

NORTHERN NEVADA

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Serving Reno, Sparks & Washoe County

**EMS OVERSIGHT PROGRAM
FY23 ANNUAL REPORT**

January 2024

NORTHERN NEVADA
Public Health+

Serving Reno, Sparks & Washoe County

MISSION

To improve and protect our community's quality of life and increase equitable opportunities for better health.

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The EMS Oversight Program would like to extend their appreciation to the EMS Partners of Washoe County for the quality emergency care they continue to deliver to the visitors and residents of Washoe County and for contributing to this report by providing their agency's highlights and accomplishments for FY23.

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INTRODUCTION

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County EMS system from July 1, 2022 through June 30, 2023. The report contains multiple sections highlighting the EMS system within Washoe County, including how the Washoe County 9-1-1 EMS system is set up, the EMS response agencies and their jurisdictional boundaries, performance data, as well as EMS partner highlights, the EMS Oversight Program's accomplishments, and goals for FY24.

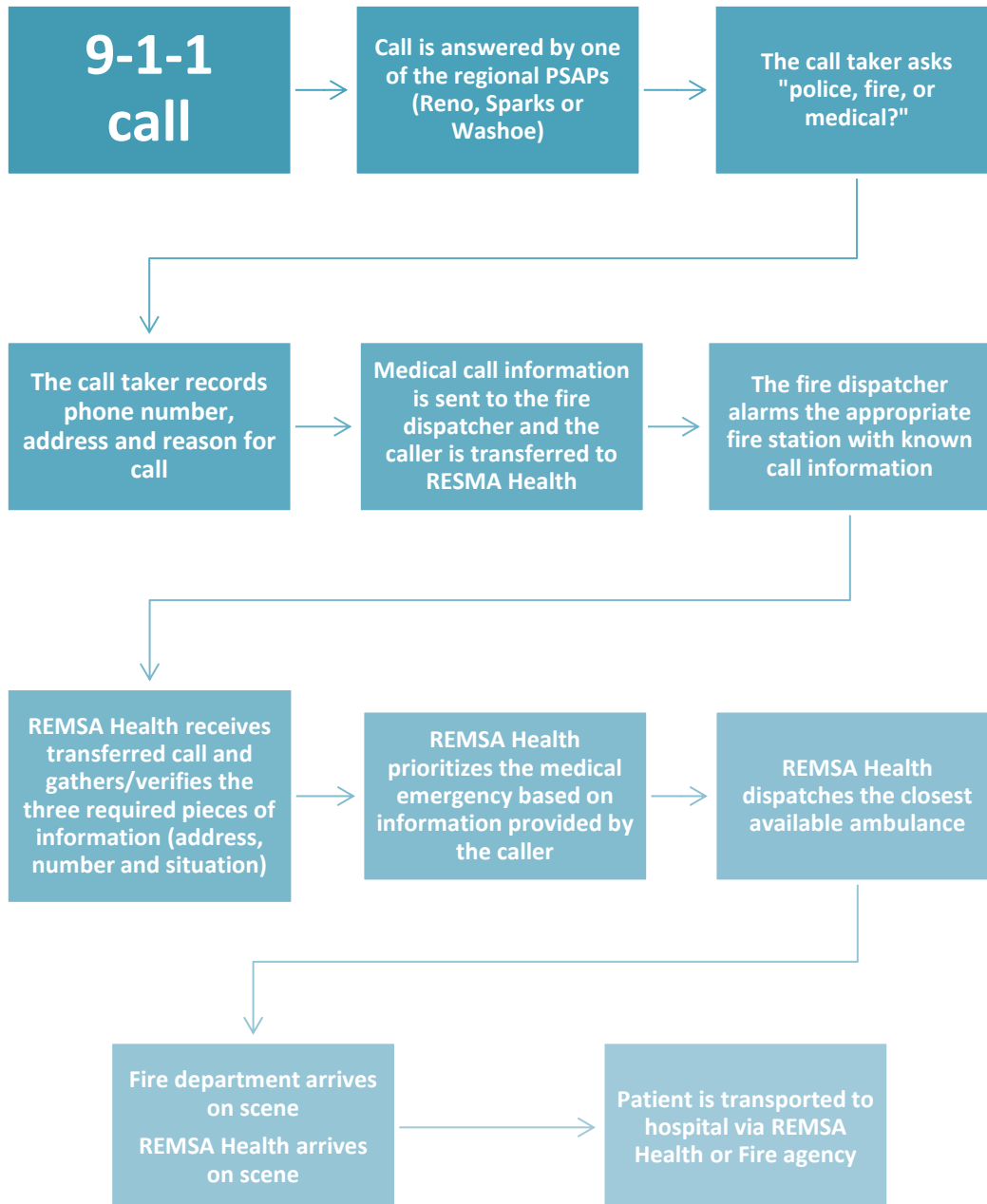
Washoe County's 9-1-1 and EMS System

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

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

Figure 1 illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning the caller, dispatching of the Reno Fire Department or the Sparks Fire Department, transferring the 9-1-1 call to REMSA Health, REMSA Health dispatching an ambulance or Truckee Meadows Fire Protection District, EMS (Fire and REMSA Health) responders arriving on scene, and, if warranted, transporting the patient to a hospital.

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



*See REMSA Health Franchise area map on page 5

WASHOE COUNTY EMS PARTNER AGENCIES

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

- City of Reno¹
- City of Reno Fire Department
- City of Reno Public Safety Dispatch
- City of Sparks¹
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- Mount Rose Ski Patrol
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire and Rescue
- Red Rock Volunteer Department
- Reno-Tahoe Airport Authority Fire Department
- REMSA Health
- Truckee Meadows Fire Rescue¹
- Washoe County¹
- Northern Nevada Public Health¹
- Washoe County¹
- Washoe County Sheriff Dispatch
- Washoe County Sheriff's Office

Emergency Medical Services in Washoe County are provided by the following career fire agencies: City of Reno Fire Department, City of Sparks Fire Department, Truckee Meadows Fire Rescue, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities, while Truckee Meadows Fire Protection Districts jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 2). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay, and surrounding communities. The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mt. Rose Ski area. Mt. Rose Ski Patrol is not a transport agency and works closely with regional partners for patient transports. Pyramid Lake Fire Rescue serves Washoe County citizens north of the Rural Fire Boundary. They respond to medical emergencies in the towns of Gerlach, Empire, or surrounding rural areas. The Reno-Tahoe Airport Authority Fire Department has ALS response

¹ Signatory of the Inter Local Agreement for EMS Oversight.

capabilities but is not a transport agency. The Red Rock Volunteer Fire Department serves a rural area north of Reno supported by Truckee Meadows Fire & Rescue. The private nonprofit ambulance company, REMSA Health, is responsible for the transport of patients within the designated Franchise response area. REMSA Health's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute Tribal Lands, east to Wadsworth and west to the border of California (Figure 3).

Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department (RENO), Sparks Fire Department (SPARKS) and Truckee Meadows Fire & Rescue (TMFR/TMFPD)

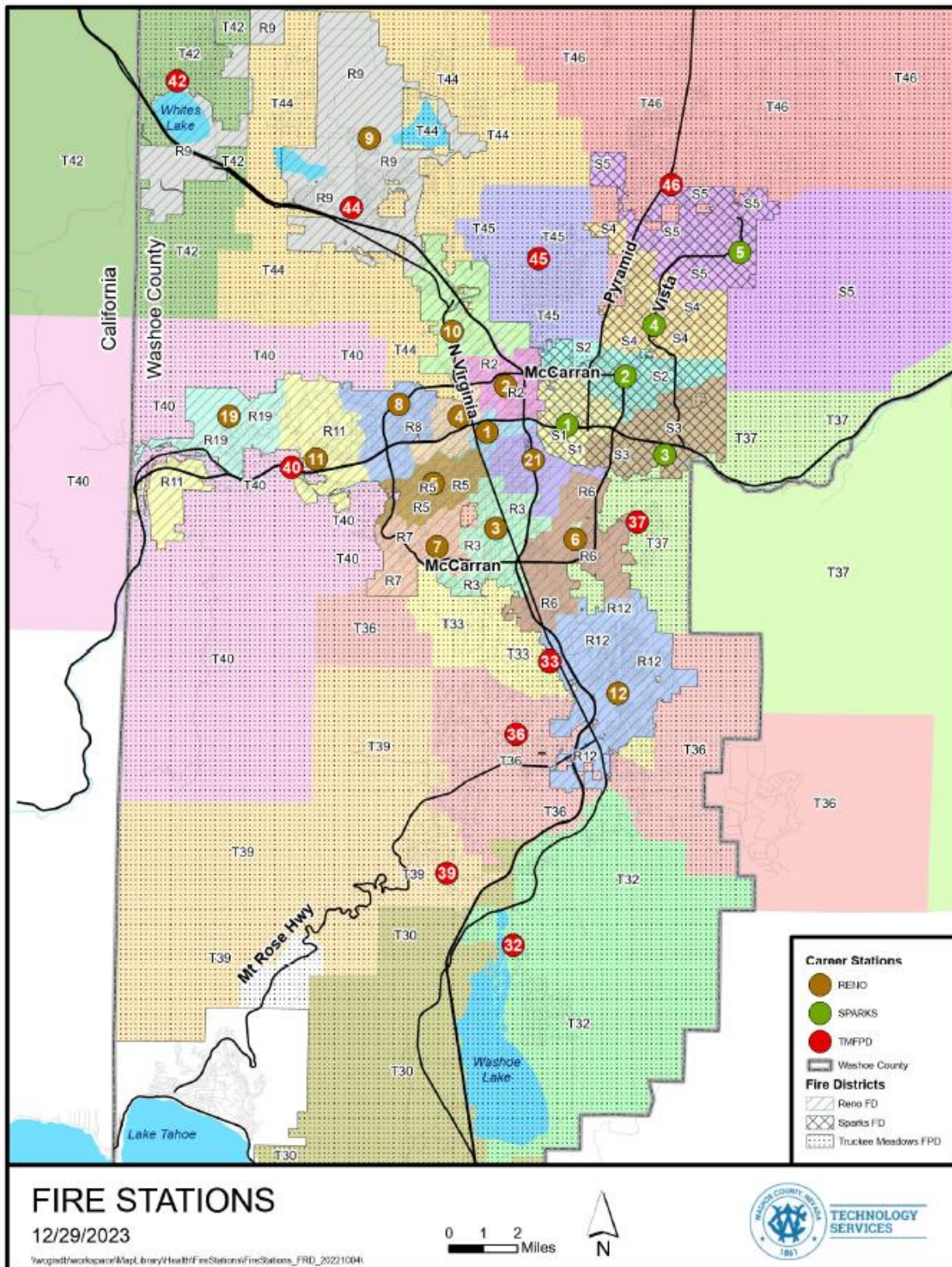
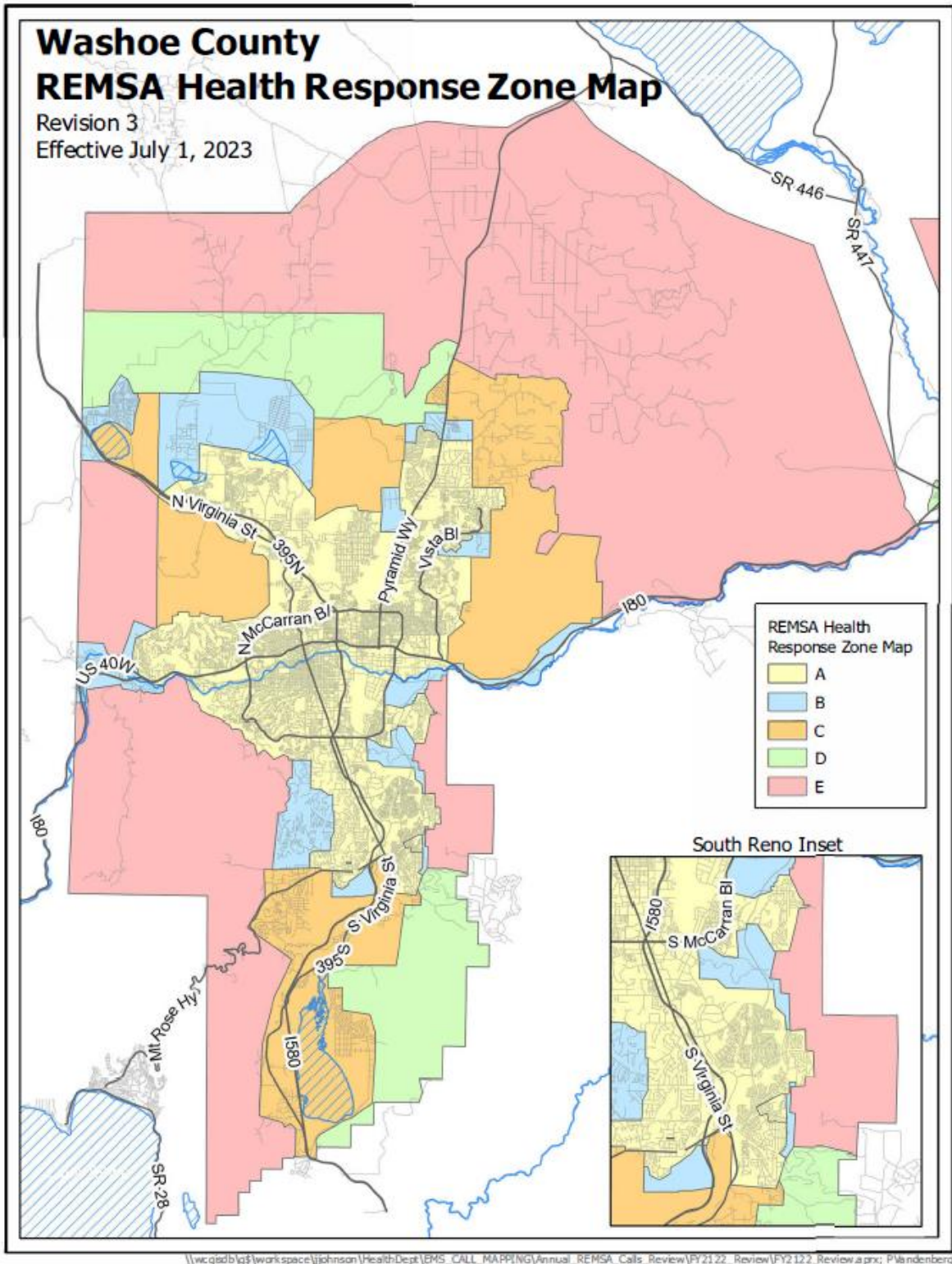


