

John Slaughter, Chair
County Manager
Washoe County

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

Steve Driscoll
City Manager
City of Sparks

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

Andrew Clinger
City Manager
City of Reno

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

Terri Ward
Administrative Director
Northern Nevada Medical Center

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MEETING NOTICE AND AGENDA

**Emergency Medical Services
Advisory Board**

Date and Time of Meeting: Thursday, March 5, 2015, 9:00 a.m.
Place of Meeting: Washoe County Health District 1001 East
Ninth Street, Building B, South Auditorium
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

- *1. Call to Order**
- *2. Determination of Quorum**
- *3. Public Comment**
Limited to three (3) minutes per person. No action may be taken.
- 4. Approval of Agenda**
March 5, 2015 Meeting
- 5. Approval of Draft Minutes**
December 4, 2014 Meeting
- 6. Presentation, discussion and possible approval of the draft EMS Advisory Board (EMSAB) Bylaws, or possible direction to staff to make changes as discussed and bring back to Board for final approval.**
Brittany Dayton
- *7. Program and Performance Data Updates**
Christina Conti
- 8. Presentation, discussion and possible approval of the Washoe County EMS Oversight Program final data report for Quarter 2.**
Christina Conti

***9. Presentation by Chief Moore regarding the licensure of a transport ambulance for Truckee Meadows Fire Protection District.**

Christina Conti

10. Presentation, discussion and possible direction to staff to work with REMSA and regional fire agencies to develop a Fire EMS training calendar to be presented to the District Board of Health for possible approval.

Brittany Dayton

11. Presentation, discussion and possible approval or direction to staff regarding REMSA exemption guidelines.

Christina Conti

***12. Board Comment**

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

***13. Public Comment**

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

14. Adjournment

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a "\$."

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later.

The Emergency Medical Services Advisory Board meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2415, at least 24 hours prior to the meeting.

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

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

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

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the Emergency Medical Services Advisory Board, is the person designated by the Emergency Medical Services Advisory Board to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at dspinola@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD MEETING MINUTES

Members

John Slaughter
Kevin Dick
Steve Driscoll
Andrew Clinger
Dr. Andrew Michelson
Terri Ward

Thursday, December 4, 2014
10:00 a.m.

Washoe County Administration Complex
Health District South Conference Room
1001 East Ninth Street
Reno, NV

The Emergency Medical Services Advisory Board met on Thursday, December 4, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order, Pledge of Allegiance

Chair Slaughter called the meeting to order at 10:02 a.m.

2. Determination of Quorum

The following members and staff were present:

Members present: John Slaughter, Manager, Washoe County, Chair
Kevin Dick, District Health Officer, Vice Chair
Steve Driscoll, Manager, City of Sparks
Terri Ward, Hospital Continuous Quality Improvement
Representative, Northern Nevada Medical Center
Dr. Andrew Michelson, Emergency Room Physician, St. Mary's

Members absent: Andrew Clinger, Manager, City of Reno

Staff present: Leslie Admirand, Deputy District Attorney
Dr. Randall Todd, Division Director, Epidemiology & Public Health
Preparedness
Christina Conti, EMS Program Manager
Brittany Dayton, EMS Program Coordinator
Elena Varganova, Statistician
Dawn Spinola, Administrative Secretary

3. Public Comment

Chair Slaughter opened the public comment period.

Charles Moore, Chief of the Truckee Meadows Fire Protection District (TMFPD), informed the Board that on December 9, staff will be making a recommendation to the Board of Fire Commissioners to license an ambulance currently based at Bower's Mansion. The purpose of the recommendation is to have an additional resource that can be utilized as well as made available to regional partners. TMFPD will conduct discussion with REMSA regarding establishing a mutual aid partnership, similar to partnerships already established with other fire

districts. He stated for the record that TMFPD honors REMSA's franchise rights and this action was not intended as an encroachment.

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

4. Approval of Draft Minutes

October 30, 2014 Meeting.

Mr. Driscoll moved to approve the minutes as submitted. Mr. Dick seconded the motion which was approved five in favor and none against.

5. EMS Program Update

Presented by Ms. Conti

Ms. Conti discussed an update to the 800 MHz portion of the report, informing the Board that another meeting had been conducted which continued the forward momentum of efforts.

Chair Slaughter noted he had been approached regarding Washoe County sponsorship of REMSA's 800 MHz system. He intends to gather all affected parties together to discuss the topic.

6. Presentation and Discussion of the Washoe County Health District EMS Program to include the history of the program, its current duties under the Interlocal Agreement for Emergency Medical Services Oversight and future goals with possible recommendation for prioritization of duties and goals.

Presented by Dr. Todd, Ms. Conti and Ms. Dayton

Ms. Conti explained the purpose of the presentation was to make sure everyone had the same level of knowledge about the EMS Oversight Program (Program), to include the history and future goals.

Ms. Dayton provided the historical overview, explaining the Interlocal Agreement (ILA) and Franchise Agreement (FA) progressions, as well as the development of the Program. She explained that in April of 2013, program staff was able to collect and analyze response data from all EMS responders for the first time. At the time, the REMSA data included transports only. The compilation demonstrated the need for more data-driven decisions in the County.

Ms. Conti went on to explain the EMS Advisory Board and the Program were developed through the most recent ILA as a result of recommendations provided by the Fundamental Review team. She outlined the current staffing status of the Program. Additionally, she listed the eight duties it was responsible for, as outlined in the ILA. She stated that after a few slides were presented and other items were discussed, staff would explain the next steps, which are recommendations based on these eight duties that are outlined. They would request guidance on the possible direction that the Program could go.

The Program has developed procedures relating to investigation, privacy and security. The investigative procedure was written in a memo signed by the District Health Officer (DHO) and distributed to the EMS agencies. It outlines the expectations of the Program if there is a concern about a call. The goal is for the agencies to work together to come up with

a solution prior to engaging the Program. If that is not achievable, Program staff will intervene. The privacy and security procedure was developed to ensure that all members understand information must be HIPAA compliant.

Dr. Todd explained the agencies were submitting data on a monthly basis and the Program was able to directly access the data of two of them. One of the challenges they faced was matching the data, as the agencies do not always reference a location in the same manner, impeding the ability to match up the calls. New software is assisting staff in arriving at probabilistic matches. Records that do not match are reviewed manually.

