

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

EMS Oversight Program FY22 Annual Report

November 2022



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 FY22.

Washoe County EMS Oversight Program

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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, 2021 through June 30, 2022. 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 FY23.

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

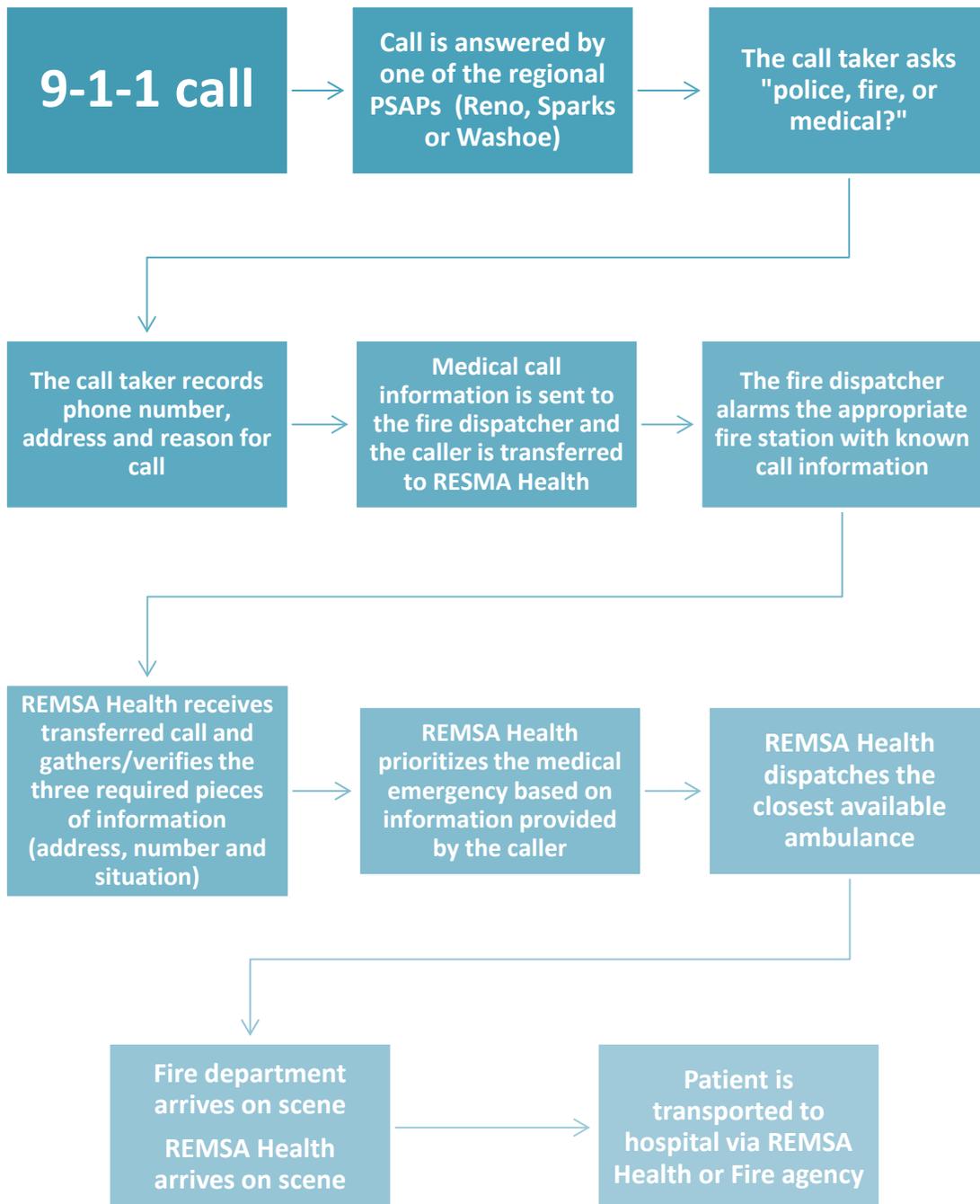


Washoe County has a two-tiered response system for emergency medical calls. A 9-1-1 call is received at a Public Safety Answering Point (PSAP) where the call taker then will determine if the person in need of services is requesting police, medical or fire response. If the need for medical is identified, the caller is transferred to the REMSA Health 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 the caller, dispatching of the Reno Fire Department or the Sparks Fire Department, transferring the 9-1-1 call to REMSA Health, REMSA Health dispatching an ambulance or Truckee Meadows Fire Protection District, EMS (Fire and REMSA Health) responders arriving on scene, and, if warranted, transporting the patient to a hospital.

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



*See REMSA Health Franchise area map on page 6

Washoe County EMS Partner Agencies

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

- City of Reno¹
- City of Reno Fire Department
- City of Reno Public Safety Dispatch
- City of Sparks¹
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- Mount Rose Ski Patrol
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire and Rescue
- Red Rock Volunteer Department
- Reno-Tahoe Airport Authority Fire Department
- REMSA Health
- Truckee Meadows Fire Protection District¹
- Washoe County¹
- Washoe County Health District¹
- Washoe County Sheriff Dispatch
- 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 Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities, while Truckee Meadows Fire Protection Districts jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 2). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay, and surrounding communities. The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mt. Rose Ski area. Mt. Rose Ski Patrol is not a transport agency and works closely with regional partners for patient transports. Pyramid Lake Fire Rescue serves Washoe County citizens north of the Rural Fire Boundary. They respond to medical emergencies in the towns of Gerlach, Empire, or surrounding rural areas. The Reno-Tahoe Airport Authority Fire Department is moving towards ALS response capabilities before end of calendar year 2022. The Red Rock Volunteer Fire Department serves a rural area north of Reno supported by Truckee Meadows Fire Protection District. The private nonprofit ambulance company, REMSA Health, is responsible for the transport of patients within the designated Franchise response area. REMSA Health's

¹ Signatory of the Inter Local Agreement for EMS Oversight.

response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute Tribal Lands, east to Wadsworth and west to the border of California (Figure 3).

Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department (RENO), Sparks Fire Department (SPARKS) and Truckee Meadows Fire Protection District (TMFPD)

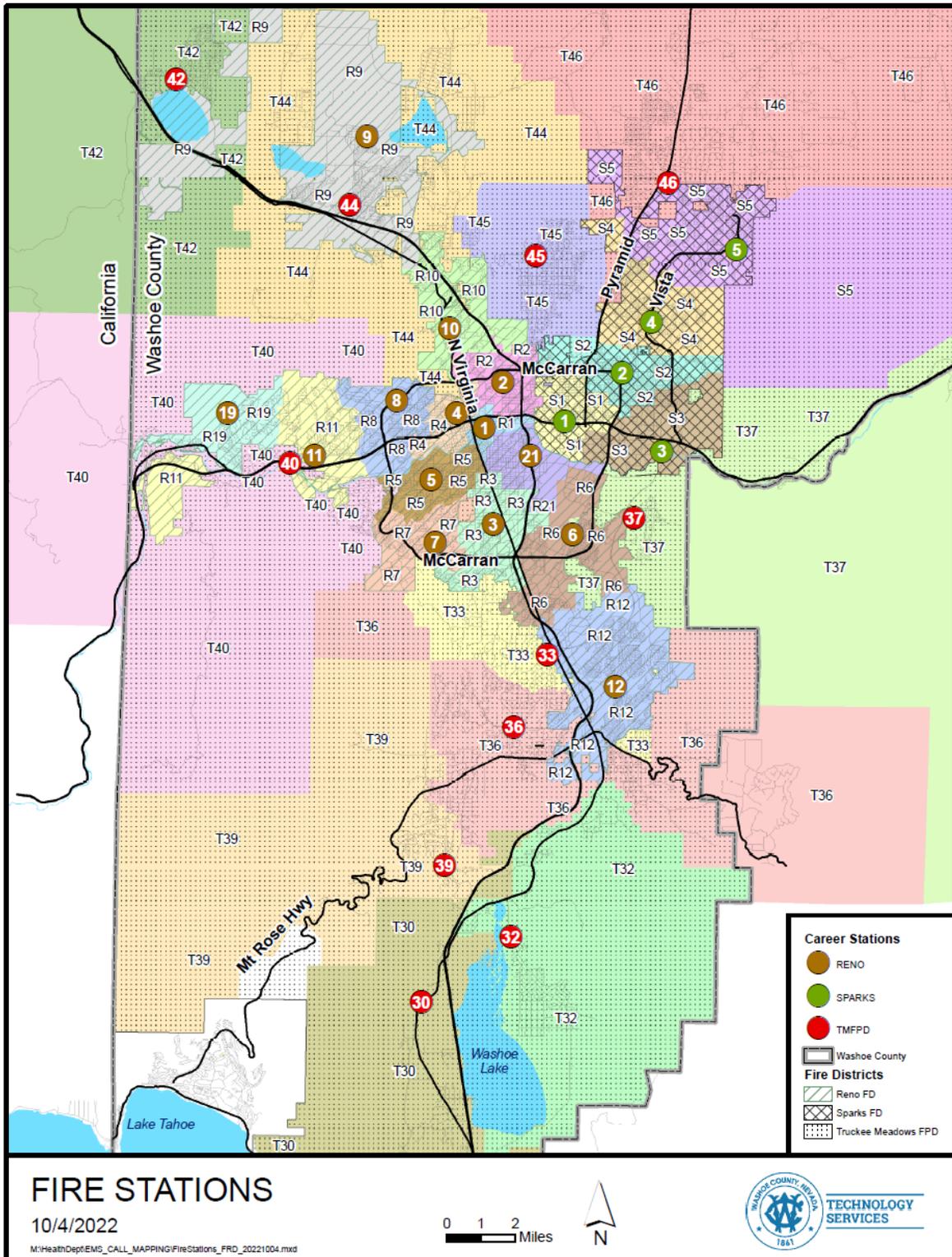
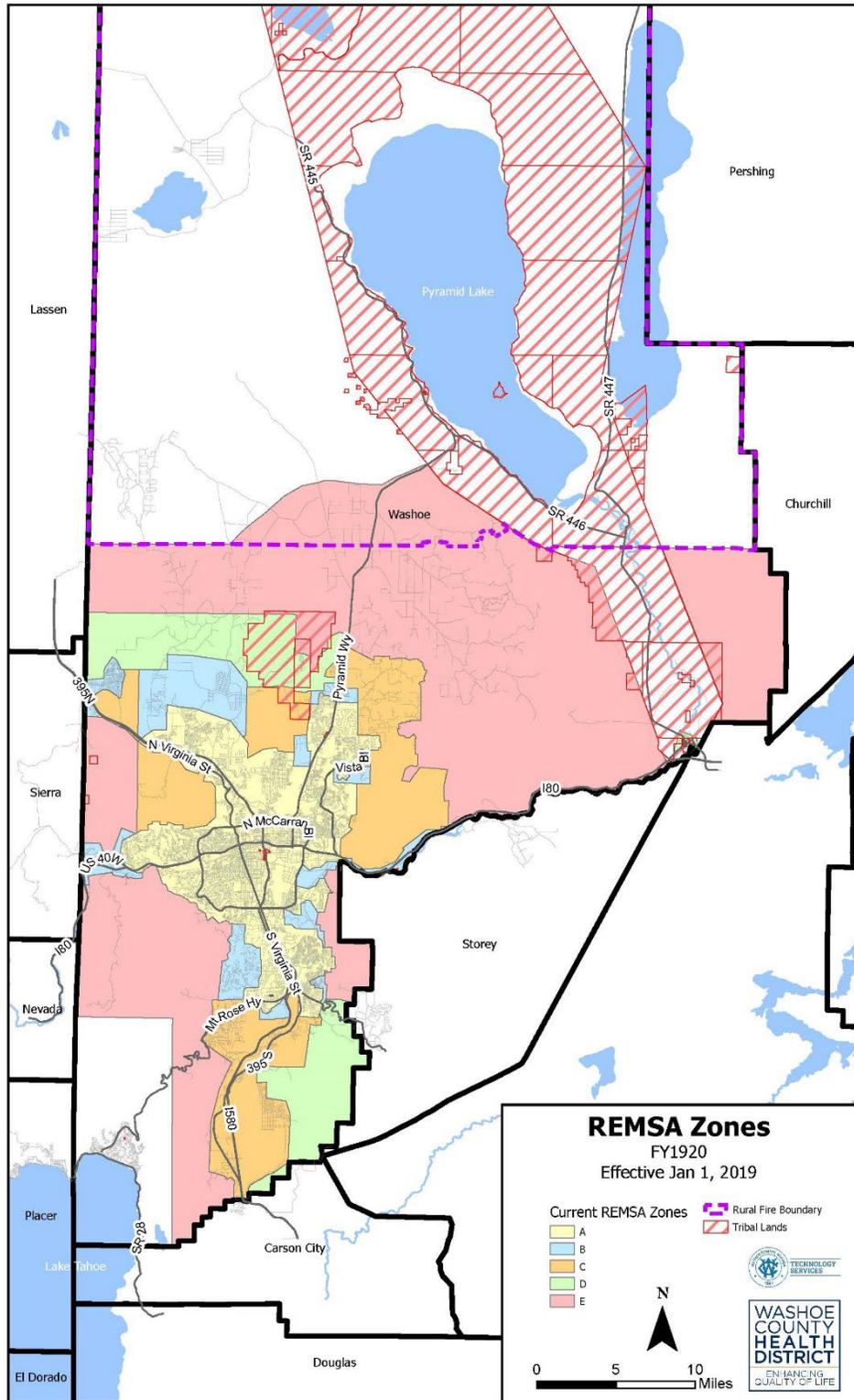


