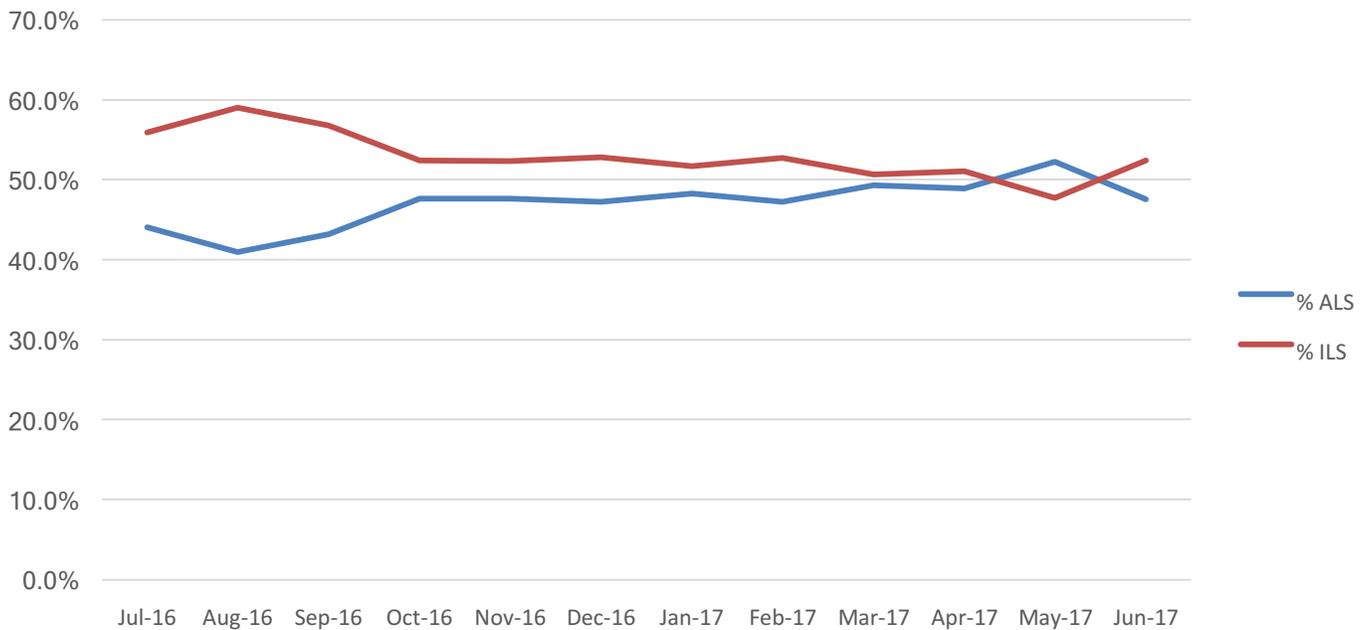


REMSA Paramedic vs. ILS

REMSA conducted an audit of the electronic patient care records for calls for service within Fiscal Year 2017 to determine ALS v. ILS interventions. All patients of the 911 system initially receive an ALS assessment by a REMSA paramedic regardless of call level. ALS vs. ILS is determined after the initial assessment.

Below are two charts that depict the requested information. The first is a visual of the call percentages split between ALS and ILS per month. The second provides total number of patient care records used to calculate the percentages of ALS versus ILS interventions and calls for service.

Percent of ALS / ILS Split



Total Number of Records and Percentages

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
% ALS	44.1%	41.0%	43.2%	47.6%	47.7%	47.2%	48.3%	47.2%	49.3%	48.9%	52.3%	47.6%
ALS Total	1548	1267	1451	1510	1551	1469	1567	1530	1563	1582	1507	1609
% ILS	55.9%	59.0%	56.8%	52.4%	52.3%	52.8%	51.7%	52.8%	50.7%	51.1%	47.7%	52.4%
ILS Total	1964	1825	1907	1661	1703	1642	1678	1709	1607	1652	1376	1772



Sparks Fire Department

Paramedic Utilization Update for the EMSAB April 5th,2018

The Sparks Fire Department (SFD) provides a combination of Advanced EMT and Paramedic Level EMS service. Since April 2017 Station 4 and Station 5 have been providing Paramedic Level response. Stations 1, 2, and 3 are staffed and equipped with Advanced EMT's.

The chart below lists the total number of incidents (all types) and the total number of EMS calls responded to by SFD from April 2017 through February 2018. Responses by the paramedic engines are included in the totals, but also broken out separately.

It should be noted that the "Paramedic Level Protocol Used" column identifies when a SFD Paramedic used an assessment tool or treatment that is specific to the Paramedic and not able to be provided by an EMT or Advanced EMT. It should not be mistaken or used interchangeably with the term Advanced Life Support (ALS), as many skills within the Advanced EMT scope of practice are commonly classified as ALS.

Of the 10,871 Total EMS Responses, 3,710, or 34% of the responses were either cancelled enroute or cancelled on scene. Further, of the 2,499 responses by paramedic units, 908, or 36% were either cancelled enroute or cancelled on scene, consistent with the percentage cancelled for all EMS calls. Of the 1,591 calls where a paramedic engine arrived on scene, a Paramedic Level Protocol was used on approximately 21% of the calls.

Month	Total Incidents	Total EMS Responses	Total EMS Responses by Paramedic Units	Paramedic Level Protocol Used
Apr-17	1,153	1,049	251	35
May-17	1,156	1,056	229	19
Jun-17	1,154	1,030	214	25
Jul-17	1,238	1,066	231	29
Aug-17	1,227	1,088	236	34
Sep-17	1,191	1,072	215	32
Oct-17	1,015	901	206	28
Nov-17	967	843	218	30
Dec-17	1,161	1,007	284	42
Jan-18	995	895	210	38
Feb-18	962	864	205	28
Total	12,219	10,871	2,499	340

STAFF REPORT
BOARD MEETING DATE: April 5, 2018

TO: EMS Advisory Board Members

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

SUBJECT: Presentation, discussion and possible direction to staff regarding the Regional EMS Strategic Plan items related to automatic vehicle location (AVL).

SUMMARY

At the January 4, 2018 EMS Advisory Board (EMSAB) meeting, a proposed geographic information systems (GIS) project was approved that would utilize the same philosophy employed for SB 185 during the 2015 Legislative session. In addition to the proposed GIS analysis, staff was requested to bring additional information back to the EMSAB on the work that would be needed for the EMS system to dispatch units using AVL technology. EMS Advisory Board member, District Health Officer (DHO) Dick, specifically requested information regarding the technical capacity and infrastructure.

The attached informational paper is being provided as requested, and is intended to be available to the jurisdictional governing Councils/Boards to assist with understanding of the various elements needed to continue discussions and a possible decision regarding future implementation of AVL in the region.

PREVIOUS ACTION

During the January 4, 2018 EMS Advisory Board meeting there was significant discussion related to AVL during the Program update agenda item. Staff was directed to bring back a summary of findings on what it would entail to implement AVL in our region to include technology needed and other barriers.

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 (TMFPD), and the Washoe County Health District. Within the ILA there are eight duties specifically outlined for the EMS Oversight Program, one of them being the creation and maintenance of a Five-Year Strategic Plan.

The purpose of the strategic plan, as written, is 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 TMFPD.”

The EMSAB approved the strategic plan on October 6, 2016. Additionally, the District Board of Health approved the plan on October 27, 2016. Subsequently, the EMS Program Manager presented the EMS Strategic Plan to the Cities of Reno and Sparks City Councils as well as the Board of Fire Commissioners and the REMSA Board.

Contained within the approved strategic plan are two objectives that directly relate to regional usage of automatic vehicle locators (AVL) for EMS agencies.

- Objective 2.1: Implement regional usage of AVL technology to dispatch closest available unit.
- Objective 3.3: Establish a two-way interface to provide visualization of AVL for all EMS vehicles for the primary PSAPs and REMSA dispatch center.

The EMS Oversight Program took initial steps to address these objectives by conducting an EMS survey to assess and understand the current AVL technology used in the region. The survey was specific to the current AVL capabilities within the region. For example, do all response vehicles have AVL and are they viewable by the dispatch centers? The survey results were presented to the EMSAB on January 4, 2018. The next strategy outlined within the strategic plan to achieve objective 2.1 is the “approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and the EMS Advisory Board.”

At the January 4, 2018 EMS Advisory Board meeting, during Board comment, DHO Dick noted that the development of an AVL dispatch would be a complex project. DHO Dick requested a report be brought to the EMSAB outlining what needed to be addressed to have the capability of using AVL dispatching. It was clarified that the requested report would not be a request to pursue AVL dispatching, nor is it intended to include policies that the various jurisdictions may have about how they might want to approach it. The request to staff was to specifically bring back information explaining the work that needs to go into being able to design a system that could do AVL dispatch, so that the EMSAB would have the information needed to make a decision and provide a recommendation to the various governing bodies.

Staff began by working with with Washoe County GIS to develop a variety of maps that demonstrate how AVL could impact the current system. GIS utilized the drive time, or surface road software, to determine areas of response to each fire station in a 6 minute and 8 minute area. Additionally, GIS provided maps utilizing data from the heat maps to show both the volume of calls impacting each station, as well as, the response area for the stations. This information was compiled into the requested informational document, which is attached to the staff report.

