

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Washoe County EMS Strategic
Plan

2023-2028



Public Health
Prevent. Promote. Protect.

VISION

A healthy community

MISSION

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

Preface

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

Stakeholder Organizations and County Departments

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

Stakeholder Organizations and County Departments

District Board of Health
EMS Advisory Board

Distributed To

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

Plan Administration

Record of Plan Changes

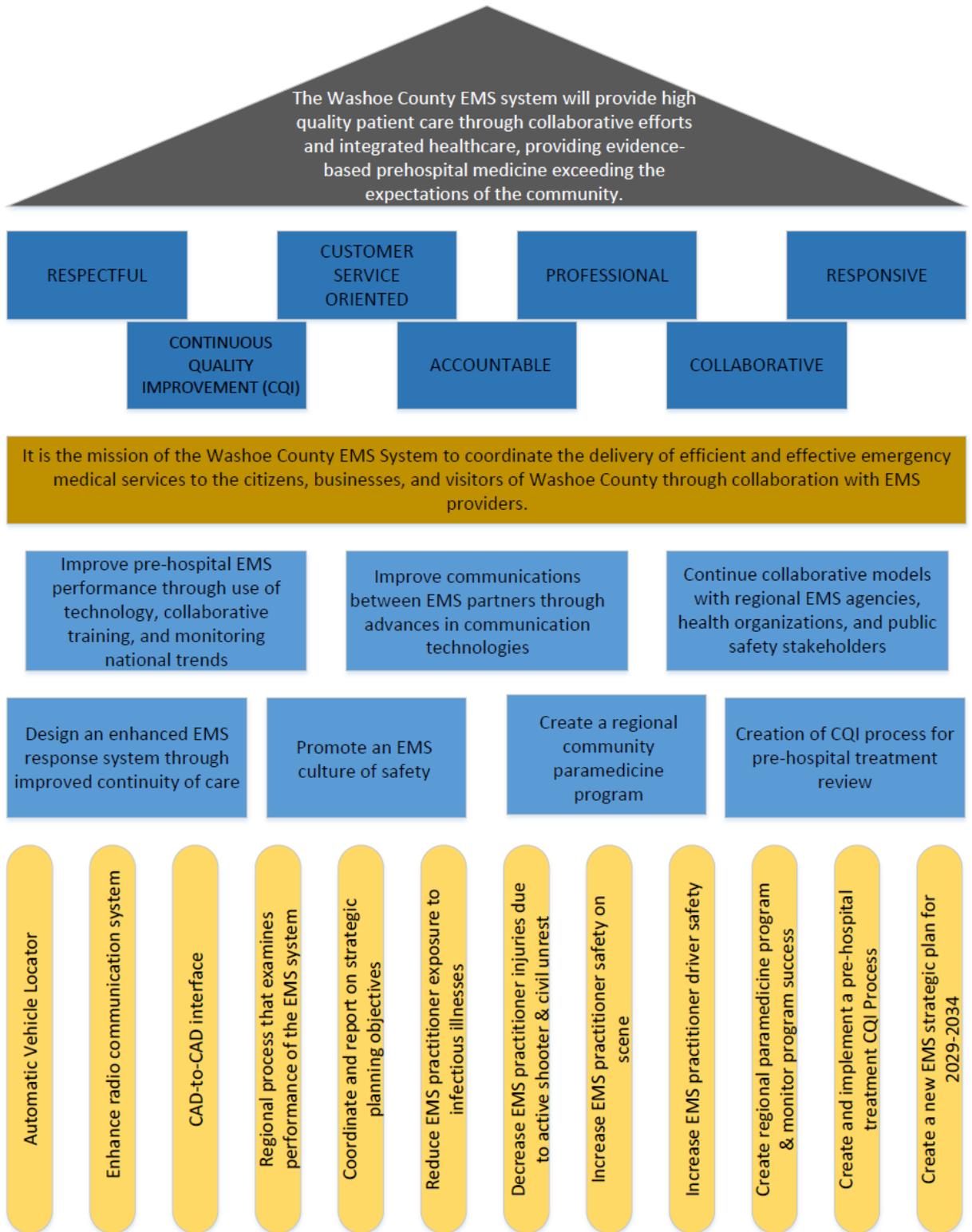
Track and record all updates and revisions to the *Washoe County EMS Strategic Plan 2023-2028* in the following table. This process ensures the most recent version of the plan is disseminated and implemented.