Dr. Todd noted the data compilation allowed the Program to extract data in various ways, providing the opportunity to study a specific area if requested. Wingfield Springs, known as Zone 5.1, is one example.

Dr. Todd explained basic principles of Statistics and the assumptions used when compiling data. Ms. Conti informed the Board the report contained data for Quarter 1 due to all the data being submitted in mid-November. The report could only include the calls matched by the linking software, so was preliminary. Staff will update the report as the remaining data is matched manually and a final version will be submitted to the Board. Ms. Conti guided the Board through a tour of the data and explained apparent discrepancies.

Dr. Todd noted the times shown represented when the clocks stopped and started. REMSA's clock starts when they have finished their Emergency Medical Dispatch (EMD) process and stops when their unit arrives on scene and radios dispatch. He noted the Priority 1 (P1) number is what is used for compliance. Ms. Conti further explained that part of their job was to investigate outliers.

Mr. Driscoll asked about the investigation procedure and reporting methodology for the outliers. Ms. Conti explained staff had the ability to track down the call data from the users and to ask them to supply any information regarding the amount of time the response required. Program staff would review the information and respond to REMSA and/or the Fire agencies with what they had found and provide recommendations to alleviate any problems. She reiterated that it would be up to the agencies to work together first to solve any problems but the Program staff would get involved if necessary.

Ms. Ward asked what the time frame was for mitigating outliers. Ms. Dayton explained the investigation portion was limited to 30 days, and after the meeting with the agencies, the letter was to go out within 10 days. She further explained outliers would not necessarily trigger investigations but would be reviewed internally. If a pattern was detected it would rise to the level of investigation.

Mr. Dick suggested the date range for the data appear on the cover page and be added as a footer. He also opined it would be helpful if the data was presented for the system as a whole. Lastly he requested staff add an analysis of the data, examining such aspects as why REMSA generally arrives after Fire during the daytime but prior to Fire during the nighttime.

Mr. Dick asked how the data was being presented to and utilized by the agencies. Ms. Conti noted the final version will include an analysis. At this time, staff has not developed a procedure for presentation of the material to the agencies, although the data is sent to all of them. Ms. Dayton opined they anticipated meeting with each agency on a monthly or quarterly basis to review the information.

Dr. Michelson asked if plans to mitigate outliers would be shared with all agencies for learning purposes. Ms. Conti explained that to date they had not ascertained whether or not

that type of sharing was appropriate but opined there would be value in that approach from the lessons learned perspective.

Mr. Driscoll asked if a trend developing in one agency would be shared with the other agencies, and if so, how. Additionally, he asked if trend analysis would possibly rise to the level of the Board as they were charged with establishing standards and protocols. Ms. Conti acknowledged that when staff begins trend analysis, it is their intent to share their findings with all of the ILA partners and the Board. Optimally that would include North Lake Tahoe and Gerlach as well.

Ms. Ward asked if the target goals could be included in the graphs for reference and Ms. Conti opined that would be valuable and stated staff would provide it in future reports.

Chair Slaughter asked if clock start and stop times were defined similarly between agencies. Ms. Dayton explained Fire clock start time is the alarm time at the station, which occurs when a 911 call is received at the Dispatch center and the critical information is gathered. That information is what the dispatchers use to “alarm” the fire station of a call. REMSA clock start time occurs typically after Fire has already been dispatched. The call is transferred to REMSA dispatch and their clock starts after they receive three pieces of information, which is location, phone number and chief complaint. Generally speaking, the clock start time difference is 45 seconds from the time the call is received to dispatching an ambulance for REMSA. If there are challenges determining the priority level of the complaint, the clock start difference may be up to two minutes.

Mr. Driscoll noted for the record the system is designed to have ambulance service leaving after Fire.

Dr. Todd noted the report does not include Public-Safety Answering Point (PSAP) data, although some had been received, and will be useful going forward to answer certain questions. That was how the 45-second time difference was initially uncovered. It was also discovered that REMSA’s Emergency Medical Dispatch (EMD) process may add approximately another 45 seconds. Staff may request the Board’s assistance in obtaining more PSAP data to make the process more robust.

Chair Slaughter opined all of the regional partners needed to agree on clock start and clock stop criteria. Ms. Dayton explained all of the partners had met to discuss and clarify definitions to verify consensus.

Mr. Dick pointed out response zones and times for REMSA were formalized in the FA. Those same criteria are not established for Fire or the system as a whole. Development of those response standards across the entire system is a goal for the Program and the Board.

Chair Slaughter suggested the report include definitions.

Ms. Ward asked if the data that had been collected in April of 2013 marked the start of the data collection process. Ms. Conti clarified that had only been a one-month look. The ILA allows them to collect the data, so this is the only data that we have so far in its complete form, that is all calls, not just transport, which is what April was, just transport data. The current report establishes the baseline.

Chair Slaughter asked what happens to start and stop times when priority levels change. Ms. Dayton explained the clock starts over at the time the priority is re-designated, even if the unit is already in transit. Also, if, for example, a call started as a P3 and was changed to a P1, the response data would be reported in the P1 category. Mr. Driscoll requested offline

discussion regarding clarification of what it means when the clock starts over and how that figure is melded into the reported statistics.

Dr. Todd explained the P1 tracking was a compliance convention, but there was a variety of ways staff may look at the data for overall quality and system performance. He noted the client does not concern themselves with the call levels, only the amount of time that passes between when they call and when an EMS professional arrives.

Chair Slaughter pointed out the change from P3 to P1 could affect the reported response time and throw off the numbers. Mr. Gubbels explained priority upgrades could only happen in two ways. A responder on scene could upgrade the patient or the caller could call back to report a change in condition. This occurs generally only approximately a maximum of two to three times out of 5,000 requests for service.

Mr. Driscoll thanked staff for the report. He noted it was a lot of work, was nicely organized, and that everyone understood it was a work in progress that would evolve over time. He noted it had been in the works for a long time to have the data available.

Chair Slaughter asked if documentation was available describing the excluded geographical areas of North Lake Tahoe and Gerlach and why they were excluded from the FA. DDA Admirand stated she could provide those historical documents to the Board.

Chair Slaughter asked how sub-regions would be identified. Ms. Conti explained areas of concern can be identified by EMS staff, citizens or the Board, and mapped. Staff can pull and review data for those sub-regions. The jurisdictions will receive reports for their entire area and separate reports for each of the identified sub-regions.

