

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

EMS Oversight Program FY20 and FY21 Annual Report

November 2021



Public Health
Prevent. Promote. Protect.

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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 FY20 and FY21.

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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, 2019, through June 30, 2021 (FY20 & 21). The report contains seven major 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 FY22.

In previous years, Washoe County EMS Oversight Program Annual report is available for the public, and stakeholders the end of each fiscal year. However, the publication of FY20 was delayed due to the county's ongoing COVID-19 mitigation efforts.



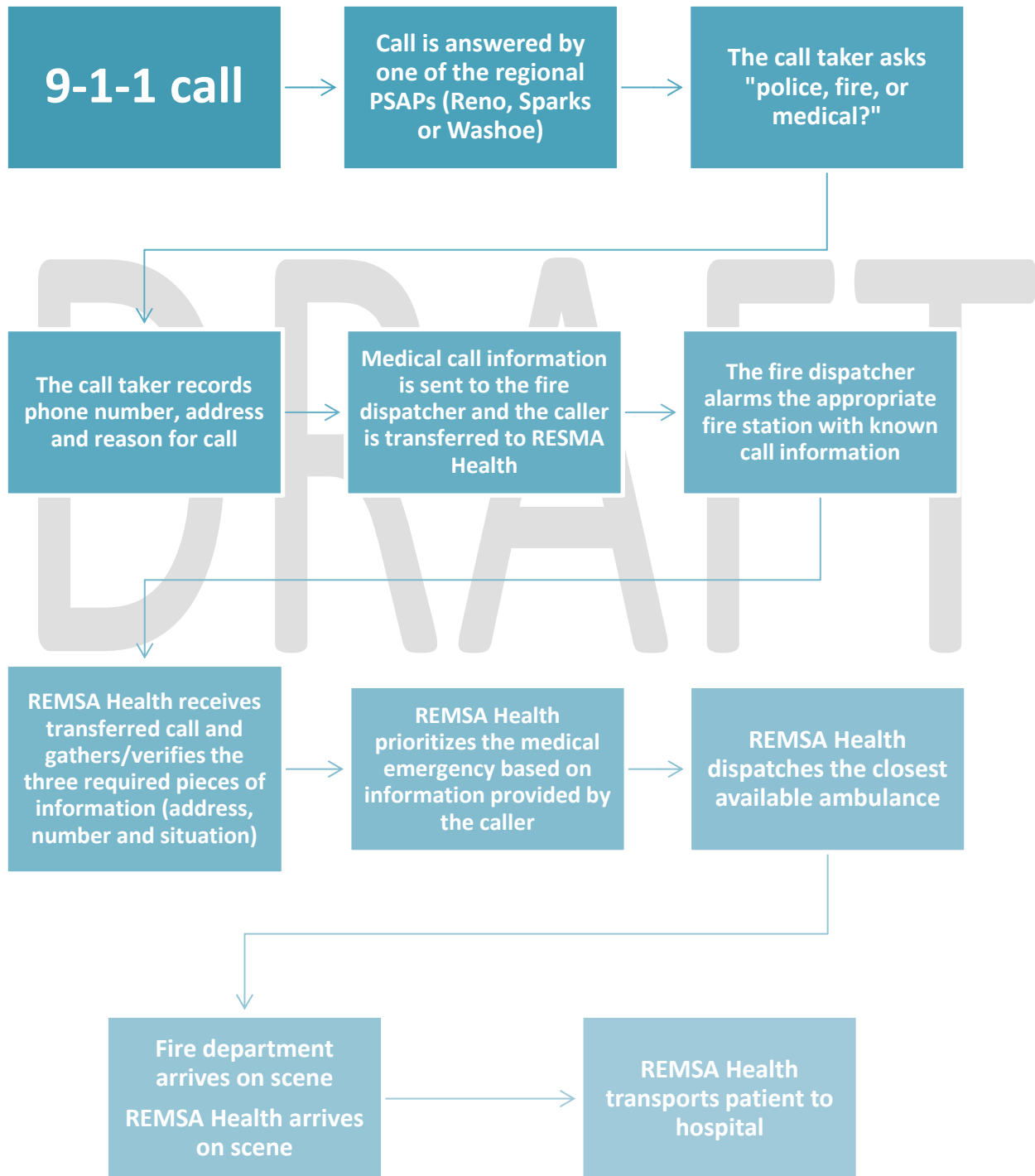
Washoe County's 9-1-1 and EMS System

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 medical is requested or needed, the caller is transferred to the REMSA Health dispatch center for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is 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 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, dispatch of fire, transferring the 9-1-1 call to REMSA Health, REMSA Health dispatching an ambulance, EMS (Fire and REMSA Health) responders arriving on scene, and, if warranted, REMSA Health 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 7

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
- 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 Rescue EMS
- Red Rock Volunteer Department
- Reno-Tahoe Airport Authority Fire Department
- REMSA Health
- Truckee Meadows Fire and Rescue¹
- Washoe County¹
- Washoe County Health District¹
- Washoe County Sheriff's Office

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire and 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 (Figure 2), while Truckee Meadows Fire and Rescue's jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 3). 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 (Mt. Rose) 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's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

Washoe County citizens north of the Rural Fire Boundary are served by Pyramid Lake Fire Rescue EMS. They respond to medical emergencies in the towns of Gerlach, Empire, or surrounding rural areas. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire and Rescue.

¹ Signatory of the Inter Local Agreement for EMS Oversight.

The private 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).

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Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire and Rescue

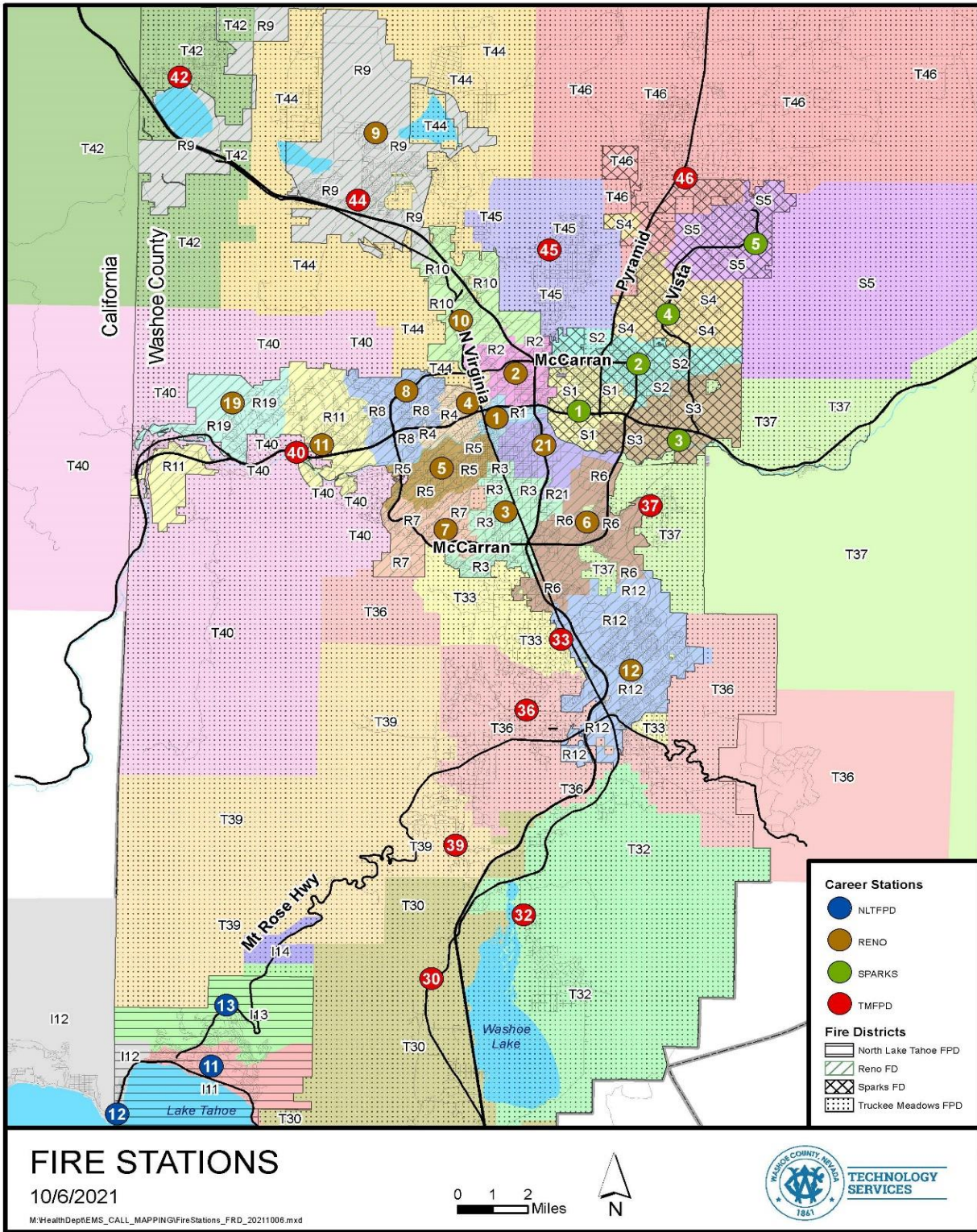
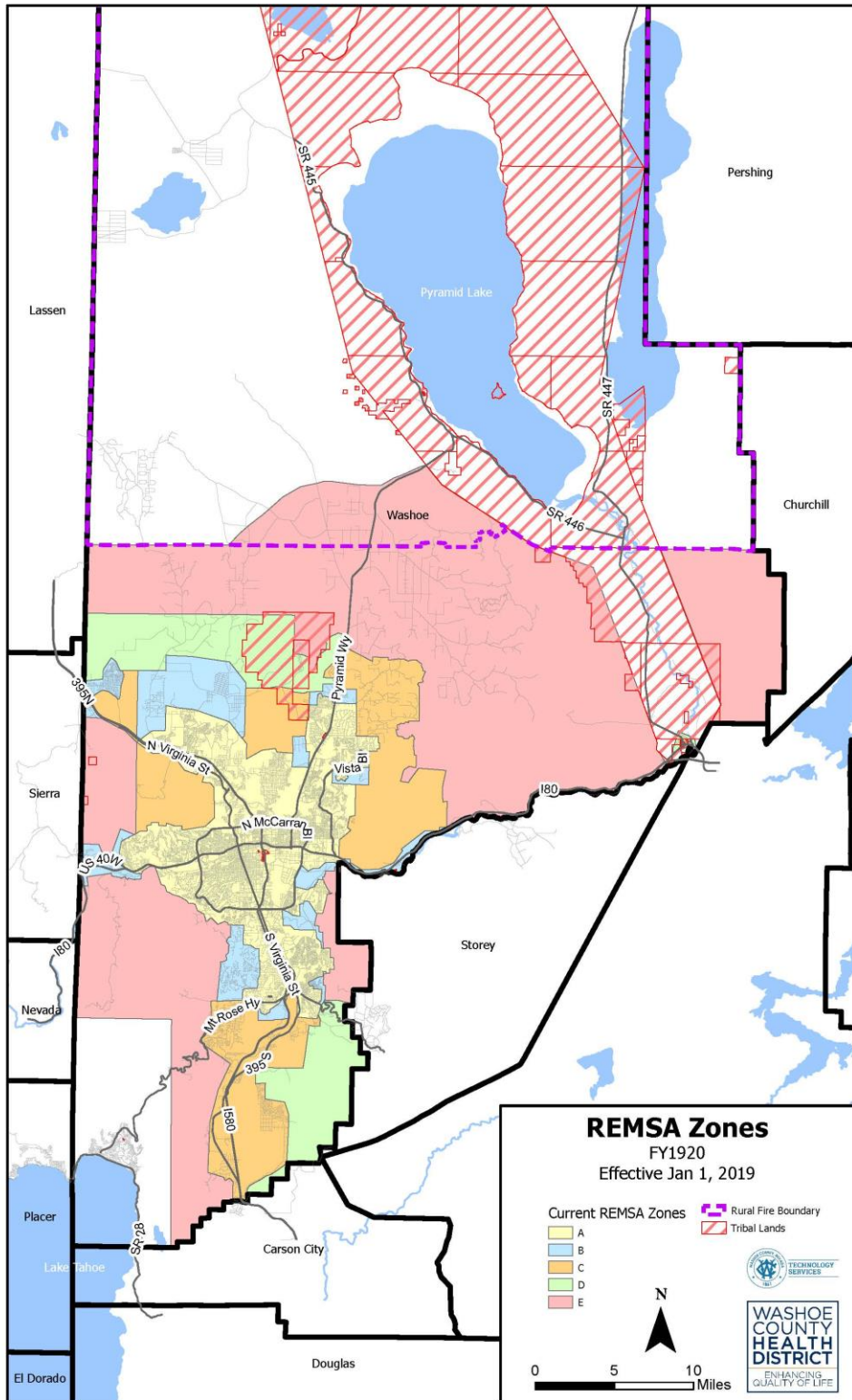