Figure 3: REMSA Health Franchise Response Map¹



¹The map review has been completed annually, with the last update completed July 1, 2023.

PARTNER AGENCY EMS HIGHLIGHTS & ACCOMPLISHMENTS FY23

Interlocal Agreement (ILA) EMS partner agencies prepared and provided their EMS related highlights for FY23 (July 1, 2022, through June 30, 2023), which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented.

City of Reno Fire Department's EMS Program Highlights for FY23



DATA PERFORMANCE REPORTS

	Q1	Q2	Q3	Q4	Total
EMS Responses	12,884	12,647	12,187	7,771	45,489
EMS Transports	11	21	18	21	71
EMS Responses Cancelled	3,341	3,034	3,569	1,542	11,486
EMS Mutual Aid Given	42	85	81	103	311
EMS Mutual Aid Transports	11	21	18	21	71
EMS Mutual Aid Cancelled Responses	15	21	23	21	80

OPERATIONAL UPDATES

Q1

Reno Fire Department (RFD) received our newest ambulance in July 2022 and placed it in the core of our city at Station 3. Since opening Rescue 3, the ambulance was staffed with overtime personnel and they provided medical response to District 3, as well as mutual aid requests for EMS transports in other response areas. Cindy Green (former EMS Coordinator) promoted to EMS Division Chief, Kim Eastman released her COVID responsibilities, was solely designated to EMS Coordinator and Avery Baldwin joined RFD as the newest EMS Coordinator. This brought the admin side of the RFD EMS division to one EMS Chief and two (2) full-time EMS Coordinators. Three (3) AEMT's and one (1) paramedic completed their EMS preceptorships. Six (6) paramedics and six (6) AEMT's started their EMS preceptorships in September with an anticipated finish date in October.

Q1 EMS RFD Staffing:

- Paramedic - 73
- AEMT - 106
- EMT - 8

Q2

RFD held an in-house AEMT program for twenty-nine (29) firefighters and had a 100% success rate for passing the national registry skills portion of the testing process. We also graduated our first lateral academy and added 4 more Paramedic level firefighters to our staff. All four of them successfully completed their EMS preceptorships. Six (6) paramedics and six (6) AEMTs started their EMS preceptorships in September and successfully completed them in October. Two van ambulances were ordered with an expected delivery date of February 2023. Single role paramedic positions have been approved after GEMT funding was acquired. Six paramedic (non-suppression) job announcements went out in January.

Q2 EMS RFD Staffing:

- Paramedic: 73
- AEMT: 106
- EMT: 74

Q3

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

We ordered a mechanical CPR machine and prehospital ventilator in an effort to provide more state of the art lifesaving equipment for our community. Finally, we completed the initial submission for EMS recertification of one hundred and seventy-seven (177) RFD personnel.

Q3 EMS RFD Staffing:

- Paramedic: 81
- AEMT: 112
- EMT: 85

Q4

Reno Fire Department graduated two fire recruit academies. In those academies we had a total of thirty-two (32) recruits of which six were Paramedics, four were AEMTs and the remaining were EMT level EMS providers. Additionally, we provided a department wide EMS division level training which included topics on Nevada Donor Network notifications in the field setting and peer review of a call that was run in-house. Our medical director, Dr. Watson, delivered

training on new protocol information changes in-person to all line personnel. Lastly, we provided cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), and First Aid certification training to forty-five (45) City of Reno employees and hands-only CPR training at the City of Reno field day.

Q4 EMS RFD Staffing:

- Paramedic - 69
- AEMT - 105
- EMT – 78

City of Sparks Fire Department's EMS Program Highlights for FY23



DATA PERFORMANCE REPORTS

	Q1	Q2	Q3	Q4	Total
EMS Responses	3,387	3,495	3,357	3,159	13,398
EMS Transports	0	0	0	0	0
EMS Responses Cancelled	784	827	854	1,196	3,661
EMS Mutual Aid Given	19	18	21	23	81
EMS Mutual Aid Transports	0	0	0	0	0
EMS Mutual Aid Cancelled Responses	11	5	15	18	49

OPERATIONAL UPDATES

Q1

On September 9, 2022, the Sparks Fire Department (SFD) was awarded an ambulance and equipment grant through Federal Emergency Management Agency's (FEMA) Assistance to Firefighters Grants Program.

Two firefighters completed the RFD fire academy and started the Truckee Meadows Community College's (TMCC) paramedic program.

Q2

Training Update – New firefighter interviews were held in October. Seven personnel were selected with five of the new recruits starting the Sparks Fire Academy on February 13, 2023. Graduation for the five recruits will be in May 2023. The remaining recruits were attending TMCC's paramedic program and were scheduled to complete their training prior to entering the Sparks Fire Academy projected for the fall 2023.

Two SFD personnel had completed six months of the joint hybrid paramedic program at TMCC. These SFD personnel were in addition to the new recruits attending a separate TMCC paramedic program. This program was a new paramedic program for existing firefighters.

In-house Advanced Cardiovascular Life Support (ACLS) & Pediatric Advanced Life Support (PALS) courses were provided in October to paramedic personnel. Additionally, SFD

paramedic personnel attended paramedic refreshers provided by Truckee Meadows Fire & Rescue, North Lake Tahoe Fire Protection District, and REMSA Health.

State EMS re-certifications were underway with approximately 50% of the department renewing their EMS credentials. The recertification cycle was a combination of Advanced Emergency Medical Technicians (AEMT) and paramedics.

Ambulance Updates – The SFD prepared to enhance our paramedic service level through the purchase of two ambulances. The first ambulance was in production at the Braun Northwest manufacturer in Chehalis, Washington with an expected delivery date in the fall 2023. The second ambulance was awarded through the Assistance to Firefighters Grants Program and was sent to bid in March 2023.

Q3

Operational – Expiring AEMT & paramedic EMS re-certification applications were submitted to the state EMS office.

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

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

Training – EMS skill makeups were held for re-certifying personnel. Follow up cardiac arrest drills with Lucas device training was held. The devices had been in use for approximately one month with excellent feedback provided by Sparks Fire and REMSA Health personnel.

Fire Academy – 5 recruits completed state testing for firefighter 1 & 2. They were projected to enter the EMS portion of the fire academy in May. The EMS module was their final training before graduating the academy and starting their preceptorship with seasoned SFD firefighter/paramedics.

Lucas Devices – In January 2023, the SFD received six Lucas devices following the approval of the Sparks City manager and City Council. Training and implementation were scheduled for February 2023. The training was a joint training with REMSA Health and SFD personnel to learn proper procedures and the most efficient application methods when co-responding to these critical incidents. The automated CPR devices are available on front line apparatus serving all City of Sparks fire districts.

Q4

Five new personnel were hired and were in various stages of training based on certification/experience level.

The five (5) new personnel were in addition to the five (5) personnel hired in February, 2022.

A new ambulance was approved for purchase by Sparks City Council.

Truckee Meadows Fire & Rescue EMS Program Highlights for FY23



DATA PERFORMANCE REPORTS

	Q1	Q2	Q3	Q4	Total
EMS Responses	2,284	2,267	2,136	2,563	9,250
EMS Transports	701	710	675	641	2,727
EMS Responses Cancelled	435	453	393	445	1,726
EMS Mutual Aid Given	23	51	54	33	161
EMS Mutual Aid Transports	19	35	25	1	80
EMS Mutual Aid Cancelled Responses	4	16	5	2	27

OPERATIONAL UPDATES

Q1

Clinical Accomplishments – Truckee Meadows Fire and Rescue (TMFR) Paramedics successfully resuscitated a neonate that was born in cardiac arrest with the father initially providing lifesaving CPR. We had a patient with a history of WPW and was successfully cardioverted into a normal rhythm with a full recovery. Two calls where we had to pace patients into the hospital for further evaluation. Then we had two different crews who changed two different patient's depends and bedding due to the patients being unable to care for themselves, so our crew provided fantastic community service to this patient.

Ambulance Operations – TMFR continued to run 3 full time ambulances serving Washoe Valley, Sun Valley, and Spanish Springs. Throughout the region, supply chain difficulties made it tough to manage normal logistical issues as they arose, TMFR was no exception. The Renner ambulance was state inspected and fully stocked to run in a reserve status for the district. This gave the district an additional ambulance in case one of our primary units was out of service.