Ms. Conti explained that as an example, staff will be closely studying the Gerlach area statistics, as Gerlach EMS staff are responding to out-of-county calls, taking resources from Washoe County citizens. Chair Slaughter stated he, the Board of County Commissioners and others were interested in the specifics of the Gerlach response area, as well as the Wadsworth, South Valleys/Washoe Valley and Mount Rose Highway areas. In answer to the question posed by Ms. Conti, Chair Slaughter indicated Program staff and the EMS partners should work together to define specific areas that were not already established.

Ms. Dayton explained that Chief Garrison from City of Sparks Fire had previously identified Zone 5.1 and had provided Program staff with a year's worth of data for that area to analyze. She pointed out the sub-regions may have only a small amount of data. As an example, 5.1 reported 33 calls between July and September. What may happen is that staff will not conduct an analysis as frequently as a quarter, because 33 calls is not going to be statistically significant for review purposes. Staff prefers to wait until there are a higher number of calls so they may analyze trends. The information would be included in the report, but the detail would be submitted when there were a more significant number of calls.

Ms. Conti asked the Board if they would like to set a threshold for review, be it a number or a designated amount of time. Mr. Driscoll opined it should be at the user's discretion, if it was not too much work for staff.

Ms. Conti recommended the Board consider tasking the Program with working with the Medical Advisory Committee. There was a possibility for integration between the Committee and the EMS Advisory Board for the purpose of working together and avoiding duplication of effort. Additionally, Ms. Conti recommended the Board direct Program staff to develop a five-year strategic plan, as outlined in the ILA.

Ms. Conti reminded the Board they were currently scheduled to meet quarterly, with the first meeting being held March 5, 2015.

DDA Admirand pointed out the action listed on the agenda is a recommendation to staff for the prioritization of the duties and goals of the Board and opined that is what staff was looking for. She noted the staff report contained a list of the duties of the Board, and that may provide guidance to the Board as to what they are considering the priorities for the Program staff to be focusing on. Ms. Conti summarized, noting the list contained the duties of the Program as outlined in the ILA and the remainder were the possible suggestions for next steps.

Mr. Dick opined all of the Program duties listed were very important and stated he was reluctant to try to establish priorities for the goals. He suggested the Program identify the areas noted earlier as the priority sub-regions for analysis and evaluation.

Mr. Dick proposed they accept the presentation and recommendation without prioritization of the duties and goals and to identify the sub-regions for analysis. Mr. Driscoll seconded for discussion. He noted that the City of Reno, not present at the meeting, also had a vested interest in the map and may also identify other sub-regions. **Therefore, Mr. Driscoll was willing to accept the motion as presented,** recognizing they may be modifying the direction somewhat based on the input received from Reno at the next meeting.

The motion passed five in favor and none against.

7. Presentation, discussion and approval or direction to staff regarding draft EMS

Advisory Board Bylaws

Presented by Christina Conti

Ms. Conti stated Ms. Dayton was available to answer questions.

Mr. Driscoll noted that although there had been eight responsibilities for the working group noted in the last item, there were fewer in the Bylaws, and asked if they should match. Staff stated that would be changed.

Mr. Dick suggested the appointed member's terms be staggered, with the initial term of the Emergency Room Physician being two years and the Hospital CQI representative being three years. From there forward, the terms would be two years so there was not so much turnover on the Board at one time. Ms. Ward and Dr. Michelson stated they were not opposed to that suggestion.

DDA Admirand suggested that the language between Section 3 and Article 4 not be included, and she had other thoughts about the language as well. She recommended the Board continue the item until the next meeting so all of the suggested changes could be made. If the Board members had input, they could provide it and staff could bring back for approval at that time.

Chair Slaughter agreed, stating the Board would not take action at this time, but would bring it back to the next meeting. He clarified that any comments or suggestions should be sent to Ms. Conti by January 30, 2015.

Mr. Driscoll suggested the item be continued until the next regularly-scheduled meeting in March and that all parties that have suggested changes provide that language to Ms. Conti no later than January 30 for inclusion in the Board packet for

the next meeting. Chair Slaughter clarified the parties would be the Board members and Counsel. Mr. Driscoll agreed to the correction. Ms. Ward seconded the motion which passed five in favor and none against.

8. Board Comment

Chair Slaughter pointed out no action would be taken on the item.

Mr. Dick stated TMFPD had requested data from the Health District, and the information the District had available had been provided to them. Some of the data requested had not been required to be reported prior to the new FA so therefore was not in the District's possession. He asked TMFPD to ask REMSA directly for that data. If it is not received, the topic may come up as an agenda item for a future meeting.

Mr. Driscoll suggested the meeting packets be distributed to all other interested parties such as the Fire Chiefs. Chair Slaughter requested it be distributed to all public safety agencies in the County. Ms. Conti suggested the EMS Working Group members receive it as well.

9. Public Comment

Mr. Gubbels complimented staff on the data. He stated he was pleased with the new online compliance software program and the ready access it provided to Program staff. He offered Dr. Michelson and Ms. Ward a tour of REMSA, to include an introduction to the EMD process.

Mr. Gubbels pointed out the report that had been provided contained all responses, and noted that between 38-40 percent of the time, the patient is not transported. He reminded them that P1 calls will be responded to prior to P2 or P3 calls, even if that requires diverting an ambulance. This may result in multiple units responding to a call.

Mr. Gubbels closed by stating he was happy EMS was being reviewed from a regional perspective.

Chair Slaughter closed the public comment period.

10. Adjournment

Chair Slaughter stated it had been a long process and he felt it was a great thing for the region.

At 11:46 a.m., Mr. Driscoll moved to adjourn. Ms. Ward seconded the motion which was approved five in favor and none against.

Respectfully submitted,

Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2015.

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: March 5, 2015

TO: EMS Advisory Board

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

SUBJECT: **Presentation, discussion and possible approval of the draft EMS Advisory Board (EMSAB) Bylaws, or possible direction to staff to make changes as discussed and bring back to Board for final approval.**

SUMMARY

As directed by members of the Advisory Board, EMS staff drafted a set of EMSAB Bylaws. The structure, format and content were modeled after Boards and Committees in the region with similar objectives and goals. The proposed Bylaws include the following articles:

- Name and Purpose
- Membership
- Meetings
- Amendments

If approved by the EMSAB, the Bylaws will be the governing document for all future meetings related to the EMSAB. The Bylaws may be amended as necessary at any EMSAB meeting, but will be reviewed at minimum every two (2) years.