Figure 3: REMSA Health Franchise Response Map



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Partner Agency EMS Highlights & Accomplishments FY20-21

Partner agencies prepared and provided their EMS related highlights for FY20-21, which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented. Not all EMS partners provided updates.

2019-2021 Reno Fire Department's EMS Program



The fiscal years of 2019-2020 and 2020-2021, took on some very different dynamics for the Reno Fire Department (RFD). The emergency medical services aspect of our operations blends into every part of our operations and response. The end of 2019 resulted in 43,000+, calls RFD responded to, of which over 29,100 were EMS related calls.

For 2019, what began as an otherwise normal operational period experienced a potentially catastrophic event on June 29, 2019, with the gas explosion at Argenta Hall on the UNR campus. Through only a series of fortunate circumstances, this devastating explosion did not result in mass casualties. Not knowing the building was all but empty at the time; RFD put its mass casualty plan into action and responded to the event with overwhelming resources including its Heavy Rescue Team and nearly thirty apparatus in preparation of the worst.



The COVID-19 Response

2020 began to devolve early with the realization that the Covid virus had spread to the U.S. The March 1st news of the disease moving through a King County, Washington residential facility and ultimately infecting over 120 persons including several shifts of firefighters causing the close down of one of their fire stations, hit close to home. The Reno Fire Department began working closely with local and state health officials as well as other fire agencies, hospitals and REMSA on formulating a response to the encroaching disease. By March 17th the Governor had begun issuing several emergency declarations for mandatory, masks, event and business closures, and isolation orders.



Throughout the pandemic crisis effecting Washoe County, RFD adapted its policies and procedures to protects its own personnel and maintain continual response capabilities to the citizens and visitors of Reno. Reno Fire Department's EMS and Emergency Management Divisions stepped up to face the challenge. Initially participating with the Washoe County Health Department in establishing the first community wide Covid Testing site. RFD lent its EMS Chief and Coordinator to act as both the safety officers and onsite paramedics. To ensure RFD has continued ability to respond safely to the increasing number of medical emergencies during the pandemic, we had to guarantee the protection of our responders as well making sure we did not contribute to the spread of the disease. RFD established very strict Personnel Protection and Isolation Protocols and internal Covid testing procedures.

Through CAREs Act monies an EMS Specialist (Kim Eastman) was hired to further coordinate RFDs and indeed the City of Reno's internal testing and expand the department's ability to provide testing and vaccinations to the community as a whole. The same grant monies were used to purchase a specialized trailer, which was outfitted as a mobile POD (point of distribution), so RFD could set up a vaccination site when and wherever needed.

The following are highlights of some of RFD's EMS related advancements and program developments in the recent fiscal year.



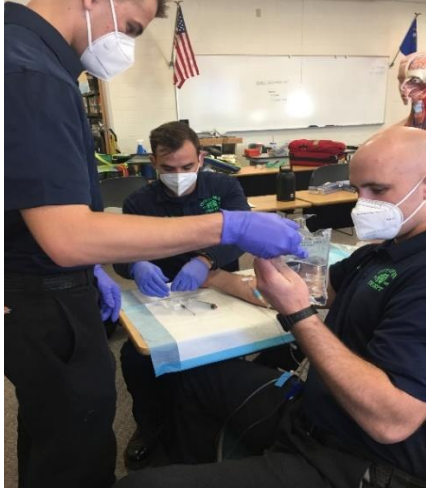
Throughout the 2020 Pandemic and into the 2021 Delta Variant surges, the RFD has been a steadfast community ally in the testing and administration of immunizations communitywide. RFD continues to coordinate vaccination PODs weekly throughout the City having delivered over 10,700 vaccines as of September 2021.

Stay Calm...And Carry On!

Even with the advent of the Covid Pandemic, the RFD has to continue day-to-day responses, operations and training. The following are those routine activities that the RFD EMS Division carries throughout each year.

Academies:

RFD graduated a four-month academy, in each of the 2019-2021 fiscal years, which provided a complement of 36 new firefighters to the department. Among them were eight new paramedics, 12 Advanced EMTs and 16 EMTs. Additionally, the EMS Division conducted Mass Casualty Incident and Active Assailant training along with the Reno Police Department for the new recruits in each of its academies. The last two weeks of each academy is intensive emergency medical training which includes: equipment and medication familiarization, IV and injection training, advanced airway management, adult and pediatric medical and trauma patient assessment and treatment. The recruits must successfully pass six written and four practical tests as part of this training. |



New Paramedic Companies:

The addition of newly hired paramedics along with RFD members who completed paramedic training from other programs, allowed for the opening of 1 new paramedic apparatus; Engine 8 (northwest) now staffed full time for paramedic response.

Wildland EMS:

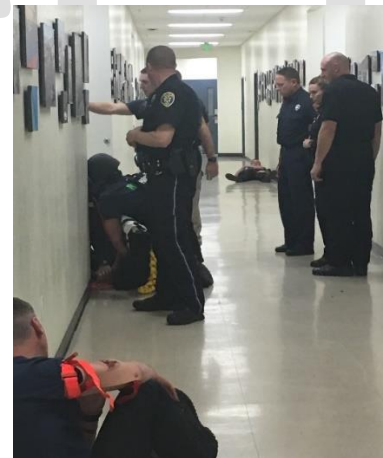
Over 30 RFD personnel have been qualified as wildland fire “Line-Medics”. This specialized training along with a full complement of ALS equipment and supplies allows these medics to work alongside firefighters in remote and austere conditions and provide high levels of medical care in the event of a serious injury or illness. Additionally, RFD will be implementing an additional REM (Rapid Extrication Module) Team with the compliment of an off-road UTV vehicle, which can provide care, rescue and transportation to injured firefighters and victims in remote locations. RFD deployed EMS resources on over 30 wildland assignments during the 2020 fire season.

One of the most serious Wildland-Urban, the Pinehaven fire burned into west Reno on November 27, 2020, being pushed by 30 and 40 mph winds. Nearly every RFD Company on duty that night was engaged in the firefight, which saw nine homes lost and dozens of others damaged. Neighboring communities poured in resources and manpower to back fill RFD fire stations and assist in the response.



EMS Training:

- Division level training was conducted for all 200+ line personnel, involving realistic scenarios of firefighters injured in remote locations.
- Unfortunately, Active Assailant/Rescue Task Force (RTF) training is essential in today's world. Training was conducted with the Reno Police Department (RPD) and REMSA for all line personnel, Investigators and Battalion Chiefs who have received NFPA 3000-Tactical Emergency Critical Care (TECC) training dealing with the response, treatment and extrication of victims of an active shooter event. RFD has provided each of its personnel with ballistic protective gear in order to operate effectively in these dangerous circumstances.



- All Recruit Paramedics and Advanced EMTs must complete an EMS preceptorship as part of the completion of their one-year probation. This includes the mentorship, evaluation by a senior EMS preceptor over ten-shift period. This training/evaluation period culminates in a written knowledge and protocol test and practical assessment test.

- RFD EMS Division conducted three internal Advanced Cardiac Life Support (ACLS) and Pediatric Life Support (PALS) refresher courses to maintain the nearly 70-paramedic certifications.



Additional Training:

- Mass Casualty Incidents/Disaster Response
- Swift water Rescue for RFDs “WET” Team,
- AMTRAK Train emergency response
- Building Collapse and Rescue, “Tech-Team”
- Hospital “Med-Sled” Evacuation Training.