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

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Section 1: Strategic Plan at a Glance



Section 2: Executive Summary

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

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

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

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

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

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

Mission Statement

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

Vision

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

Values of the Washoe County EMS System

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

Section 4: Emergency Medical Services Authority

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

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

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

The ILA was fully executed in August 2014 and is an agreement between five political jurisdictions: City of Sparks¹, City of Reno², Washoe County Board of County Commissioners³, Washoe County Health District⁴, and Truckee Meadows Fire Protection District⁵. The ILA establishes an Emergency Medical Services Advisory Board (EMSAB).

EMSAB is comprised of the following members:

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

¹ Referred to as "SPARKS" within the ILA

² Referred to as "RENO" within the ILA

³ Referred to as "WASHOE" within the ILA

⁴ Referred to as "DISTRICT" within the ILA

⁵ Referred to as "FIRE" within the ILA

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

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

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

1. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services.
2. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE, and REMSA providing emergency medical services.
3. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE, and REMSA.
4. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS, WASHOE, FIRE, and REMSA.
5. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE, and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map.

6. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE, or DISTRICT to be analyzed and evaluated for potential recommendations regarding EMS response services in order to optimize the performance of system resources.
7. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE, and REMSA, covering the preceding fiscal year (July 1st to June 30th), containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise.
8. Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform, including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE, and FIRE.

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

- a. Providing information, records and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services, for review, study, and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) – to – CAD two-way interface with REMSA, which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates.
- d. Working cooperatively with DISTRICT to provide input to the development of the Five-Year Strategic Plan and to ensure consistent two-way communication and

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

- e. Participating on the Regional Emergency Medical Services Advisory Board.
- f. Striving to implement recommendations of DISTRICT or submitting those recommendations to their governing bodies for consideration and possible action, if determined necessary and appropriate by the respective managers.
- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation, or for consideration and possible action by the District Board of Health, if determined necessary and appropriate by the District Health Officer.

Section 5: Strategic Plan Process, Objectives, and Implementation

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

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

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

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

Goal #1

Goal #1

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

Objective 1.1.

Reduce EMS practitioner exposures to infectious illnesses by February 29, 2028.

Strategy 1.1.1. Study, and monitoring, of EMS practitioner risk associated with infectious illness during, and outside of, a pandemic beginning by June 30, 2023.

Strategy 1.1.2. Enhance agency practices and education for Infection Control and make documents available for Fire and EMS agencies to then determine how, when, and if, this applies to their agency by June 30, 2024.

Strategy 1.1.3. Set an initial metric for maximum number of exposures by June 30, 2024 and decrease annually.

Objective 1.2.

Decrease EMS practitioner physical and psychological injuries due to active shooter and civil unrest by February 29, 2028.

Strategy 1.2.1. Increase training for active shooter with inter-agency cooperation and participation annually beginning in CY 2024.

Strategy 1.2.2. Conduct trainings with local Law Enforcement, specifically Police and Sheriff, to better understand roles and responsibilities in an “all together response” annually beginning in CY 2024.

Objective 1.3.

Increase EMS practitioner safety on scene beginning in CY 2023.

Strategy 1.3.1. Hold trainings for EMS/Fire/Law Enforcement specific to aeromedical services including safety, interaction, and landing zones for rotary wing or fixed-wing aircraft for injury and near-miss prevention beginning no later than December 31, 2025.

Strategy 1.3.2. Work with local Reno based Traffic Incident Management (TIM) Coalition to improve safety for responders and motorists beginning in CY 2023.

Strategy 1.3.3. The EMS Oversight Program annually presents a proclamation of “Crash Responder Safety Week,” which occurs in November, to EMSAB in November, and the District Board of Health in October, to increase citizen awareness, beginning in CY 2023.