PREVIOUS ACTION

On Thursday, October 30, 2014, members of the EMSAB directed staff to write and develop draft Bylaws for the body to use as guidelines for organization of the Board and conducting meetings.

On December 4, 2014 staff presented a draft of the bylaws to the EMSAB. After discussion of this item there were several recommendations for improvement, including staggering the DBOH appointee's terms, removing the meeting procedures, and adding all Board responsibilities included in the Interlocal Agreement for EMS Oversight.

EMS Program staff made the Board's suggested revisions and met with the DDA in January for a final review. Attached to this report is an updated copy of the Bylaws.

BACKGROUND

The Interlocal Agreement (ILA) for EMS Oversight was approved by the Washoe County Health District, City of Reno, City of Sparks, Truckee Meadows Fire Protection District and Washoe County and became effective on August 26, 2014.

Article 2 of the ILA for EMS Oversight establishes the Regional Emergency Medical Services Advisory Board and the expected administration of the Board, including the adoption of bylaws or procedural rules necessary to carry out its functions and duties in an efficient and orderly manner (Section 2.5).

FISCAL IMPACT

There will be no additional direct fiscal impact to the any of the jurisdictions associated with the approval of the EMS Advisory Board Bylaws.

RECOMMENDATION

EMS Program staff recommends the EMSAB approve the draft Bylaws or direct staff to make changes as discussed and bring back to Board for final approval.

POSSIBLE MOTION

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

“Move to approve the EMSAB Bylaws,” or “Move to direct staff to make changes as discussed and bring back to Board for final approval.

EMERGENCY MEDICAL SERVICES ADVISORY BOARD

BYLAWS

ARTICLE I – NAME AND PURPOSE

Section 1 - Name

The name of this body is the Emergency Medical Services Advisory Board (hereinafter referred to as “Advisory Board”).

Section 2 - Purpose

The Advisory Board is established to provide for concurrent review of present topics within the Washoe County EMS system by the City of Reno, a municipal corporation in the State of Nevada (“RENO”), and the City of Sparks, a municipal corporation in the State of Nevada (“SPARKS”) and Washoe County, a political subdivision of the State of Nevada (“WASHOE”).

The Advisory Board is established by the Inter-Local Agreement (ILA) for Emergency Medical Services Oversight, executed on August 26, 2014. The purpose of the Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program (the “Program”), discuss issues related to regional emergency medical services and make recommendations to the respective Boards.

Section 3 - Duties

Duties of the Advisory Board shall include:

- a. Make recommendations to the District Health Officer and/or the District Board of Health (“DBOH”) 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.
- b. Strive to implement recommendations of the Program, or submit those recommendations to their governing bodies for consideration and possible action if determined necessary and appropriate by the respective managers.
- c. Make recommendations to the respective Boards regarding participating in working groups established by the Program for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.

- d. Support the Program in establishing and utilizing a Computer Aided Dispatch (“CAD”) – to – CAD two-way interface with Regional Emergency Medical Services Authority (“REMSA”) which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates.
- e. Work cooperatively with the Program to provide input to the development of the Five-Year Strategic Plan, as it relates to the continuous improvement of Emergency Medical Services.
- f. Support and work cooperatively with the Program to achieve the Program duties as outlined in the ILA.

ARTICLE II – MEMBERSHIP

Section 1 - Board Composition

The Advisory Board shall be composed of the following members:

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

Consistent and current membership participation is critical to the success of the Advisory Board.

Section 2 - DBOH Appointments

Two positions within the Advisory Board are appointed by the District Board of Health and will serve staggered terms to ensure stability of the Advisory Board. The Emergency Room Physician appointment will be for two (2) years while the Hospital Continuous Quality Improvement (CQI) representative will serve a three (3) year term. Both appointees are eligible for reappointment for up to two additional two (2) years terms.

Section 3 - Resignation and Termination of DBOH Appointees

Advisory Board membership may be resigned at any time to the DBOH in writing.

Upon the resignation or expiration of the DBOH appointee’s term, the member shall continue to serve until his/her successor qualifies and is appointed.

Section 4 - Terms/Board Administration

The Advisory Board shall elect a chair and a vice-chair from among its membership to manage the meetings. The chair and vice-chair shall serve for one (1) year.

The Advisory Board shall be subject to the requirements of Nevada Revised Statutes Chapter 241, Open Meeting Laws. A majority of the Advisory Board constitutes a quorum for the conduct of business and a majority of the quorum is necessary to act on any matter.

ARTICLE III – MEETINGS

Section 1 - Meetings

The Advisory Board shall hold a minimum of one meeting per fiscal year. Additional meetings may be held at the discretion of the chair.

A quorum of the Advisory Board members must be present to transact business legally – a quorum consists of four (4) Advisory Board members. A majority vote is required for any official action of the Advisory Board unless otherwise specified in the rules of order, which are defined below.

The chair presides over the meetings:

- a. The chair opens the meetings.
- b. The chair determines that a quorum is present by a roll call vote.
- c. The chair calls the meeting to order.
- d. Approval of minutes of the prior meeting.
 - i. Unanimous consent can be used instead of motions to expedite the proceedings.
- e. Every meeting of the Advisory Board shall be conducted in accordance with the adopted agenda.
 - i. The written agenda will be approved by the chair prior to distribution and will be distributed to all committee members at least three (3) working days prior to the meeting.
- f. The vice-chair shall preside over meetings when the chair is absent.

Section 2 - Minutes

Minutes shall be kept and recorded of all meetings and forwarded to all members of the Advisory Board as promptly as possible following the adjournment of each meeting.

ARTICLE IV – AMENDMENTS

Section 1 - Amendments

These bylaws may be amended as necessary at any Advisory Board meeting, but will be reviewed at minimum every two (2) years. All amendments must first be submitted in writing at the previous Advisory Board meeting and require an approval of a two-thirds vote for adoption.

Approved and adopted this _____ day of _____ 20____, by the Emergency Medical Services Advisory Board.