Community Participation in EMS:

- The Reno Fire Department provides CPR and First Aid to various community organizations upon request. The Reno Fire Department is engaged with regions higher education institutions through its participation in the proctorship of over 150 EMT and AEMTs students annually from Truckee Meadows Community College (TMCC) as well as Western Nevada Community College (WNC) for their required clinical “ride-a longs”.
- RFD is an active participant in UNR’s College of Public Health’s internship program providing much needed internship opportunities for 2 bachelorette students each semester. These students’ area of focus is on community health and are assigned such projects as community cardiac arrest outcomes and homeless population health issues.
- RFD is actively involved in the regions EMS efforts through regular participation in the following organizations: The District Board of Health (DBOH), Physician Medical Advisory Committee (PMAC), Emergency Medical Advisory Board (EMSAB), Inter-Hospital Coordinating Council (IHCC), Emergency Department Consortium (EDC), Nevada EMS Advisory Board, WCHD EMS Regional Protocols, Special EMS Study Review Task Force and National Association EMT’s (NAEMT) State Advocacy, Northern Nevada Fire Chiefs EMS Committee, Mass Casualty Incident Plan (MCIP) Committee, and State Emergency Response Commission (SERC). Additionally, RFD EMS is represented on all three of the regions Paramedic Program Advisory Boards.



Reno Fire Department EMS Team: EMS Specialist/Covid Coordinator-Kim Eastman, EMS Chief-Dennis Nolan, EMS Coordinator Cindy Green

City of Sparks Fire Department Highlights for FY20-21

Pandemic Response

Half of FY19-20 and all FY20-21 fire department operations were impacted by the Coronavirus. Several meetings with neighboring fire agencies, REMSA HEALTH, Medical Director's, and county health officials were assembled to provide a unified approach to serving our communities and flattening the curve. The EMS response, and strain on the 9-1-1 and hospital systems were leading topics of discussion. Information from these meetings was returned to the Sparks Fire Department to implement best practices to protect our personnel so we would be available to respond and serve the EMS needs of the public.

Fire Stations

Daily health screenings and touchless thermometers were implemented to keep COVID-19 out of the fire stations. Non-safety personnel worked remotely, face coverings were required while in common areas or in the presence of another person, and social distancing was practiced. Personnel were instructed to decontaminate after each emergency response in apparatus bays before returning to living quarters.

COVID-19 Testing

During the beginning stages of COVID-19 testing, test kits (PCR) were provided by Washoe County Health Department. The Nevada State Public Health Laboratory worked with first responders to expedite test results. These services greatly assisted the Sparks Fire Department (SFD) and Sparks Police Department (SPD) staffing when exposures occurred, personnel were in precautionary quarantine, or members returned from wildland assignments. The SFD training captains were tasked with testing asymptomatic personnel and completed over 100 tests.

Later, COVID testing expanded to community testing with the assistance of the National Guard, Washoe County Health officials, and Washoe County POD trailers. This had a positive effect on reaching vulnerable members in our community who had lesser means of transportation or access to COVID testing sites. In addition to learning their COVID status, many residents were provided the necessary documentation required to return to work.



COVID-19 Vaccinations

In late December of 2020, the Moderna vaccine became available for first responders to begin vaccinations. Surveys were sent to personnel soliciting interest in receiving the vaccine to ensure doses weren't wasted when planning vaccination points of distribution (PODs). Fire personnel with Nevada State Immunization Endorsement, administered the vaccines to fire and police officers under the direction of the SFD Medical Director, CDC guidance/protocols, Washoe County Health Department guidance and other applicable information/ standards. The majority of fire and police personnel were fully vaccinated by the end of March 2020.

As the vaccination tier system expanded beyond public safety, a Sparks Fire Department Vaccination Coordinator was established. The vaccination coordinator with the assistance of several Sparks Fire personnel held city employee and Washoe County School District PODs that branched out to public PODs beginning with the elderly, immunocompromised recipients, and eventually leading to the general public. The SFD conducted 49 PODs and administered over 5,700 vaccinations.



Several systems and training were required to administering vaccines. Some of these systems included registering with the Nevada State Immunization Program, training, and certification through Nevada's immunization documentation program (WebIZ), purchasing and installing a pharmaceutical grade refrigerator, scheduling vaccinations.

EMS Supplies

EMS supplies, especially N95 masks, isolation gowns and gloves, were extremely limited and methods were established to preserve supplies on hand. Donning & doffing training was provided to protect personnel from cross contamination exposure and to safely store reusable EMS personal protective equipment (PPE). Long standing relationships with EMS vendors enabled small purchases of N95 masks as they become available, resulting in a continuous, uninterrupted supply. Several local and state resources were integral in supplementing PPE supplies when vendors were unavailable. These supplies were quickly provided by programs such as: Washoe County Emergency Management, Nevada Department of Public Safety Division of Emergency Management/Homeland Security, and the Inter-Hospital Coordinating Council (IHCC).

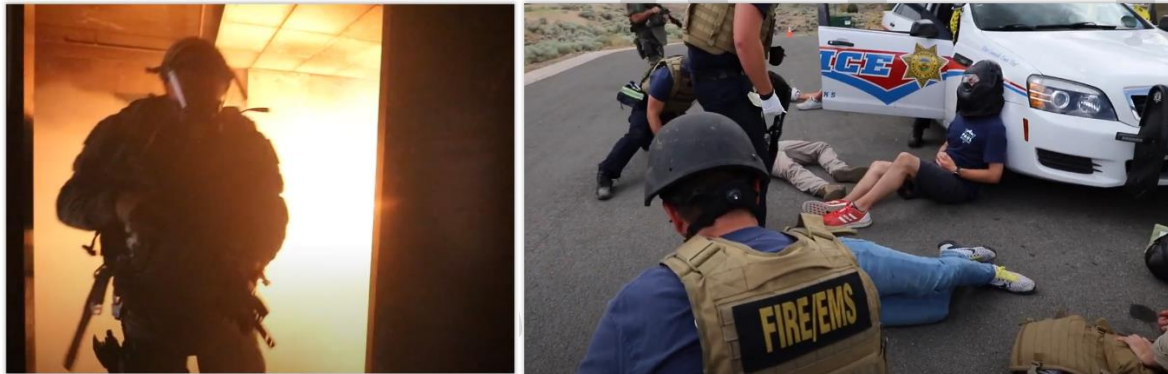
An online, PPE tracking system or “Burn Rate” spreadsheet was established for fire personnel to enter their daily PPE usage. This system provided real-time updates of department EMS PPE inventory as well as usage trends in relation to surges in COVID-19 cases.

Disinfectants and Hand Sanitizer

Early on, disinfectants and hand sanitizer could not be purchased. Fortunately, the City of Reno Public Works Department began producing hand sanitizer & bleach by the gallons for distribution to EMS responders. The on duty SFD battalion chief vehicle carried separate totes of these sanitizing/disinfecting chemicals to refill the fire stations until manufacturing and production returned. This operation supplied us with critical cleaning agents for 3-4 months when otherwise unavailable.

Training

During FY19-20 and FY20-21, there were several months where training was either limited to single companies or provided through distance learning. When COVID levels were low enough to expand training drills, SFD took advantage and conducted multi-company/joint trainings such as: joint rescue task force training consisting of SFD, SPD, and REMSA, suppression drills, EMS training, wildland training, water rescue training, technical rescue training, and hazmat triad training.



EMS training was a combination of distance learning, classroom sessions, and skills sessions. Traditionally, SFD augments paramedic level training through regional paramedic refreshers, but many conferences were cancelled due to COVID. During this time, SFD utilized other training opportunities to increase our EMS instructor pool to provide inhouse paramedic recertification classes.

SFD Agency Highlights FY19-20

- SFD hired 2 firefighter/paramedics
- SFD Fire Line Medics were certified and began responding to wildfires.
- E-11 began providing Advanced Life Support (ALS) services.
- Tank farm fire training
- New Ladder 51 put into service

SFD Agency Highlights FY20-21

- SFD hired 3 firefighter/paramedics
- Nine SFD personnel completed the TMFR EMS instructor course with certification.

- Three SFD paramedics completed Advanced Cardiac Life Support (ACLS) instructor certification.
- Four SFD paramedics completed Pediatric Advanced Life Support (PALS) instructor certification.
- E-12 began providing ALS services
- SFD REMS (Rapid Extrication Module Support) team with paramedics was established and began responding to wildfires.
- Sparks City Council approved an EMS Division Chief position.

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Truckee Meadows Fire and Rescue Highlights for FY20-21

DATA PERFORMANCE REPORTS

TMFR Incident Response Data:

	July 01,2020 – June 30, 2021
District Wide EMS Responses	7602
Mutual Aid Responses	1116
Mutual Aid Transports	957

COVID -19 Update

Truckee Meadows Fire and Rescue (TMFR) has assigned a full time COVID-19 Coordinator to work with the existing Department Infection Control Officer (DICO) Staff and the EMS Division to provide vaccinations, COVID-19 testing, contact tracing, and development of policies and best practices during the pandemic. The vaccination rate for TMFR personnel is over 86 percent, with over 4300 vaccinations completed on community members. TMFR also partnered with the Washoe County School District and Dr. Pasternak’s Silver Ridge Center to complete over 1000 vaccinations to essential workers and high-risk persons. Our DICO personnel were also instrumental in assisting the Washoe County Health District with providing testing and vaccinations to rural areas of Washoe County including the Gerlach area. TMFR retains the logistical ability to continue to provide more vaccinations to the community as the need arises.



Staffing Update

TMFR had 19 Firefighter Paramedics complete the Fire Academy and start their probationary period on the line during FY20-21. We currently have added another 19 Firefighters starting their onboarding training and will be available for station assignments by the end of 2021. This includes 4 Lateral Firefighter/Paramedics, and 15 entry level Firefighter/EMTs and Firefighter/Paramedics. This will increase our State Certified Paramedic count to 113.