Figure 3: REMSA Health Franchise Response Map¹



H:\HealthDept\EMS_CALL_MAPPING\Annual_REMSA_Calls_Review\FY1920_Review\FY1920_Review.aprx; jjohnson

¹The map review has been completed annually, but no updates have been needed since January 1, 2019.

Partner Agency EMS Highlights & Accomplishments FY21-22

Interlocal Agreement (ILA) EMS partner agencies prepared and provided their EMS related highlights for FY21-22, which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented.

City of Reno Fire Department's EMS Program Highlights for 2021-2022



DATA PERFORMANCE REPORTS

	Q1	Q2	Q3	Q4	Total
EMS Responses	8,430	7,946	11,241	7,771	35,388
EMS Transports	- ³	-	17	21	38
EMS Responses Cancelled ¹	-	-	2,340	1,542	3,882
EMS Automatic Aid Given ²	N/A	N/A	N/A	N/A	N/A
EMS Mutual Aid Given	118	56	44	103	321
EMS Mutual Aid Transports	-	-	17	21	38
EMS Mutual Aid Cancelled Responses	-	-	10	21	31

¹added to Data Performance Reports in Q4 per EMSAB approval

²removed from Data Performance Reports in Q4 per EMSAB approval

³dash indicates no data was reported in that quarter

OPERATIONAL UPDATES

Quarter 1

RFD maintains sixty-five (65) Paramedics, one hundred and three (103) AEMTs and sixty-one (61) EMT certified personnel.

Switched all unit narcotic safes to KNOX Cloud Based system for improved operability and security.

Coordinated with REMSA and Washoe County Correctional Center for better coordinated response.

Provided Mass Causality Incident (MCI) training for FRDs Acting Captains Training.

Accommodated fifty-two (52) EMS Student Rides for Truckee Meadows and Western Nevada Community Colleges.

Provided two (2) week EMS Training for recently graduated academy of fourteen (14).

Quarter 2

RFD maintains sixty-three (63) Paramedics, one hundred (100) AEMTs and sixty-five (65) EMT certified personnel.

Re-certified one hundred and sixty-five (165) line personnel in Paramedic, AEMT and EMT levels.

Participated with DEM, WCHD and regional partners on initial planning for full-scale CBRNE exercise 3/21/2022-3/23/2022.

Accepted from IHCC twelve (12) "Med-Sleds" and trained all line personnel in building evacuation using them.

Accommodated sixty-one (61) EMS Student Rides for TMCC and WNC.

Upgraded all medical bags on each apparatus Configured similarly to REMSA's for better inter-agency patient care.

Participated with EMS/FD community to reverse NAC re: requirement for AEMT to enroll in Paramedic program.

Quarter 3

RFD maintains sixty-nine (69) Paramedics, one hundred and one (101) AEMTs and sixty-nine (69) EMT certified personnel.

Re-certified one hundred and sixty-eight (168) line personnel in Paramedic, AEMT and EMT levels.

Purchased new ALS Rescue (Ambulance). Received delivery 4/21/2022.

Participated in DEM/WCHD regional CBRNE/MCI exercise 3/21/2022-3/23/2022. With; two (2) Division Chiefs, two (2) Battalion Chiefs, two (2) EMS Coordinators, two (2) Engine Companies, one (1) truck co., HAZMAT.

Approved single resource paramedic rescue, to hire six (6) non-suppression paramedics to staff.

Provided training/observation ride alongs to fifty-one (51) TMCC and WNC EMS Students.

Quarter 4

RFD maintains sixty-nine (69) Paramedics, one hundred and five (105) AEMTs and seventy-eight (78) EMT certified personnel.

Reno Fire Department graduated two fire recruit academies. In those academies we had a total of 32 recruits of which six are Paramedics, four are AEMTs and the remaining are EMT level EMS providers.

Additionally, we provided a department wide EMS division level training which included topics on Nevada Donor Network notifications in the field setting and peer review of a call that was run in-house. Our medical director, Dr. Watson delivered training on new protocol information changes in- person to all line personnel. Lastly, we provided CPR, AED and First Aid certification training to 45 City of Reno employees and hands-only CPR training at the City of Reno field day.

City of Sparks Fire Department's EMS Program Highlights for 2021-2022



DATA PERFORMANCE REPORTS

	Q1	Q2	Q3	Q4	Total
EMS Responses	3,199	3,144	3,110	3,159	12,612
EMS Responses Cancelled ¹	- ³	-	723	1,196	1,919
EMS Automatic Aid Given ²	56	48	-	-	208
EMS Mutual Aid Given	7	4	29	23	63
EMS Mutual Aid Cancelled Responses	2	4	12	18	36

¹added to Data Performance Reports in Q4 per EMSAB approval

²removed from Data Performance Reports in Q4 per EMSAB approval

³dash indicates no data was reported in that quarter

OPERATIONAL UPDATES

Quarter 1

No new operations to report during this period.

Quarter 2

No new operations to report during this period.

Quarter 3

Three (3) new-hire personnel (firefighter/paramedics) completed a six (6) week fire and EMS academy.

Two (2) new-hire firefighters are continuing their training through the Reno Fire Academy.

Four (4) candidates have accepted job offers and are awaiting their training assignments based on their certification and skill levels.

Quarter 4

Five (5) new personnel were hired and are in various stages of training based on certification/experience level.

The five (5) new personnel are in addition to the five (5) personnel hired in February of 2022.

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

Truckee Meadows Fire Protection Districts EMS Program Highlights for 2021-2022



DATA PERFORMANCE REPORTS

	Q1	Q2	Q3	Q4	Total
EMS Responses	2,265	2,265	1,431	2,563	8,524
EMS Transports	- ³	-	483	641	1,124
EMS Responses Cancelled ¹	-	-	138	445	583
EMS Automatic Aid Given ²	-	-	-	-	-
EMS Mutual Aid Given	641	596	35	33	1,305
EMS Mutual Aid Transports	559	613	1	1	1,174
EMS Mutual Aid Cancelled Responses	-	-	1	2	3

¹added to Data Performance Reports in Q4 per EMSAB approval

²removed from Data Performance Reports in Q4 per EMSAB approval

³dash indicates no data was reported in that quarter

OPERATIONAL UPDATES

Quarter 1

We have a vaccination rate of 86.7% (COVID-19) of our staff.

Ten (10) new probationary Firefighters/Paramedics (FF/PM) that have rotated from “4th-rider” to second seat training on the ambulances as we as, 3rd seat FF/PM on the engines.

TMFPD started a fire academy on October 18th, 2021, with fifteen (15) EMT, AEMT, and Paramedic certified probationary employees.

One hundred and ten (110) total State Certified Paramedics on TMFPD Staff.

Working on re-certification of our current staff line on EMS Certifications and AHA Certifications, to include CPR, ACLS, PHTLS, and PALS.

The first of two (2) “Paramedic Refresher” courses were completed in October with twenty-eight (28) students from the local area.

TMFPD has been assisting on the TMCC Paramedic program with instruction and multiple days of scenario work with the students.

Medic 30 and Medic 45 ambulances are staffed and responding to mutual aid requests in Washoe Valley, Sun Valley, City of Reno, and City of Sparks.

TMFPD has ordered two (2) more ambulances to service the community.

Quarter 2

The ten (10) new probationary Firefighters/Paramedics (FF/PM) currently in their 3rd quarter of probation and have met all the training assessment milestones to date. Fifteen (15) new FF/AEMT and FF/PM personnel are enrolled in the Carson City Regional Fire Academy with a January 22nd, 2022, graduation date.