John Slaughter, Chair

DRAFT

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: March 5, 2015

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

Meetings with Partner Agencies:

EMS Program Manager met with TMFPD on December 18th to discuss setting up the special areas of interest, per the December 4th EMS Advisory Board meeting. During the meeting, it was requested that the EMS Oversight Program split the TMFPD data into 5 special areas of interest. Those are: (1) Station 30 & 16, South Washoe Valley; (2) Station 39, Galena Forrest & St. James Village; (3) Station 36, Arrowcreek; (4) Station 18, Cold Springs; and (5) Station 17, Spanish Springs/Palomino Valley. In a subsequent meeting with Battalion Chief Kukulus, the area for Wadsworth was identified.

EMS Program Manager met with Chief Mike Brown with NLTFPD on December 16th to discuss setting up the special area of interest along the Mt. Rose corridor, per the December 4th EMS Advisory Board meeting. During the meeting, Chief Brown highlighted an area and it was sent to GIS for mapping. The special area has not been finalized as Chief Brown has some additional adjustments to the special zone that have not been conveyed to GIS.

EMS Program staff met with Reno Fire Department personnel on December 19th to review the data submissions and data elements for reporting. No issues were raised and the data elements were given to the program for review and input from the Washoe County Health District Statistician.

EMS Program staff met twice with State EMS program staff to begin establishing a working relationship and information sharing. During the meeting it was discussed that Washoe County EMS agencies are required to submit PCR data to State EMS in order to remain compliant with licensing. Several organizations are currently outstanding on this issue. Only Pyramid Lake and REMSA were identified as having submitted paperwork on a regular basis. During the second meeting further clarification was obtained and the regional Fire agencies are working to upgrade their software so they may provide electronic submissions. The EMS Oversight Program would like to discuss with Chief Don Pelt the possibility of his data reports coming to Washoe County prior to the State. That would provide us with more information regarding Wadsworth, since the majority of that town is tribal property.

EMS Program staff met with the regional fire agencies to review the duties of the Medical Unit Leader position within the Regional Emergency Operations Center. During the meeting the flow of information as it relates to patient tracking from field to the hospital was discussed.

WCHD personnel met with regional 800 MHz radio committees to assist with the retention of REMSA on the 800 MHz system. On January 23rd, Washoe County was approved at the Joint Operating Committee as the sponsor for REMSA's use of the 800 MHz system.

EMS personnel met with Commissioner Kitty Jung on February 13th as a follow-up to the Truckee Meadows Fire Protection District Board meeting on February 10th. During the meeting it was requested that EMS staff put together a timeline for the CAD-to-CAD linkage in the community for the EMS partners. Christina has already reached out to the partners for information and will begin compiling a timeline based on feedback.

EMS personnel and District Health Officer Kevin Dick met with REMSA staff on Monday, February 23, 2015 to discuss the franchise area. This is a bi-annual meeting to discuss the study areas for response and determine if changes to the franchise map are needed. During the meeting, Sparks special zone 5.1 was discussed as well as the Mount Rose corridor. The proposed changes to the franchise map will be finalized in three months, at a special early meeting, giving REMSA the opportunity to update the shape files utilized when dispatching. EMS staff will begin researching what a population density franchise map would look like for our region.

Data Performance Reports:

EMS staff met with all regional Fire Chiefs on Friday, February 6th to review the process for the data report. This included the discussion of the outliers investigated and the findings of those. Three calls, out of 8,548, had an unusual response time logged for two fire departments. Through investigation by the EMS Oversight Program with Suzy Rogers with EComm, it was discovered that an issue lies within dispatch and the monthly data report being sent to the EMS program. Reno Fire Department has already made the adjustment and the February data received has corrected data. Truckee Meadows, to date, has not submitted the January data to ensure the correction is made. Ms. Rogers stated that the issue was a training concern and was going to address it with her dispatchers. It was agreed that any future calls identified would be sent to Ms. Rogers for training purposes.

The following items were agreed upon at the meeting:

- **Outliers & Erroneous Data:** Several concerns were raised that were healthily discussed. Christina respectfully requested a data dictionary from each fire agency to accompany the next submitted data report. That will ensure that the correct field is pulled for analysis. Outliers were discussed and the EMS Oversight Program is not comfortable with the suggestion to simply delete them. Staff's opinion is that outliers have value and will continue to be investigated. However, the report will now reflect an outlier section. It was reiterated that the median is the data point that should really be focused in on. This variable is largely unaffected by outliers.

- **Data Review process:** As discussed with the Chiefs, the delay in analysis was caused by the program not having a dedicated Statistician. Elena Varganova has been a tremendous asset to the program but has two other divisions to support. As discussed, with the addition of Heather Kerwin, data will be analyzed monthly. Any oddities will immediately be noticed and the investigation into those calls will begin. If EMS staff is unable to figure out the issue, we will reach out to the EMS agency or EComm for further information. With this process, the published report will have all investigations completed and reconciled.
- **Unmatched Data:** Per the request of the Fire Chiefs, all unmatched calls will be sent back for review. With the software and manual match, we had 89.7% matched for Reno, 92.4% matched for Sparks and 84.3% matched for TM. The Fire Chiefs would like to see 100% match and feel that reviewing the unmatched calls will help gain insight into calls that currently are not matching.
- **Report Enhancements:** Per the discussion the following enhancements are now included in the Quarter 2 report: response zone information is at the beginning and priority definitions are included. Additionally, the purpose of the document is spelled out.
- **Report Review:** EMS Program staff will attempt to set up meetings with each jurisdictional Fire Chief prior to the distribution of the Quarterly data report. It was understood and agreed upon that if schedules do not align the report would still be distributed.

Investigations conducted by the EMS Oversight Program:

Date Received	Individual/Organization Requested Investigation	Reason for Request	Investigation Outcome
12/8/14	REMSA	Determination if REMSA should have been dispatched to a call.	The call was on tribal land and was dispatched appropriately.
12/16/14	Commissioner Berkbigler	Determine if REMSA call for service was through a backline rather than through PSAP that would have dispatched TMFPD.	Call was routed through Sparks PSAP, which was why TMFPD hadn't been aware of the call.
12/17/14	Commissioner Berkbigler	Several incidents noted in a citizen complaint about REMSA responses.	With all three listed incidents, the responses were handled appropriately without any franchise or performance issues

			identified.
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Inquiries made agency to agency: (as known by the EMS Oversight Program)

Date Received	Agency Requesting and to Whom the Request was Made	Reason for Request	Inquiry Outcome
2/4/15	TMFPD to REMSA	Delay in notification from REMSA dispatch to Reno EComm for TMFPD dispatch.	Call came into REMSA from Lifeline. Delay of notification to fire was due to patient contact attempts and pre-arrival instructions given to family member.
2/11/15	SFD to REMSA	Delay in notification & concern notification not for medical.	Call came directly from NHP to REMSA for highway accident patient response.
2/13/15	SFD to REMSA	Delay in notification.	Call was routed through Reno PSAP, which was why SFD hadn't been aware of the call.