Subject: AVL Implementation Summary

Date: April 5, 2018

Page 3 of 3

In an effort to achieve the Board member request, staff met with dispatch personnel from the three jurisdictions to get a better understanding of the current system, and the technological requirements for implementing AVL dispatching in Washoe County. The information obtained from the meetings was also compiled into the attached informational document.

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board approve the presentation regarding the Regional EMS Strategic Plan items related to automatic vehicle location (AVL).

RECOMMENDATION

Staff recommends the Board approve the presentation regarding the Regional EMS Strategic Plan items related to automatic vehicle location (AVL).

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the presentation regarding the Regional EMS Strategic Plan items related to automatic vehicle location (AVL).

Attachment: AVL Informational Document

Washoe County EMS Oversight Program

Automatic Vehicle Locator (AVL) Information

Draft - 10/00

Background Information

The Emergency Medical Services (EMS) Oversight Program was developed by an Inter Local Agreement (ILA) from the five political jurisdictions within Washoe County. The signatories of the ILA are the City of Reno, City of Sparks, Washoe County, District Board of Health, and the Board of Fire Commissioners. The ILA outlines specific duties of the EMS Oversight Program, to include the development of a 5-year Regional EMS Strategic Plan.

The development of the strategic plan was an eleven month process, beginning in August 2015. The stakeholders included representatives from each of the three fire agencies and REMSA for both dispatch and operations, as well as a regional communications representative. The strategic plan was initially approved by the EMS Advisory Board in October 2016.

There are two elements within the strategic plan related specifically to the use of automatic vehicle location (AVL). The first initiative is concerning the visualization of vehicles through the use of AVL. The second initiative discusses regional usage of AVL to dispatch the closest unit. During the January 2018 EMS Advisory Board (EMSAB) meeting an update on the strategic plan objectives was provided. After significant discussion about the AVL items, the EMS Oversight Program was tasked by the EMSAB to outline the technological aspects that would need to be considered by each jurisdiction in order to implement and utilize AVL dispatch for calls in the EMS system. This document is intended for the use of the EMSAB members to provide a recommendation to the various governing bodies during AVL dispatch discussions.

To achieve the objectives of the request, the EMS Oversight Program partnered with Washoe County Technology Services and met with the three PSAPs in Washoe County. The purpose of the information within this document is to provide general information on AVL. As well as considerations the governing bodies in Washoe County should be aware of, should officials elect to set policies regarding AVL and implement dispatching of the closest available resource, regardless of jurisdiction.

The scope of the project, and the work of the EMS Oversight Program, is solely focused on the technological aspects of the existing infrastructure and what challenges might exist for the implementation of AVL dispatch in our region. The identified challenges relate specifically to the technological or software elements of AVL dispatching.

AVL in EMS Systems

Nearly every public safety agency in the United States uses some type of computer-aided dispatch (CAD) system to manage and process emergency 911 calls. CAD uses “one or more

servers in a centralized dispatch office, which communicates with computer terminals in a communication center or with mobile data terminals installed in vehicles.”ⁱ Within Washoe County, the City of Reno is the host organization for the CAD system, with the City of Sparks and Washoe County designated as remote sites.

Some CAD systems allow several sources of information to be combined to enrich the EMS system. One such enhancement is AVL. AVL is “a means for automatically determining and transmitting the geographic location of a vehicle.”ⁱⁱ In theory, the combined use of AVL and geographic information systems (GIS) in an EMS system would improve service to the community by enabling the system to get units to a call location faster.

With the implementation of an AVL dispatching system, dispatchers would have the ability to identify the unit closest for incident response, regardless of agency, rather than utilizing the existing station-based dispatch. As stated in several articles relating to best practices, “one needs look no further than the “Chain of Survival” to understand the importance of today’s dispatch center. Immediate activation of response agencies, early CPR, rapid defibrillation and early and effective ALS initiation all emphasize the need for minimizing time and accurate decision-making. The success of each of these important components is directly impacted by trained dispatchers and the technological tools at their disposal.”ⁱⁱⁱ

Below are some examples of regions that have implemented the use of AVL in their EMS system. These instances are meant to demonstrate various AVL models throughout the country.

New York City

In the summer of 2006 all New York City ambulances and fire apparatus (engines, ladder trucks, rescue companies and battalion vehicles) were equipped with AVL. The project began in September 2005 as a pilot program with five engine companies on Staten Island and FDNY EMS units on Staten Island and Southern Brooklyn.

In New York, the EMS CAD recommends the best EMS unit to deploy based on where ambulances are assigned throughout the City. Each response vehicle has a designated geographical area. However, ambulances are not dispatched from a central location and are able to move within their response areas. Therefore, AVL was viewed as invaluable in providing a real-time update of where resources are actually located.

City of Paris, Texas

The City of Paris, Texas is a much smaller jurisdiction, with a population of just over 25, 000. The process for procuring AVL started in 2008 and the City installed and implemented AVL for police, fire and EMS by the end of 2009.

On a normal shift, there are 6 patrol cars and 3 stations each of Fire and EMS services being deployed. The main reason the City acquired AVL was to improve their response times to high-priority calls and it has been accomplished through the AVL system established for the City.

Washoe County, Nevada

The Regional Emergency Medical Services Authority (REMSA) uses a dynamic deployment dispatch strategy which allows their units to move throughout the system and dispatchers are able to locate the closest available ambulance to a specific EMS call. REMSA incorporates the use of a global positioning system (GPS) and AVL software within their CAD to dispatch throughout the franchise service area. This dispatching methodology has been utilized by REMSA since the late 1990s and is used to manage 45 ground ambulances and 12 support vehicles.

Las Vegas, Nevada

The Fire Alarm Office (FAO) of Las Vegas is operated by the City of Las Vegas. This dispatch center is the secondary PSAP for fire and medical calls in the Clark County area. AVL dispatching is employed by the FAO dispatchers for all calls for service. The FAO dispatches all apparatus associated with the Clark County Fire Department, North Las Vegas Fire Department and the City of Las Vegas Fire Department.

GIS Analysis

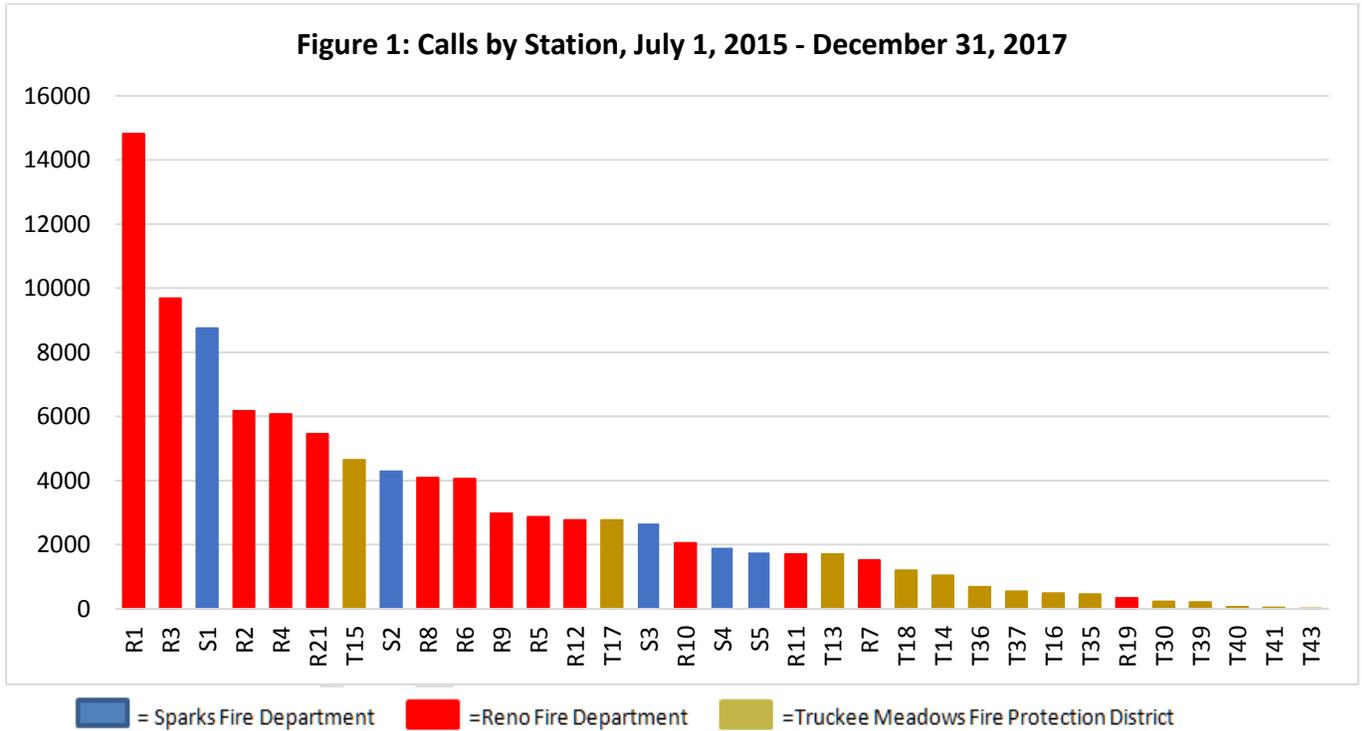
The EMS Oversight Program employed a similar philosophy utilized for SB 185 during the 2015 Legislative Session and partnered with GIS to develop maps to provide an initial analysis. Washoe County GIS utilized software to create drive time analyses using predictive modeling, which takes into account distances, speed limits, turn restrictions and other road characteristics. The purpose of the GIS analyses is to provide data and information for the jurisdictions to utilize while planning for the possible implementation of AVL dispatching. There is no intention to provide a recommendation based on the information provided.