Four (4) lateral FF/PMs have been hired and are currently in their probationary year training.

TMFPD completed our first annual Paramedic refresher, with attendance and instructor assistance from all county fire departments.

The TMFPD ambulance transport program has expanded and now encompasses the District 46 area with Medic 46.

TMFPD has been working jointly with Truckee Meadows Community College (TMCC) and their Paramedic Program staff to enhance their training development and delivery by providing multiple instructors and joint training opportunities.

TMFPD has expanded our regional Paramedic Program internship support to include REMSA and TMCC programs.

Quarter 3

Eight (8) lateral Firefighters/Paramedics (FF/PM) and Firefighter/AEMT personnel are currently starting their twelve (12) month probationary period. Ten (10) FF/PMs are now in their 4th quarter probationary evaluations. Fifteen (15) new FF/PMs and Firefighter/AEMTs just finished the fire academy and are now on the line working.

TMFPD is currently responding three (3) Advanced Life Support ambulances out of the current stations which are Station 30 Washoe Valley, Station 45 in Sun Valley, and Station 46 in Spanish Springs.

The ambulance program has allowed for increased training opportunities for both TMFPD personnel and local Paramedic and EMT students from regional training programs.

The EMS Division had a robust schedule last quarter of multi-company EMS scenario training which included advanced airway training, sedation medication administration, recognition of hemorrhagic strokes, and other continuing education opportunities. TMFPD will be conducting the first TMCC/TMFPD collaboration for a Fire Department based Paramedic program to begin in August 2022.

Quarter 4

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

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

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

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

REMSA Health Highlights for 2021-2022



DATA PERFORMANCE REPORTS

	Q1	Q2	Q3	Q4	Total
EMS Responses	20,252	21,158	21,282	22,903	85,595
EMS Transports	11,114	12,758	11,663	13,908	49,443
ILS Unit Responses	223	1,083	-	-	1,306
ILS Unit Transports	129	581	-	-	781
EMS Responses Cancelled ¹	- ²	-	9,627	8,995	18,622
EMS Mutual Aid Given	-	-	2	-	2
EMS Mutual Aid Transports	-	-	2	-	2
EMS Mutual Aid Cancelled Responses	-	-	0	-	0
Mutual Aid Received to REMSA – RFD	107	71	-	-	18,800
Mutual Aid Received to REMSA – TMFPD	892	327	-	-	1,219
Mutual Aid Received to REMSA – Storey County Fire	51	24	-	-	75
Mutual Aid Received to REMSA – North Lake Tahoe Fire	6	0	-	-	6

¹added to Data Performance Reports in Q4 per EMSAB approval

²dash indicates no data was reported in that quarter

OPERATIONAL UPDATES

Quarter 1 and Quarter 2

Hospital Offloading Delays

REMSA Health continues to experience hospital offload delays with September breaking a record at 728 incidences. REMSA Health leadership coordinated a daily stakeholder meeting with local healthcare organizations and co response partners to discuss different strategies to work to mitigate the impact of these delays affecting EMS response times and availability in our community. Code

catchment, a plan to transport patients to the closest facility based on catchment zone was implemented for approximately a week, while the health systems and REMSA worked on plans to ensure that ambulances could offload timely. A process in which REMSA would deploy transport expeditors, paramedics who were able to receive patients, assign an acuity and provide treatment based on regional protocols until the hospital was able to accept transfer of care was created and implemented. In addition, Renown Regional Medical Center worked to create an EMS offload area (“Orange pod”), staffed with Registered Nurses and Emergency Technicians to reduce offload delays at their facility. REMSA Health continues to meet, review performance data, and collaboratively discuss further mitigation strategies with all of the healthcare partners. Mid-January 2022, REMSA Health notified the healthcare partners that they would be adhering to NRS 450B.790².

American Heart Association Award

REMSA Health was recently awarded the American Heart Association Mission: Lifeline – EMS - Gold Plus Award for recognition of the quality care we continue to provide to ST-segment Elevation Myocardial Infarction (STEMI) and Acute Coronary Syndrome (ACS) patients. This recognition becomes our sixth American Heart Association Mission: Lifeline EMS Award and our fourth Gold Plus Award.

To receive this distinguished award, REMSA Health ground crews had to meet all Mission: Lifeline EMS quality measures of criteria with a 75% or higher compliance. To provide some background, in 2020 REMSA Health served an approximate population of 471,000 residents and maintained an annual volume of approximately 75,000 calls for service.

The following statistics are notable contributions that helped us achieve this award:

- Over 1,100 of those 75,000 calls were patients who called 9-1-1 for chest pain or other symptoms of ACS.
- 78 of these patients were positively identified to be suffering from a STEMI.
- For the 1,100 patients who called 9-1-1 for chest pain or other symptoms of ACS, REMSA Health paramedics were able to obtain an electrocardiograph within 10 minutes; 75% of the time.

² NRS 450B.790 Hospital required to ensure that certain persons in need of emergency services are transferred to appropriate places in hospital within 30 minutes after arrival; civil and criminal liability.

1. Each hospital in this State which receives a person in need of emergency services and care who has been transported to the hospital by a provider of emergency medical services shall ensure that the person is transferred to a bed, chair, gurney or other appropriate place in the hospital to receive emergency services and care as soon as practicable, but not later than 30 minutes after the time at which the person arrives at the hospital.

- Patients who did suffer a STEMI received definitive care and a cardiac stent placed within 90 minutes of our arrival on scene at least 75% of the time. Each year, more than 250,00 Americans experience a STEMI, the deadliest type of heart attack, caused by a blockage of blood flow to the heart that requires timely treatment. The American Heart Association's Mission: Lifeline program helps reduce barriers to prompt treatment for heart attacks – starting from when 9-1-1 is called, to EMS transport and continuing through hospital treatment and discharge. At REMSA Health we are grateful for our community partners who aid in our opportunity to be recognized in such a way as this achievement.

Assess and Refer Protocol

REMSA Health has been working with our regional co response partners, the EMS oversight team, agency medical directors, and local healthcare organizations to create an additional alternative care path for clinically qualifying and consenting patients who contact 9-1-1, are assessed by EMS providers and are found to have injuries or low acuity complaints that can be safely treated without the need to be transported by an emergency ambulance. Eligible individuals will be provided with a list of local resources and counseled on the most appropriate locus of care. The intention is to safely navigate patients to the right level of care, preserving emergency services for emergencies.

COMMUNITY RELATIONS, EMPLOYEE ENGAGEMENT & CELEBRATIONS

REMSA Health in the News

Throughout June, July, and August, REMSA Health ground operations saw record-breaking call volume, and we worked with our media partners to share the message that it's important to preserve 911 for emergencies. Symptoms of stroke, cardiac arrest, severe allergic reaction and difficulty breathing are medical emergencies, and we want the highest level of care to be available to respond. So, when people call 911 and do not have a medical emergency, we may navigate them through a different and more appropriate care pathway. KTVN, KOLO, and KRNK all recently worked with us to share this critically important message.

In early July, REMSA Health hosted a media event to encourage that a Water Watcher - a responsible, sober, undistracted adult is designated to actively watch children near a body of water in order to prevent accidental drownings. All three local television stations covered this important message which included remarks from Dr. Jenny Wilson, REMSA Health's medical director as well as a mock drowning scenario response.

In mid-September, Adam Heinz provided an interview to KTVN about the impact to REMSA Health's ability to offload patients at hospitals due the surge in emergency transports and emergency room visits. The story focused on the operational adaptations REMSA Health has made to manage the situation.

In mid-September, Adam Heinz and Dr. Jenny Wilson were featured on Nevada Newsmakers for an in-depth segment about the critical importance of matching the right emergency and out-of-hospital healthcare resource with the call for service.

Community News

In late September, REMSA Health was the lucky recipient of a thoughtful show of appreciation from the City of Reno. Members of the Reno Fire Department along with Mayor Schieve and Councilperson Neoma Jardon visited the campus to talk with our crews, medical dispatchers and administrative staff. There were also therapy dogs and ice cream bars.

Digital Announcements

Adam Heinz and Alexia Jobson were guests on the Dispatch in Depth podcast produced by the International Academies of Emergency Dispatch. Public relations and communications opportunities for dispatch centers of all kinds was discussed.

Industry News

In mid-July, REMSA Health sent a delegation of 10 people to the International Academies of Emergency Dispatch Navigator conference in Las Vegas. Our representatives presented conference sessions, participated in mentoring programs, met with IAED leadership and earned continuing education credits. REMSA Health's Regional Emergency Communications Center was recognized for its 20 continuous years as an Accredited Center of Excellence. Also, during the event REMSA Health's Executive Director of Integrated Healthcare Adam Heinz was installed as a member of the board of accreditation. Four of our medical dispatchers were recognized for their nomination as dispatcher of the year. At REMSA Health, care starts with the call.

On August 19, Jerry Overton, the president of the International Academies of Emergency Dispatch visited REMSA Health. We hosted a community conversation breakfast event that

morning where Mr. Overton gave an address on the state of emergency dispatch for medical, fire and law enforcement. The event was well-attended and there were engaging questions and meaningful dialogue. Later in the day, Mr. Overton had the opportunity to visit our Regional Emergency Communication Center. He celebrated our ACE accreditation and listened to ideas and insights from REMSA Health registered nurses and medical dispatchers.

Quarter 3

January 2022

NEW PARTNERSHIP ANNOUNCED

At the beginning of January, REMSA Health and Truckee Meadows Fire Protection District (TMFPD) announced a new partnership aimed at enhancing emergency services for the Northern Nevada region. The partnership comes as a response to Washoe County’s rapid expansion and growth and the need to provide innovative solutions to emergency medical response.



CAR SEAT SAFETY

REMSA Health’s Nellie Martinez shared information and tips on car seat safety and spoke on the new car seat laws that are now in effect. She also promoted REMSA Health’s Point of Impact events that take place each month to inspect car seat installs to be sure they are properly in place.

Published: Jan. 3, 2022 at 4:34 PM PST



RENO, Nev. (KOLO) - In the past we've shown you "Point of Impact" events about town. These are monthly events where experts in child seats from REMSA check the restraint systems inside of cars to make sure they are properly installed.

"Biggest mistake is the car seat is not installed tight enough," says Nellie Martinez, REMSA Child Passenger Safety Instructor. "And the harness straps are either too loose or the clip is not across the armpit level," she says.