Legislative Information Relating to EMS:

EMS staff is currently watching the following bill drafts/bills:

BDR 1017: Sponsored by Senator Farley. Revises certain provisions governing air ambulances. Submitted 2/7/15

BDR 1020: Sponsored by Assembly Committee on Health and Human Services. Revises provisions relating to emergency medical services. Submitted 2/7/15

BDR 3-940: Sponsored by Senate Majority Leader. Revises provisions relating to punitive damages awarded in certain civil actions. Submitted by 12/29/14

BDR 3-938: Sponsored by Senate Majority Leader. Revises provisions relating to comparative negligence. Submitted by 12/29/14

BDR 40-798: Sponsored by Assemblywoman Woodbury. Revises provisions governing emergency medical services. Submitted 12/10/15

BDR 833: Sponsored by Senator Kieckhefer. Revises provisions relating to fire districts. Submitted 12/10/14

BDR 40-702: Sponsored by Assembly Committee on Health and Human Services. Revises provisions governing emergency medical services. Submitted 12/9/14

AB 176: Sponsored by Assemblyman Armstrong. Establishes a program to provide first responders with critical medical information relating to victims of motor vehicle emergencies. (Nevada Yellow Dot Program.) Referred to Committee on Transportation (BDR 649 submitted 12/5/14)

BDR 42-620: Sponsored by Assemblyman Kirner. Provides for the merger of certain fire protection districts in certain counties. Submitted 12/5/14

BDR 589: Sponsored by Senator Hardy. Revises provisions relating to medical records. Submitted 11/20/2014

BDR 577: Sponsored by Assembly Committee on Health and Human Services. Makes various changes related to the provision of health care services and network adequacy. Submitted 11/17/2014

SB 102: Sponsored by Legislative Committee on Public Lands (NRS 218E.510). Creates a nonprofit Rangeland Fire Protection Association in each county in Nevada. Referred to Committee on Government Affairs. (BDR 42-484 submitted 9/1/2014)

AB 36: Sponsored by Clark County. Revises provisions governing requirements for hospitals to provide emergency services and care. Referred to Committee on Health and Human Services. (BDR 40-474 submitted 8/29/2014)

SB 36: Sponsored by Division of Conservation and National Resources. Provides exemption from state business license requirement for businesses assigned to provide vehicles or equipment as responders to wildland fires, floods, earthquakes and other emergencies. Heard in Senate Judiciary on 2/5/15, no action. (BDR 7-368 submitted 8/1/14)

AB 34: Sponsored by Division of Conservation and National Resources. Reorganizes provisions relating to fire protection districts. Upcoming hearings: Assembly Government Affairs 2/20/15 at 8:30am. (BDR 42-369 submitted 8/1/14)

BDR 40-167: Sponsored by Assemblyman Oscarson. Revises provisions governing community paramedicine programs. Submitted 7/14/14

BDR 42-121: Joint Sponsored by Senator Kieckhefer and Assemblyman Bobzien. Makes various changes relating to fire and emergency medical services in Washoe County. Submitted 6/24/14

SB 164: Sponsored by Senator Parks. Revises provisions prohibiting certain discriminatory acts. Referred to Committee on Judiciary. (BDR 18-59 submitted 5/18/14)

AB 163: Sponsored by Assemblyman Hansen. Provides for the establishment of Rangeland Fire Protection Associations. Upcoming hearings: Assembly Government Affairs 2/20/15 8:30am (BDR 43 submitted 3/31/14)

Other Items of Note:

EMS Program Manager completed several “sit alongs” since the last meeting. Christina sat at dispatch in REMSA, Reno EComm, TMFPD, and NLTFPD. Christina also participated in a day long ride-along at Sparks Fire Department.

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: March 5, 2015

TO: EMS Advisory Board Members

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

SUBJECT: **Presentation, discussion and possible approval of the Washoe County EMS Oversight Program final data report for Quarter 2.**

SUMMARY

The purpose of this agenda item is to present for discussion and possible approval the final draft of the Quarter 2 data report prepared by the EMS Oversight Program. Some changes have been made to the report based on Quarter 1 feedback from regional partners.

PREVIOUS ACTION

The Board reviewed the draft Quarter 1 Data Report during the December 4, 2014 meeting and provided suggested changes to the process and layout.

BACKGROUND

Washoe County has a two-tiered system response to medical emergency calls. The call routes through the Public Safety Answering Point (PSAP) and then is forwarded to REMSA for emergency medical dispatch (EMD). The performance of the EMS System within Washoe County is dependent on all parties working together.

An Inter local Agreement between the Cities of Reno and Sparks, Washoe County, Washoe County Health District and Truckee Meadows Fire Protection District created the EMS Oversight Program. There were eight identified tasks of the Oversight Program, some specifically discussing data. Those are:

- Monitor the response and performance of each agency providing emergency medical services and provide recommendations for maintenance, improvement and long range success.
- Measure performance, analysis of system, data and outcomes of EMS and provide recommendations.
- Collaborate with regional partners on EMS data response and formulation of recommendations for modifications or changes.
- Identify sub-regions as may be requested by partners to be analyzed and evaluated for potential recommendations.

The EMS Program Manager reviewed the data report for Quarter 1 during the December 4, 2014 EMS Advisory Board meeting. The report was preliminary and the final report was distributed on January 21, 2015. The report was split into five sections, discussing statistics related to the entire system and then broken out by jurisdiction.

On February 6, 2015 EMS program staff met with the regional Fire Chiefs to discuss the report and address concerns raised. Throughout the meeting, the issue of outliers came up and it was suggested those outliers be discarded. The EMS program is not comfortable simply “throwing out” the outliers; however, the Quarter 2 data report shows the outliers in a separate section and the impact to the overall statistical summary is shown. Outliers have minimal impacts, but have value for information gathering. For example, during the EMS program investigation into the three large outliers, it was discovered that the PSAP Dispatchers were leaving a screen open. That one screen was skewing the data as it was showing when the call was alarmed. This information was shared with the Chiefs at the meeting.