Training Update – TMFR's collaborative paramedic school began with thirteen (13) students in class on Monday's for in person training and fifteen (15) total for the online didactic portion. Six (6) of the fifteen (15) students were TMFR employees who will become paramedics in the next year, further boosting our Firefighter/paramedic numbers. TMFR had a division level training with two simulated burning vehicles and two (2) patients, one was an adult, and the other was

a pediatric patient. Our crews had to manage multiple critical patients on scene and prioritize transport and each patient's individual care.

Q2

Hiring Update- TMFR completed the hiring process for Firefighter/Paramedics and brought on an additional seven (7) new employees. The new recruits will be starting the Fire Academy in the first quarter of the 2023 calendar year. The addition of Firefighter/Paramedics to the TMFR ranks will allow for cross-trained personnel that can respond effectively to all incident types encountered by an all-risk Fire Department.

Ambulance Operations- TMFR operated three (3) Advanced Life Support capable ambulances staffed with fully qualified Firefighter/Paramedics. Call volume was trending higher from month to month. Expansion possibilities were explored to maintain the high level of service we currently provide to the citizens of Washoe County. TMFR took possession of two (2) new Type 1 ambulances which will be able to replace currently leased apparatus and allow for a full TMFR fleet. We are attempting to acquire additional apparatus that can serve as reserve units and allow for surge capacity for times of increased call demands.

Training Update – TMFR's collaborative paramedic school completed its first quarter with all students maintaining successfully passing grades. Six (6) of the fifteen (15) students were TMFR employees who will become paramedics in the next year, further boosting our Firefighter/paramedic numbers. TMFR completed Division-Level trainings with the Regional Hazardous Materials Response Team members that included hazmat response to chemical suicides and the ALS level treatments provided by the TMFR Tox-Medic team.

TMFR expanded our Field Training Officer (FTO) program to include more personnel, as well as a comprehensive training academy to prepare each new FTO with the necessary training and skills to properly develop the employees entrusted to them.

Ride-alongs for Truckee Meadows Community College (TMCC) emergency medical technical (EMTs), advanced emergency management technicians (AEMTs), and Paramedics were completed. We view these ride-alongs as a mutually beneficial opportunity to assist in the training of development of our community providers, as well as show them the benefits of a career in the fire service with TMFR. We look forward to our continued partnership with the TMCC Public Safety programs and their students.

Q3

Personnel Update- TMFR commenced the initial fire academy training for 5 new Firefighter/Paramedics. The new recruits were scheduled to graduate the academy in June

2023. The new employees were scheduled to complete several weeks of in-depth EMS training prior to beginning their 12-month probationary period.

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

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

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

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

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

Q4

Clinical Accomplishments – Nine (9) additional probationary Firefighter/EMTs passed our rigorous internal Paramedic Assessment Center and were promoted to the role of Firefighter/Paramedic. TMFR maintains a high standard of clinical excellence for any employee that functions at an Advanced Life Support capacity on our apparatus. The training program incorporates up to 12 months of intensive training and mentorship with a TMFR Paramedic Preceptor and includes advanced medical and trauma scenarios, ambulance operations, and a comprehensive evaluation upon conclusion of training.

Wildfire Preparedness – TMFR trained forty (40) Firefighter/Paramedics as Wildland Fireline Medics. These personnel are available to be deployed and provide Advanced Life Support care to patients and firefighters on both local wildfires as well as those occurring throughout the country.

Ambulance Operations – TMFR continued to run three (3) full time ambulances serving Washoe Valley, Sun Valley, and Spanish Springs. Throughout the region, supply chain difficulties made it tough to manage normal logistical issues as they arose, TMFR was no exception. We were fortunate enough to receive a donation of a Freightliner ambulance from local Washoe County resident Jeremy Renner. This unit was placed in a reserve status and will be utilized in the event of a frontline unit going out of service. We are very appreciative of Mr. Renner's generosity.

Training Update – TMFR was the recipient of multiple grant awards to assist with the training of our employees and the community. These grants have allowed the purchase of 5 low-fidelity adult training manikins, two (2) pediatric manikins, three (3) adult advanced airway trainers, and 3 infant airways training aids. TMFR is also partnering with the Washoe County School District to assist with completing emergency bleeding control training for all of their staff who require it. Our joint hybrid paramedic program with Truckee Meadows Community College is set to begin August 22. Multiple local agencies have personnel enrolled for this program including 6 of our own Advanced EMTs.

REMSA Health's EMS Program Highlights for FY23



DATA PERFORMANCE REPORTS

	Q1	Q2	Q3	Q4	Total
EMS Responses	24,281	24,132	23,336	2,3349	95,098
EMS Transports	14,786	15,164	14,485	13,806	58,241
EMS Responses Cancelled	9,495	8,968	8,581	9,243	36,287

Use of Mutual Aid

2022-2023	TMFPR	Percentage of Total Responses	Reno Fire	Percentage of Total Responses	Storey Co.	Percentage of Total Responses	Carson City Fire	Percentage of Total Responses	Incline	Percentage of Total Responses	Other	Percentage of Total Responses	Total	Percentage of Total Responses
July	27	0.36%	4	0.05%	7	0.09%	0	0.00%	0	0.00%	0	0.00%	38	0.51%
August	17	0.24%	7	0.10%	3	0.04%	0	0.00%	0	0.00%	0	0.00%	27	0.37%
September	12	0.17%	2	0.03%	2	0.03%	0	0.00%	0	0.00%	0	0.00%	16	0.23%
Quarterly Summary	56	0.26%	13	0.06%	12	0.06%	0	0.00%	0	0.00%	0	0.00%	81	0.37%

	TMFR	Percentage of Total Responses	Reno Fire	Percentage of Total Responses	Storey County Fire	Percentage of Total Responses	Carson City Fire Department	Percentage of Total Responses	North Lake Tahoe Fire Protection District	Percentage of Total Responses	Total	Total Percentage of Responses
Oct-22	51	0.6%	2	0.0%	3	0.0%	0	0.0%	1	0%	57	0.7%
Nov-22	44	0.6%	7	0.1%	0	0.0%	0	0.0%	0	0%	51	0.7%
Dec-22	42	0.5%	13	0.2%	4	0.0%	0	0.0%	0	0%	59	0.7%
Quarterly Summary	137	0.6%	22	0.1%	7	0.0%	0	0.0%	1	0%	167	0.7%

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

	TMFR	Percentage of Total Response	Reno Fire	Percentage of Total Response	Storey County Fire	Percentage of Total Response
April 2023	54	0.72%	6	0.08%		0.00%
May 2023	6	0.08%	5	0.06%	1	0.004%
June 2023	3	0.04%	3	0.01%		0.00%
	63	0.27%	14	0.06%	1	0.004%

OPERATIONAL UPDATES

Q1

REMSA Health in the News

Several times throughout the summer, Adam Heinz provided multiple interviews to all local television news media outlets about the importance of staying safe during record-breaking high temperatures.

Education Manager and Paramedic, Jenny Walters, provided media interviews about the health impacts of wildfire smoke and how residents can take care of themselves.

Adam Heinz was the guest on the podcast, Inside EMS. The program is a part of EMS1 - one of the most comprehensive destinations for all levels of providers and leaders in the out-of-hospital healthcare profession. Adam's podcast appearance focused on the importance of working with providers, patients, political partners, and payers (The Four Ps) to improve the delivery of emergency medical services.

Alexia Jobson, Director of Public Relations was included on a podcast along with representatives from Richmond Ambulance Authority and Pro EMS in Cambridge Massachusetts to discuss how EMS agencies can share important information and messages through strong media relationships.

Adam Heinz was a featured subject matter expert in an article in Modern Healthcare about the impact that 988 has had on the 911 system since the number launched in July.

Community News

Adam Heinz, presented to the Reno-Sparks Chamber of Commerce's 2022 Leadership Class. He provided an overview of the breadth of the organization and shared information about ways REMSA Health is working to reduce unnecessary usage of the 911 system. All participants of the class will be given a Bleeding Control kit through a partnership between REMSA Health and the Washoe County Health District.

Interim CEO, Barry Duplantis spoke to Sparks Centennial Rotary. After a brief formal presentation, he answered questions from attendees about operations, recruitment and retention and our partnerships with co-response agencies.

REMSA Health worked with Vitalant to host a Blood Drive as part of the Battle of the Badges annual blood drive event. Despite a busy system we had good participation among our employees.

Industry News

In July, three of REMSA Health's subject matter experts were invited to present at Pinnacle - an international gathering of EMS/Healthcare leadership. Our presentations included how agencies can work with regional partners to improve the delivery of out-of-hospital care and how EMS agencies can successfully tell their stories in the digital age.

The Choose the Right Care integrated public relations / marketing campaign won an award from the Academy of International Mobile Healthcare Integration (AIMHI) in the category of Excellence in Public Information or Education. The award recognizes an EMS or non-EMS organization that has developed and implemented an effective public information or education campaign designed to encourage patients, members, or the public to develop or maintain healthy lifestyles, or to utilize healthcare resources more effectively. REMSA Health's agency of record, KPS3 was the non-EMS organization associated with this award-winning project intended to reduce unnecessary medical 911 response resources.

Two of REMSA Health's leaders and one of its medical directors were selected to present a total of four sessions at the American Ambulance Association annual conference. Presentations included how administration and medical directors can work collaboratively, a public relations intensive, maximizing social media for your agency and how to manage bad news within an agency. The event brings together more than 600 leaders, thinkers and changemakers from ambulance services around the country to address important topics and galvanize around the industry's legislative agenda.

Q2

EMS Operations Updates

October-December: Ground Operations added twenty-nine (29) new full-time employees. Fifteen (15) Paramedics, three (3) AEMT's, and eleven (11) EMT's. During this same time period, we expanded our advanced life support (ALS) schedule from sixty (60) shift lines to sixty-eight (68) shift lines. In addition to this, we expanded our Intermediate Life Support (ILS) shift lines from six (6) to nine (9) and our basic life support (BLS) shift lines from four (4) to eight (8).

Community News, Partnerships, and Programs

REMSA Health celebrated one of its medical directors, Dr. Jenny Wilson, on being named a Nevada Business Magazine, 2022 Physician Healthcare Hero. Dr. Wilson provides medical oversight to our ground operations and ACE-accredited medical dispatch center.

REMSA Health partnered with the University of Nevada to produce a number of social media, short-form videos featuring Wolfie, Alfie, Luna, and our education manager, Jenny Walters to remind citizens and students about pedestrian safety -, particularly around the university campus. This reel is our top performer with more than 23,000 plays, 1200 interactions, and more than 19,000 accounts reached. Other videos focused on raising awareness about other

safety messages such as Bird scooters. Riley the REMSA Health Raccoon made their debut in Washoe County this week. A furry, friendly mascot, Riley is made possible through a partnership with the Washoe County Health District. You'll find Riley sharing all sorts of public health messages on the news, on social media, and even at special events around the community. Riley will encourage the public - particularly young Washoe County citizens - to understand things like the importance of learning CPR, signing up for PulsePoint, getting vaccinated, staying safe in hot and cold weather, water safety, helmet safety, pedestrian safety, proper car seat installation and knowing when and when not to call 911.

Education Manager, Jenny Walters provided an interview to KTVN about the importance of handwashing, properly covering your cough/sneeze, and staying home if you are sick, especially during the holiday season.

REMSA Health partnered with the Nevada Hospital Association to create social media content that encourages youth and young adults to consider healthcare careers from paramedics and EMTs to emergency medical dispatchers and flight nurses. In support of the Washoe County Health District's efforts to curb the spread of all respiratory illnesses, but especially RSV, REMSA Health developed a paid public awareness campaign that ran on social media and streaming music services to encourage the public to use proper patient navigation through pediatricians and urgent care locations to address symptoms of RSV.