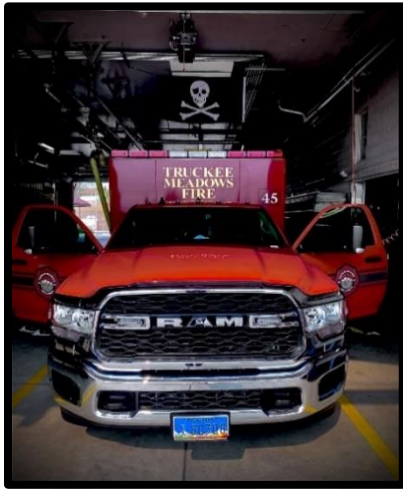


An additional EMS Coordinator position was filled to allow TMFR the ability to expand our Quality Assurance/ Quality Improvement Program, as well as develop a more comprehensive training program for our employees.

We are also maintaining a group of 25 Wildland Fireline Paramedics that can be deployed on wildland

fires throughout the United States as they are needed. These Paramedics serve as a supplement to the district's already established REMS (Rapid Extrication Module Support) Team.

Ambulance Program Update



During November 2021, TMFR began providing expanded Mutual Aid response to REMSA to assist with an increased call volume due to the COVID-19 pandemic. This partnership continued throughout the remainder of FY20/21. This expansion of TMFR's transport capability provided for a faster response time to TMFR citizens, created a larger depth of resources for fire incidents, and provided an additional training platform that allowed for educational opportunities for local paramedic students. The development of a formal Paramedic Preceptor position within the department ensures a high level of competency for TMFR instructors. TMFR currently has agreements in place with Truckee Meadows Community College in Reno, and Western Nevada College in Carson City.

TMFR ambulances served as the primary transporting unit for the Washoe Valley and Sun Valley areas of our district, but also provided a significant surge response to the City of Reno and the City of Sparks when no other ambulances were available to respond. As listed above, during the last half of FY20/21, TMFR responded to 1116 mutual aid incidents and transported 957 times to local facilities.

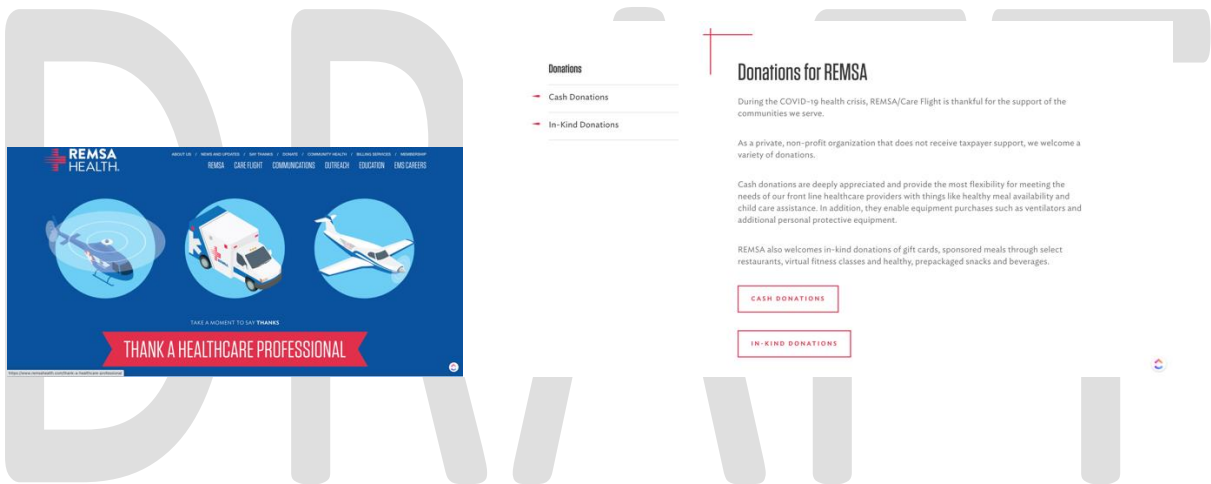
To meet the equipment needs of this service enhancement of TMFR, we also purchased and placed 2 new 2021 Braun ambulances into service at Station 45 and Station 30. These ambulances will help ensure consistent and safe EMS transport for the citizens of Washoe County well into the future.

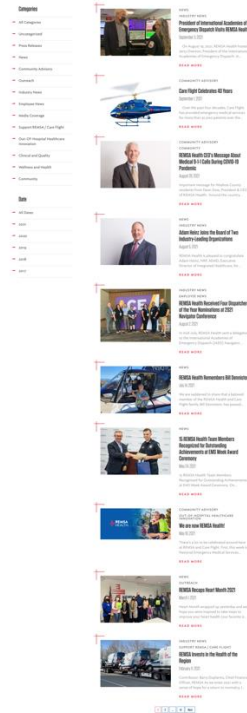
REMSA Health & Care Flight Highlights for FY20

DIVISION: COMMUNITY RELATIONS

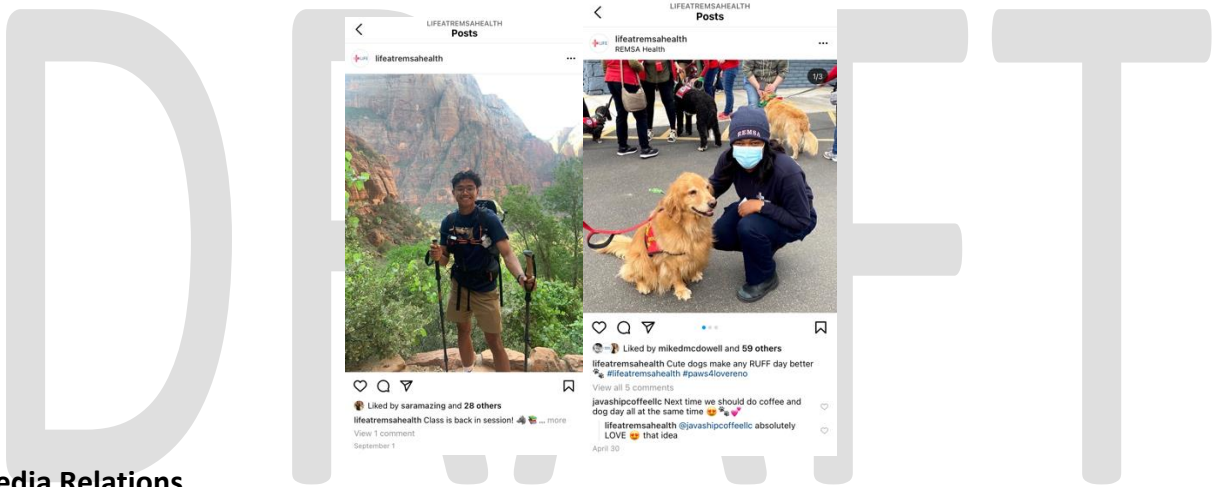
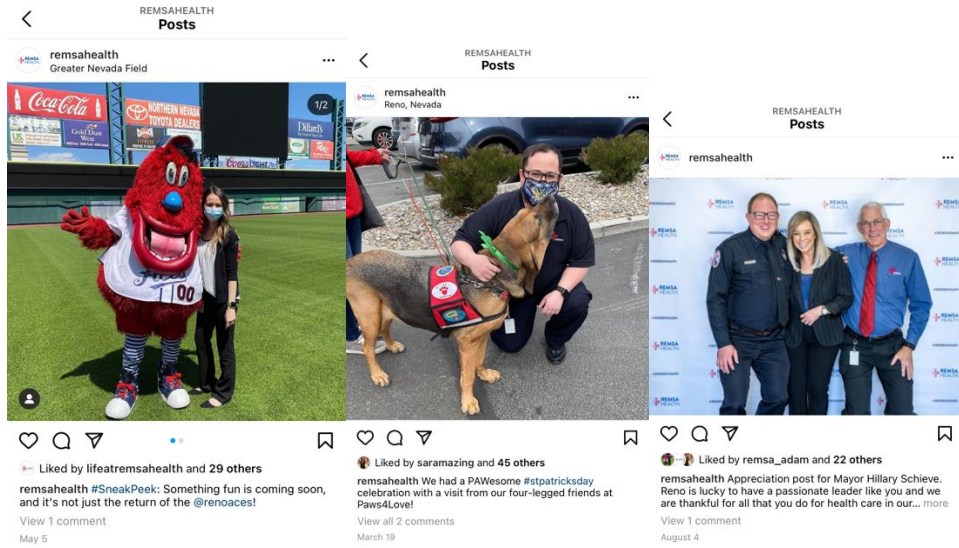
Digital Media

REMSA Health continues to expand and enhance its website, remsahealth.com. REMSA Health’s website added several new features including a searchable (by year and by category) News and Updates section, as well as a tagged and recommended content. In addition, a section titled, “Say Thanks” allows anyone to send a message thanking medical dispatchers, administrative staff, and healthcare providers. A continuous stream of thank you notes is also visible. The COVID-19 pandemic accelerated the addition of a “Donate” section on the website. Many private citizens and local businesses were interested in thanking and supporting REMSA Health throughout the pandemic. A special webpage was created to accept cash and in-kind donations.





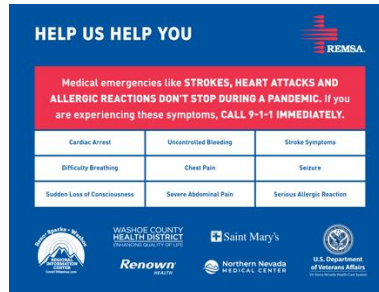
In addition, REMSA Health engages in dialogue through its social media channels. These include Facebook, Twitter, LinkedIn, YouTube and more recently, two Instagram pages – one on behalf of the entire organization and one aimed at talent acquisition. All the social channels have content that is related but tweaked slightly to connect with and appeal to audiences most likely to use that platform. Social media highlights and posts range from employee celebrations to partner agency recognition, from general healthcare messaging to out-of-hospital industry news.



Media Relations

Developing strong and meaningful relationships with regional media is a key focus of REMSA Health's Public Relations Department. As a healthcare and public safety organization, building trust with the community through the media is critically important. We rely heavily on their coverage to raise awareness about important topics; and this was perhaps the most important 18 months ever in terms of how much we worked with the media to promote and share public health information.

In addition to personnel features and general safety topics, a significant amount of media coverage was focused on COVID-19 – on behalf of REMSA Health as well as through the Joint Information Center. Media stories – proactive and reactive – covered topics including: it's safe to call 9-1-1, preserve 9-1-1 for emergencies, precautions REMSA HEALTH was taking to keep employees/patients/colleagues/families safe, tiered system of response, matching the right response to the right call, how to contact the Community Triage Line, and what to expect when you call 9-1-1.