GIS produced maps showing fire stations and drive times within 6 minutes and 8 minutes (Attachments 1 and 2). This visual representation of the region allows the EMSAB, and subsequently, the Councils/Boards, to see the overlap of response areas for one, two and three stations. The maps illustrate areas of the region that have fire stations able to reach those census blocks within the respective drive times.

Some areas have up to three fire stations that can respond within 6 or 8 minutes. GIS also provided maps with an overlay of EMS calls, which demonstrates those calls for service that were outside of the analyzed drive times (Attachment 3 & 4).

For an additional analysis, GIS used the average call volume from July 1, 2015 to December 31, 2017 for each Reno, Sparks and Truckee Meadows Fire Protection District stations. The utilized data was provided to the EMS Oversight Program on a monthly basis, as outlined within the

Inter Local Agreement. The analysis identifies call volume as low, medium and high for the stations. Low is <500 calls/year, medium is <2,000 calls/year, high is =>2,000 calls/year. GIS developed maps that show the response area of each of the jurisdictional fire stations and the associated call volumes. Figure 1 identifies the busiest stations in descending order, while the call volume is also represented graphically in attachment 5. GIS also created the correlating jurisdiction specific call volume maps, which are attachments 6, 7 and 8.



Finally, to demonstrate how often agencies currently respond out of jurisdiction (OOJ), GIS mapped the number of times Reno, Sparks and Truckee Meadows went to EMS calls out of their respective response areas. The calls used for analysis were from July 2015-December 2017 and had a fire and REMSA matched response. It is necessary to note that only Priority 1 and 2 calls were utilized for the analysis

Due to changes in the type of data and call types reported to the EMS Oversight Program, the analysis had a limitation of possibly not representing all EMS calls where a fire agency responded outside of their jurisdictional boundaries. Attachment 9 is a map depicting the following information.

Out of Jurisdiction (OOJ)	INTO RFD	INTO SFD	INTO TMFPD	INTO WASHOE RURAL	Total OOJ	% of total P1 & P2 calls
RENO OOJ		73	545	3	621	0.9%
SPARKS OOJ	32		192		224	1.1%
TMFPD OOJ	158	273		37	468	3.4%

Total OoJ	190	346	737	40	1,313	1.3%
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Summary information per jurisdiction:

RFD

- RFD has responded into another jurisdiction a total of 621 times; 73 times into SFD, 545 times into TMFPD, and 3 times into rural Washoe County.
- Combined, TMFPD (n=158) and SFD (n=32) responded into RFD’s jurisdiction 190 times.

SFD

- SFD has responded into another jurisdiction a total of 224 times; 32 times into RFD and 192 times into TMFPD.
- Combined, TMFPD (n=273) and RFD (n=73) responded into SFD’s jurisdiction 346 times.

TMFPD

- TMFPD has responded into another jurisdiction a total of 468 times; 273 times into SFD, 158 times into RFD, and 37 times into rural Washoe County.
- Combined, SFD (n=192) and RFD (n=545) responded into TMFPD’s jurisdiction 737 times.

AVL Technology Considerations

The current EMS dispatching system within Washoe County was initially designed based on station locations. If a unit is not “home” in the station, the dispatching software will recommend the next closest station. The utilization of AVL dispatching would require a change in the software system in order to provide dispatching recommendations based on the location of the apparatus in relation to the call. For example, if a unit is returning to the station from training, it might be recommended by the system to respond to a call, regardless if they are from the nearby station. This is just one example of how the EMS system could be affected by technology and performing AVL dispatching in Washoe County.

As part of this project, the EMS Oversight Program met with each of the three jurisdictional dispatch centers. Each PSAP representative provided information specific to the software and technological aspects of an AVL implementation. The following is a summary of the input from the regional dispatch centers:

- Each of the three dispatch centers are currently utilizing Tiberon and have the AVL product functionality. Although, the existing capability does not include the technology enhancements required to dispatch utilizing AVL.

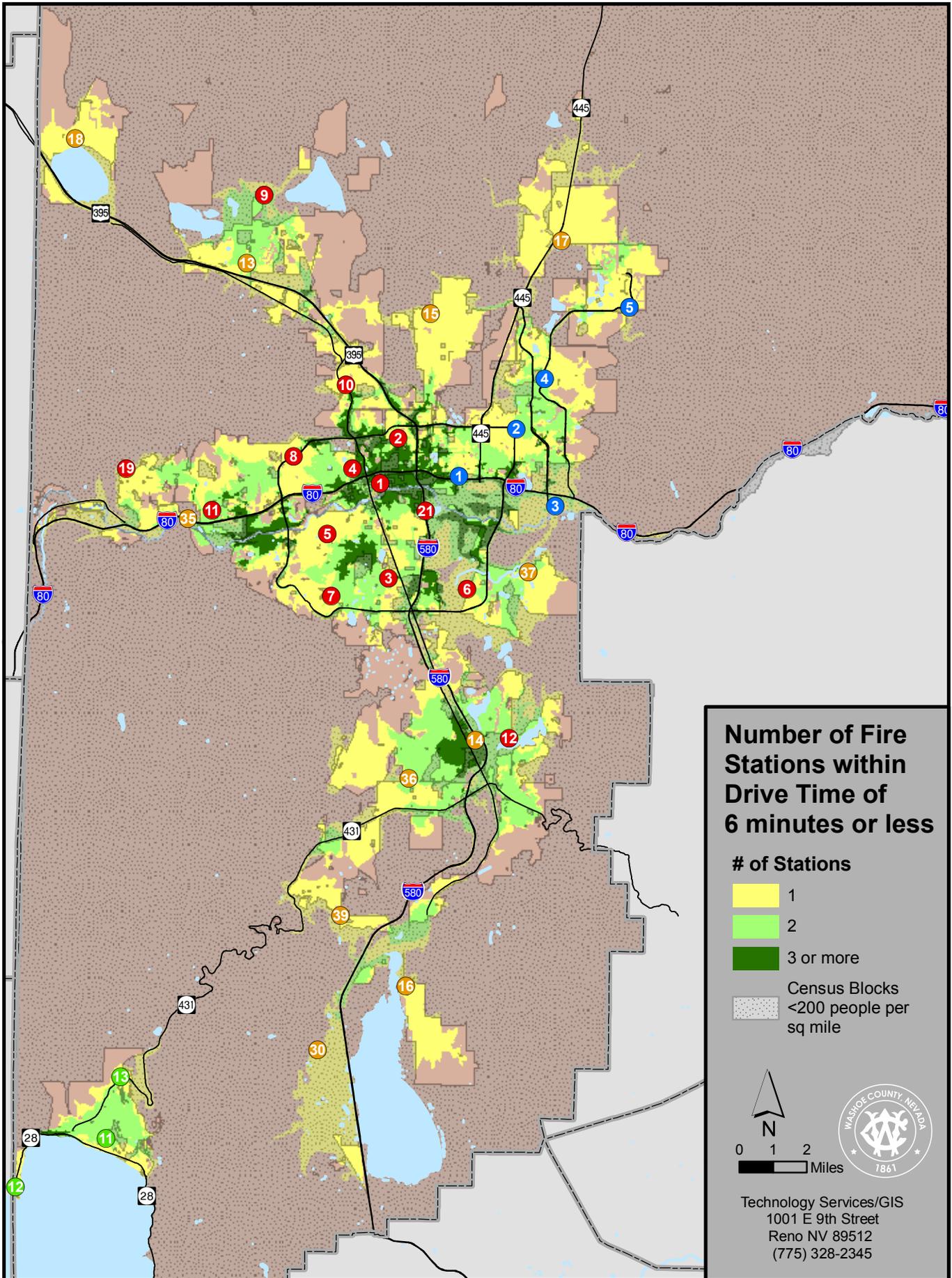
- The City of Sparks fire stations utilize a paging system that, while redundant in interoperability, is not integrated with the City of Reno or Washoe County dispatching systems.
- The paging systems utilized in the dispatch centers are not currently equipped to dispatch multiple calls at the same time. The system can dispatch several stations to a single location, but is not designed to dispatch individual station calls simultaneously. The system employs a queue; the calls pend while the system finishing paging the information out to the appropriate station before paging the next calls
- The dispatch centers, as well as the three fire agencies, operate under different policies and procedures, as outlined by their governing bodies. While this is not a software consideration, the information was provided as a point of reference, as it relates to the possibility of inter-jurisdictional dispatching.
- If approved by the governing bodies, the timeline for implementation would need to be determined through discussions with the vendor.
 - Considerations of what would be involved include, cost and estimated staff time.
 - Dispatch management recommended a tiered implementation approach.
 - It was also noted that the scope of an AVL dispatching project should include the possible “ripple effect” and testing to ensure there is sufficient time allocated for any unanticipated challenges.