Another item discussed was the process for analysis. Monthly, the EMS Program Statistician will look at the data. Monthly, the EMS program will investigate oddities and will connect with each agency immediately if unable to determine the cause. Subsequently, all concerns will be addressed prior to the quarter ending. As discussed in the meeting, it is difficult to track down calls three months later, so this will immediately assist all partners. Additionally, this immediate correspondence will ensure each Chief is aware of how the data is looking for their jurisdiction. We were able to offer and then schedule with the jurisdictions individually on this data report. Those meetings are occurring Tuesday, March 3, 2015.

The final point to share is the suggestion to send all unmatched data back to the jurisdictions. The EMS program will begin doing that. For Quarter 1 the use of LinkPlus and manual match yielded 89.7% match for Reno, 92.4% match for Sparks, and 84.3% match for Truckee Meadows. The Chiefs would like to see the percentages closer to 100%, therefore, by identifying the “non-matched calls,” it will provide insight into potential changes in data gathering.

The Quarter 2 data analysis will be reviewed at the EMS Advisory Board meeting through a PowerPoint presentation. .

FISCAL IMPACT

There is no additional fiscal impact should the Advisory Board approve the Washoe County EMS Oversight Program Data Report for Quarter 2.

RECOMMENDATION

Staff recommends the Board approve the Washoe County EMS Oversight Program final data report for Quarter 2

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Washoe County EMS Oversight Program final data report for Quarter 2.”

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: March 5, 2015

TO: EMS Advisory Board Members

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

SUBJECT: **Presentation by Chief Moore regarding the licensure of a transport ambulance for Truckee Meadows Fire Protection District.**

SUMMARY

The purpose of this agenda item is to allow Chief Charles Moore of the Truckee Meadows Fire District (TMFPD) to present to the EMS Advisory Board (EMSAB) his views regarding the licensure and mutual aid agreements relating to the transport ambulance recently approved by the Board of Fire Commissioners (BoFC). Chief Moore has not had the opportunity to meet with the EMS Oversight Program or regional partners and will be using the EMSAB meeting as an opportunity to openly discuss the actions taken by TMFPD and the next steps for the transport ambulance, including timelines and outreach partners.

PREVIOUS ACTION

No action has been taken by this Board on this agenda item.

Chief Moore did speak during public comment at the December 4, 2014 meeting. During public comment, Chief Moore notified the EMSAB that the BoFC would be voting to authorize staff to apply for a license to equip and operate an Advanced Life Support (ALS) ambulance for the purpose of providing ALS transport services during declared emergencies, and to authorize staff to offer the ambulance as a mutual aid resource to REMSA and other regional agencies. (TMFPD staff report attached.)

BACKGROUND

At the request of Chairman Humke, TMFPD was asked to provide a proposal to ensure the availability of ambulance transport services in certain areas of Washoe County and nearby areas. Chief Moore provided a recommendation at the December 9, 2014 Fire Board meeting. The recommendation was to authorize staff to apply for a license to equip and operate an Advanced Life Support (ALS) ambulance for the purpose of providing ALS transport services during declared emergencies, and to authorize staff to offer the ambulance as a mutual aid resource to REMSA and other regional agencies. This recommendation was approved by the Fire Board. Chief Moore was directed to bring this matter to the EMS Advisory Board for further review and consideration.

Truckee Meadows Fire Protection District owns an ambulance which is not currently used for patient transport. The recommendation approved by TMFPD Board of Fire Commissioners is to obtain a state license for transport for use during times of declared emergency in Washoe County. TMFPD also intend to provide this resource on a limited basis to regional partners including REMSA, Carson City Fire, Storey County Fire, North Lake Tahoe Fire Protection District and others who may request it through mutual aid agreements.

It was the conclusion of the Board of Fire Commissioners that an additional ambulance available for use during declared emergencies and/or system overload would be of a benefit to the community when response times can be extended. The ambulance is proposed to be based at TM Station 30 located at Bowers Mansion in the south end of Washoe County.

FISCAL IMPACT

There is no fiscal impact to the Board on this agenda item.

RECOMMENDATION

Staff recommends the Board accept Chief Moore's presentation.

POSSIBLE MOTION

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

“Move to accept Chief Moore's presentation.”

Amy Ray
Fire Marshal



Tim Leighton
Deputy Fire Chief

Charles A. Moore
Fire Chief

February 20, 2015

Ms. Christina Conti
EMS Program Manager
Washoe County Health District

Dear Ms. Conti,

I am requesting a 15 minute presentation, and discussion before the EMS Advisory Board on March 5th to discuss the licensure of a transport ambulance for Truckee Meadows Fire Protection District.

This recommendation was approved by the Board of Fire Commissioners on December 09, 2014. I was directed by my Board to bring this matter to the EMS Oversight Committee for further review and consideration.

Truckee Meadows Fire Protection District owns an ambulance which is not currently used for patient transport. The recommendation approved by TMFPD Board of Fire Commissioners is to obtain a state license for transport for use during times of declared emergency in Washoe County. We also intend to provide this resource on a limited basis to regional partners including REMSA, Carson City Fire, Storey County Fire, North Lake Tahoe Fire Protection District - and others who may request it through mutual aid agreements.

It was the conclusion of the Board of Fire Commissioners that an additional ambulance available for use during declared emergencies and/or system overload would be of a benefit to the community when response times can be extended. The ambulance is proposed to be based at TM Station 30 located at Bowers Mansion in the south end of Washoe County.

Thank you in advance for placing this matter on the agenda for the March 5, 2015 EMS Advisory Board Meeting. I have attached the TM staff report from the December 09, 2014 Meeting.

Best Regards,

/s/

Charles A. Moore,
Fire Chief



TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

STAFF REPORT

Board Meeting Date: December 9, 2014

CM/ACM JJS

Finance VVB

Legal BC

Risk Mgt. DE

HR N/A

DATE: November 10, 2014

TO: Truckee Meadows Fire Protection District Board of Fire Commissioners

FROM: Charles A. Moore, Fire Chief
Phone: (775) 328-6123 Email: cmoore@tmfpd.us

SUBJECT: Recommendation to authorize staff to apply for a license to equip and operate an Advanced Life Support ambulance for the purpose of providing Advanced Life Support transport services during declared emergencies, and to authorize staff to offer the ambulance as a mutual aid resource to REMSA and other regional agencies. (All Commission Districts)

SUMMARY

This item is a recommendation to authorize staff to apply for a license to equip and operate an Advanced Life Support ambulance for the purpose of providing Advanced Life Support transport services during declared emergencies, and to authorize staff to offer the ambulance as a mutual aid resource to REMSA and other regional agencies.