REMSA Health supported the efforts of the Food Bank of Northern Nevada through a food donation of 600 lbs, as well as a staff and organizational cash donation at the KTVN Share Your Christmas Drive by Food Drive event.

Adam Heinz provided an interview to KTVN about staying safe in winter weather – both shoveling snow, driving, and walking and seeking treatment for minor injuries related to inclement weather through a primary care physician, urgent care, or a telehealth visit and to preserve 911 and ERs for things like chest pain and serious traumatic injuries.

Nellie Martinez, Point of Impact Instructor provided media interviews about ensuring that cold-weather attire doesn't compromise the integrity of car seat restraints.

REMSA Health had the opportunity to recognize Downtown Reno Ambassador, Roscoe Roper, with a *Community Caregiver* award. We were made aware that Roscoe was alerted about a community member who was identified as unconscious inside a restroom. His first-aid training kicked in and he recognized this as a likely drug overdose. He dialed 911 and administered naloxone. Crews arrived and were able to further assess the situation and provide care. In addition, REMSA Health presented an award to the Downtown Reno Ambassadors for their partnership and commitment to being an extension of our organization's *Community* brand pillar.

Q3

EMS OPERATIONS UPDATES

For the first quarter of 2023, one of Ground Operations main focuses was on recruitment, in order to increase staffing levels of ALS, ILS, and BLS level ambulances. During that three month period we brought on twenty-four (24) new employees, which accounts for twelve (12) additional ambulances on the street weekly. On top of this, we completed the training of three (3) new EMS supervisors, which increases our supervisor coverage to a Day, Swing, and Night supervisor each day. We added three brand new Supervisor vehicles to our fleet, changing from a truck style vehicle to the new Dodge Durango SUV's. Which are far more versatile for the work that they typically do.

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

COMMUNITY RELATIONS UPDATES

Community News, Partnerships, and Programs

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

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

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

Terri Russell from KOLO News Now spoke with Adam Heinz about the proposed state legislation that would formalize an interstate compact for certain medical professionals -

including paramedics and EMTs - to work in other compact states without having to get that specific state's certification.

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

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

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

Q4

EMS OPERATIONS UPDATES

In April-June REMSA Ground Operations onboarded twenty-nine (29) new full time employees. Fifteen (15) paramedics, five (5) AEMT's, and nine (9) EMT's. With these additional employees we can now staff sixty-eight (68) ALS, nine (9) ILS, and five (5) BLS shift lines per week. During this same time, we also increased our EMS Supervisor coverage to four (4) per day to assure adequate oversight.

In May we initiated an Employee Engagement Committee that is made up of a group of eight (8) field providers and two managers. The goal of this group is to assist senior management in implementing processes that will lead to improved employee engagement and job satisfaction. With the ultimate goal of long term employee retention.

Our Special Events Division hired over thirty (30) part-time EMT's to start preparing for another busy special events season in our region.

PUBLIC RELATIONS UPDATES

MEDIA RELATIONS

In early April, Public Education Coordinator, Alma Marin, provided a Spanish-language interview to Telemundo Reno about the importance of learning high-quality CPR and that availability of Spanish-language CPR classes in our community.

In early June, Jenny Walters, Manager of the Center for Integrated Health and Community Education was interviewed by Terri Russell at KOLO 8 News Now about how to properly build out a summertime first aid kit.

In mid-June, we hosted our annual Summer Safety Press Conference to remind the community about the importance of not leaving children alone in and around hot cars, designating a Water Watcher and recognizing the signs of heat-related illnesses. We created a mock pediatric drowning scenario and had an ALS crew respond as if it were an actual call. Subject matter experts from clinical services and education provided media interviews and the event received coverage on all three television stations and KUNR.

COMMUNITY RELATIONS

In April, REMSA Health hosted about forty-five (45) people from NCET - a local business and technology networking group and toured them through our key divisions including education, ground operations and dispatch. We received very positive feedback and participants were thrilled to learn about how REMSA Health cares for the community.

In mid-May, Governor Joe Lombardo and First Lady Donna Lombardo visited the REMSA Health campus. In addition to issuing a proclamation proclaiming EMS Week in the state of Nevada as May 21 -27, 2023, the Governor and First Lady toured the Ground Operations division, the Care Flight division, and our Internationally Accredited dispatch center. He was very complimentary on how we manage EMS in the northern part of the state.

Also in May, Chief Operating Officer Heinz accepted, on behalf of REMSA Health, the Spirit of Unity award from the School of Public Health at the University of Nevada, Reno. The award recognizes collaborative and innovative public health leaders that bring together all disciplines to address public health challenges. Our organization appreciates this honor. In addition, REMSA Health was recognized at the NCET / EDawn Tech Awards and Showcase as the NCET medical health services company of the year.

REMSA Health was thrilled to celebrate Accounting Manager, Adora Purkerson and Education Manager Jenny Walters at the Nevada Women's Fund - Women of Achievement event in late May.

INDUSTRY NEWS

In April, four REMSA Health employees were invited to present eight sessions at the International Academy of Emergency Dispatch conference (NAVIGATOR), on topics including key performance indicators, implementing an emergency nurse communication system, quality assurance, and planning meaningful employee recognition events.

In late June, leaders from the organization traveled to the American Ambulance Association's annual conference in Las Vegas. The leaders presented across three different sessions and represented the organization within the national AAA board meeting and state association

conversations. Most importantly, Jenny Walters, Manager of the Center for Integrated Health and Community Education Manager was celebrated by the AAA as an EMS Next honoree - a distinction that recognizes future leaders and thinkers of the EMS profession.

EMPLOYEE ENGAGEMENT

In May, during EMS Week, we hosted a variety of celebrations and events to recognize the outstanding and meaningful work our paramedics, EMTs, nurses, dispatchers and staff do every day in the communities we serve. Local businesses and partners generously supported REMSA Health with more than \$10,000 in cash donations and more than \$12,000 in in-kind donations such as gift cards and prizes. Events included an awards luncheon, chair massages, EMS Skills Olympics, and the Grill & Chill barbecue where we hosted our fire and law enforcement partners throughout the county.

EMS REGIONAL PERFORMANCE ANALYSIS

The EMS Oversight Program monitors the response and performance of each agency providing Emergency Medical Services in Washoe County. One of the duties of the EMS Oversight Program is to measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services to Reno, Sparks, and Washoe County by Fire and REMSA Health as outlined in the [ILA](#).

The EMS regional performance analyses in this section utilize the EMS incident calls reported in Sparks Fire Department, Reno Fire Department, and Truckee Meadows Fire and Rescue jurisdictions from Fiscal Year 2023 (July 1, 2022, through June 30, 2023). The evaluation of the regional EMS performance system spans from the initial 9-1-1 PSAP calls received to EMS agencies arriving on the scene. Fire and EMS system outcomes presented in each analysis are dependent upon accuracy, and validity of time variables submitted by Fire and EMS agencies to Northern Nevada Public Health. Analyses performed by the EMS Oversight Program allow EMS partners to assess opportunities for system and quality improvement(s).

Table 1 outlines priority levels for EMS related incidents assigned by REMSA Health International Academy of Emergency Dispatch (IAED) certified Emergency Medical Dispatch system and corresponding descriptions for each level.

Table 1. REMSA Health Priority Level(s)	
Priority	Priority Description(s)
0	Unknown priority occurs when the Emergency Medical Dispatching (EMD) questioning process has begun. However, either A) REMSA Health was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA Health arrived on scene prior to the EMD process being completed.
1	High acuity calls, deemed life-threatening.
2	Medium acuity calls, no imminent danger.
3	Low acuity calls, no clear threat to life.
9	Also referred to as Omega calls, are the lowest acuity call.

Table 2 summarizes the distribution of matched calls between REMSA Health and Fire by REMSA Health Priority levels. Calls are matched based on dispatched geo-location data, 911 PSAP date and time, response date and time and 911 medical call address. Approximately 74% of EMS incident calls between REMSA Health and Fire were in Priority 1 and Priority 2 level response categories for Fiscal Year 2023.

Table 2: Number and Percent of Reported EMS Incident Calls by Match Status, REMSA Health Priority Level and Fire Agency, FY23								
REMSA Priority	RFD		SFD		TMFR		Total	
	Number	%	Number	%	Number	%	Number	%
0	291	0.7%	90	0.7%	37	0.4%	418	0.6%
1	19,561	45.8%	5,596	40.9%	3,635	39.2%	28,792	43.8%
2	13,016	30.5%	3,961	28.9%	2,713	29.2%	19,690	30.0%
3	6,543	15.3%	2,340	17.1%	1,961	21.1%	10,844	16.5%
9	1,037	2.4%	696	5.1%	382	4.1%	2,115	3.2%
No Match	2,277	5.3%	1,001	7.3%	550	5.9%	3,828	5.9%
Total	42,725	100.0%	13,684	100.0%	9,278	100.0%	65,687	100.0%

Table 3 and Table 4 summarize REMSA Health and Fire response travel time for Priority 1 and Priority 2 EMS incidents, independent of first arriving agency to the scene. The number of calls available for analysis for Priority 1 and 2 calls combined decreased by 1% in Fiscal Year 2023 compared to Fiscal Year 2022.

Table 3: EMS Response Travel Time for Priority 1 and Priority 2 Calls Matched to REMSA Health, <u>Fire Enroute</u> to Arrival Times, FY20 to FY23				
Fiscal Year	Median	Mean	90th Percentile	Number of Calls Analyzed
2020	04:51	05:31	08:48	37,067
2021	05:08	05:49	09:09	36,330
2022	05:20	06:07	09:32	46,482
2023	05:15	06:08	09:24	45,014

Table 4: EMS Response Travel Time for Priority 1 and Priority 2 Calls Matched to Fire, <u>REMSA Health Enroute</u> to Arrival Times, FY20 to FY23				
Fiscal Year	Median	Mean	90th Percentile	Number of Calls Analyzed
2020	05:48	06:42	10:48	40,316
2021	05:56	07:01	11:43	39,474
2022	05:59	07:09	12:05	48,668
2023	05:24	06:23	10:28	48,349

Table 5 provides an overview of median time from the time a 911 call is received at PSAP to first agency (fire or REMSA Health) arriving at the scene of the call. During Fiscal Year 2023, the median time of patient perspective for all call types is seven minutes and ten seconds. For Priority 1 calls, the patient perspective median time decreased by 24 seconds in FY23 compared to FY21.