Last year's legislature tightened child restraint systems laws to make sure children in car seats are safer while traveling about.

Children less than or equal to 57 inches and under 6 years of age must ride in a child seat. Prior to this new law, children had to be less than six years of age or up to 57 inches tall to be restrained in a child restraint. Now it's both.

ADAM HEINZ ASKS COMMUNITY TO SAVE 911 FOR EMERGENCIES ONLY

Executive Director of Integrated Health, Adam Heinz, asked the community to call 911 for emergencies only. REMSA Health received a record breaking 299 calls on January 11, 2022 – Not all of these were emergencies. Saving 911 for emergencies helps keep paramedics available for life threatening situations.



REMSA Health’s Executive Director of Integrated Healthcare Appointed to National Registry for Emergency Medical Technicians’ Board of Directors

REMSA Health’s Executive Director of Integrated Healthcare Appointed to National Registry of Emergency Medical Technicians’ Board of Directors

By Christie Yabu

nevadabusiness.com 26 days ago

(Reno, NV) – The Regional Emergency Medical Service Authority (REMSA Health), northern Nevada’s nationally-recognized ground ambulance service is proud to announce, Adam Heinz, REMSA Health’s Executive Director of Integrated Healthcare, has been appointed to the board of the National Registry of Emergency Medical Technicians (NREMT). As the NREMT board member serving...



KRNV & KOLO HELPS PROMOTE REMSA HEALTH'S CAR

SEAT INSPECTION

KRNV & KOLO promoted REMSA Health's free February Car Seat Inspection that was held in Sun Valley. The purpose of these monthly events is to ensure community member's car seats are properly and safely installed for their children.

FREE CAR SEAT INSPECTIONS
SUN VALLEY

- > SATURDAY, FEB. 19
- > SUN VALLEY NEIGHBORHOOD CENTER (115 W. 6TH AVE.)
- > STARTS AT 10 AM
- > REDUCES RISK OF DEATH BY 71%

4 YOUR SAFETY
REMSA TO FILTER 911 CALLS
TO DETERMINE IF USE OF AMBULANCE IS NEEDED

ADAM HEINZ SHARES ASSESS AND REFER CHANGES

Executive Director of Integrated Health, Adam Heinz shared what to expect when community members call 911 for a medical call – REMSA Health dispatchers will determine if an ambulance is required. If an ambulance is not necessary, the patient can be referred to a registered nurse in REMSA Health's Nurse Healthline, recommend to urgent care or to telehealth. Assess and Refer is an in person option where patients will be directed to the proper level of care after they are assessed. This change will help keep ambulances and paramedics available for life-threatening emergencies.

FEBRUARY SOCIAL MEDIA HIGHLIGHT

REMSA Health's Alma Marin shared how our community can help keep their hearts healthy. Karla and Daniel shared a day in the life of a Logistics team member. They ensure REMSA Health's ambulances are always stocked and ready to go!



REMSA HEALTH WELCOMES SENATOR ROSEN'S STAFF

REMSA Health hosted staff members from United States Senator Jackie Rosen's office. Organizational leaders and subject matter experts discussed with them how federal legislation related to out-of-hospital healthcare impacts our organization and employees on a day-to-day basis. We focused on topics that matter to our employees every day including recruitment, retention, and reimbursement.



PULSEPOINT APP

REMSA Health and the Washoe County Health District are partners on encouraging citizens to download the PulsePoint app which notifies app users if someone in proximity to them is experiencing a cardiac arrest. A 30-day social media campaign launched at the beginning of the month; it encourages people to download the app and become a registered user - allowing them to react in real time and become a citizen superhero. If you haven't downloaded the app yet, you can get more information at <https://www.remsahealth.com/news/pulsepoint-to-cover-washoe-county/>.



JENNY WALTERS HIGHLIGHTS NOELLE

Jenny Walters, a Senior Education Coordinator at REMSA Health and Noelle, a high-fidelity birthing simulator in our Center for Integrated Health and Community Education were featured on all three local television stations. The stories focused on how leading-edge technology such as Noelle – who can bleed, talk, and birth a baby - create realistic scenarios. These scenarios are just one component of many things that set apart our paramedic program from others across the country.



ASSESS & REFER AWARENESS CAMPAIGN

The awareness campaign for our Assess and Refer protocol has launched across the community. Highlights from this include: an article on This Is Reno, sponsored credit lines on KUNR, email communication to stakeholders and community members, and flier distribution to social service agencies, physician offices, healthcare related community resources and frequent ambulance transport users. In addition, Adam Heinz participated in a long form interview on KTVN's Face the State about the importance of the public understanding and being open to how the 911 call is changing.



ASSESS & REFER PROTOCOL

REMSA Health responds to approximately 80,000 requests for service per year in Washoe County. Every call is important to us and we follow international protocols to determine the right level of care for callers. But not every call needs an emergency response and transport. In this extended interview with Arianna Bennett at KTVN 2 News, Adam Heinz, Executive Director of Integrated Healthcare talks about the importance of REMSA Health's Assess and Refer protocol. They discuss that by using 911 only for true emergencies and following care guidance from our medical dispatchers, registered nurses, paramedics and EMTs, citizens across Washoe County can help save lives by using 911 appropriately.

Quarter 4

REMSA Health in the News

In late June, REMSA Health hosted a press conference to share a variety of hot-weather and water safety messages. A paramedic crew performed a mock scenario of a pediatric drowning and leaders from our education department shared information about the dangers of leaving children in hot cars, how to watch for signs of heat-related illness and the importance of designating a Water Watcher whenever children are near a body of water. These messages and the related giveaway items including water watcher whistles, water bottles, sun hats, spf-rated shirts, sunblock and Look Before You Lock window decals are provided by and funded through our partnership with the Washoe County Health District.

Community News

The "Choose The Right Care" campaign - intended to build awareness and adoption of alternative patient navigation pathways - continues to roll out information to community members about our Assess and Refer, Nurse Health Line, Alternate Destination Transport and telehealth protocols through email blasts, media pitches and community presentations, paid advertisements, and sponsorships

Employee News

In celebration of EMS Week, REMSA Health hosted events that included a hosted food truck, a co-first response partner barbecue, an employee/family bowling event, and the Employee Awards and Appreciation luncheon event where we distributed 15 awards and 60 certificates of recognition. Plus, twice during the week, our Ground Operations, Dispatch and Clinical leaders hosted made-to-order breakfast burritos and grilled cheese sandwiches from 0330 - 0900. That was a huge hit! Executive leaders met up with crews where they spend time during their shift - at the hospitals. They rounded with providers to deliver refreshments, chat, answer questions and express appreciation.

Industry News

In mid-April, REMSA Health's medical director, Dr. Jenny Wilson along with our Senior Procurement Specialist, Josh Duffy and our Logistics Supervisor, Jake Duffy were part of a panel on a national webinar hosted by the Academy International Mobile Health Integration (AIMHI). Their topic was Mitigating Supply Chain Shortages. They received outstanding feedback and did an excellent job representing our region.

REMSA Health is pleased to announce that Adam Heinz, REMSA Health's Executive Director of Integrated Healthcare, has been appointed to the board of the National Registry of Emergency Medical Technicians (NREMT). As the NREMT board member serving on behalf of the American Ambulance Association (AAA), Adam will represent the interests, standards and policies of the AAA while collaborating with the NREMT to advance quality patient care and public protection. The NREMT board is composed of some of the most prominent figures from all segments of the Emergency Medical Services (EMS) community.

General REMSA Education Statistics for FY 2021-22

Paramedic students graduated: 19

AEMT students graduated: 37

EMT students graduated: 65

EMR students graduated: 39

CPR training under training center: 13,750

ACLS training under training center: 1,323

PALS training under training center: 768

PHTLS training under training center: 85

Kid Care babysitting: 125

Bloodborne Pathogen Education: 114



Community outreach:

Newly trained Child Passenger Safety Techs: 21

Car seats installed and inspected: 696

Car seats distributed: 176

Adults educated on car seat safety: 707

Point of impact community events: 15

Cribs for Kids Safe Sleep Training students: 31

Cribs for Kids Survival Kits Distributed: 1020

Pedestrian safety information in-person contacts: 1031



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 ILA.

The EMS regional performance analyses in this section utilizes the EMS incident calls reported in Sparks Fire Department, Reno Fire Department, and Truckee Meadows Fire Protection District jurisdictions from Fiscal Year 2022 (July 1, 2021, through June 30, 2022). The evaluation of the regional EMS performance system spans from initial 9-1-1 PSAP call received to EMS agency 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).

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

Table 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, FY22								
REMSA Priority	RFD		SFD		TMFR		Total	
	Number	%	Number	%	Number	%	Number	%
0	227	0.5%	70	0.5%	42	0.5%	339	0.5%
1	20,675	49%	5,444	42.6%	3,637	39.8%	29,756	46.5%
2	12,955	30.7%	3,645	28.5%	2,550	27.9%	19,150	29.9%
3	4,995	11.8%	2,179	17.3%	1,821	19.9%	8,995	14.1%
9	893	2%	611	4.7%	413	4.5%	1,917	3%
No Match	2,380	6%	816	6.4%	667	7.3%	3,869	6%
Total	42,125	100%	12,765	100%	9,130	100%	64,020	100%

Table 2 summarize the distribution of matched calls between REMSA Health and Fire by REMSA Health Priority levels. Approximately 77% of EMS incident calls between REMSA Health and Fire were in Priority 1 and Priority 2 level response category for Fiscal Year 2022.

Table 3: EMS Response Travel Time for Priority 1 and Priority 2 Calls Matched to REMSA Health, <u>Fire Enroute</u> to Arrival Times, FY19 to FY22				
Fiscal Year	Median	Mean	90th Percentile	Number of Calls Analyzed
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
2022	05:20	06:07	09:32	46,482

Table 4: EMS Response Travel Time for Priority 1 and Priority 2 Calls Matched to Fire, <u>REMSA Health Enroute</u> to Arrival Times, FY19 to FY22				
Fiscal Year	Median	Mean	90th Percentile	Number of Calls Analyzed
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
2022	05:59	07:09	12:05	48,668

Table 3 and Table 4 summarize REMSA Health and Fire response travel time for Priority 1 and Priority 2 EMS incidents, independent of first arriving agency to the scene. The number of calls available for analysis for Priority 1 and 2 calls combined increased by 25% in Fiscal Year 2022 compared to Fiscal Year 2021. The region continues to see record call volume in the region as population growth and demand for medical services increase in Washoe County.