<p>Objective 1.4. Increase EMS practitioner driver safety by February 29, 2028.</p>	<p>Strategy 1.4.1. Increase the number of available trainings, online and behind-the-wheel, for EMS practitioners by February 29, 2028.</p> <p>Strategy 1.4.2. Decrease use of lights and sirens responses to less than 30% and less than 5% for transport for 911 EMS calls, as imagined by the Joint Advisory Committee (JAC) and initiated in February of 2023.</p> <p>Strategy 1.4.3. Evaluate driver safety trainings and application by February 29, 2028.</p> <p>Strategy 1.4.4. Measure success of efforts with decrease in accidents per response beginning in CY 2025, after baseline review of CY 2024 is conducted by Program.</p>
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Goal #2

Goal #2

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

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

Objective 2.1.

Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by February 29, 2028.

Strategy 2.1.1. Verify and revise the original assessment to update existing AVL capabilities equipment and recognize other potential factors for dispatching the closest EMS responder by December 31, 2024.

Strategy 2.1.2. Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board, by December 31, 2024.

Strategy 2.1.3. Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2024.

Strategy 2.1.4. Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 28, 2025.

Goal #3

Goal #3

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

Objective 3.1.

Explore details associated with the creation and maintenance, monitoring and evaluation of Regional Community Paramedicine Program by December 31, 2024.

Strategy 3.1.1. Research funding sources and applicable legislative codes by June 30, 2024.

Strategy 3.1.2. Research and create hiring processes, policies, and additional items as needed for the implementation process by June 30, 2024.

Strategy 3.1.3. Establish metrics to measure and monitor, biennially, the success and opportunities of the program and create revisions as needed. Evaluate this process using a Plan-Do-Study-Act (PDSA), or similar, tool, by December 31, 2024.

Goal #4

Goal #4

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

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

Objective 4.1.

Continue interoperability of radio communication systems within Washoe County beginning July 1, 2023.

Strategy 4.1.1. REMSA will continue to maintain interoperability between UHF and 800MHz through a gateway connection between REMSA and Washoe County Regional Communication System (WCRCS) during the P25 upgrade system roll out.

Objective 4.2.

Establish a regional CAD based on regionalization decisions by February 29, 2028.

Strategy 4.2.1. Continue providing updates to EMS Advisory Board quarterly.

Strategy 4.2.2. Dispatch centers begin work on policies, processes, procedures, and training CAD-to-CAD by December 31, 2024.

Strategy 4.2.3. All PSAPs will be on a regional CAD by December 31, 2024.

Goal #5

Goal #5

Design an enhanced EMS response system through improved continuity of care by December 31, 2024.

Objective 5.1.

Create and maintain a regional process that continuously examines performance of the EMS system by December 31, 2024.

Strategy 5.1.1. In accordance with the Pre-hospital Medical Advisory Committee (PMAC) approved CQI processes, create and maintain a regional team, which would work to improve the system through examination of system performance by January 31, 2024.

Strategy 5.1.2. The regional team will determine goals and identify performance measures, utilizing individual agency metrics, to be used for the regional continuous quality improvement program by March 31, 2024.

Strategy 5.1.3. Create partnerships, and data sharing agreements if needed, with hospital and/or EMS partners to obtain access to, or reports of, patient outcomes by July 31, 2024.

Strategy 5.1.4. Present progress updates to PMAC beginning August 2024.

Strategy 5.1.5. Annually review and evaluate performance measures and standards across all agencies that meet the needs of patient care beginning December 31, 2024.

Objective 5.2.

Produce annual reports on a fiscal year basis on EMS system performance that includes hospital outcome data, beginning July 1, 2024.

Strategy 5.2.1. Collaborate with EMS partners on data available for submission to the EMS Oversight Program for cardiac, stroke and STEMI patients by March 31, 2024.

Strategy 5.2.2. Pilot the annual report with hospital outcome data by June 30, 2024.

Strategy 5.2.3. Review annual report with ePCR implementation and determine data elements for hospital outcome data by September 15, 2024.

Goal #6

Goal #6

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

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

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

Goal #7

Goal #7

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

Objective 7.1.
Create and implement a CQI process for pre-hospital treatment/patient outcomes, no later than June 31, 2024.

Strategy 7.1.1. With legal protections in place and confirmed, create CQI process for JAC to review and discuss specific patient outcomes with implementation by no later than June 31, 2024.

Section 6: Strategic Plan Evaluation and Update

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

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

Section 7: Acronyms

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

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

EMS Oversight Program

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