Community Engagement

Community is one of REMSA Health’s foundational brand pillars. Through community outreach, education and special projects, we work to enhance and improve the health of the community we serve. Recent community projects include flu shots for homebound citizens, COVID-19 testing for homebound citizens, COVID-19 vaccines for homebound citizens, and participation in community COVID-19 testing and vaccine events, including events focused on underserved populations and in partnership with the University of Nevada, Reno.

In addition, REMSA Health works to grow its community engagement through formal presentations to community groups such as Rotary and Lions Club chapters, Builders Association of Northern Nevada, Northern Nevada Networking, Osher Lifelong Learning Institute, Reno-Sparks Chamber of Commers, Downtown BID, EDAWN, and regional hospital boards of directors.

Partnerships

REMSA Health maintains community partnerships with organizations and businesses such as the Girl Scouts, Reno Aces, Nevada Donor Network, and Donor Network West By hosting tours (when appropriate and safe) and sponsoring giveaways for items such as AEDs.



DIVISION: EMPLOYEE INITIATIVES

EMS Week

Every May, across the country, the important contributions that EMS agencies make are recognized during EMS Week. REMSA Health uses this opportunity to thank and celebrate employees across our organization. From the billing office to the mechanics, from the administrative staff to the providers and medical dispatchers, contributions are recognized, and outstanding service is honored. This year, EMS Week included a special COVID-19 medal bar recognition, giveaways, an employee/family drive-in movie night, Paws for Love visits, catered meals, the 35th anniversary celebration of the organization and the unveiling of a refreshed name and logo: REMSA HEALTH.



North Lake Tahoe Fire Protection District

FY 2020

Operations Summary

North Lake Tahoe Fire Protection District (NLTFPD) remained fully staffed with forty-five (45) line personnel for most of the fiscal year. Seventy percent (70%) of the line personnel are certified as paramedic or higher. Over a third of the paramedics have experience as a critical care paramedic, certified flight medic, or EMS-RN.

NLTFPD hired four (4) line personnel during the year and continues to participate in the Capital City Fire Academy with regional partners.

Fifty-six percent (56%) of NLTFPD requests for service were rescue and emergency medical service incidents.

NLTFPD completed the replacement of all Type I ALS engines and received a grant from the Dave and Cheryl Duffield Foundation for a new fire and rescue boat.

Education

NLTFPD continues to host the annual Paramedic Refresher and CE Program. This program provides EMS education for partner agencies and regional cooperators in Nevada and California.

General NLTFPD Education Statistics for FY 2019-2020.

- ACLS – 241
- PALS – 134
- BLS/CPR – 1489
- Other Disciplines – 509

FY 2021

Operations Summary

NLTFPD remained fully staffed with forty-five (45) line personnel for most of the fiscal year. Seventy percent (70%) of the line personnel are certified as paramedic or higher. Over a third of the paramedics have experience as a critical care paramedic, certified flight medic, or EMS-RN.

NLTFPD hired four (3) line personnel during the year and continues to participate in the Capital City Fire Academy with regional partners.

Fifty-three percent (53%) of NLTFPD requests for service were rescue and emergency medical service incidents.

NLTFPD placed a new rescue and fire boat into service increasing the capabilities to assist cooperating agencies.

NLTFPD moved dispatch services to Grass Valley Emergency Command Center. The move enhances agency coordination during EMS, wildland, and fire responses. Truckee and Tahoe Basin agencies now

have real time locations of all apparatus available for or assigned to a response. NLTFPD will remain partners in the 800 MHz system.

Education

NLTFPD continues to host the annual Paramedic Refresher and CE Program. This program provides EMS education for partner agencies and regional cooperators in Nevada and California.

General NLTFPD Education Statistics for FY 2020-2021

- ACLS – 149
- PALS – 119
- BLS/CPR – 1423

Mt. Rose Ski Patrol FY20-21

The Mt. Rose Ski Patrol is made up of 60 paid and volunteer Ski Patrollers. Using a tiered response system, patrollers provide care as EMR, EMT, AEMT, Paramedic, and/or EMS RN level in an Austere environment. Since Mt Rose Ski Patrol is not a transport agency, they work closely with NLTFPD, TMFR, and REMSA to provide quality patient care and minimize unnecessary calls for service from our partner agencies and busy EMS system.

During the 20-21 season (November 2020 - April 2021) Mt. Rose Ski Patrol responded to:

- Total Ski Patrol Requests for Service: 748
- Total Patients Treated: 539
- Adults: 357
- Minors: 182
- Treated, Transported by Ground Ambulance: 56
- Treated, Transported by Air Ambulance: 0

Additionally, Mt. Rose Ski Patrol works with partnering agencies to provide avalanche training, mitigation, and rescue as mutual aid primarily along the Highway 431 corridor.

EMS Regional Performance Analyses

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, Washoe County, Fire and REMSA as outline in the [Interlocal Agreement \(ILA\)](#).

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 2020 (July 1, 2019, through June 30, 2020) and Fiscal Year 2021 (July 1, 2020 through June 30, 2021). The evaluation of the regional EMS performance system spans from initial 9-1-1 PSAP call received to EMS agency/apparatus arriving on the scene. Fire and EMS system outcomes presented in each analysis is dependent upon accuracy, and validity of time variables submitted by Fire and EMS agencies to the Health District. Analyses performed by the EMS Oversight Program allows EMS partners to assess opportunities for system and quality improvement(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 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 description for each level.

Table 2: Number and Percent of Reported EMS Incident Calls by Match Status, REMSA Priority and Fire Agency, FY20								
REMSA Priority	RFD		SFD		TMFR		Total	
	Number	%	Number	%	Number	%	Number	%
0	176	0.5%	51	0.5%	15	0%	242	0.5%
1	16,280	50%	4,846	44%	3,123	39%	24,249	47%
2	11,906	37%	3,386	31%	2,791	35%	18,083	35%
3	2,287	7%	1,563	14%	1,226	15%	5,076	10%
9	479	1%	417	4%	345	4%	1,241	2%
No Match	1,366	4%	788	7%	555	7%	2,709	5%
Total	32,494	100%	11,051	100%	8,055	100%	51,600	95%

Table 2 summarize the distribution of matched calls between REMSA Health and Fire by REMSA Health Priority levels. Approximately 82% of EMS incident calls between REMSA Health and Fire were in Priority 1 and Priority 2 level response category for Fiscal Year 2020.

Table 3: Number and Percent of Reported EMS Incident Calls by Match Status, REMSA Priority and Fire Agency, FY21								
REMSA Priority	RFD		SFD		TMFR		Total	
	Number	%	Number	%	Number	%	Number	%
0	148	0.5%	42	0.4%	29	0.4%	219	0.4%
1	16,167	50%	4,945	41%	3,064	39%	24,176	46%
2	11,185	35%	3,604	30%	2,311	29%	17,100	33%
3	2,913	9%	1,853	15%	1,577	20%	6,343	12%
9	525	2%	475	4%	303	4%	1,303	2%
No Match	1,379	4%	1,072	9%	623	8%	3,074	6%
Total	32,317	100%	11,991	100%	7,907	100%	52,215	100%

Table 3 summarize the distribution of matched calls between REMSA Health and Fire by REMSA Health Priority levels. Approximately 79% of EMS incident calls between REMSA Health and Fire were in Priority 1 and Priority 2 level response category for Fiscal Year 2021. The EMS system experienced a 7% increase (48,585 to 52,215) in EMS volume from Fiscal Year 2019 to Fiscal Year 2021. On average, an additional 300 EMS incidents were reported every month in Fiscal Year 2021 compared to pre-COVID volume in Fiscal Year 2019.

Table 4: EMS Response Travel Time for Priority 1 and Priority 2 Calls Matched to REMSA Health, <u>Fire Enroute</u> to Arrival Times, FY18 to FY21				
Fiscal Year	Median	Mean	90th Percentile	Number of Calls Analyzed
2018	04:19	05:03	07:51	37,046
2019	04:36	05:17	08:20	37,135
2020	04:51	05:31	08:48	37,067
2021	05:08	05:49	09:09	36,330

Table 5: EMS Response Travel Time for Priority 1 and Priority 2 Calls Matched to Fire, <u>REMSA Health Enroute</u> to Arrival Times, FY18 to FY21				
Fiscal Year	Median	Mean	90th Percentile	Number of Calls Analyzed
2018	05:52	06:56	11:29	51,796
2019	05:33	06:25	10:24	40,468
2020	05:48	06:42	10:48	40,316
2021	05:56	07:01	11:43	39,474

Table 4 and Table 5 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 decreased from Fiscal Year 2020 to 2021. The decrease may be due to changes in dispatch protocols and response assignments for additional low acuity calls released and approved by REMSA Health on July 21, 2020 and presented to District Board Of Health on August 27, 2020. The change to expand Intermediate Life support response protocol may have influenced the system change of 2% increase in matched Priority 3 EMS incidents between REMSA Health and Fire in Fiscal Year 2021 compared to Fiscal Year 2020 (refer to Table 2 and Table 3).

Table 6: Patient Perspective from Time Call Answered to First Arriving Agency FY18 to FY21

REMSA Health Priority	Patient Perspective Median Time				
	FY18	FY19	FY20	FY21	±Δ FY18 – FY21
0	06:26	06:55	07:21	08:43	2:17
1	05:52	06:20	06:38	07:06	1:14
2	06:25	06:44	07:03	07:39	1:14
3	07:13	07:21	07:46	08:43	1:30
9	07:51	07:50	08:00	09:16	1:25
All	06:14	06:36	06:54	07:29	1:15
Number of Calls Analyzed	50,680	47,583	47,865	48,671	-

Table 6 provides an overview of median time from the time 911 call is received at PSAP to first agency (fire or REMSA Health) arriving at the scene of the call. During Fiscal Year 2020, median time patient perspective for all call type is under seven minutes. As EMS volume calls continue to rise in Washoe County, median time for patient perspective during Fiscal Year 2021 is seven minutes and twenty-nine seconds. Comparison for median time for all priority call has been at a steady increase.