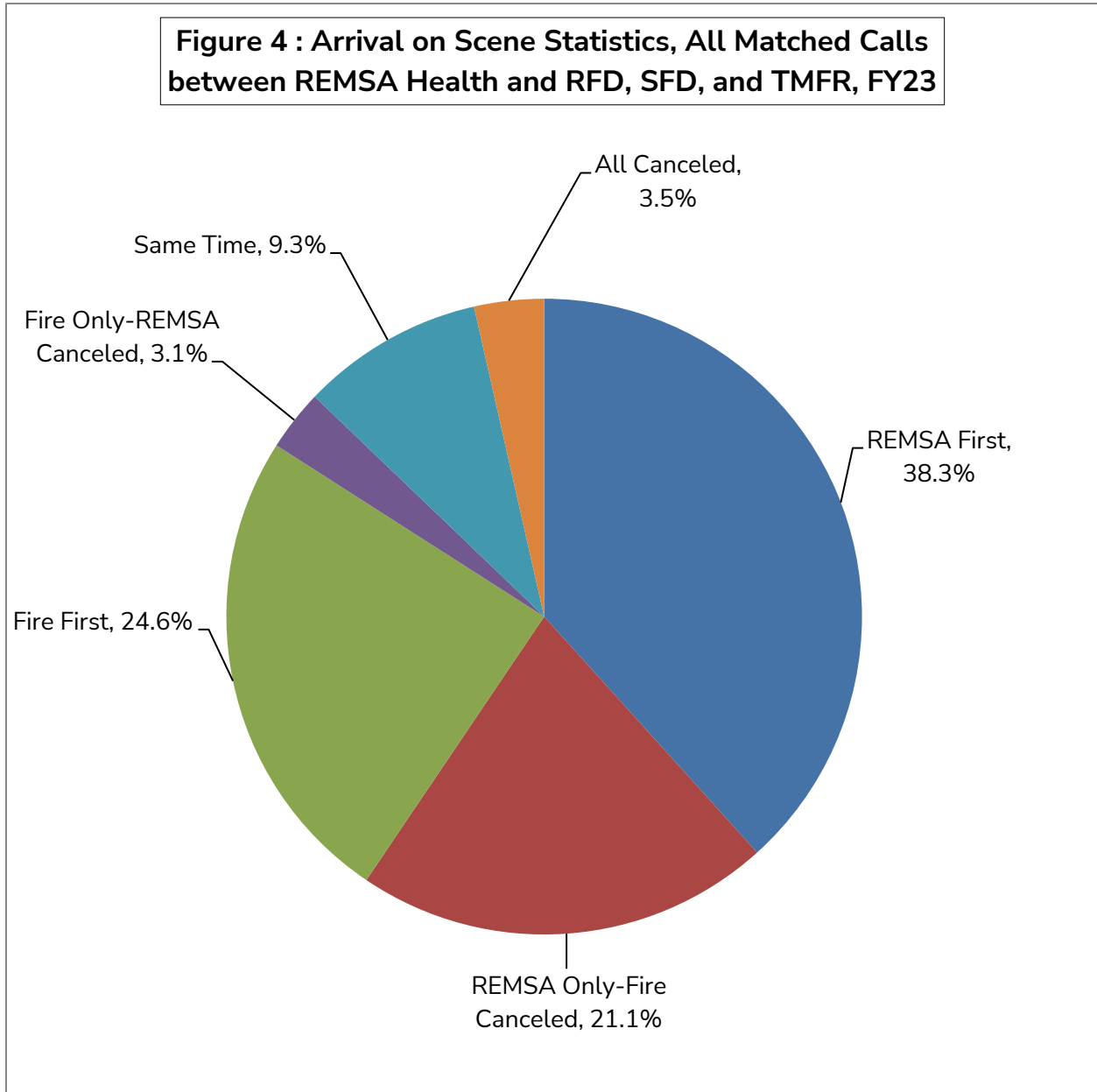
Table 5: Patient Perspective from Time Call Answered to First Arriving Agency FY21 to FY23				
REMSA Health Priority	Patient Perspective Median Time (minutes seconds)			
	FY 2021	FY 2022	FY 2023	Delta Time FY23 – FY21
0	08:43	07:21	07:40	01:03
1	07:06	07:07	06:42	00:24
2	07:39	07:34	07:14	00:22
3	08:43	08:56	08:37	00:06
9	09:16	09:56	09:56	00:40
All	07:29	07:32	07:10	00:19
Number of Calls Analyzed	48,671	58,960	59,982	-

Table 6 shows asymmetrical distribution of first arriving agency on the scene between REMSA Health and Fire during Fiscal Year 2023. Analysis of 61,859 calls show REMSA Health arrives at the scene first and only agency to respond for 61.7% of all Priority 1 calls. Approximately 13.2% of Priority 1 calls were responded to by REMSA Health only with Fire cancellation. Calls without arrival or completed time variables from REMSA Health or Fire were excluded from the analysis.

Table 6: Arrival on Scene, All Matched Calls between REMSA Health and Reno Fire Department, Sparks Fire Department, and Truckee Meadows Fire and Rescue, FY23

Arrival On Scene	REMSA Health Priority											
	0		1		2		3		9		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
REMSA First	21	5.0%	13,960	48.5%	8,050	40.9%	1,476	13.6%	192	9.1%	23,699	38.3%
REMSA Only	16	3.8%	3,788	13.2%	3,125	15.9%	5,036	46.4%	1,111	52.5%	13,076	21.1%
Fire First	18	4.3%	7,690	26.7%	5,403	27.4%	1,823	16.8%	286	13.5%	15,220	24.6%
Fire Only	103	24.6%	444	1.5%	678	3.4%	610	5.6%	86	4.1%	1,921	3.1%
Same Time	4	1.0%	2,549	8.9%	1,723	8.8%	1,220	11.3%	252	11.9%	5,748	9.3%
All Canceled	256	61.2%	361	1.3%	711	3.6%	679	6.3%	188	8.9%	2,195	3.5%
Total	418	100.0%	28,792	100.0%	19,690	100.0%	10,844	100.0%	2,115	100.0%	61,859	100.0%

Figure 4 is a visual summary of the total distribution of arrival on scene statistics presented in Table 6. For all priority levels, REMSA Health arrives first on the scene for 38.3% of calls in the analyses 21.1% REMSA Health Only-Fire Canceled, followed by FIRE first on the scene for 24.6% of calls. Approximately 24.2% of calls in Fiscal Year 2023 were responded to without a cooperative response (REMSA Health Only or Fire Only).



JURISDICTIONAL PERFORMANCE

As outlined within the [ILA](#), the EMS Oversight Program shall provide oversight of EMS provided by City of Reno Fire Department, City of Sparks Fire Department, Truckee Meadows Fire & Rescue, and REMSA Health by monitoring the response and performance of each agency providing EMS in the region for maintenance, improvement, and long-range success of the EMS. Each fire jurisdiction listed above has its own defined standards to measure performance and are not consistent among the jurisdictions. Those performance metrics are presented within this section.

Reno Fire Department

The City of Reno’s Master Plan, approved December 13, 2017, includes metrics to assess performance for fire departments, although the Master Plan states these are not performance standards. The Master Plan is intended to guide how the City of Reno will grow and develop over the next 20 years. The following statement is used to gauge and measure progress toward the guiding principles and goals of the City of Reno Master plan²:

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

Additional sets of response time performance measures are outlined in the City of Reno Master Plan³:

- 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.

Overall response time is measured from enroute time to arrival time. The mean, median for overall, day vs. night response median time for City of Reno is summarized below. Urban/Suburban designation is not provided in the data submission by City of Reno.

Fiscal Year	Median	Mean	P90	Day 06:00-18:00 MEDIAN	Night 18:01-05:59 MEDIAN	Total
2020	04:51	05:29	08:45	04:59	04:45	27,804
2021	05:14	05:48	09:05	05:06	05:18	27,719
2022	05:29	06:06	09:35	05:38	05:18	34,807
2023	05:56	05:22	09:26	05:30	05:11	30,843

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

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

P90: 90% of response time is below the estimated value and the rest (the other 10%), are above it.

Median: A statistical measure that determines the middle value of a dataset, it is the value that separates the higher half from the lower half of a data sample. The median tends to be more useful to calculate than the mean when a distribution (response time, activation time, etc.) has outliers.

City of Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The number and percentage of calls classified within each of the City of Sparks Fire Department (SFD) priorities are provided in Table 8. Priority 1 (life threatening emergencies) call volume in City of Sparks increased by 7.6% (or 494 calls) in Fiscal Year 2023 compared to Fiscal Year 2021 (Table 8). Priority 3 calls in City of Sparks increased by almost 32% in Fiscal Year 2023 compared to Fiscal Year 2021. Table 9 summarizes SFD travel time which is the time the responding unit leaves the station, or is enroute to the incident, to the time of arrival on scene. All calls with complete time stamps provided to the EMS program were included in the analyses.

SFD Priority	Fiscal 2021		Fiscal 2022		Fiscal 2023		Delta Call Volume (FY21 to FY23)
	Number	Percent	Number	Percent	Number	Percent	Percent
1	6,254	53%	6,254	52%	6,748	49%	7.6%
3	5,121	47%	5,743	48%	7,040	51%	31.6%
Total	11,068	100%	11,997	100%	13,788	100%	21.8%

SFD Call Priority	Station 1	Station 2	Station 3	Station 4	Station 5	Total
All Priorities	04:17	04:36	05:15	05:32	05:07	04:41
SFD Priority 1 Calls	03:47	04:11	04:43	05:10	04:35	04:16

Truckee Meadows Fire and Rescue

Truckee Meadows Fire and Rescue (TMFR) serves citizens in all unincorporated areas of Washoe County, not including Incline Village. TMFR 10 career stations are staffed by Advanced Life Support paramedics. Response times outcomes for TMFR are reported based on the Regional Standards of Cover Response Time Recommendations as outlined below:

Regional Standards of Cover Response Time Recommendations⁴

Call Processing Time: PSAP → Fire Dispatch

Improve call processing times at the dispatch center so that response units are notified of the emergency within 60 seconds of the receipt of the call.

Turnout Time: Fire Dispatch → Fire Enroute

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

First-Due Service Tier One: PSAP → Fire Arrival on Scene

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

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

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

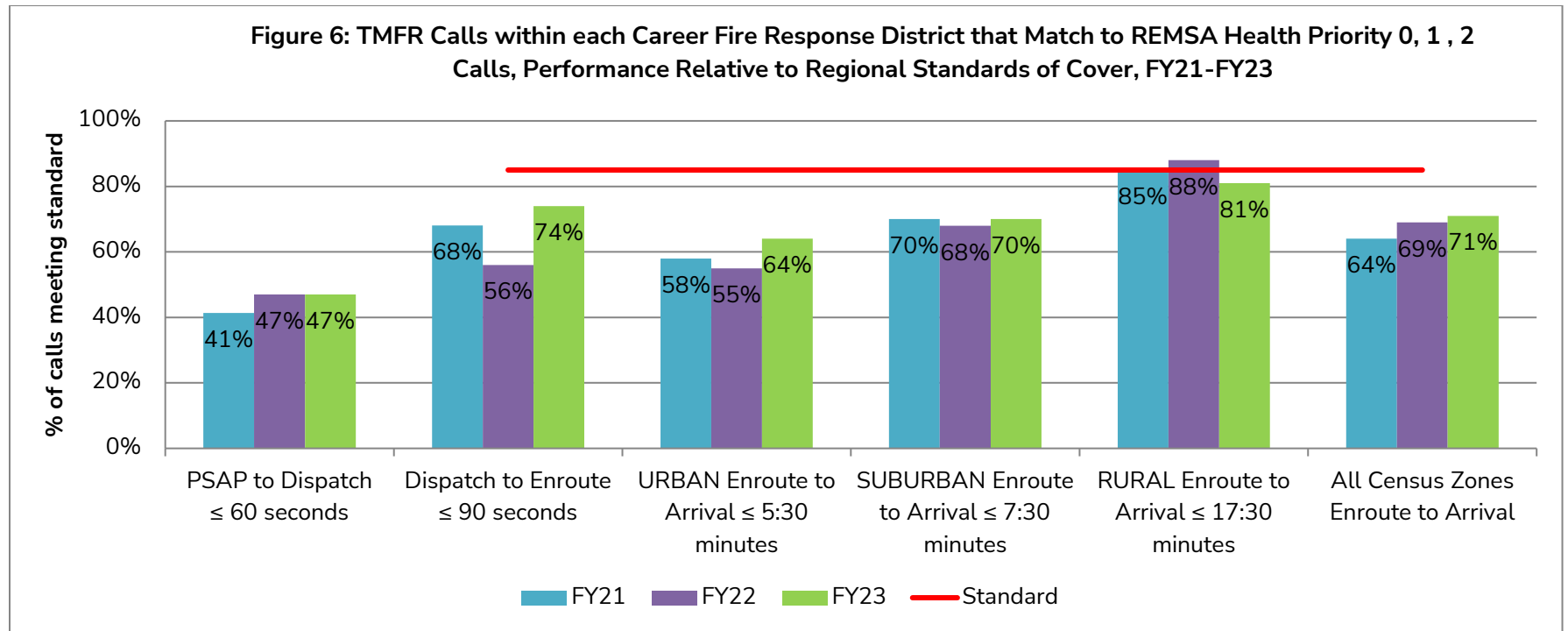
Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical, based on the best effort of response forces.