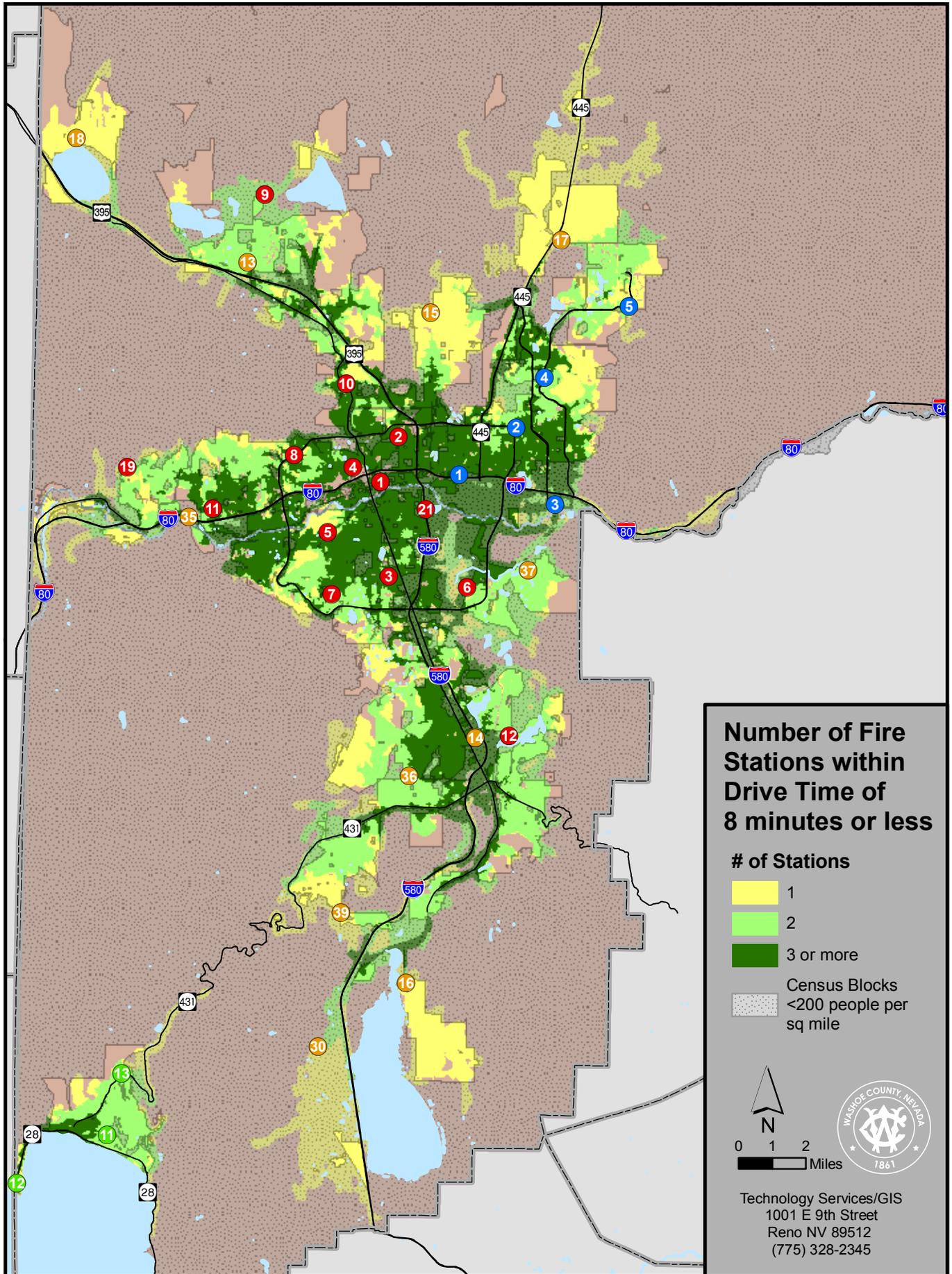
In summary, the technology is currently in place, however there would have to be modifications to the software, paging systems, and dispatch policies and procedures would need to be standardized across the County These modifications will likely have costs associated in terms of funding to project and staff time.

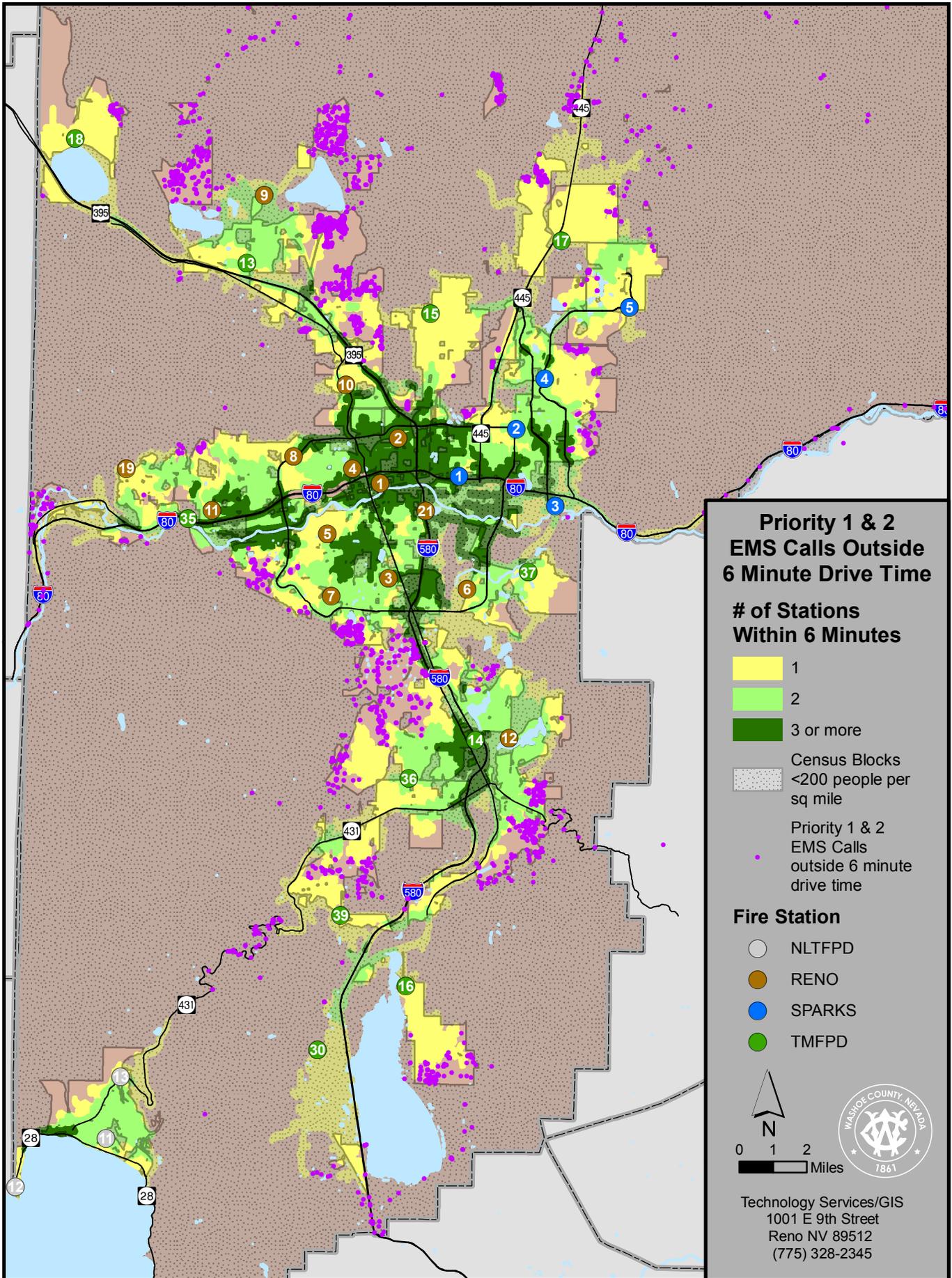
ⁱ https://en.wikipedia.org/wiki/Computer-aided_dispatch