Table 7: Arrival on Scene, All Matched Calls between REMSA Health and RFD, SFD, and TMFR, FY20

Arrival On Scene	REMSA Health Priority											
	0		1		2		3		9		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
REMSA First	0	0%	11,414	47%	6,986	39%	1,325	26%	319	26%	20,044	41%
REMSA Only-Fire Canceled	1	0%	2,330	10%	2,101	12%	933	18%	247	20%	5,612	11%
Fire First	0	0%	9,878	41%	7,517	42%	2,302	45%	532	43%	20,229	41%
Fire Only-REMSA Canceled	107	44%	376	2%	861	5%	461	9%	58	5%	1,863	4%
Same Time	0	0%	54	0%	36	0%	9	0%	1	0%	100	0%
All Canceled	134	55%	197	1%	582	3%	46	1%	84	7%	1,043	2%
Total	242	100%	24,249	100%	18,083	100%	5,076	100%	1,241	100%	48,891	100%

Table 7 shows equal distribution of first arriving agency on the scene between REMSA Health and Fire during Fiscal Year 2020. Analysis of 48,891 calls show REMSA Health arrives to the scene first for 47% of all Priority 1 calls. Fire agencies have a higher percentage of arriving to the scene first for Priority 2, and 3 calls, 42% and 45% respectively compared to Priority 1 calls (41%). Approximately 10% of Priority 1 calls was responded 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 8: Arrival on Scene, All Matched Calls between REMSA Health and RFD, SFD, and TMFR, FY21

Arrival On Scene	REMSA Priority											
	0		1		2		3		9		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
REMSA First	0	0%	11,616	48%	7,177	42%	1,644	26%	247	19%	20,684	42%
REMSA Only-Fire Canceled	3	1%	2,468	10%	2,014	12%	1,591	25%	408	31%	6,484	13%
Fire First	3	1%	9,440	39%	6,676	39%	2,275	36%	337	26%	18,731	38%
Fire Only-REMSA Canceled	86	39%	373	2%	764	4%	598	9%	105	8%	1,926	4%
Same Time	0	0%	51	0%	32	0%	4	0%	3	0%	90	0%
All Canceled	126	58%	228	1%	437	3%	231	4%	203	16%	1,225	2%
Total	218	100%	24,176	100%	17,100	100%	6,343	100%	1,303	100%	49,140	100%

Table 8 shows the distribution of first arriving agency on the scene between REMSA Health and Fire during Fiscal Year 2021. REMSA Health arrives on the scene first for 48% of all Priority 1 calls. Fire agencies have a higher percentage of on scene first for Priority 2, and 3 calls, 42% and 45% respectively. Approximately 10% of Priority 1 calls were responded by REMSA Health only. The percentage of calls cancelled by a fire agency remained the same for Priority 1, and 2 (10%, and 12%, respectively). Meanwhile cancellations by Fire have increased by 7% for Priority 3 calls, and 11% for Priority 9 calls from Fiscal Year 2020 to 2021 as a result of enhanced protocols for non-fire response to low acuity and/or omega (P9) calls in the region.

Fig. 4 : Arrival on Scene Statistics, All Matched Calls between REMSA Health and RFD, SFD, and TMFR, FY20

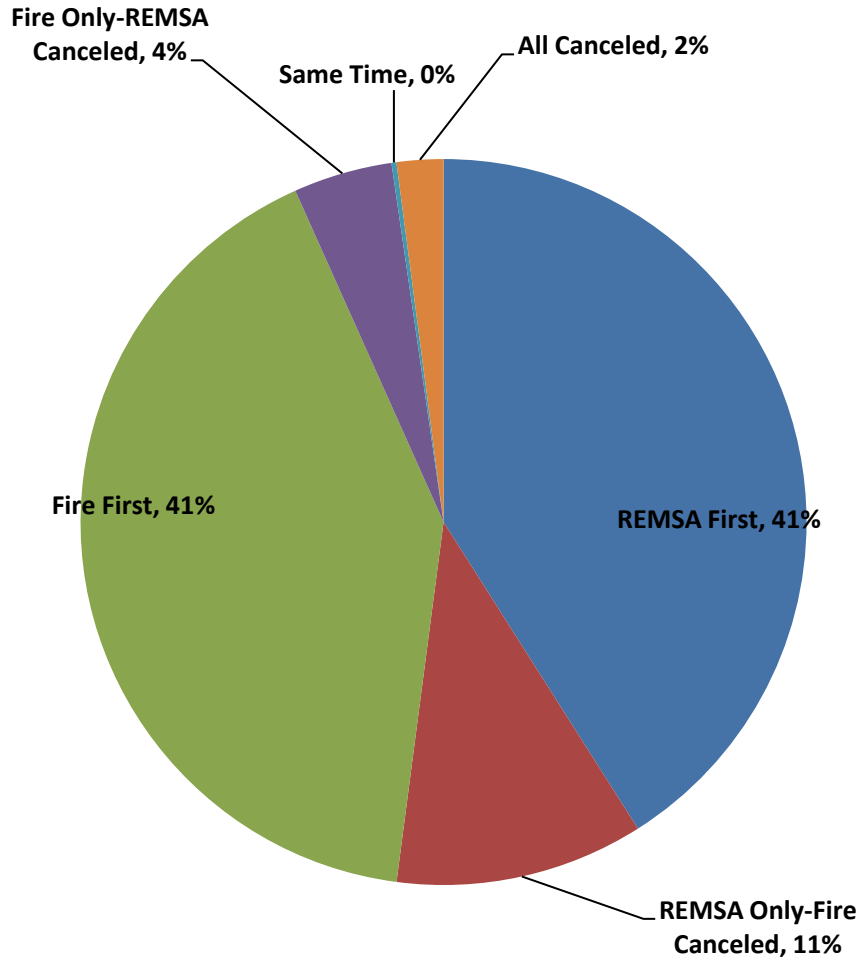


Figure 4 is a visual summary of total distribution of arrival on scene statistics presented in Table 7. Irrespective of call priority, the chart shows equal distribution of calls (41%) where Fire or REMSA Health were on the scene first. Approximately 15% of calls in Fiscal Year 2020 were responded by either REMSA Health or Fire, without co-responding agency.

Fig. 5: Arrival on Scene Statistics, All Matched Calls between REMSA Health and RFD, SFD, and TMFR, FY21

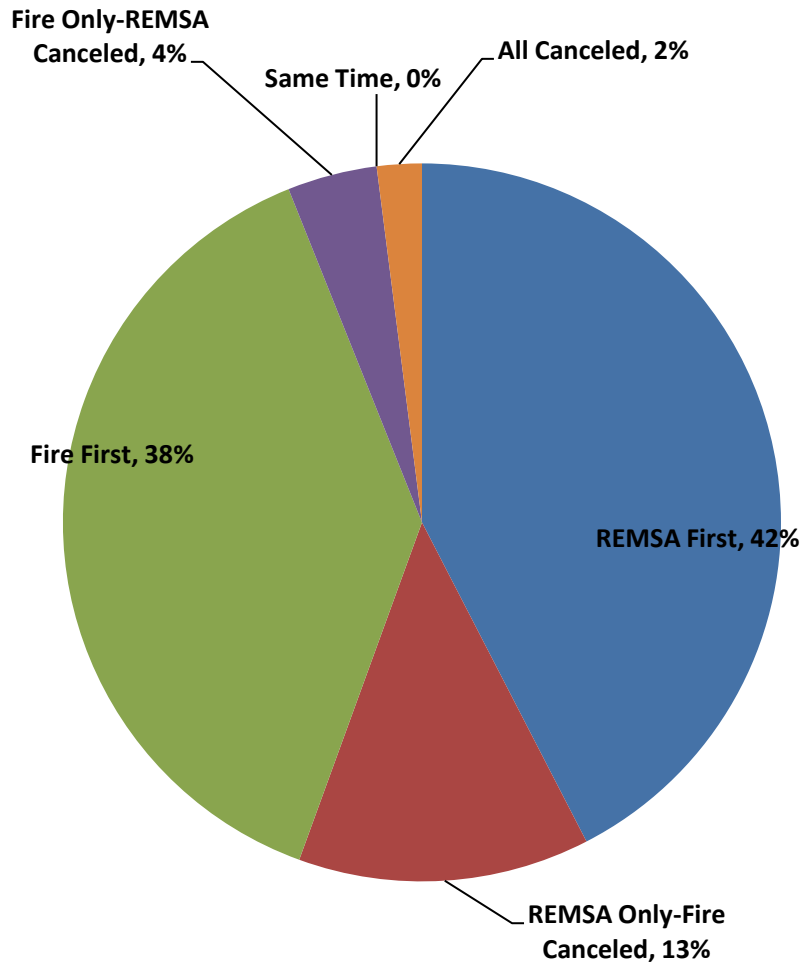


Figure 5 is a visual summary of total distribution of arrival on scene statistics presented in Table 8. Irrespective of call priority, the chart shows REMSA Health first on scene for 42% of calls in Fiscal Year 2021 analysis. Approximately 17% of calls in Fiscal Year 2021 were responded by either REMSA Health or Fire, without co-responding agency.

Jurisdictional Performance

As outlined within the Inter-Local Agreement for EMS Oversight, the EMS Oversight Program shall provide oversight of EMS provided by RENO, SPARKS, WASHOE, FIRE and REMSA 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 in Washoe County has defined standards to measure performance. 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, although the Master Plan states these are not performance standards. 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.

The EMS Oversight Program is unable to perform response measures by neighborhoods classification urban/suburban due to lack of the designation “urban” or “suburban” in data received. Overall response time are 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.

Table 9. Fire Enroute to Fire Arrival: From Station to Scene						
Fiscal Year	Median	Mean	P90	Day 06:00-18:00 MEDIAN	Night 18:01-05:59 MEDIAN	Total
2019	04:36	05:13	08:15	-	-	28,500
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

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.

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 percent of calls classified within each of the Sparks Fire Department (SFD) priorities are provided in Table 10. Starting Fiscal Year 2021, SFD does not respond to Priority 3 – low acuity calls in the City of Sparks. The travel time (response time) as measured from enroute to arrival for each of the Sparks Fire Department (SFD) stations are provided in Table 7. Table 11 and 12 summarize 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. Only incidents that occurred within each station’s response district are included in the analyses.