Table 5: Patient Perspective from Time Call Answered to First Arriving Agency FY20 to FY22				
REMSA Health Priority	Patient Perspective Median Time			
	FY20	FY21	FY22	Delta Change FY20 – FY22
0	07:21	08:43	07:21	NO CHANGE
1	06:38	07:06	07:07	0:29
2	07:03	07:39	07:34	0:31
3	07:46	08:43	08:56	1:10
9	08:00	09:16	09:56	1:56
All	06:54	07:29	07:32	0:38
Number of Calls Analyzed	47,865	48,671	58,960	-

Table 5 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 2022, median time patient perspective for all call type is seven minutes and thirty-two seconds. For Priority 1 calls, the patient perspective median time increased by 29 seconds.

Table 6: Arrival on Scene, All Matched Calls between REMSA Health and Reno Fire Department, Sparks Fire Department, and Truckee Meadows Fire Department, FY22

Arrival On Scene	REMSA Health Priority											
	0		1		2		3		9		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
REMSA First	15	4.4%	13,536	45.5%	7,324	38.2%	1,378	15.3%	171	8.9%	22,424	37.3%
REMSA Only-Fire Canceled	13	3.8%	2,768	9.3%	2,144	11.2%	3,164	35.2%	781	40.6%	8,870	14.7%
Fire First	16	4.7%	11,311	38.0%	7,470	39.0%	2,736	30.4%	471	24.5%	22,004	36.6%
Fire Only-REMSA Canceled	71	20.9%	556	1.9%	895	4.7%	669	7.4%	126	6.6%	2,317	3.9%
Same Time	4	1.2%	1,263	4.2%	751	3.9%	554	6.2%	123	6.4%	2,695	4.5%
All Canceled	220	64.9%	322	1.1%	566	3.0%	494	5.5%	250	13.0%	1,853	3.1%
Total	339	100.0%	29,756	100.0%	19,150	100.0%	8,995	100.0%	1,922	100.0%	60,163	100.0%

Table 6 shows equal distribution of first arriving agency on the scene between REMSA Health and Fire during Fiscal Year 2020. Analysis of 60,163 calls show REMSA Health arrives to the scene first for 45.5% of all Priority 1 calls. 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.

Figure 4 : Arrival on Scene Statistics, All Matched Calls between REMSA Health and RFD, SFD, and TMFR, FY22

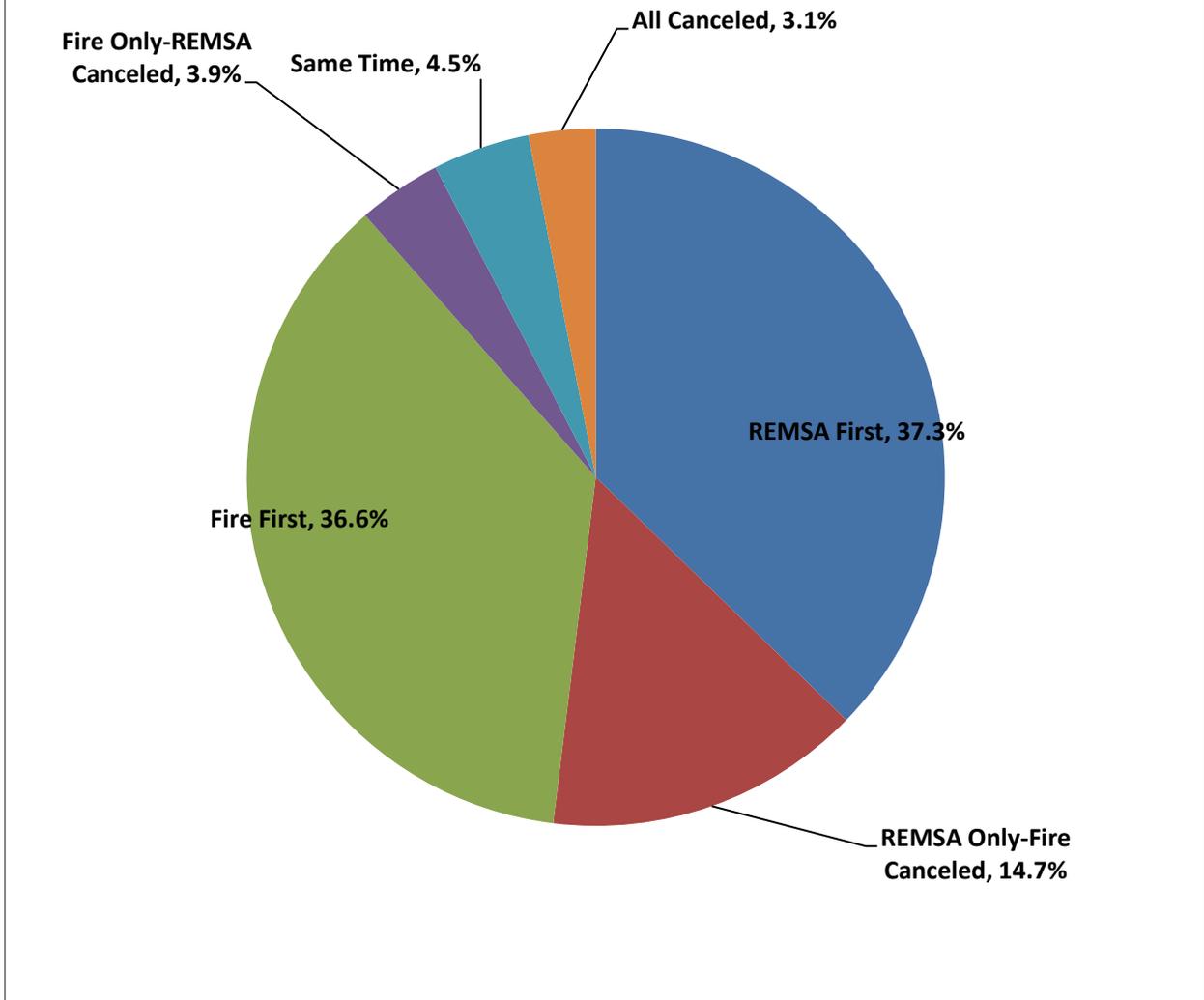


Figure 4 is a visual summary of total distribution of arrival on scene statistics presented in Table 6. Irrespective of call priority, the chart shows equal distribution of calls (37%) where Fire or REMSA Health were on the scene first. Approximately 19% of calls in Fiscal Year 2022 were responded by either REMSA Health or Fire, without co-responding agency.

Jurisdictional Performance

As outlined within the ILA 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 plan³:

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 Plan⁴:

- 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 7. Fire Enroute to Fire Arrival: From Station to Scene, All Priority Call Types						
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
2022	05:29	06:06	09:35	05:38	05:18	34,807

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

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

³ REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

⁴ 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 8. Starting Fiscal Year 2021, SFD does not respond to Priority 3 – low acuity calls in the City of Sparks. Priority 1 (life threatening emergencies) call volume in City of Sparks increased by 12.6% (or 751 calls) in Fiscal Year 2022 compared to Fiscal Year 2020 (Table 8). The travel time (response time) as measured from enroute to arrival for each of the Sparks Fire Department (SFD) stations are provided in Table 9. Table 9 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. All calls with complete time stamps provided to the EMS program were included in the analyses.

SFD Priority	Fiscal 2020		Fiscal 2021		Fiscal 2022		Delta Call Volume (FY20 to FY22)
	Number	Percent	Number	Percent	Number	Percent	Percent
1	5,947	53%	6,254	52%	6,698	52%	+12.6%
3	5,121	47%	5,743	48%	6,268	48%	+22.4%
Total	11,068	100%	11,997	100%	12,966	100%	+17.2%

SFD Call Priority	Station 1	Station 2	Station 3	Station 4	Station 5	Total
All Priorities	04:10	04:32	05:05	05:40	05:03	04:40
SFD Priority 1 Calls	03:43	04:07	04:37	05:20	04:39	04:13
SFD Priority 3 Calls	04:55	05:44	06:25	06:33	05:27	05:26

Truckee Meadows Fire Protection District

Truckee Meadows Fire Protection District (TMFPD) serves citizens in all unincorporated areas of Washoe County, not including Incline Village. TMFPD 11 career stations are staffed by Advanced Life Support paramedics. Response times outcomes for TMFPD are reported based on the Regional Standards of Cover Response Time Recommendations as outlined below:

Regional Standards of Cover Response Time Recommendations⁵

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.

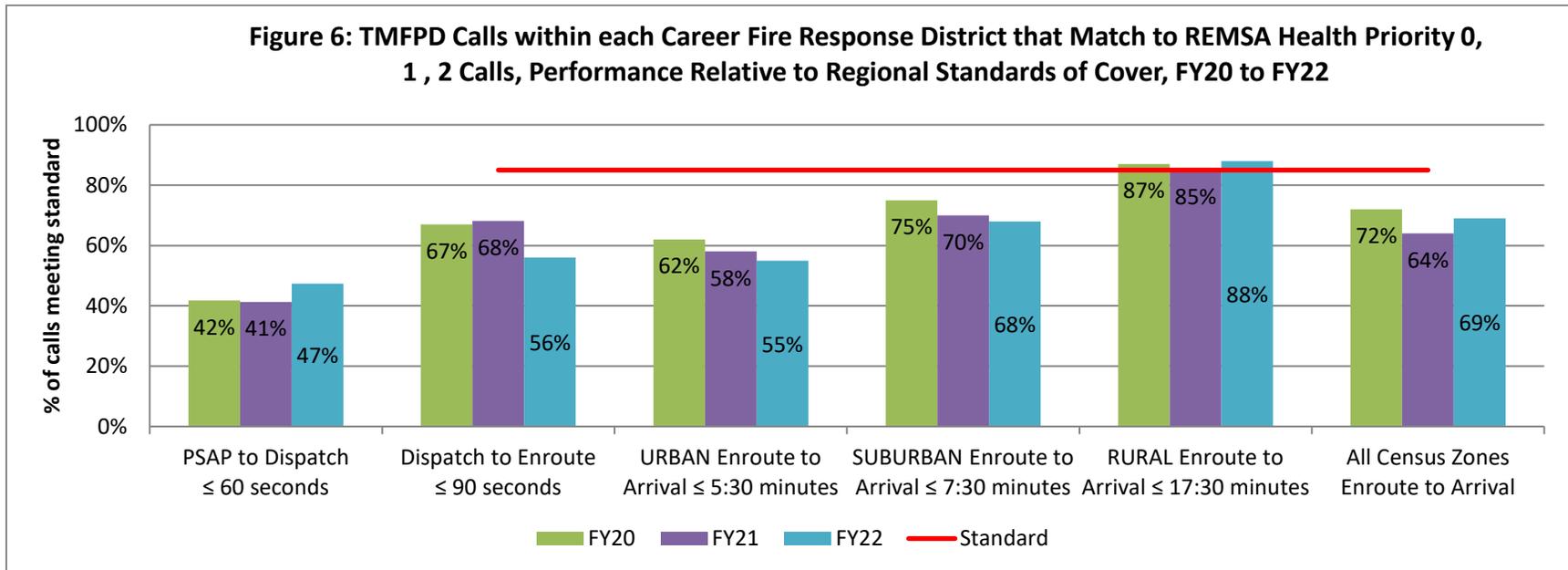
Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical, based on the best effort of response forces.