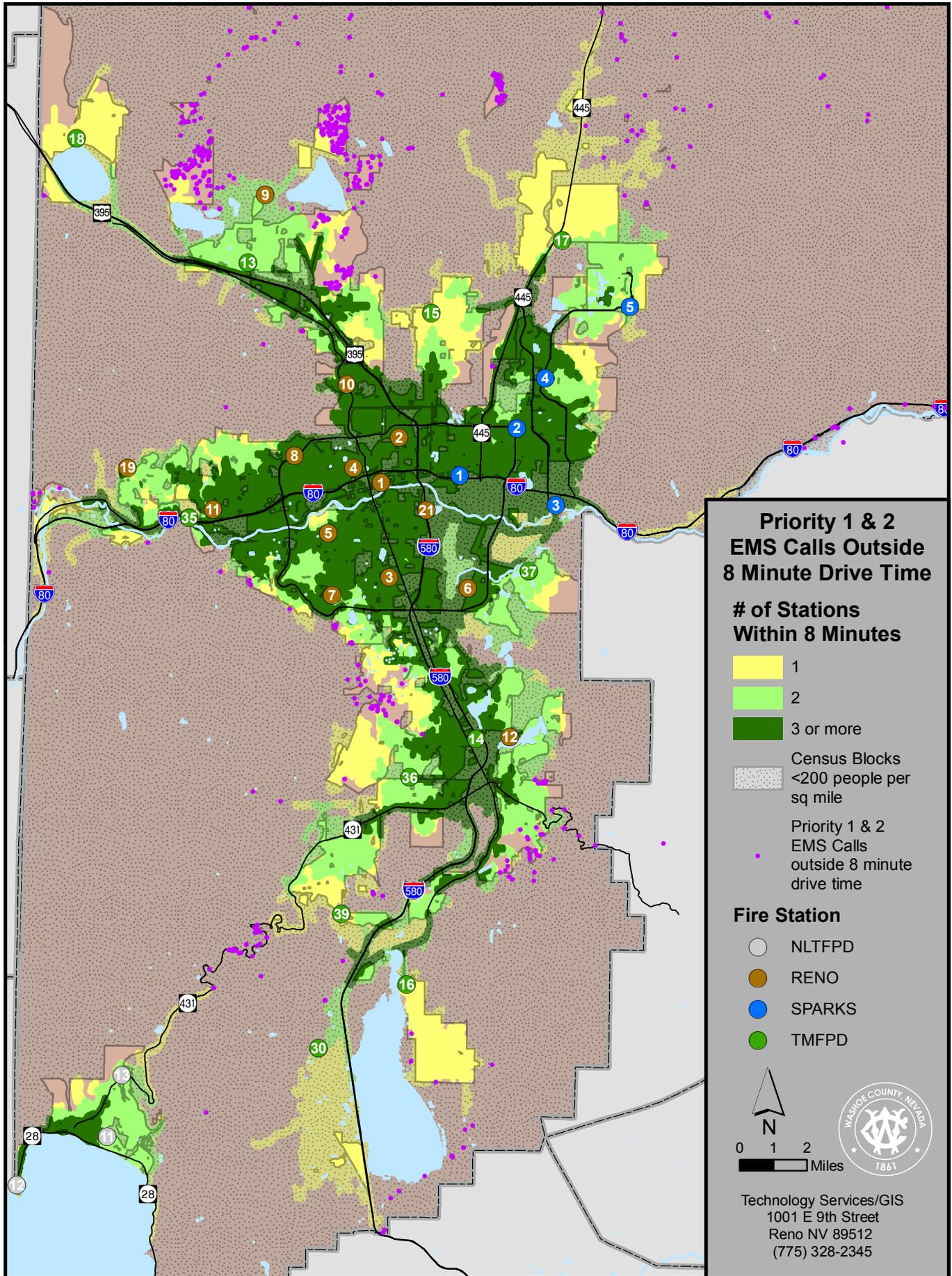
ⁱⁱ https://en.wikipedia.org/wiki/Automatic_vehicle_location

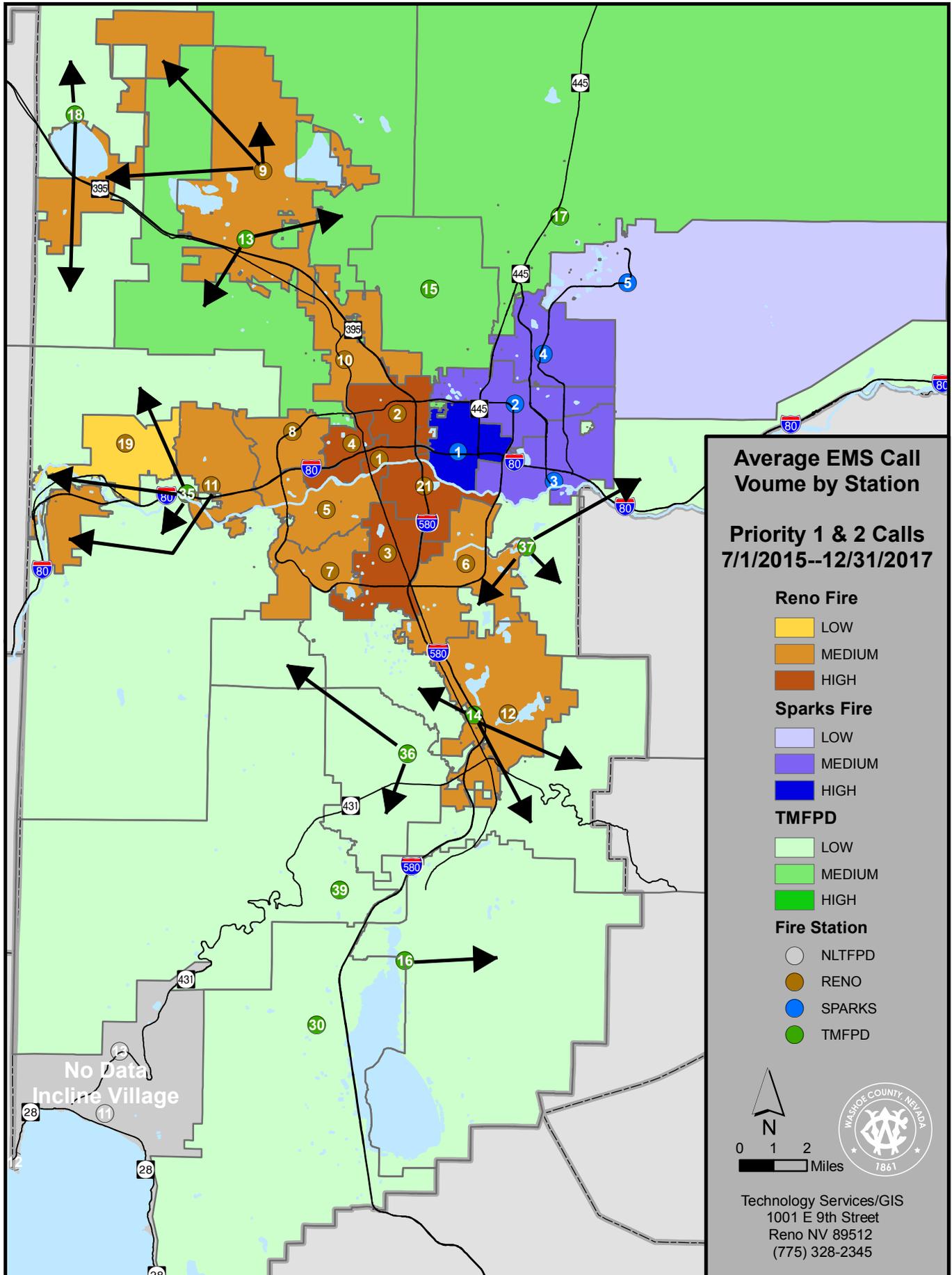
ⁱⁱⁱ <http://www.jems.com/articles/2013/12/using-data-and-technology-improve-dispat.html>; and <https://blog.zolldata.com/how-data-is-driving-care-starting-at-dispatch>