SFD Priority	Fiscal 2020		Fiscal 2021	
	Number	Percent	Number	Percent
1	5,947	53%	6,254	52%
3	5,121	47%	5,743	48%

SFD Call Priority	Station 1	Station 2	Station 3	Station 4	Station 5	Total
All Priorities	04:00	04:18	05:07	05:13	04:49	04:28
SFD Priority 1 Calls	03:33	03:54	04:34	04:39	04:08	04:00
SFD Priority 3 Calls	04:58	05:42	06:40	06:57	04:56	05:36

SFD Call Priority	Station 1	Station 2	Station 3	Station 4	Station 5	Total
All Priorities	04:06	04:12	05:12	05:29	05:00	04:30
SFD Priority 1 Calls	03:37	03:49	04:31	05:07	04:26	04:00
SFD Priority 3 Calls	05:07	05:03	06:20	06:30	05:21	05:23

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 11 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.

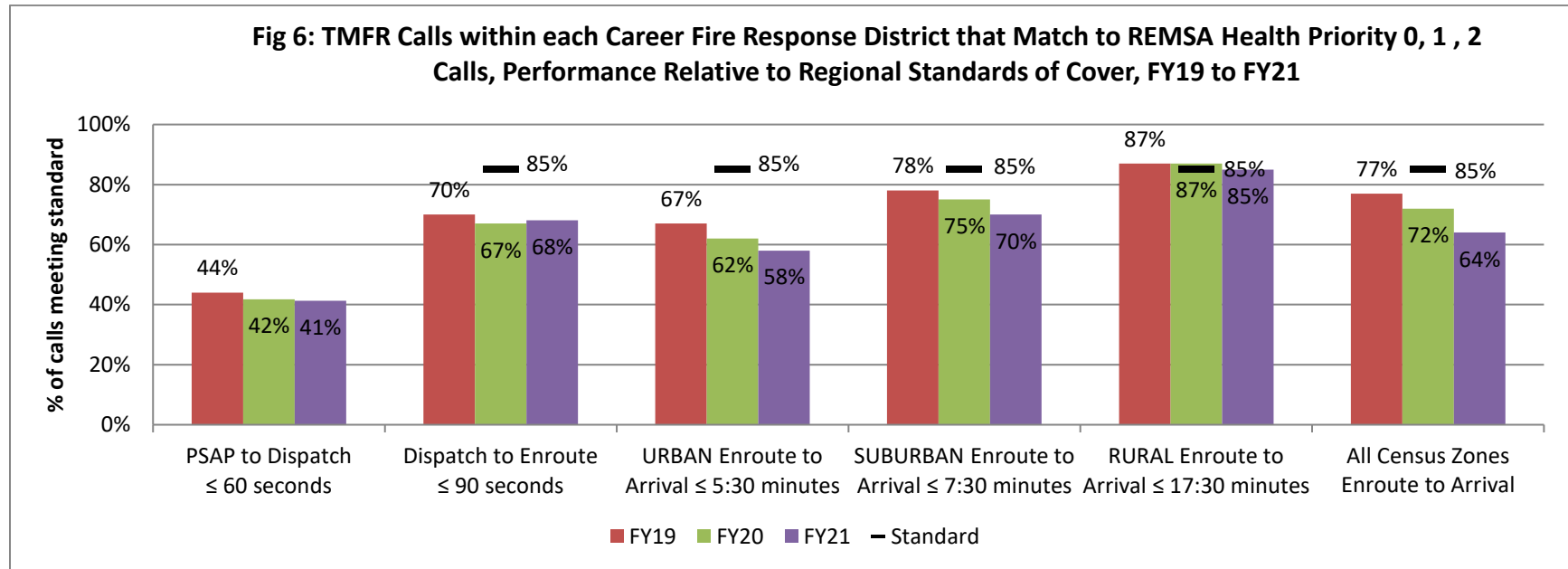
Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical, based on the best effort of response forces.

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: Illustrate the percentage of TMFR EMS calls for service during FY19 to FY21 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 13: TMFR Calls within each Career Fire Response District that Matched to REMSA Health Priority 0, 1, or 2 Calls, FY20							
Time Measurement	Standard	Expected Standard	Calls Used	Met Standard		Median Time	Average Time
			Number	Number	Percentage		
PSAP to Fire Dispatch	60 seconds or less	-	4,376	1,827	42%	01:07	03:34
Fire Dispatch to Enroute	90 seconds or less	85%	4,376	2,933	67%	01:12	01:21
Fire Enroute to Arrival							
Urban	5:30 minutes or less	85%	617	385	62%	04:44	05:13
Suburban	7:30 minutes or less	85%	3,112	2,326	75%	05:34	06:38
Rural	17:30 minutes or less	85%	473	413	87%	08:21	10:11
ALL: Fire Enroute to Arrival	depends on density	85%	4,376	3,158	72%	05:42	06:52

Table 14: TMFR Calls within each Career Fire Response District that Matched to REMSA Health Priority 0, 1, or 2 Calls, FY21							
Time Measurement	Standard	Expected Standard	Calls Used	Met Standard		Median Time	Average Time
			Number	Number	Percentage		
PSAP to Fire Dispatch	60 seconds or less	-	3,991	1,649	41%	01:07	01:19
Fire Dispatch to Enroute	90 seconds or less	85%	3,991	2,721	68%	01:12	01:19
Fire Enroute to Arrival							
Urban	5:30 minutes or less	85%	496	289	58%	04:47	05:27
Suburban	7:30 minutes or less	85%	2,629	1,848	70%	05:47	06:25
Rural	17:30 minutes or less	85%	373	316	85%	09:10	18:28
ALL: Fire Enroute to Arrival	depends on density	85%	3,498	2,456	70%	05:57	07:34

Table 13 and Table 14 summarize TMFR Priority 0, 1, or 2 response performance for Fiscal Year 2020, and 2021 respectively. 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.

Gerlach Volunteer Ambulance & Fire Department

Due to the rural and frontier nature of the communities of Gerlach and Empire, the median time is provided for the three major time segments, call processing, turn out time, and travel (response) time.

Table 15: Median Time for All Calls, Day Calls, and Night Calls, Gerlach Volunteer Department, FY20				
Time Interval	Median Time			Number of Calls Measured
	All Calls	Day (0900 - 1800)	Night (1801 - 0859)	
Call Processing (PSAP to Dispatch)	01:24	01:18	01:25	53
Turn Out (Dispatch to Enroute)	02:50	02:03	05:19	53
Travel/Response (Enroute to Arrival)	04:00	04:00	04:59	44

Table 16: Median Time for All Calls, Day Calls, and Night Calls, Gerlach Volunteer Department, FY21				
Time Interval	Median Time			Number of Calls Measured
	All Calls	Day (0900 - 1800)	Night (1801 - 0859)	
Call Processing (PSAP to Dispatch)	01:12	01:01	01:15	48
Turn Out (Dispatch to Enroute)	02:18	01:17	06:53	47
Travel/Response (Enroute to Arrival)	03:32	03:12	04:21	39

About the Washoe County EMS Oversight Program

On August 26, 2014, an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno, City of Sparks, Washoe County Board of Commissioners, 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, Fire, and Regional Emergency Medical Services Authority (REMSA Health).

The Program is staffed with the equivalent of 2.5 full-time employees; a full-time Program Manager, a full-time Program Coordinator, and a part-time Program Statistician, and a part-time Office Support 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 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. 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.

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

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 EMS Advisory Board
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 consideration and possible action by the District Board of Health

⁶ CAD-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.

EMS Oversight Program Accomplishments FY19-20

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

Training/Exercises

Mutual Aid Evacuation Agreement

The EMS Oversight Program and the REMSA Health Emergency Manager conducted a tabletop exercise for the Cascades of the Sierra on August 6, 2019. The facility had reached out after the Jasper fire because they did not have a complete evacuation plan. The tabletop was designed to get the leadership staff thinking about disaster preparedness. They signed onto the Mutual Aid Evacuation Agreement (MAEA) and will be more active in County preparedness activities.

On September 18, 2019, EMS Oversight Program staff conducted a tabletop exercise for the Northern Nevada State VA Home (NNSVH). More than 45 staff members attended and walked through their possible actions if the facility experienced a long-term power outage. NNSVH is one of the most recent facilities to sign onto the MAEA and this exercise provided a foundation to build upon existing emergency plans.

Multi-Casualty Incident

EMS Oversight Program staff presented to the Reno/Tahoe International Airport staff and carrier station managers on August 13, 2019. The presentation included an overview of the response structures should a multi-casualty incident (MCI) occur in Washoe County. There was also discussion about legislative events and how the Health District would work in conjunction with airport staff if an MCI occurred on airport grounds.

Planning/Reports

Multi-Causality Incident Plan

Multi-Casualty Incident Plan (MCIP) Workshop was held on July 31, 2019. This was the initial workshop to discuss plan revisions for the fiscal year. Some suggestions included: revising the language of a MCI pre-alert verse a full MCI activation, developing a HazMat section, and adding information about Recuse Task Force (RTFs). Revisions are complete on the Multi-Casualty Incident Plan and its annexes, the Alpha Plan and the Family Service Center, and became effective August 1, 2020.

Trauma Report

The Nevada Division of Public and Behavioral Health released the Nevada Trauma Registry data for Washoe County, the data are based on a national set of guidelines for reporting variables. After evaluating the data, the EMS Statistician produced a Washoe County-specific trauma report which includes assessment of trauma and injuries based on demographic characteristics, spatial epidemiology of injury by zip-code, severity of injury, place of injury, and specific mechanism causing the injury. The analyses included were modeled from the 2016 National Trauma Data Bank Annual Report, which continues to be

the most recent national report for this type of data. The 2019 Washoe County Trauma Data Report was approved by the District Board of Health and the EMS Advisory Board May 6, 2021.

EMS Strategic Plan

The Washoe County EMS Strategic Plan (2019-2023) is a requirement of the Interlocal Agreement for Emergency Medical Services Oversight. This plan outlines the implementation of projects within the Washoe County EMS Strategic Plan (2019-2023). The mission of the EMS Strategic Plan is to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses, and visitors of Washoe County, through collaboration with EMS providers. A group convened to discuss strategic planning items and the updated Plan was approved by the EMS Advisory Board on May 2, 2019, and the District Board of Health on May 23, 2019.