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.

⁵ Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

Figure 6: Illustrates the percentage of TMFPD EMS calls for service during FY22 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. TMFPD calls for service within each fire response district.
2. Calls that matched to REMSA and were categorized as Priority 0,1,2 calls through REMSA Health’s EMD process.
3. Time stamps measured must be populated.



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

Table 10: TMFPD Calls within each Career Fire Response District that Matched to REMSA Health Priority 0, 1, or 2 Calls, FY22							
Time Measurement	Standard	Expected Standard	Calls Used	Met Standard		Median Time	Average Time
			Number	Number	Percentage		
PSAP to Fire Dispatch	60 seconds or less	-	5,420	2,567	47%	01:03	01:27
Fire Dispatch to Enroute	90 seconds or less	85%	5,381	3,032	56%	01:22	01:42
Fire Enroute to Arrival							
Urban	5:30 minutes or less	85%	746	412	55%	04:50	05:49
Suburban	7:30 minutes or less	85%	5,081	3,430	68%	05:54	07:25
Rural	17:30 minutes or less	85%	808	709	88%	08:44	10:00
ALL: Fire Enroute to Arrival	depends on density	85%	4,834	3,343	69%	06:03	07:10

Table 10 summarize TMFPD Priority 0, 1, or 2 response performance for Fiscal Year 2022. 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.

Opioid and Overdose Surveillance in Washoe County

Death Certificate (CDC Wonder Data)

Washoe County drug overdose death rates presented in this report are compiled from individual death certificates containing information on primary and contributing causes of death (Figure 7 – Figure 10). Drug overdose data in report was obtained from CDC’s Wide-ranging Online Data for Epidemiologic Research (WONDER) database for 2018-2020 and 2021 provisional data. The classification for disease and/or health conditions that characterize the cause of death are recorded using International Classification of Disease (ICD) codes.

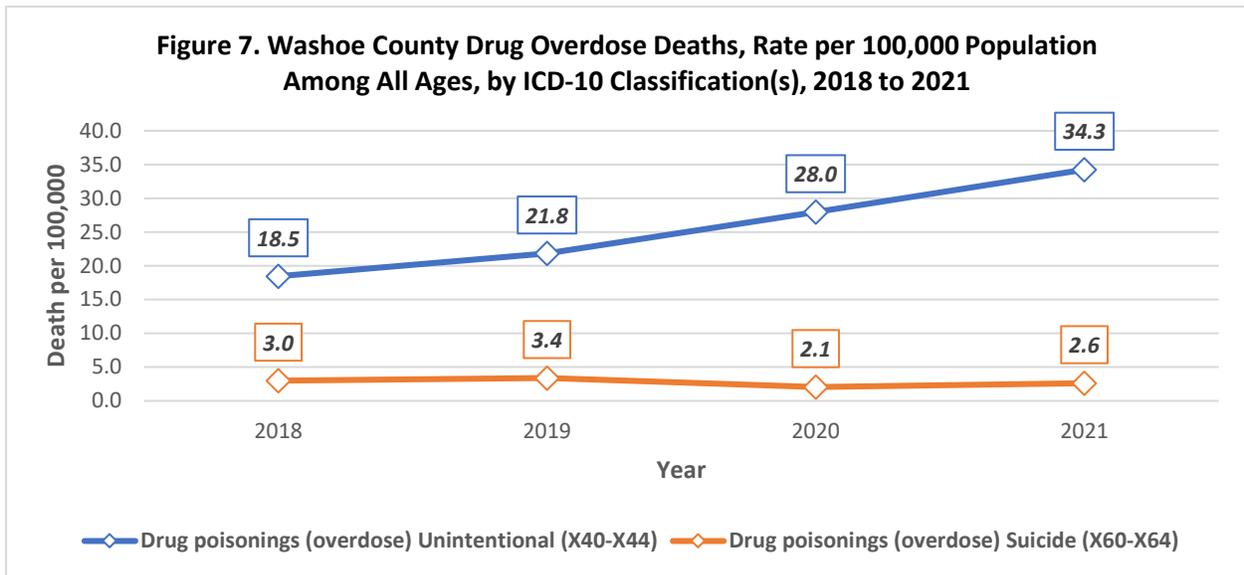


Figure 7: Unintentional drug overdose deaths rate due to unspecified drugs, medicaments, and biological substances is higher than drug overdose deaths due to suicide rate (intentional) in Washoe County. Since 2018, there has been an 85% increase in drug overdose death rates compared to drug overdose death rates in 2021 in Washoe County.

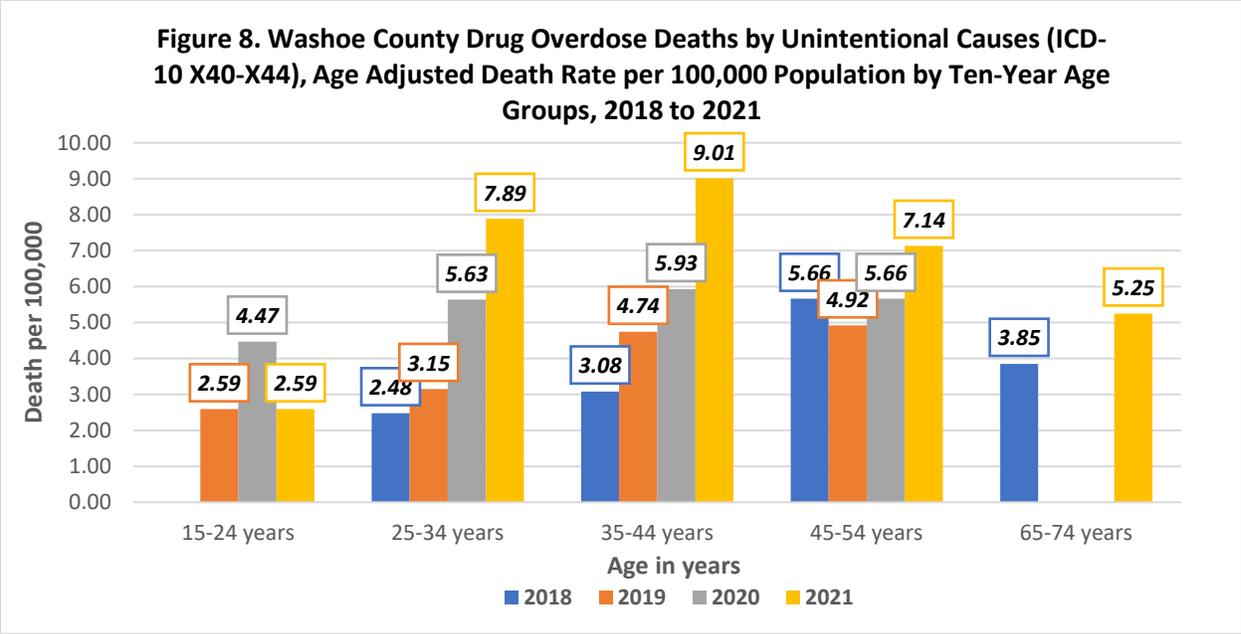


Figure 8: More people between the age of 35 to 44 years old died of drug overdose in Washoe County than any other age group in 2021. The rates shown are age-adjusted rates based on each population group in Washoe County. Missing data for age groups are due to death counts fewer than 10.

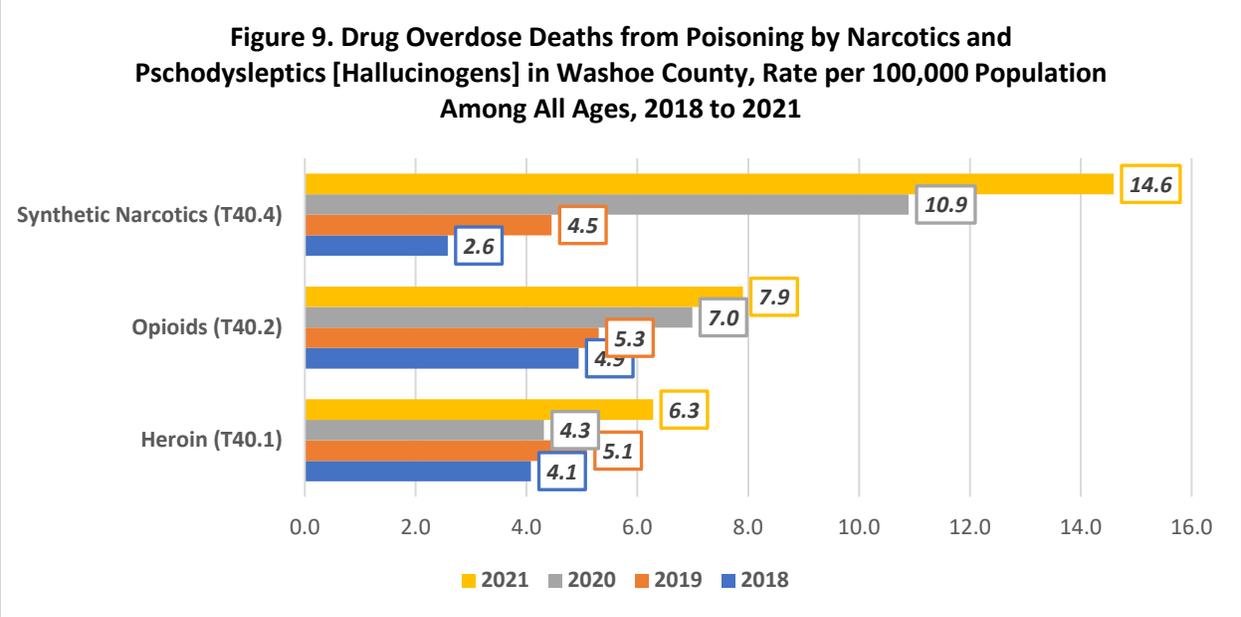


Figure 9: For drug overdose deaths involving narcotics and hallucinogens, 72 deaths were attributed to drug overdose from synthetic narcotics in 2021 (14.6 per 100,000 population), which is more deaths than any other opioid (7.9 per 100,000 population) and heroine (6.3 per 100,000 population) related deaths.