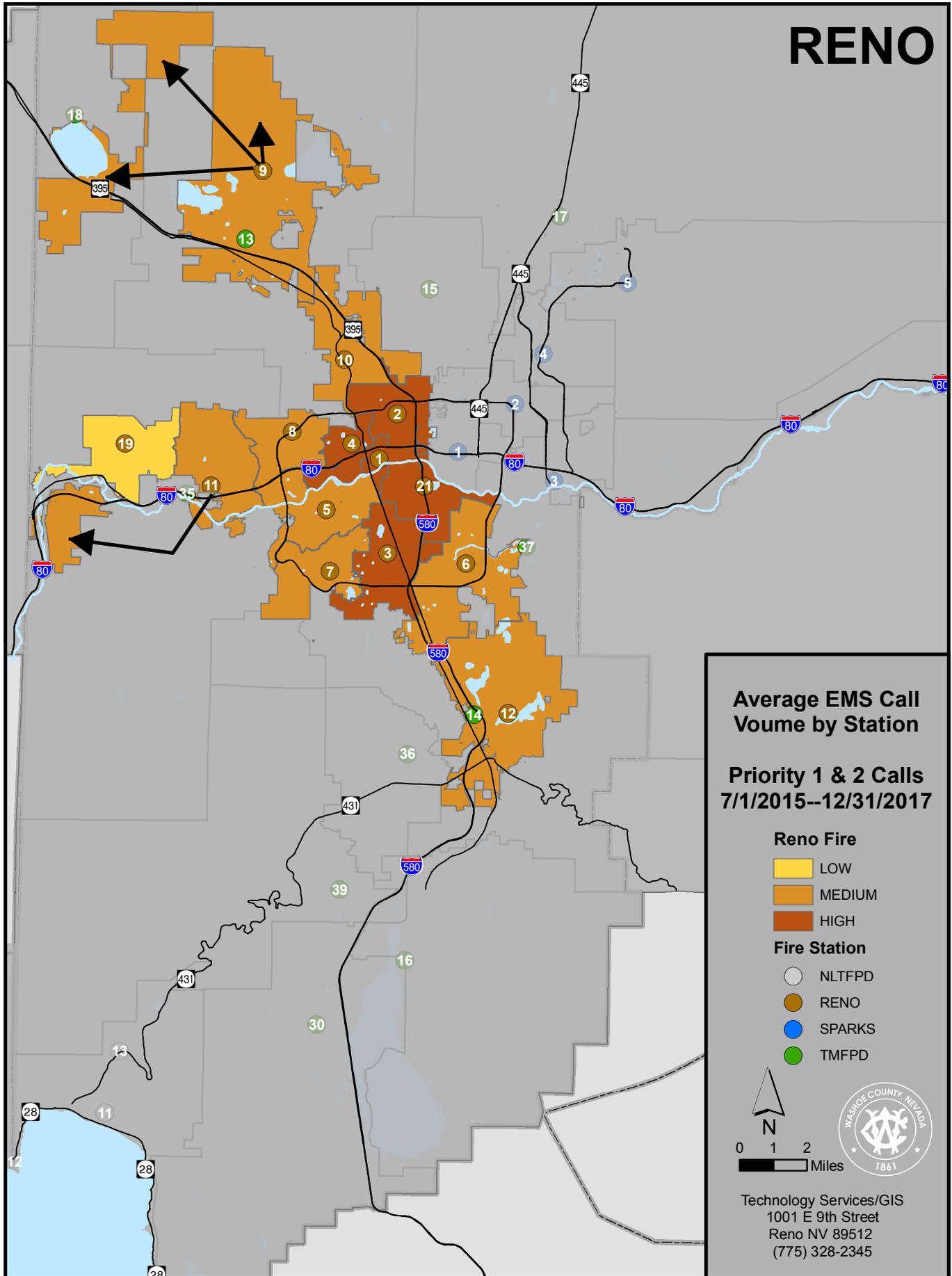




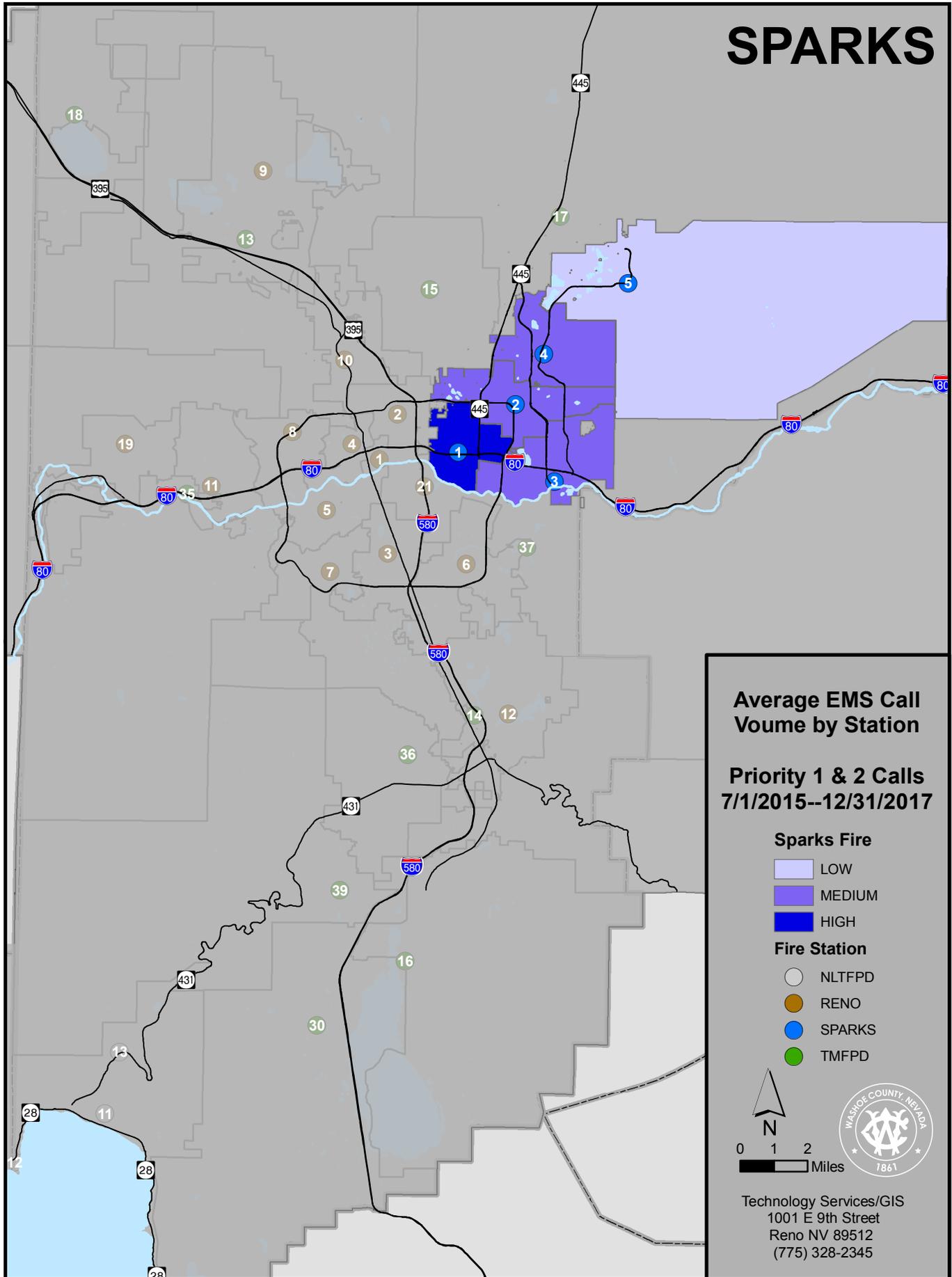




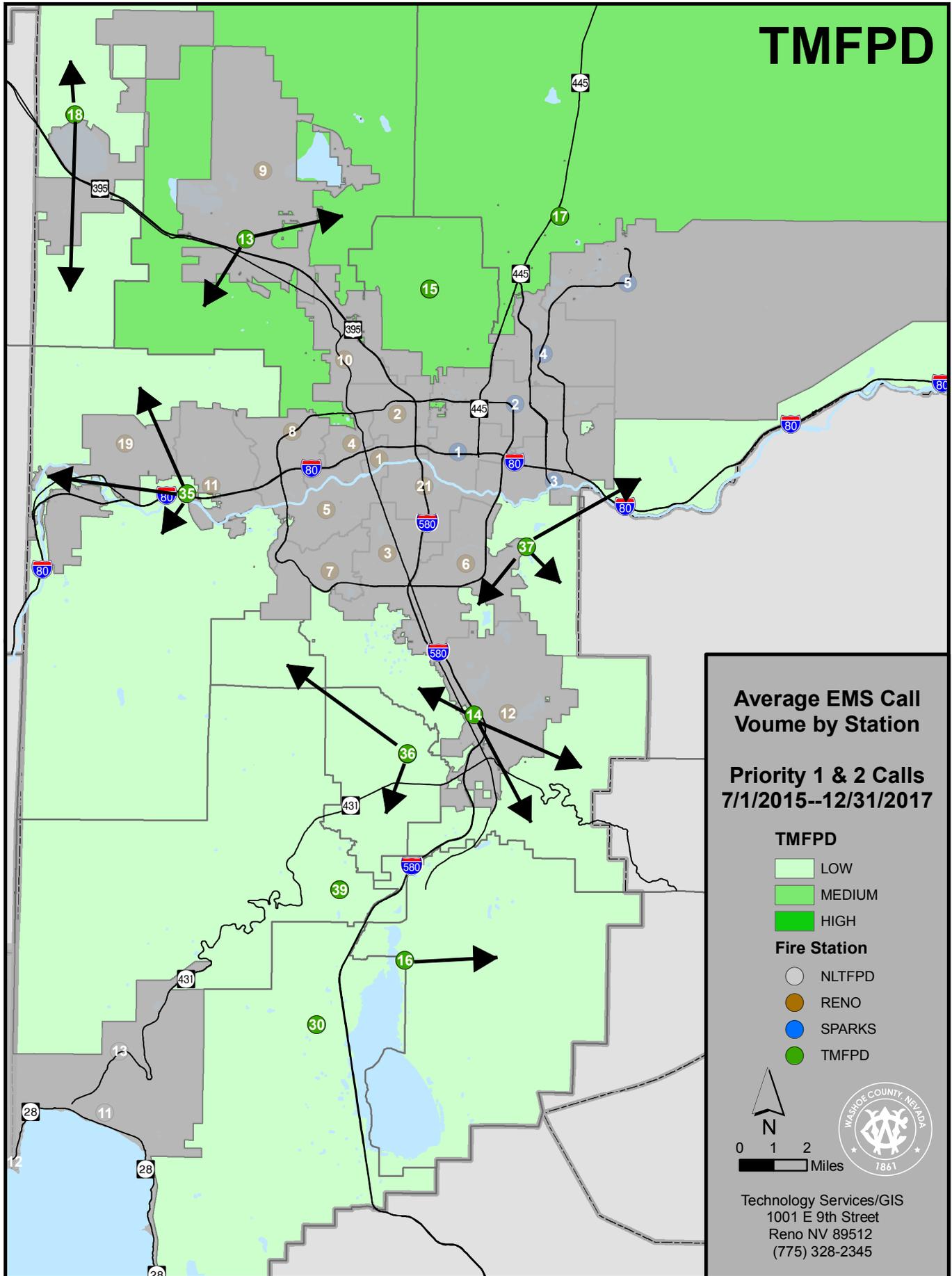
RENO

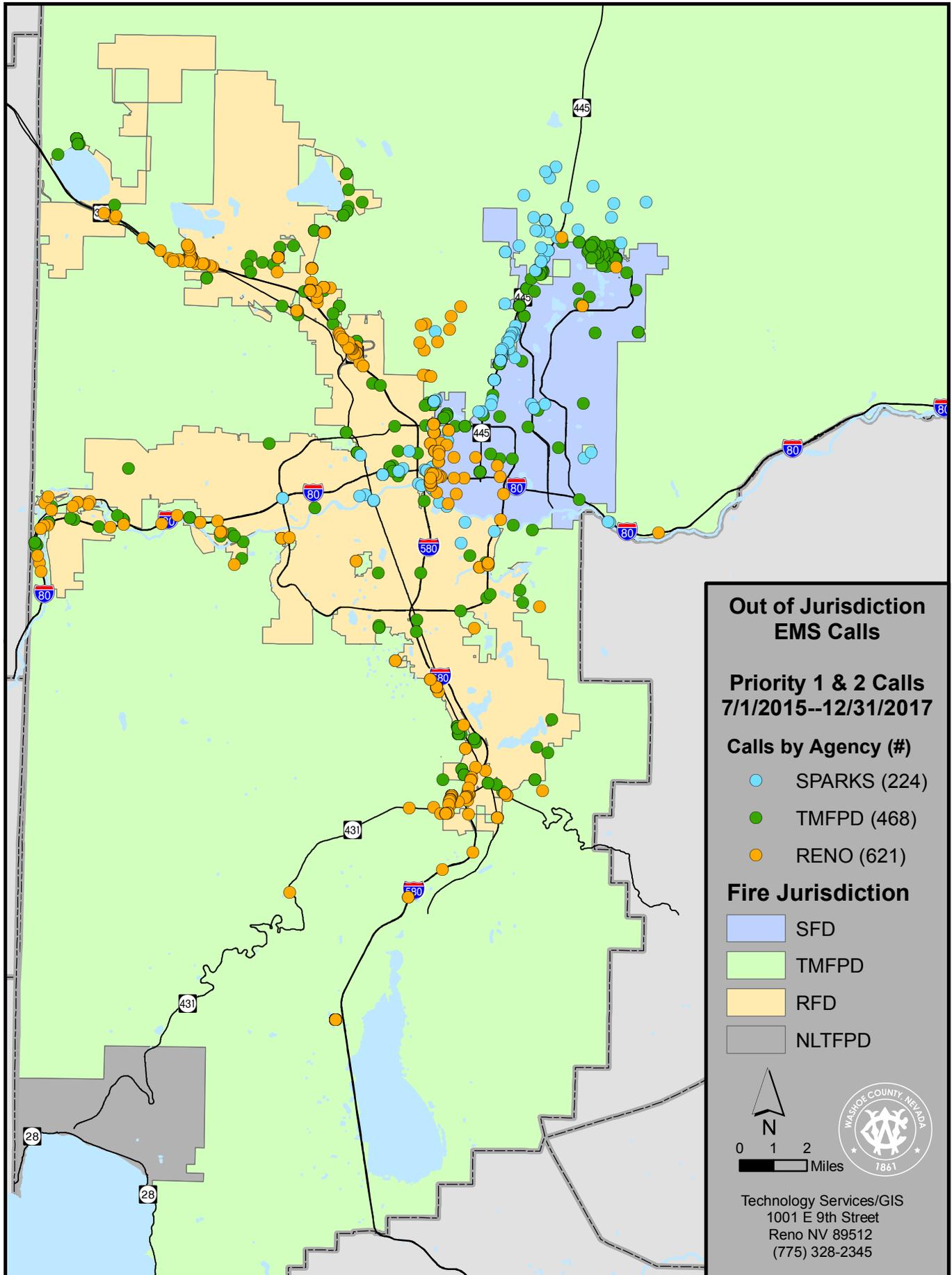


SPARKS



TMFPD





STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: April 5, 2018

TO: EMS Advisory Board Members

FROM: Leslie Admirand, Deputy District Attorney
775-337-5714, ladmirand@washoeocounty.us

SUBJECT: **Amendment #1 to the Interlocal Agreement For Emergency Medical Services Oversight between the Washoe County Health District, Washoe County, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks to allow representatives of the Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director, and direct staff to present the Amendment to the signing jurisdictions for possible approval.**

SUMMARY

Chair Slaughter requested Counsel draft guidelines to allow alternates for Board membership. Counsel recommends an amendment to the ILA for EMS Oversight to allow representatives of the EMS Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings, with alternates being a City or County Assistant Manager or Health District Division Director.

PREVIOUS ACTION

During the October 6, 2016 EMS Advisory Board meeting, during the agenda item regarding the updated EMSAB bylaws, it was noted proxy votes were not permitted in the updated bylaws. Deputy District Attorney representing the EMSAB stated that alternates or proxies were addressed in the Open Meeting Law, and the enabling legislation creating the Board, being the ILA, would have to contain the authority for members to appoint proxies. Upon review of the language of the ILA and it was determined that it did not contain an allowance for proxies to be used.

During January 4, 2018 meeting, Chairman Slaughter requested the DDA to draft guidelines to allow alternates for Board membership.

BACKGROUND

The ILA was approved by the Washoe County Health District, City of Reno, City of Sparks, Truckee Meadows Fire Protection District and Washoe County and became effective on August 26, 2014.

During a bylaws update agenda item at the October 6, 2016 EMS Advisory Board meeting there was discussion related to proxy appointments and whether that was allowable through the City Charters and/or ILA for EMS Oversight.

At the January 4, 2018 EMS Advisory Board meeting, Chair Slaughter requested Counsel draft guidelines to allow alternates for Board membership.

FISCAL IMPACT

There will be no direct fiscal impact associated with the amendment to the ILA for EMS Oversight.

RECOMMENDATION

Counsel recommends that the EMS Advisory Board approve Amendment #1 to the Interlocal Agreement For Emergency Medical Services Oversight between the Washoe County Health District, Washoe County, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks to allow representatives of the Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director, and direct staff to present the Amendment to the signing jurisdictions for possible approval.