Although the Regional Standards of Cover measures the first-due service for tier one from receipt of call to the arrival on scene, this does not allow for an independent measure of true travel time, which is the time from enroute to arrival. Therefore, this report breaks each of the call segments out into 1) Call Processing Time; 2) Turnout Time; and 3) Travel Time.

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

Figure 6: Illustrates the percentage of TMFR EMS calls for service during FY23 that were measured and meet performance standards based on the Regional Standards of Cover. Inclusion criteria for calls considered for measurement are as follows:

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



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

Table 10 summarizes TMFR Priority 0, 1, or 2 response performance for Fiscal Year 2023. Selected performance measures were adopted from the 2011 Washoe County Regional Standards of Cover study. The numbers and percentage of TMFR calls that met the recommendations are outlined in the tables. TMFR medical units and apparatus design to transport patients to hospitals were excluded due to distinct compliance standards for patient transport time in Washoe County.

Table 10: TMFR Calls within each Career Fire Response District that Matched to REMSA Health Priority 0, 1, or 2 Calls, FY23							
Time Measurement	Standard	Expected Standard	Calls Used	Met Standard		Median Time	Average Time
			Number	Number	Percentage		
PSAP to Fire Dispatch	60 seconds or less	-	5,307	2,483	47%	01:03	01:26
Fire Dispatch to Enroute	90 seconds or less	85%	5,284	3,924	74%	00:59	01:13
Fire Enroute to Arrival							
Urban	5:30 minutes or less	85%	545	347	64%	04:36	05:16
Suburban	7:30 minutes or less	85%	3,545	2,486	70%	05:50	08:06
Rural	17:30 minutes or less	85%	587	477	81%	10:11	11:56
ALL: Fire Enroute to Arrival	depends on density	85%	4,677	3,310	71%	05:59	08:15

Death Certificate (CDC Wonder Data)

Washoe County drug overdose death rates presented in this report are compiled from individual death certificates containing information on primary and contributing causes of death (Figure 7 – Figure 10). Drug overdose data in report was obtained from CDC’s Wide-ranging Online Data for Epidemiologic Research (WONDER) database for 2019-2021 and 2022 provisional data. The classification for disease and/or health conditions that characterize the cause of death are recorded using International Classification of Disease (ICD) codes.

Figure 7: Unintentional drug overdose deaths rate due to unspecified drugs, medications, and biological substances is higher than drug overdose deaths due to suicide rate (intentional) in Washoe County. Since 2019, there has been an 34.6% increase in drug overdose death rates compared to drug overdose death rates in 2022 in Washoe County.

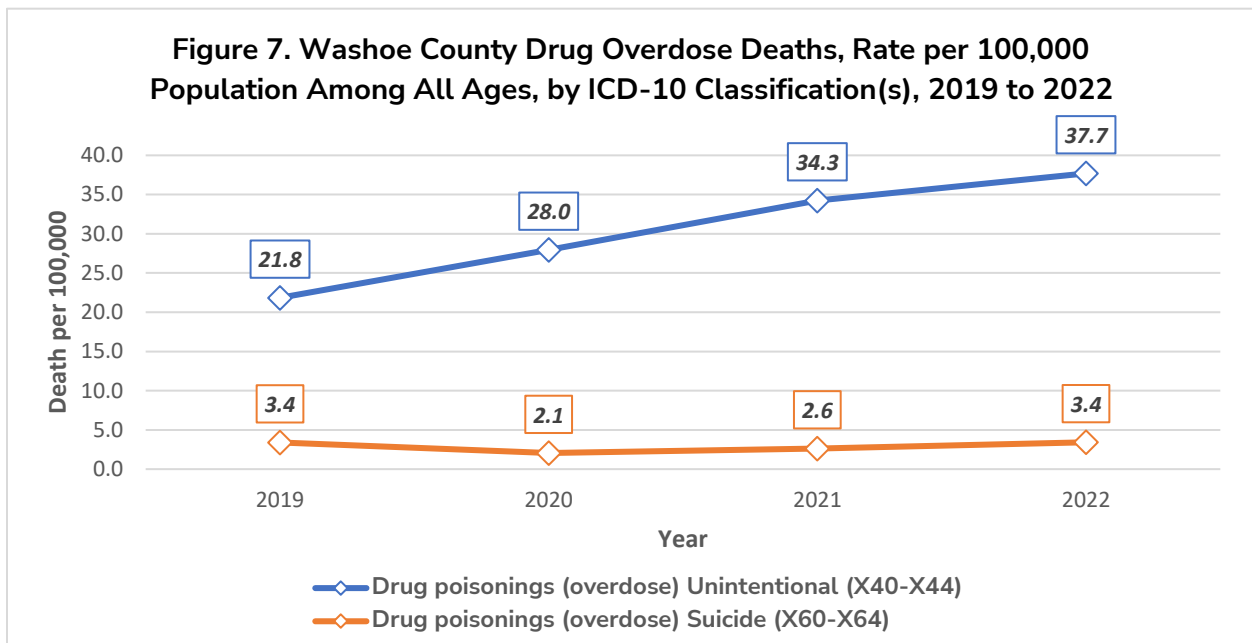


Figure 8: More people between the age of 24-25 years old died of drug overdose in Washoe County than any other age group in 2022. The rates shown are age-adjusted rates based on each population group in Washoe County. Missing data for 55-64 years, and 65-74 years old are due to death counts fewer than 10.

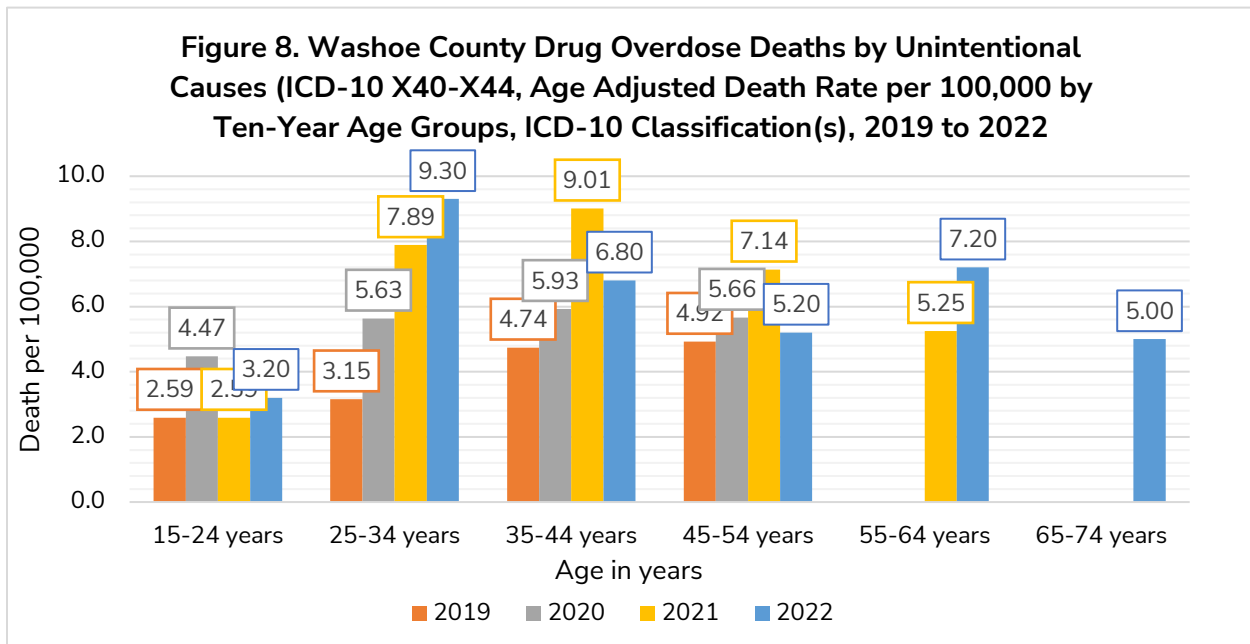
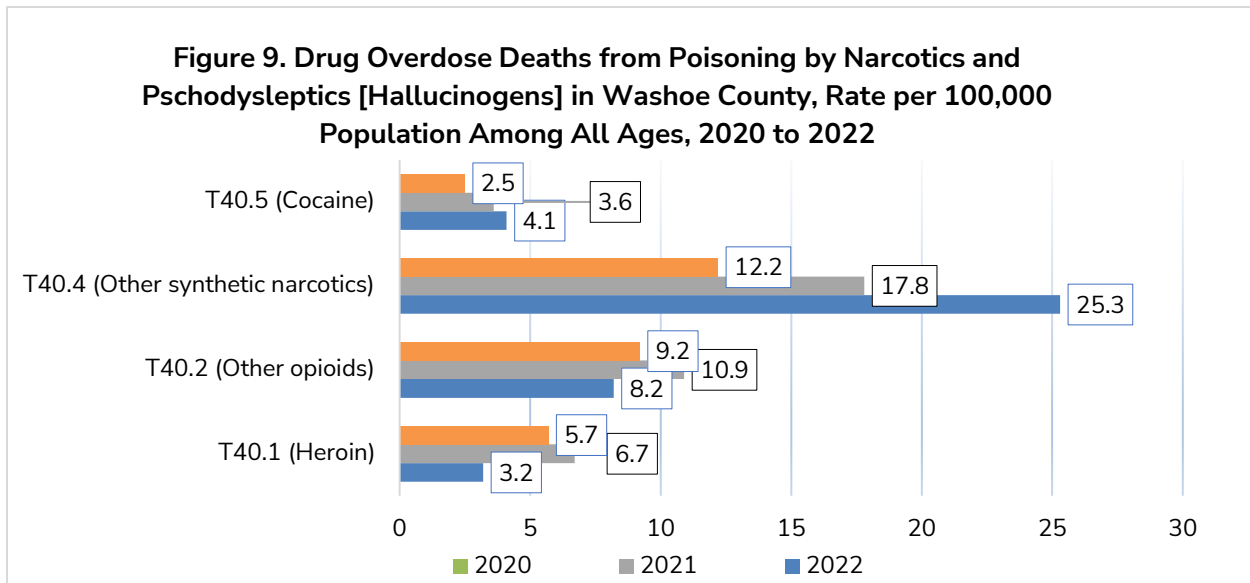


Figure 9: For drug overdose deaths involving narcotics and hallucinogens, 125 deaths were attributed to drug overdose from synthetic narcotics in 2022 (25.3 per 100,000 population, A 107.4 % increase compared to deaths attributed to drug overdose from synthetic narcotics in 2020. Deaths due to synthetic narcotics are more prevalent than deaths due to other opioid (8.2 per 100,000 population) and heroine (3.2 per 100,000 population) related deaths.