The State of Nevada Prescription Drug Monitoring Program (NVPDMP)

NVPDMP provide county-level statistics on opioid prescription volume, opioid prescriptions per capita, initial opioid prescriptions, high dosage opioid prescribing rate. Prescription data shown here refers to any opioid analgesic-controlled substance prescriptions dispensed including schedule II, III, IV prescription opioids dispensed to patients. Figure 10, 11 and 12 provide summary of opioid prescription rate in Washoe County for three categories of opioid dosages relative to morphine, Morphine Milligram Equivalent (MME). Overall, opioid prescription rate per 100 Washoe residents has declined annually from 2018 to 2021. Opioid dosage of less than 50 MME is most common dosage prescribed to Washoe residents compared to dosages higher than 50 MME.

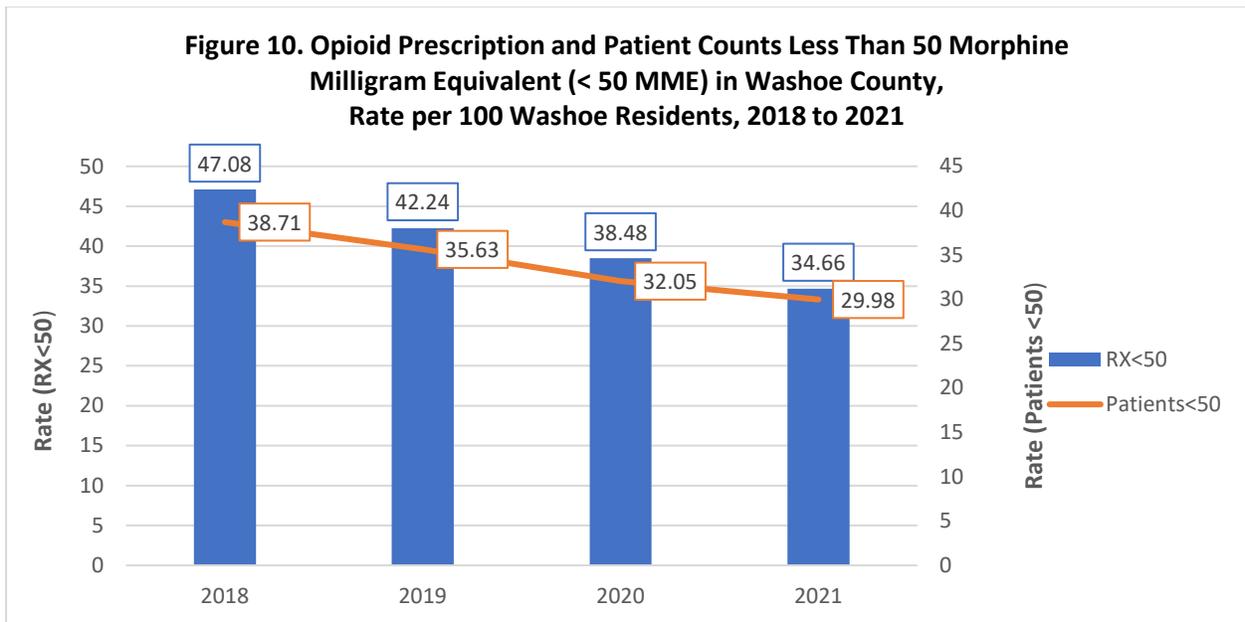


Figure 11. Opioid Prescription and Patient Counts Between 50 to 90 Morphine Milligram Equivalent (50-90 MME) in Washoe County, Rate per 100 Washoe Residents, 2018 to 2021

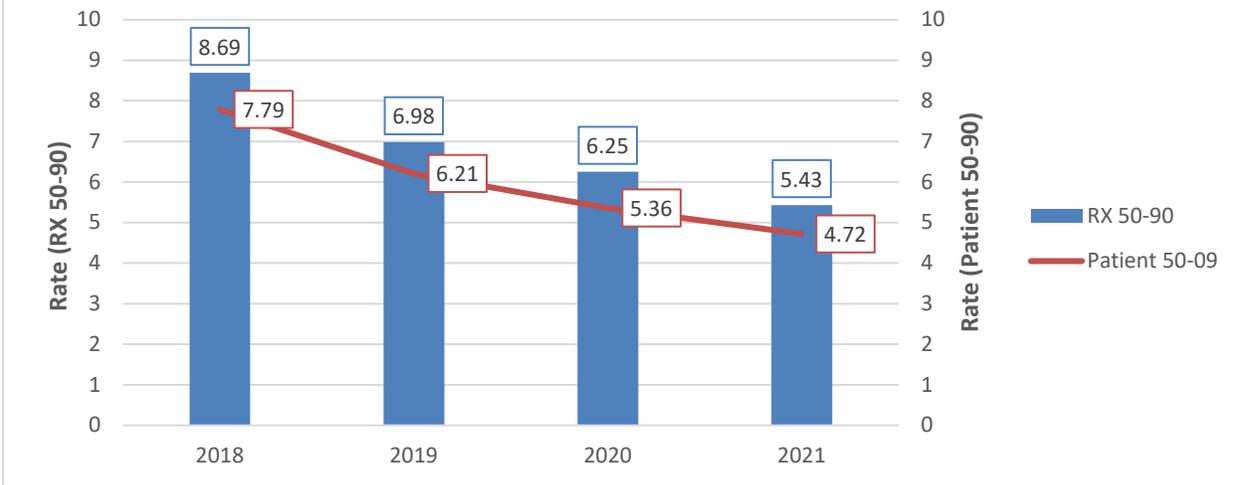
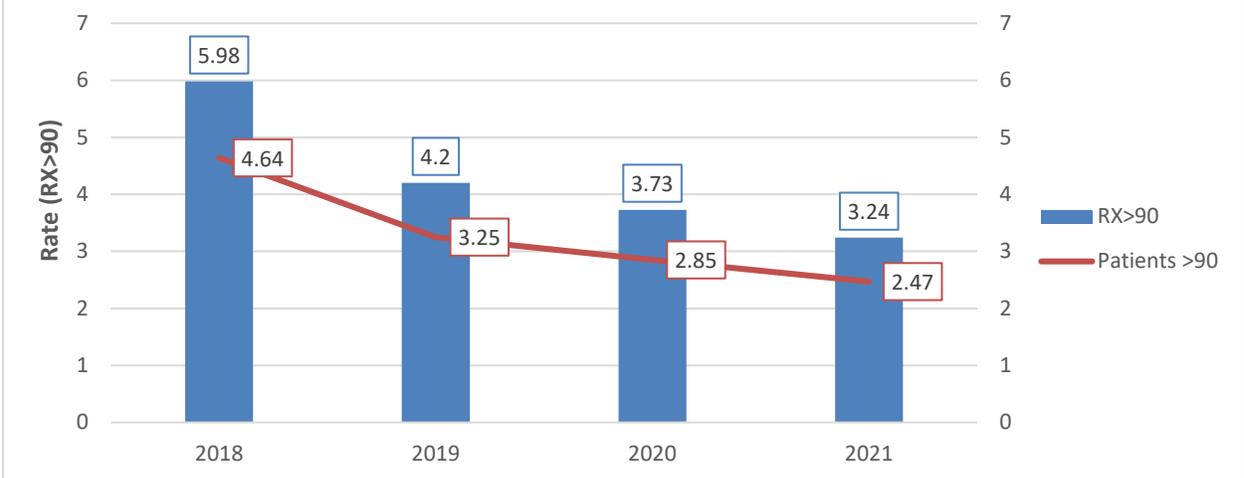


Figure 11 and Figure 12 Patients prescribed higher opioid dosages are at higher risk of overdose deaths. In 2021, five out of 100 Washoe residents were prescribed opioids at 50-90 MME dosage, and 3 out of 100 Washoe residents prescribed opioids at greater than 90 MME. Opioid dosages greater than 50 MME doubles the risk of opioid overdose compared to less than 20 MME dosage (CDC).

Figure 12. Opioid Prescription and Patient Count Greater Than 90 Morphine Milligram Equivalent (>90 MME) in Washoe County, Rate per 100 Washoe Residents, 2018 to 2021



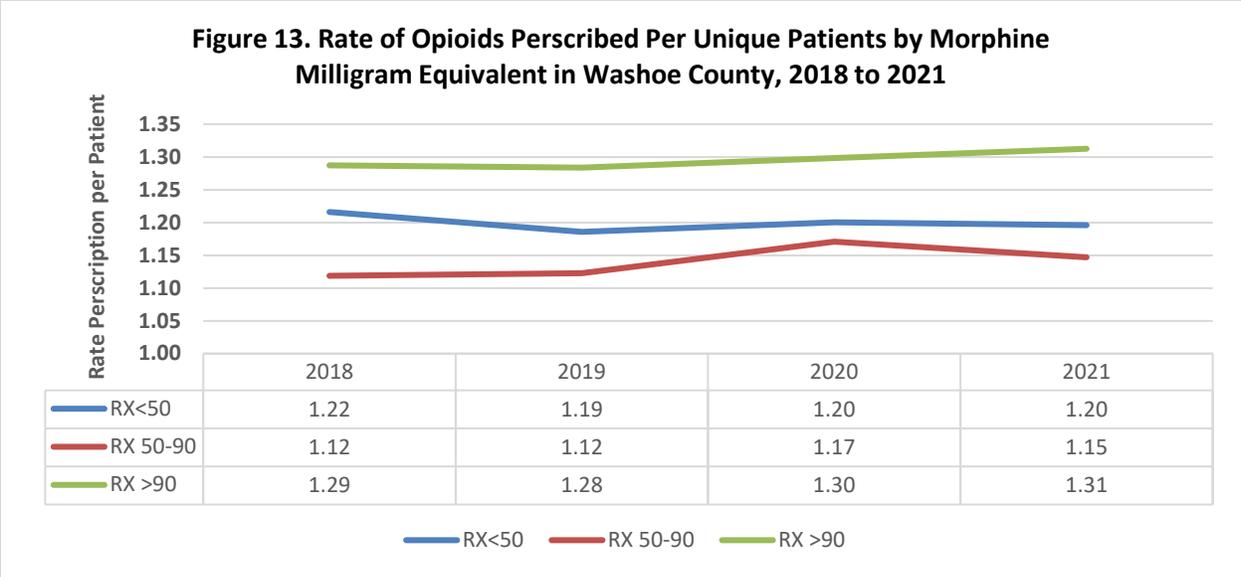


Figure 13 Opioid dosage greater than 90 MME are being prescribed at high ratio than less than 90 MME per unique patient in Washoe County. A person can have more than one prescription. Data are not mutually exclusive and disclosed for the purpose of opioid surveillance to track prescription filled to Washoe residents. Information whether the prescription was taken as prescribed or taken by the prescribed patient is unknown.