POSSIBLE MOTION

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

“Move to approve Amendment #1 to the Interlocal Agreement For Emergency Medical Services Oversight between the Washoe County Health District, Washoe County, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks to allow representatives of the Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director, and direct staff to present the Amendment to the signing jurisdictions for possible approval.”

AMENDMENT #1 TO INTERLOCAL AGREEMENT FOR EMERGENCY MEDICAL SERVICES OVERSIGHT

AGREEMENT

BETWEEN WASHOE COUNTY HEALTH DISTRICT, WASHOE COUNTY, TRUCKEE MEADOWS FIRE PROTECTION DISTRICT, THE CITY OF RENO AND THE CITY OF SPARKS

- 1. Amendments. All provisions of the original contract dated August 26, 2014, attached hereto as Exhibit A, remain in full force and effect with the exception of the following: Article 2, Advisory Board, 2.2 Composition. Add the following: Each representative of a City, County or Health District shall have authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board. The alternate must be a City or County Assistant Manager or Health District Division Director.
2. Incorporated Documents. Exhibit A, Original Contract is attached hereto, incorporated by reference herein, and made part of this amended contract.
3. Counterparts. This Amendment may be executed in counterparts, each of which shall be considered an original, it being understood that all counterparts shall constitute one and the same agreement amendment.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound, thereby.

WASHOE COUNTY HEALTH DISTRICT

By _____ Date _____

Attest:

By _____ Date _____

CITY OF RENO

By _____ Date _____

Attest:

By _____ Date _____

CITY OF SPARKS

By _____ Date _____

Attest:

By _____ Date _____

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

By _____

Date _____

Attest:

By _____

Date _____

WASHOE COUNTY

By _____

Date _____

Attest:

By _____

Date _____

INTERLOCAL AGREEMENT FOR
EMERGENCY MEDICAL SERVICES OVERSIGHT

This Interlocal (“Agreement”) dated as of August 26, 2014, is entered into by and between the Washoe County Health District, a Special District created pursuant to Nevada Revised Statutes, Chapter 439 (“DISTRICT”), Washoe County, a political subdivision of the State of Nevada (“WASHOE”), the Truckee Meadows Fire Protection District through itself and the Sierra Fire Protection District based on its authority pursuant to a Cooperative Agreement for Fire Services between Truckee Meadows and Sierra Fire dated April 1, 2012,, both of which are Fire Districts created pursuant to Nevada Revised Statutes Chapter 474 (“FIRE”), the City of Reno, a municipal corporation in the State of Nevada (“RENO”), and the City of Sparks, a municipal corporation in the State of Nevada (“SPARKS”) to create a Regional Emergency Medical Oversight function within the DISTRICT for the management, measurement and improvement of Emergency Medical Services.