The State of Nevada Prescription Drug Monitoring Program (NVPDMP)

NVPDMP provides county-level statistics on opioid prescription volume, opioid prescriptions per capita, initial opioid prescriptions, and high dosage opioid prescribing rate. Prescription trends shown here in **Figure 10** refer to any opioid analgesic-controlled substance prescriptions dispensed including schedule II, III, IV prescription opioids dispensed to patients in Washoe County from 2019 to 2022. The figure provides opioid prescription rates in Washoe County for three categories of opioid dosages relative to morphine, Morphine Milligram Equivalent (MME). Overall, opioid prescription rates per 1000 Washoe residents have declined on an annual basis from 2019 to 2022. Opioid dosages of less than 50 MME are one of the most common dosages prescribed to Washoe residents compared to prescription dosages higher than 50 MME.

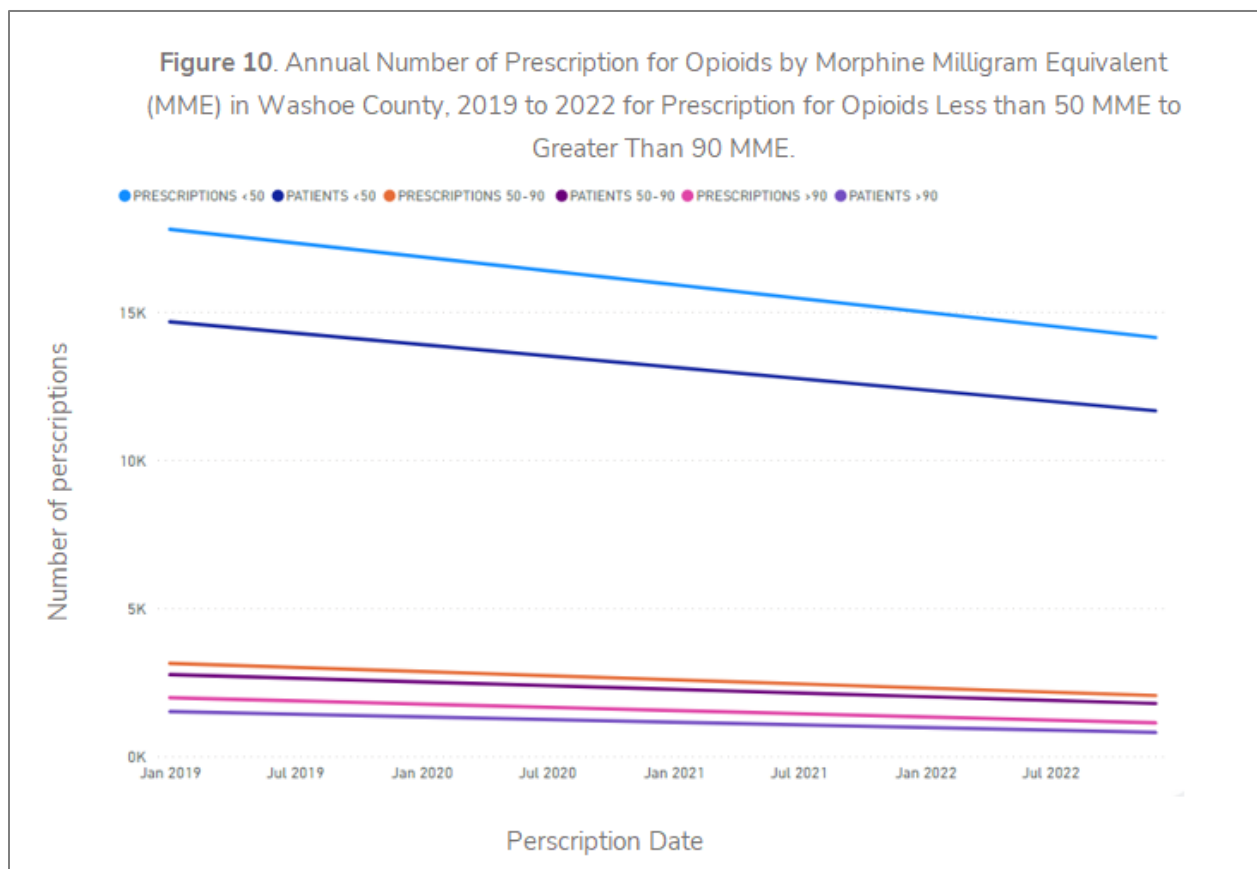
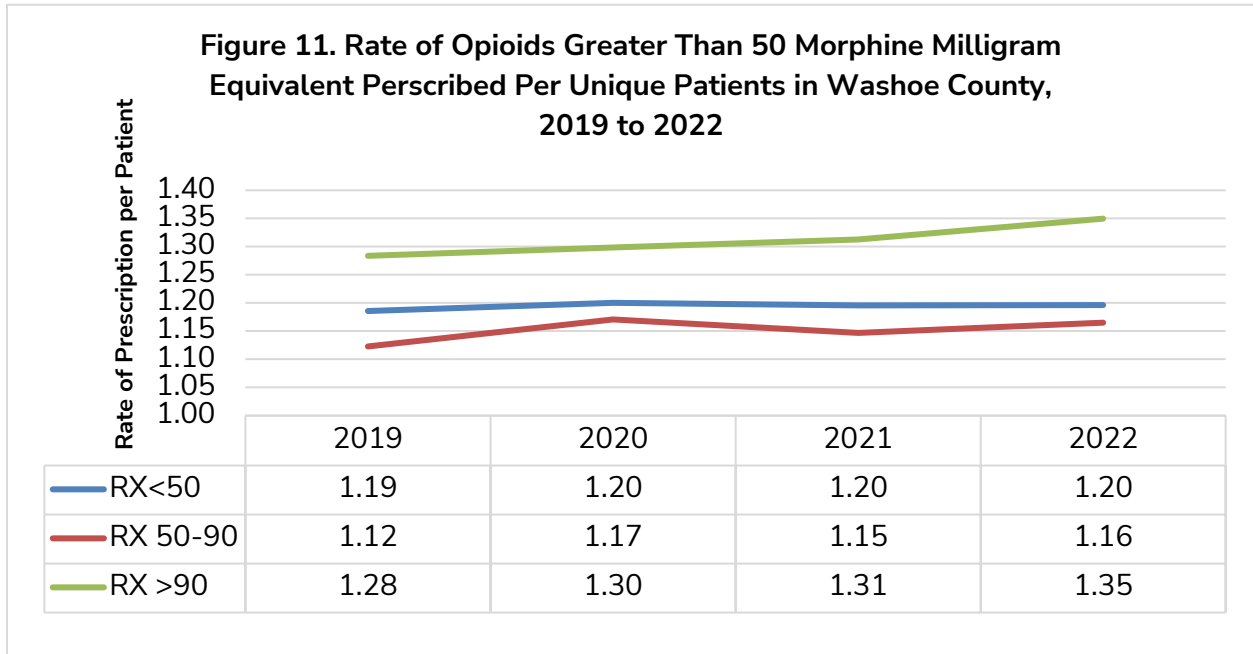


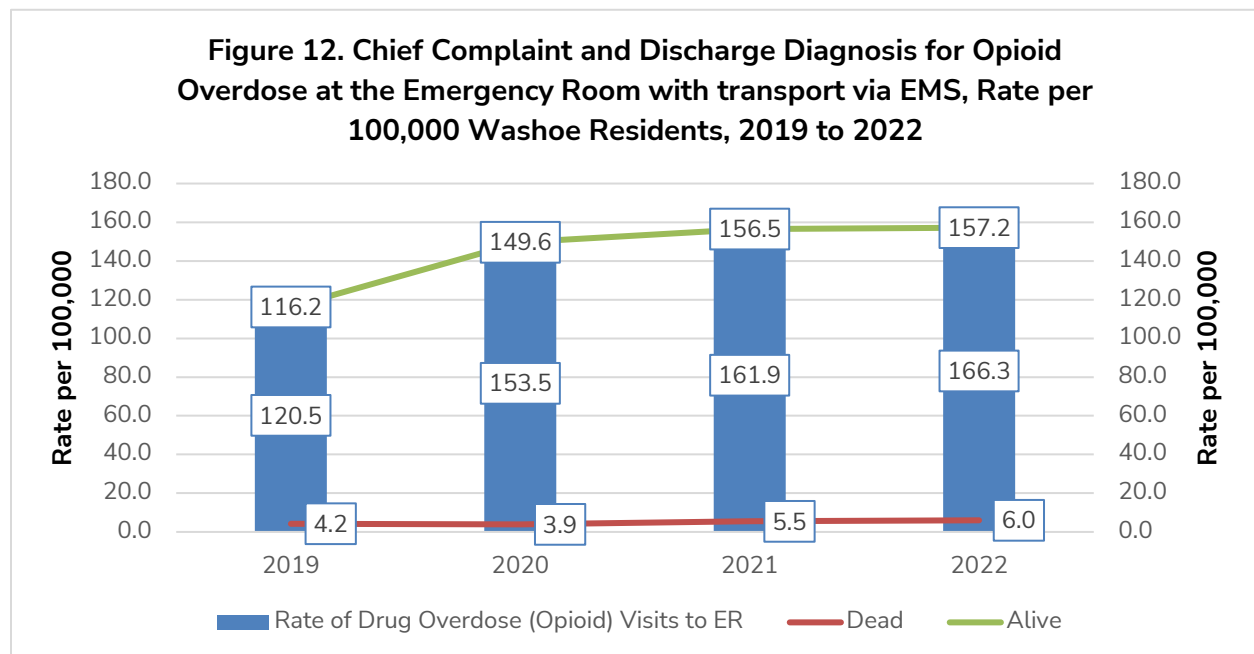
Figure 11 Opioid dosage greater than 90 MME are being prescribed at higher ratios than less than 90 MME per unique patient in Washoe County. A person can have more than one prescription. Data are not mutually exclusive and disclosed for the purpose of opioid surveillance to track prescriptions filled to Washoe County residents. Information whether the prescription was taken as prescribed or taken by the prescribed patient is unknown.



Poisoning/Overdose Emergency Medical Service Transports to Emergency Room in Washoe County

There were approximately 1,896 emergency medical calls for suspected overdoses/poisonings reported in Washoe County over the course of Fiscal Year 2023 (July 1, 2022 to June 30, 2023), a 24.3% increase from Fiscal Year 2022 (1,525 overdose/poisoning calls). Approximately 826 or 43.5% of suspected overdose/poisoning calls in Fiscal Year 2023 resulted in patient transport to the emergency room (ER). Suspected overdose calls in the community can also lead to 911 calls for fainting/unconscious, unknown problem/man down. Opioid overdose medical diagnosis is given at the time of care by a physician.

Figure 12 Chief complaint and discharge diagnosis information for an opioid overdose related visit is obtained from CDC Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) database to report on survivorship outcomes for patients transported to the ER via EMS. The rate of opioid overdose visits to the ER via EMS in Washoe County increased by 38.0 % from 2019 (120.5 per 100,000 population) to 2022 (166.3 per 100,000 population). Discharged data (dead vs. alive) suggests that patients admitted to the emergency room have a high survivability outcome with EMS interventions.