8 out of every 100 residents are prescribed opioid dosage >50 MME in Washoe County

Higher opioid dosages leads to higher risk of opioid overdose.

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

Over the course of Fiscal Year 2022 (July 1,2021 to June 30, 2022), 1,525 emergency medical calls for suspected overdose/poisoning were reported in Washoe County, from these calls, approximately 659 or 43% of suspected overdose/poisoning call resulted in patient transport to the emergency room (ER). Suspected overdose calls in the community can also lead to 911 calls for fainting/unconscious, unknown problem/man down. Opioid overdose medical diagnosis is given at the time of care by a physician.

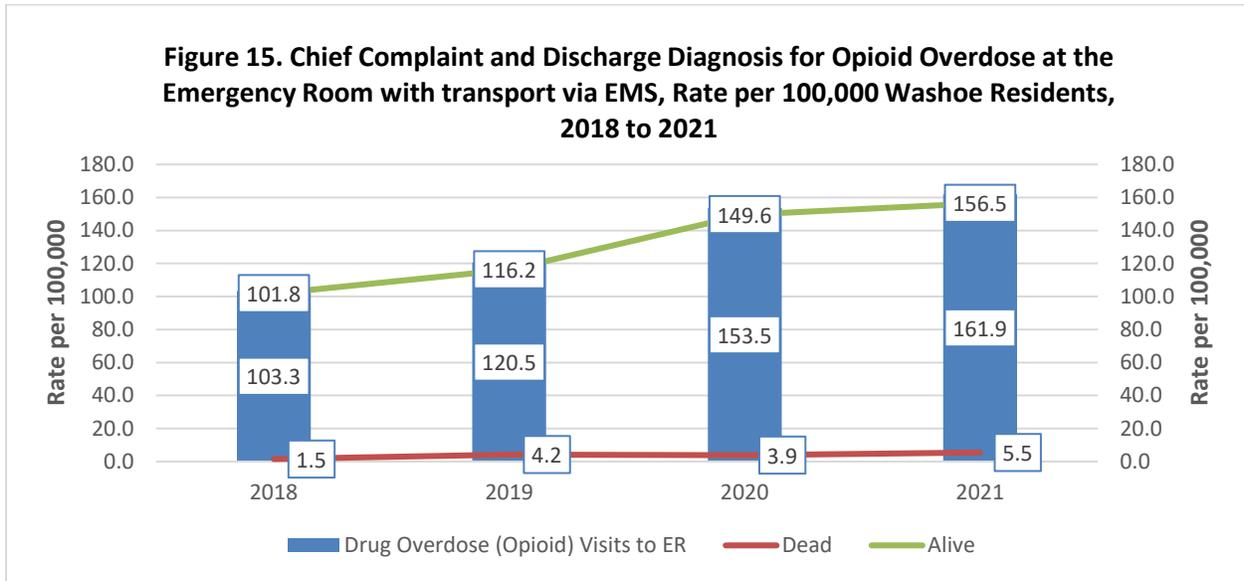


Figure 15 Chief complaint and discharge diagnosis information for opioid overdose related visit is obtained from CDC Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) database to report on survivorship outcomes for patient transported to the ER via EMS. The rate of opioid overdose visits to the ER via EMS in Washoe County increased by 53.7% from 2018 (103.3 per 100,000 population) to 2021 (161.9 per 100,000 population).

Approximately 96% of patients transported to the ER via EMS for opioid overdose do survive and are discharged or transferred to outpatient care facility. Based on ER discharge data, 4% of patients transported to the ER by EMS for opioid overdose related admission die at the hospital. In this analysis, the number of opioid overdose due to potential medication-assisted treatment vs. misuse/abuse of opioid were not determined. However, high survivorship outcome among opioid overdose patients admitted to the ER via EMS suggest high efficacy and quality life-saving medical interventions provided by our EMS provider and hospital system in Washoe County.

About the Washoe County EMS Oversight Program

On August 26, 2014, an ILA for Emergency Medical Services Oversight was fully executed between the City of Reno, City of Sparks, Washoe County Board of Commissioners, 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 three and a half (3.5) full-time employees; one (1) part-time Program Manager, one (1) full-time Program Coordinator, one (1) full-time Program Statistician, and one (1) part-time Office Support Specialist and one (1) part-time Administrative Secretary. 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)⁶
- 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.

⁶ 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 interface⁷
4. Work cooperatively with the EMS Oversight Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems, and protocols evolve
5. Participate in the EMSAB
6. Strive to implement recommendations of the EMS Oversight Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submit recommendations regarding the EMS system to the EMS Oversight Program for implementation or for consideration and possible action by the District Board of Health

⁷CAD-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 FY21-22

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

Training/Exercises

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

EMS Strategic Plan

EMS Oversight Program staff and the EMS partners continued to meet and discuss Strategic Plan goals during the Joint Advisory Committee (JAC) bi-weekly meetings.

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.

Multi-Casualty Incident Plan (MCIP) and Alpha Annex

The Multi-Casualty Incident Plan (MCIP) and Alpha Annex are plans for EMS agencies and healthcare facilities responding to an incident involving the transportation of more than 15 patients. The Program invited regional partners to several collaborative review and revision meetings. Agencies also communicated one-on-one with the Program via email and phone calls. The revisions included updated maps and inventory, streamlining burn attachments, and updating hospital baseline numbers. After final revision and review by regional partners, the MCIP and Alpha Annex presented to the Inter-Hospital Coordinating Council June 10, 2022. Both the MCIP and Alpha Annex were approved and signed by the Chair of the Inter-Hospital Coordinating Council and the District Health Officer in June of 2022.

Community Services Development (CSD) Memo Review and Special Events

The Program continued to review memos for environmental impact related items as well as special event/mass gatherings. In FY22, the Program reviewed eighty-one (81) environmental based memo items and eleven (11) special events-based memo items.

Regional Washoe County EMS Protocols Task Force

The Washoe County EMS Protocols is a regional patient care document for pre-hospital care EMS providers. This project began in 2017 and was objective 5.1 of the Washoe County Five-Year EMS Strategic Plan (2017-2021). The EMS Protocols Task Force is comprised of two representatives from each Fire and EMS agency and meets on a quarterly basis to develop, revise, or delete protocols. The Program is

responsible for ensuring the approved revisions are updated for physical copies and for use via the phone application. The latest revision was completed in July of 2022.

EMS Oversight Program Goals for FY23

The current EMS Oversight Program projects for the next fiscal year are separated into two sections: reoccurring and new.

Reoccurring:

Command Vehicle Kit Distribution

The distribution of a total of over 475 Command Vehicle Kits, in conjunction with the Assistant Secretary for Preparedness and Response (ASPR) grant for Healthcare Preparedness Program (HPP), is scheduled for completion in FY2023. 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.

Joint Advisory Committee

The Joint Advisory Committee (JAC) has been meeting on a bi-weekly or monthly basis. The JAC continues to be the forum for regional communication and agreements. For the FY2023, the JAC will be involved in a Data Sharing Agreement (DSA) between the regional Fire and EMS agencies. This will allow agencies to request data from partners for specific purposes and additionally, to request permission for publication of anything created with that data. The JAC will also use meetings, as needed, to focus on the creation of the Strategic Plan for 2024-2029. The Program is working with partners to review the current Strategic Plan and carry over goals not met, as well as creating new, and effective, regional EMS goals.

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.

Trainings

The Program will continue to offer Mass Casualty Incident Plan (MCIP) and Mutual Aid Evacuation Agreement (MAEA) trainings. These are offered monthly for attendees of mixed disciplines. Agencies are also able to request personalized trainings that include training and a short exercise specific to their use and responsibilities with each plan.

New:

CAD-to-CAD Interface

Although, CAD-to-CAD interface has a strategic plan item and updates were provide to EMSAB on occasion, it is not until this current fiscal year has a workgroup been established and focusing on regionalized dispatch opportunities. The District Health Officer has been participating on behalf of the Health District and Program. At this time, the associated workgroup meets bi-weekly.

Community Services Development (CSD) Memo Review

EMS Oversight Program staff continue to work with CSD, and partner agencies, to better understand and define the Programs role in memo review for environmental based permits. The Program is gathering information about responsibilities and needs to define roles and ensure clear, and accurate, communication between agencies and departments.

Mutual Aid Evacuation Agreement (MAEA)

During FY2023, the review and revision of the MAEA plan will begin. The Program will work with stakeholders in the region ranging from Fire and EMS agencies to hospital systems, surgical centers, long-term care, skilled nursing, and memory care facilities. The Program will also continue to support community partner understanding and use of these policies through scheduled trainings with larger groups and individual agencies.

REMSA Franchise Agreement

In the beginning of FY2023, the Program assisted the JAC with a workgroup focused on the REMSA Franchise Agreement. With the permission of the District Board of Health (DBOH), a JAC Workgroup was created to work collaboratively to revise the Franchise Agreement. This workgroup included representatives from Reno Fire Department, Sparks Fire Department, REMSA Health, Truckee Meadows Fire Protection District, the Reno-Tahoe Airport Authority Fire Department, and the EMS Oversight Program. The initial focus of the workgroup was to specifically address Article 2.3 Level of Care to allow for the implementation of a tiered emergency medical services response system. Through the workgroup revision process, other sections of the Franchise became necessary for revision to ensure continuity and understanding of process (Article 1.1 Definitions) as well as follow up and visibility (Article 12 Reporting). The workgroup met from April of 2022 through July of 2022. The DBOH voted to approve the proposed changes July 28th, 2022.

Special Events/Mass Gatherings Review

The Program will continue to work with the District Health Officer and partner agencies, and jurisdictions, to understand the best way to assist in the application/permitting process of Special Events/Mass Gatherings. The Program will also focus on revising, or creating, processes associated with the review and approval as well as the inspections, as needed. At this time, the Program has noted many opportunities that could be considered for Program involvement, and scope of involvement, in the future.