RECITALS

WHEREAS, on November 27, 1972, the governing bodies of RENO, SPARKS, and WASHOE formed the DISTRICT to provide a broad range of health services for the benefit of said agencies by said DISTRICT; and

WHEREAS, on October 22, 1986, the DISTRICT acting on behalf of RENO, SPARKS and WASHOE did approve “A Resolution Authorizing the Regional Emergency Medical Services Authority (hereinafter referred to as “REMSA”) to operate Emergency Medical Ambulance Services on an exclusive basis in defined areas of Washoe County; and

WHEREAS, in August of 2012 WASHOE was provided a report titled “Emergency Medical Services System Analysis” (hereinafter referred to as “STUDY”) performed by TRIDATA. The STUDY contains specific recommendations to be considered for the improvement of Emergency Medical Services provided by RENO, SPARKS, WASHOE, DISTRICT and REMSA for the purpose of improving the delivery of patient care and outcomes, and the delivery of Emergency Medical Services; and

WHEREAS, RENO, SPARKS, WASHOE and DISTRICT together on October 18, 2012, February 11, 2013, and June 10, 2013, have continued to review and direct changes to the provision of Emergency Medical Services by and through the STUDY recommendations; and

WHEREAS, the implementation of the STUDY’s recommendations require an Inter-Local Agreement concerning the Washoe County Health District to amend, remand and establish certain authorities by and between RENO, SPARKS, WASHOE and DISTRICT; and create a Regional Emergency Medical Oversight function for the management, measurement and improvement of Emergency Medical Services within the DISTRICT,

NOW, THEREFORE THE PARTIES AGREE as follows:

ARTICLE 1

Establishment of Oversight Program/Duties

1.1 Establishment of Program: The DISTRICT shall establish and maintain a Regional Emergency Medical Services Oversight Program (the “Program”) within the DISTRICT

1.2 Duties of Program: The Program shall provide for Oversight of all Emergency Medical Services (EMS) provided by RENO, SPARKS, WASHOE, FIRE and REMSA and shall:

- a. 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;
- b. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
- c. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
- d. 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;
- e. 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;
- f. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT to be analyzed and evaluated for potential recommendations regarding EMS response services in order to optimize the performance of system resources;
- g. 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;
- h. 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.

1.3. Term. This Agreement shall become effective July 1, 2014 for a period of one year ending June 30, 2015. This Agreement shall automatically renew each year on July 1st unless terminated by the parties as set forth below.

1.4. Termination of Agreement. This Agreement may be rescinded at any time by written agreement of termination executed by all the parties.

1.5 Unilateral Party Termination. A party may unilaterally terminate its participation in this agreement without cause by serving the other parties with written notice of termination. That party's termination shall take effect 90 days after service of notice.

ARTICLE 2 Advisory Board

2.1 Creation. The DISTRICT shall establish and maintain a Regional Emergency Medical Services Advisory Board

2.2 Composition. The Regional Emergency Medical Services Advisory Board shall be composed 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)

2.3 Administration. The Advisory Board shall elect a chair and a vice-chair from among its membership to manage the meetings. The election shall occur at the Board's first meeting and thereafter at its first meeting at the beginning of each fiscal year. The chair and vice-chair shall serve for one (1) year. The Board shall be subject to the requirements of Nevada Revised Statutes Chapter 241, Open Meeting Laws. A majority of the Board constitutes a quorum for the conduct of business and a majority of the quorum is necessary to act on any matter.

2.5. Bylaws. The Board shall adopt bylaws or procedural rules necessary to carry out its functions and duties in an efficient and orderly manner.

2.6. Meetings. The Board shall hold a minimum of one meeting per fiscal year.

2.7. Duties. The Advisory Board shall review reports, evaluations, and recommendations of the Regional Emergency Medical Services Oversight Program, discuss issues related to regional emergency services, and make recommendations including:

- a. 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 RENO, SPARKS and WASHOE; a uniform system shall be maintained for the region whenever possible.

ARTICLE 3 Fiscal Year

3.1 Definition. The fiscal year shall be July 1 through June 30.

ARTICLE 4 Duties of the Parties

4.1. Participation: RENO, SPARKS, WASHOE and FIRE shall participate in the Regional Emergency Medical Services Medical Oversight Program by:

- 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; and
- 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.

ARTICLE 5

Concurrent Review

5.1. The DISTRICT shall coordinate a concurrent review of the status of the Regional Emergency Medical Services by REMSA with RENO, SPARKS WASHOE and FIRE prior to the approval of any modifications or Resolution to the Franchise Agreement and prior to any extension of the franchise period.

ARTICLE 6

Miscellaneous Provisions

6.1. Governing Law/Jurisdiction. This Agreement and the rights and obligations of the parties hereto shall be governed by and construed according to the laws of the State of Nevada. The parties consent to the jurisdiction of Nevada district courts in Washoe County for the enforcement of this Agreement.

6.2. Assignment. The parties shall not assign, sublet or transfer any interest or service in this Agreement, or which arises out of this Agreement, without the written consent of the other parties.

6.3. Severability. If any provision of this Agreement or its application in held invalid by a court of competent jurisdiction, the remainder of the Agreement shall not be affected.

6.4. Entire Agreement/Modification. This Agreement is the entire Agreement between the parties. No change termination or attempted waiver of any of the provisions of this Agreement shall be binding on the parties unless executed in writing by each of the parties.

6.5. Benefits. This Agreement is entered into solely for the benefit of the parties hereto. It shall confer no benefits, direct or indirect, on any third persons, including employees of the parties. No person or entity other than the parties themselves may rely upon or enforce any provision of this Agreement. The decision to assert or waive any provision of this Agreement is solely that of each party.

6.6. Notice. All notices and demands required under this Agreement shall be in writing and shall be deemed to have been duly given, made and received when delivered or deposited in the United States mail, registered or certified mail, postage pre-paid, addressed as follows:

Washoe County Health District
District Health Officer
P.O. Box 11130
Reno, NV 89520

City of Reno
City Manager
PO Box 1900
Reno, NV 89505

City of Sparks
City Manager
431 Prater Way
Sparks, NV 89431

Truckee Meadows Fire District
Fire Chief
P.O. Box 11130
Reno, NV 89520

Washoe County
County Manager
P.O. Box 11130
Reno, NV 89520

6.7. Indemnification. Each party agrees to indemnify and save and hold the other party harmless from any and all claims, causes of action or liability arising directly from such party's negligence or wrongful misconduct during the performance of this Agreement. The indemnifying party shall not be liable to hold harmless any attorney's fees and costs for the indemnified party's chosen right to participate with legal counsel.

6.8. Limitation of Liability. The parties will not waive and intend to assert any available remedy and liability limitation set forth in Chapter 41 of the Nevada Revised Statutes, and any and all applicable laws or case law.

6.9. Compliance with Law. The parties shall comply with all local, state, and federal law in the implementation of this Agreement in particular the provisions of the Privacy Rule of HIPAA as applicable.

IN WITNESS WHEREOF, the parties have executed this Agreement of the day and year below noted.

WASHOE COUNTY HEALTH DISTRICT

By  Date 6-27-14

Attest:

By  Date 6/27/14

CITY OF RENO

By  Date 9-29-14



Attest:

By  Date 9-29-14

CITY OF SPARKS

By _____ Date _____

Attest:

By _____ Date _____

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

By _____ Date _____

Attest:

By _____ Date _____

IN WITNESS WHEREOF, the parties have executed this Agreement of the day and year below noted.

WASHOE COUNTY HEALTH DISTRICT

By _____ Date _____

Attest:

By _____ Date _____

CITY OF ~~RENO~~

By _____ Date _____

Attest:

By _____ Date _____

CITY OF SPARKS

By Geno R. Martini Date 07/15/14

Geno Martini, Mayor APPROVED AS TO FORM

Attest:

By Teresa Gardner City Attorney

Date 7-15-14

Teresa Gardner, City Clerk



TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

By _____ Date _____

Attest:

By _____ Date _____

IN WITNESS WHEREOF, the parties have executed this Agreement of the day and year below noted.

WASHOE COUNTY HEALTH DISTRICT

By _____ Date _____

Attest:

By _____ Date _____

CITY OF RENO

By _____ Date _____

Attest:

By _____ Date _____

CITY OF SPARKS

By _____ Date _____

Attest:

By _____ Date _____

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

By [Signature] Date 8-26-14



Attest:
By Dorey L. Parent
Washoe County Clerk

Date August 26, 2014

WASHOE COUNTY

By *David Humke*
DAVID HUMKE, Chair

Date 6-24-14

Attest

By *Denise Sellers*, Deputy Clerk
Patricia Vincent, County Clerk

Date 6-24-14