ABOUT THE NORTHERN NEVADA PUBLIC HEALTH EMS OVERSIGHT PROGRAM

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

The Program is staffed with the equivalent of three and a half (3.5) full-time employees; one (1) part-time Program Manager, one (1) full-time Program Coordinator, one (1) full-time Program Statistician, one (1) part-time Office Specialist and one (1) part-time Sr. Office Specialist. The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

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

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

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

EMS Oversight Program Roles & Responsibilities

1. Monitor the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommend regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations

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

5. Collaborate with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identify sub-regions to be analyzed and evaluated for recommendations regarding EMS response
7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency.
8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

Signatory Partner Roles & Responsibilities

1. Provide information, records and data on EMS dispatch and response for review, study, and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation, and continued improvement of EMS
3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface⁶
4. Work cooperatively with the EMS Oversight Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems, and protocols evolve
5. Participate in the EMSAB
6. Strive to implement recommendations of the EMS Oversight Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submit recommendations regarding the EMS system to the EMS Oversight Program for implementation or for consideration and possible action by the District Board of Health

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

The EMS Oversight Program accomplishments are worked on in collaboration with regional partners.

Training/Exercises

The Program continued to offer Mass Casualty Incident Plan (MCIP) and Mutual Aid Evacuation Agreement (MAEA) trainings. Agencies were able to request training as needed, or as plans were revised.

EMS Strategic Plan

EMS Oversight Program staff and the EMS partners continued to meet and discuss Strategic Plan goals during the Joint Advisory Committee (JAC) monthly meetings. The EMS Strategic Plan for 2023-2028 was approved by the Emergency Medical Services Advisory Board (EMSAB) in May, 2023 and by the District Board of Health (DBOH) in June, 2023. It was implemented on July 1, 2023.

Trauma Report

The Washoe County 2022 Trauma Data Report was presented to and approved by EMSAB in May, 2023. Highlights from the report indicated that there was an increase in trauma injuries in Washoe County, with roughly 80% of intentional injuries in Washoe County. These were cases reported due to cuts, firearms, or assaults. Analysis also showed the case fatality rate was highest for patients aged 15-19 years old and 85 years and older. Overall, the trauma rate per population doubled from 2021-2022.

Multi-Casualty Incident Plan (MCIP) and Alpha Annex

The Multi-Casualty Incident Plan (MCIP) and Alpha Annex are plans for EMS agencies and healthcare facilities responding to an incident involving the transportation of more than 15 patients. The plans are updated every other year. The MCIP and Alpha Annex were updated out of cycle in FY23 due to a request made to insert language to allow for the Community Emergency Response Team (CERT) and the Medical Reserve Corps (MRC) to function in Multi Casualty Incidents (MCIs) both assisting in the triage process as well as potentially transporting individuals with the same NRS permissions that are granted to law enforcement in times of crisis in MCIs. Northern Nevada Sierra Medical Center was added to the plan and noted as having pediatric capabilities. Saint Mary's Regional Medical Center had the pediatric capabilities removed from their facility tagline. After final revision and review by regional partners, the MCIP and Alpha Annex were presented to the Inter-Hospital Coordinating Council in June, 2023. Both the MCIP and Alpha Annex were approved and signed by the Chair of the Inter-Hospital Coordinating Council (IHCC) and the District Health Officer in June of 2023.

Mutual Aid Evacuation Agreement (MAEA)

The Mutual Aid Evacuation Agreement (MAEA) is designed for healthcare facility evacuation of patients who have been evacuated from a healthcare facility with minimal disruption to the community's acute care system. It is intended for short-term transfer of patients, not long-term relocation. The Program updated evacuation numbers and capabilities based on feedback directly from regional partners. The plan was updated to reflect the insertion of the Northern Nevada Sierra Medical Center. Additional updates were made to the mileage chart for mileage tracking and transport and the map specific to long term care facilities to include changes to facility names in the area. After final revision and review by Program support staff, the MAEA was presented to the Inter-Hospital Coordinating Council in June, 2023. It was approved and signed by the Chair of the Inter-Hospital Coordinating Council and the District Health Office in June of 2023.

Community Services Development (CSD) Memo Review and Special Events

The Program continued to review memos for environmental impact related items as well as special event/mass gatherings. In FY23, the Program reviewed seventy (70) environmental based memo items and ten (10) special events-based memo items.

Regional Washoe County EMS Protocols Task Force

The Washoe County EMS Protocols is a regional patient care document for pre-hospital care EMS providers. This project began in 2017 and was objective 5.1 of the Washoe County Five-Year EMS Strategic Plan (2017-2021). The EMS Protocols Task Force is comprised of two representatives from each Fire and EMS agency and meets on a quarterly basis to develop, revise, or delete protocols. The Program is responsible for ensuring the approved revisions are updated for physical copies and for use via the phone application. The latest revision was completed and approved in June 2023 with a July 1, 2023 effective date.

Data Sharing Agreement

The Program worked with regional Fire and EMS agencies to form and implement a Data Sharing Agreement (DSA). This agreement allows agencies to request data from partners for specific purposes and additionally, to request permissions for publication of anything created with that data. The agreement is between Northern Nevada Public Health, The City of Reno, The City of

EMS OVERSIGHT PROGRAM GOALS FOR THE NEXT 5 YEARS

City of Reno, City of Sparks, REMSA Health, and Truckee Meadows Fire & Rescue approved the five year strategic plan with an April 30, 2023 effective date.

The current EMS Oversight Program projects for the next five years were created utilizing the Washoe County EMS Strategic Plan 2023-2028. The goals identified in the Five-Year Strategic Plan were created with EMS Advisory Board support and developed and/or reviewed by local stakeholder organizations and County departments.

Goal 1: Promote an EMS culture of safety which includes considerations for practitioners through promotion of reporting, measurement, prevention, and mitigation.

There are four objectives that will be achieved by no later than February 29, 2028 to reach this goal.

1. Reduce EMS practitioner exposures to infectious illness by enhancing agency practices and education for Infection Control and making documents available for Fire and EMS agencies to determine how, when, and if this applies to their agency by June 30, 2024. An initial metric for maximum number of exposures will be created by June 30, 2024. The initial metric for maximum number of exposures will be decreased on an annual basis.
2. Decrease EMS practitioner physical and psychological injuries due to active shooter and civil unrest by increasing training for active shooter with inter-agency cooperation and participation annually beginning in CY 2024. Annual trainings will also be conducted with local Law Enforcement, specifically Police and Sheriff, to better understand roles and responsibilities in an “all together response” beginning in CY 2024.
3. Increase EMS practitioner safety on scene beginning in CY 2023 by working with the local Reno based Traffic Incident Management (TIM) Coalition to improve safety for responder and motorists. A proclamation of “Crash Responder Safety Week” to EMSAB in November and the District Board of Health (DBOH) in October on an annual basis to increase citizen awareness. Trainings for EMS/Fire/Law Enforcements will be held specific to aeromedical services including safety, interaction, and landing zones for rotary wing or fixed-wing aircraft for injury and near-miss prevention beginning no later than December 31, 2025.
4. Increase EMS practitioner driver safety by February 29, 2028 by increasing the number of available trainings, online and behind the wheel for EMS practitioners, evaluating driver safety trainings and applications, measuring the success of efforts with decrease in accidents per response after a baseline has been established in CY 2024, and decreasing the use of lights and sirens responses to less than 30% and less than 5% for transport for 911 EMS calls.

Goal 2: Enhance pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 29, 2028.

Once regionalization discussions have concluded, the objectives and strategies needed to complete this goal will be updated to support the regionalization discussion outcomes. At this time, the primary objective to complete this goal is to implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch the closest available unit by February 29, 2028.

Goal 3: Explore opportunities for a Regional Community Paramedicine Program to unify the creation and implementation and create continuity amongst participating agencies by December 31, 2024.

The primary objective to achieve this goal is to explore details associated with the creation and maintenance, monitoring, and evaluation of the Regional Community Paramedicine Program by researching funding sources and applicable legislative codes as well as researching and creating hiring processes, policies and additional items needed for implementation, and establishing metrics to measure and monitor on a biennial basis the success and opportunities of the program and create revisions as needed. An evaluation of this process will be performed using a Plan-Do-Study-Act (PDSA), or similar tool by December 31, 2024.

Goal 4: Improve communications between EMS partners through advances in communication technologies by June 30, 2024.

Once regionalization discussions have concluded, the objectives and strategies needed to complete this goal will be updated to support the regionalization discussion outcomes specific to Computer Aided Dispatch (CAD). There are currently two primary objectives that will be used to complete this goal.

1. Continue interoperability of radio communication systems within Washoe County. REMSA Health will continue to maintain interoperability between UHF and 800MHz radios through a gateway connection between REMSA and Washoe county Regional Communication System (WRCS).
2. Establish a regional CAD based on regionalization decisions by February 29, 2028. Dispatch centers will work on policies, processes, procedures, and training CAD-to-CAD by December 31, 2024. All PSAPs will be on a regional CAD by December 31, 2024. The EMS Advisory Board will be provided with quarterly updates.

Goal 5: Design and enhanced EMS response system through improved continuity of care by December 31, 2024.

There are two objectives that will be achieved by December 31, 2024.

1. Create and maintain a regional process that continuously examines the performance of the EMS system by December 31, 2024. A regional team will be created and maintained in accordance with the Pre-Hospital Medical Advisory Committee (PMAC) approved continuous quality improvement (CQI) process. This team will work to improve the system through examination of the system performance by January 31, 2024. The regional team will determine goals and identify performance measures, utilizing individual agency metrics, to be used for the regional CQI program by March 31, 2024. Partnerships and data sharing agreements will be created as needed with hospital and/or EMS partners to obtain access to, or reports of, patient outcomes by July 31, 2024. Progress of this objective will be presented to PMAC beginning August 2024. Annual review and evaluation of performance measures and standards across all agencies that meet the needs of patient care will begin by December 31, 2024.
2. Produce annual reports on a fiscal year basis on EMS system performance that includes hospital outcome data beginning July 1, 2024. Collaboration with EMS partners on data available for submission to the EMS Oversight Program for cardiac, stroke, and STEMI patients will be completed by March 31, 2024. The annual report of the hospital outcome data will be piloted by June 30, 2024. Review of the annual report with Electronic Patient Care Reporting (ePCR) implementation and determination of data elements for hospital outcome data will be completed by September 14, 2024.

Goal 6: Continue collaborative models with regional EMS and Fire agencies, health organizations and public safety stakeholders.

There are four objectives that will be completed by February 28, 2029.

1. Coordinate and report on strategic planning objectives quarterly through June 2028. A dashboard and reports for the regional partners with the details of the goals will be created by July 1, 2024. Reports and meetings will be held of the current initiatives of the strategic plan goals. Progress reports will be provided to EMSAB on a quarterly basis.
2. Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiatives through June 2028. The current structure of reporting to the signatories of the Inter Local Agreement for updates on the status of the regional EMS system will continue on an annual basis.
3. Create a new EMS Strategic Plan for 2029-2034 by February 28, 2029. A committee will be created by March 31, 2028 to meet monthly to develop the strategic plan using current strengths, weaknesses, opportunities, and threats determined by regional partners through a SWOT, NOISE, or similar analysis. The 2029-2034 Strategic Plan will be presented to the EMS Advisory Board by February 28, 2029.
4. Revise the Mass Casualty Incident (MCI) Plan and Alpha Annex biennially beginning June 30, 2024. MCI plan updates will include a focus on Unified Command and organizational

structures and associated organizational charts that allow for easy integration of agencies and increased communication between Fire and EMS by June 30, 2024.

Goal 7: With legal protections in place for agencies participating in JAC, narrow the focus to the creation of the Continuous Quality Improvement (CQI) process.

A CQI process for HAC to review and discuss pre-hospital treatment and patient outcomes will be created and implemented by June 31, 2024.

In addition to the overarching Five Year Strategic Plan, the program will continue to foster relationships, facilitate trainings and exercises, and update emergency response plans as appropriate.

NORTHERN NEVADA
Public Health

Serving Reno, Sparks & Washoe County