Regional EMS Protocols

EMS Oversight Program staff worked with the Regional Protocols Trask Force to make all necessary revisions to the next version of EMS Protocols. Examples of updates include a new community resource section and the creation of a hemorrhagic shock protocol using a new medication, tranexamic acid. The EMS protocol revisions were implemented July 1, 2019, for all nine agencies.

DRAFT

EMS Oversight Program Accomplishments FY20-21

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

Training/Exercises

EMS Oversight Program staff, in collaboration with regional partners, participated in the Burn Mass Casualty Course and Tabletop exercise with the University of Utah Burn Center on May 4, 2021. The improvement items identified in the After-Action Report (AAR)/Improvement Plan from this training will be incorporated into the Mass Casualty Incident Plan, scheduled for revision June 2022.

Planning

EMSAB By-Laws

EMS Oversight Program staff revised the EMSAB bylaws to closer align with the language in the ILA. The EMS Coordinator presented the revisions to the EMSAB in May 2021. The revisions were approved and adopted by EMSAB.

EMS Strategic Plan

EMS Oversight Program staff and the EMS partners met bi-weekly in February, March, and April 2021, to determine additions and revisions to the Washoe County EMS Strategic Plan (2019-2023). The EMS Oversight Program presented the revised EMS Strategic Plan in May of 2021 to the District Board of Health (DBOH) and the EMSAB. The revisions were approved by both the EMSAB and DBOH in May 2021.

Trauma Report

The Washoe County 2020 Trauma Data Report was presented to and approved by EMSAB on May 6, 2021. Highlights from the report indicated that there was a decrease in trauma incidents per 100,000 population, however, there was a noticeable increase in incidents in the 65 and older age groups. A major contributor to accidents in this age group are unintentional tripping and falling. Compared to previous years, 2019 saw an increase in unintentional trauma activities and a decrease in intentional trauma incidents.

Mid-Year Report

The EMS Statistician presented the Fiscal Year 2020 Mid-Year Data Report draft to the District Board of Health on August 27, 2020. The motion was approved by the board for dissemination.

Multi-Casualty Incident Plan

The Multi-Casualty Incident Plan (MCIP) is a plan for EMS agencies and healthcare facilities responding to an incident involving the transportation of more than 15 patients. In conjunction with Inter-Hospital Coordinating Council (IHCC), the first planning meeting for the revisions to the MCIP was held July 28, 2021. Monthly meetings will continue to be held with all partners to discuss revisions of the MCIP with the inclusion of the Burn Appendix, with a deadline for completion set for June 2022.

Mutual Aid Evacuation Agreement

The Mutual Aid Evacuation Agreement (MAEA) is a plan specifically for healthcare facility evacuations due to a natural or technological disaster. Program staff worked with healthcare partners and EMS agencies to complete the revision of the MAEA. The most notable being the inclusion of transportation resources and revisions to the transportation form. Plan revisions were approved by the IHCC and the District Health Officer in June 2021.

EMS Partners

Program staff and the EMS Task Force met regularly and reviewed all recommendations in the TriData Report and the Center for Public Safety Management (CPSM) Report (EMS related recommendations only). The priorities from the review of the recommendations in the TriData and CPSM Report were incorporated into the EMS Strategic Plan (2019-2023). Upon completions of the review of these reports the EMS Task Force develop the Joint Advisory Committee (JAC). The JAC continues to meet bi-weekly to accomplish the goals and objectives outlined in the EMS Strategic Plan.

Community Services Development Memo Review

Program staff met with REMSA Health, Truckee Meadows Fire and Community Services Development (CSD) to further identify each agencies roles in CSD Memo Reviews to compliment any comments and/or prevent duplication of efforts when reviewing cases. The group decided to develop a checklist of the critical components of development projects that would impact EMS response and require EMS comments. REMSA Health suggested a potential checklist with suggestions for CSD to look at for determination on who to ask for suggestions for certain projects. The group continues to meet to develop the checklist and provide comments to CSD on projects.

REMSA Franchise Agreement and Compliance

Program staff and REMSA met in April and May 2021 to review and revise the REMSA Compliance Franchise Checklist. The revisions were made to align more closely with the Franchise Agreement and to ensure documentation provided to Program staff was valid and accurate according to the franchise agreement. Many of the changes include the addition of formal documentation from REMSA, language to clarify documentation needed to meet the language in the Franchise Agreement, as well as the removal of redundant documents. These revisions were approved by the EMSAB and the DBOH in May and June 2021.

Program staff is working with Washoe County Geographic Information Systems (GIS) to conduct the annual review of the REMSA Franchise Map. The review will be conducted for FY19-20 and FY20-21. The Program reviewed map analysis, and call volumes comparisons between Year 1 (FY 2015) to Year 6 (FY 2020) provided by Washoe County GIS Tech Services for REMSA Franchise Map Review Fiscal Year 2020 on June 22, 2021. Population census data will from 2021 will be used for the FY20-21 review along with call volume comparisons.

In addition, program staff is working with REMSA Health to revise the Exemption Letter that became effective July 1, 2016. The revisions will include consistency to the number of days for REMSA Health to

submit requests as well as the Program to review and approve the requests. Language will be added to further clarify the Declaration of Emergencies and Construction exemptions.

REMSA Health is currently conducting a market survey per sections 4.1 of the franchise agreement. The DBOH has approved the consultant, Fitch, and Associates to conduct the survey per the requirements of the agreement. The consultant will be working with the DBOH as well as the EMS Oversight Program to identifying intra and extra-model comparisons.

EMS Advisory Board

Sparks City Manager, Neil Krutz was elected chairman for EMSAB on February 4, 2021. EMS Oversight Program staff worked with Chairman Krutz to develop and outline expectations of EMS partners updates to ensure the accountability of all EMS providers as outlined in the 2014 ILA for EMS Oversight. The intent is to ensure attainment of performance standards, medical protocols, communication, coordination, and accountability of all parties involved to further improve the delivery of patient care and patient outcome.

EMS Oversight Program staff updated and revised EMSAB by-laws to closer align with the language in the ILA and presented these revisions to EMSAB. The revised by-laws were approved May 6, 2021. EMS Oversight Program staff continue to present revisions of the Washoe County EMS Strategic Plan, as a requirement of the ILA to EMSAB as updates occur. EMS Oversight Program staff worked with REMSA to revise the REMSA Exemption Guidelines letter and will continue to work on revisions with EMSAB on language to address Declared Emergency and Construction exemptions, per direction of the DBOH.

Regional Washoe County EMS Protocols

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 protocols task force is comprised of two representatives from each fire/EMS agency and meets on a quarterly basis to review and revise the existing protocols. In early 2019, Storey County Fire Protection District joined the review process and is now an active participant. The task force produced an updated set of protocols that was approved by the responding agency's Medical Directors with an effective July 1, 2020, with a current revision to be effective January 1, 2021.

Supply Distribution

Command Vehicle Kit Distribution

The distribution of a total of 234 Command Vehicle Kits, in conjunction with the Assistant Secretary for Preparedness and Response (ASPR) grant for Healthcare Preparedness Program (HPP), has been completed. The kits, containing basic Stop the Bleed items, have been distributed to law enforcement, hospitals, tribal partners, schools and universities, and EMS agencies for first responder use during an incident.

EMS Oversight Program Goals for FY22

The EMS Oversight Program is working with regional partners to achieve the following objectives during the next fiscal year.

Joint Advisory Committee

The Joint Advisory Committee (JAC) has been meeting on a bi-weekly or monthly basis. As defined in the revised WCHD Strategic Plan JAC meetings will be held at least once a month. The JAC continues to make progress on the objectives and strategies in the Strategic Plan (2019-2023). Some of these accomplishments include the identification of determinants EMS will respond to without lights and sirens and the prioritization of what call agencies respond to. The JAC also worked together after review of the TriData and CPSM reports to include additional goals and objectives to the Strategic Plan. These revisions were approved by both the EMSAB and DBOH.

EMS Oversight Program staff is working with all partners on the revisions of EMS Investigations/Complaints procedures to better meet the intent of the EMS Oversight Program. Once a consensus has been made amongst the partners, the final procedures will be effective, until then the current procedures will be used for any pending or upcoming investigations.

Community Services Development Memo Review

EMS Oversight Program staff will continue to meet with REMSA, Truckee Meadows Fire and Rescue and CSD to further identify each agencies roles in CSD Memo Reviews to compliment any comments and/or prevent duplication of efforts when reviewing cases. The group is working to develop a checklist of the critical components of development projects that would impact EMS response and require EMS comments and will continue to meet to develop the checklist and provide comments to CSD on projects.

REMSA Franchise Agreement and Compliance

REMSA Health is in the middle of a market study, per Article 4 of the franchise agreement. This study will be completed by the end of the calendar year 2021. REMSA Health has seen record number of exemption requests for delays due to Status 99 (patient offload at hospitals) and System Overloads. These delays are a result of the record number of calls and patient transports. Program staff will continue to work on revisions of the REMSA Health Exemption Guidelines letter with EMSAB on language to address Declared Emergency and Construction exemptions, per direction of the DBOH.

Radio Communication Interoperability

Statewide, the Nevada Shared Radio System is in the midst of a technology upgrade that will impact operations, expected to improve the system, performance and capacity. The new system will be a P25 Trunked system and the older system will be shut down. This began its rollout in 2020 and will proceed through 2024. EMS Oversight Program staff continues to be engaged in the process.

CAD-to-CAD Interface

The CAD-to-CAD data exchange project is still under way. This project continues to span multiple years, as the technology to build the exchange continues to change. After the exchange is built, dispatch centers will be requested to develop policies and processes and train staff on the system. EMS Oversight Program staff continue to be updated on progress as it occurs.

Continuous Quality Improvement

On November 11, 2020, Continuous Quality Improvement (CQI) was brought to the EMS Protocols Team. The group determined that they would be the best forum for discussion of possible shortcomings in protocols or training, to include potential revision of EMS Protocols. They will have a voluntary input of items to this group after being reviewed by their internal Quality Improvement Teams. Discussion will be had and research as necessary, to resolve the issue. CQI will be added to each quarterly agenda for discussion and specific information will be provided prior to meetings. EMS Oversight Program staff will continue to work to revive the process and re-establish engagement with partners.

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