Strategic Objective supported by this item: *Safe, Secure and Healthy Communities*

PREVIOUS ACTION

On February 26, 2013, the Board of Fire Commissioners approved an enhancement in the EMS service level to ALS within the Truckee Meadows Fire Protection District.

On May 22, 2014, the Washoe County District Board of Health approved an exclusive franchise agreement with REMSA for ambulance service within Washoe County. The initial term of this agreement is through June 30, 2030 with the potential for two, six year renewals (maximum term through June 30, 2042).

BACKGROUND

At the request of Chairman Humke, the District was asked to provide a proposal to ensure the availability of ambulance transport services in certain areas of Washoe County and nearby areas. Ambulance service throughout Washoe County is provided by REMSA with the exception of the areas served by the North Lake Tahoe Fire Protection District and Gerlach Volunteer Fire Department. REMSA has an exclusive franchise agreement which was recently renewed by the Washoe County District Board of Health for a term of 16 years followed by two possible additional six year renewals. This franchise agreement prohibits any other entity from operating ambulance services within REMSA's franchise area. However, there are four exceptions to this exclusive right which are:

1. Long-distance, inter-facility transports which originate outside the Franchise Service Area. Other firms may compete with REMSA on a retail basis for the sale of inter-facility ambulance transports that originate outside of the Franchise Service Area and terminate in the service area.
2. Disaster Mutual Aid. Ambulances providing assistance during disaster incidents involving the Franchise Service Area may operate within the Franchise Service Area when requested to do so by REMSA.
3. Mutual Aid. REMSA may employ the use of "mutual aid" as appropriate in fulfillment of its obligations hereunder; and
4. Federally-Operated Ambulances. Any ambulance owned and operated by an agency of the federal government (such as military) may operate within the Franchise Service Area.

REMSA's franchise agreement is contingent upon ongoing compliance with established response time standards, amongst other criteria. These response times, or performance requirements, vary throughout the County. The District Board of Health and REMSA have agreed upon a response time map that requires ambulances to be on scene of life threatening emergencies within the established timeframes 90% of the time. These timeframes range from 8 minutes and 59 seconds to 30 minutes and 59 seconds for the most life threatening emergencies, or in some cases the only measurement is "as quickly as possible". Less urgent medical emergencies have lower response time standards. Most of TMFPD's jurisdiction falls within REMSA's 15 and 20 minute response zones. APPENDIX A shows the response time maps and correlating performance requirements from the franchise agreement.

As demonstrated in REMSA's response time maps, many of the areas within TMFPD's jurisdiction fall within REMSA's areas which allow for longer response times. Because REMSA operates a system status management service model that repositions ambulances based on anticipated need and conformance with the response time criteria, ambulances are more readily available within the core of the cities of Reno & Sparks where their performance requirements are more stringent. Therefore, incidents within TMFPD typically realize significantly longer response times from REMSA than in other portions of the County. In recent months there have been several incidents where patients waited in excess of 30-40 minutes for an ambulance. It should be noted that not all of these patients had life threatening emergencies, while some did. REMSA does appropriately divert ambulances from lower acuity incidents to those of a more urgent nature, which causes lower acuity patients to sometimes wait for ambulance service until additional ambulances are available.

TMFPD currently provides Paramedic level EMS service from all of its full-time staffed stations (11 stations). Units responding from these stations are staffed with 3-4 firefighters, at least one of which is a certified Paramedic. TMFPD's protocols and treatment capabilities meet or exceed that of REMSA's. TMFPD's primary mission during EMS incidents is to assess, treat, and stabilize patients while awaiting ambulance transport for definitive care at a hospital. Although much can be done in the pre-hospital setting for patients with life threatening emergencies, quick, definitive care at a hospital is the ultimate goal. Patients with critical medical emergencies or traumatic injuries statistically see poorer outcomes the longer it takes to get the patient to a hospital.

In an effort to enhance patient care and outcomes, Staff is proposing that TMFPD make an ambulance available to REMSA in certain areas of the District, which can be called upon for mutual aid needs.

Specifically, Staff is suggesting that this unit initially be located in Washoe Valley for the purpose of responding to medical emergencies with the possibility of transporting patients to local hospitals at REMSA's request when their units are not able to service the area in a timely manner. REMSA currently calls upon Carson City Fire Department (CCFD) for mutual aid to areas South of Bellevue Rd in Washoe Valley. This unit could be used in those areas, and areas to the North, including Galena Forest, which would provide a faster response time than CCFD can provide. Furthermore, CCFD is a very busy system and their ability to provide mutual aid is not guaranteed at all times.

Although the primary intent of making a mutual aid ambulance available would be to enhance service to residents in Washoe County, this unit could also be utilized by neighboring jurisdictions such as CCFD, NLTFPD, East Fork Fire Protection District, Storey County Fire Protection District, etc. when they are in need of additional ambulance resources.

In recent years, the region has experienced several mass casualty incidents which overwhelmed the respective ambulance services in those areas. Some examples of these incidents include the Reno Air Races crash of 2011, the IHOP shooting in Carson City, the Amtrak train crash near Fallon and numerous smaller scale incidents. All jurisdictions have limitations to the number of patients that it can handle at any given time. When systems become overwhelmed, mutual aid agreements allow for the influx of additional resources to match demand. By adding transport capability to TMFPD's service options, the region would benefit from a larger depth of resources for those types of incidents.

The proposed staffing model for this unit would be to cross-staff the ambulance with personnel currently assigned to Station 30 in Washoe Valley. There are 3-4 firefighters on-duty at this station each day, with at least one Paramedic. In the event TMFPD's ambulance were requested by any agency through mutual aid, the Paramedic and at least one other firefighter could respond the ambulance, with nearby TMFPD engines covering the area while the unit is gone. Based on Station 30's low call volume, there is more than adequate capacity to accommodate the minimal impact of providing occasional ambulance services. Additionally, crews currently wait on scene with some patients for extended durations while awaiting REMSA for ambulance transport. Transporting the patient sooner would not only benefit the patient, but it would also allow crews to clear the incident sooner and be available for other emergencies.

TMFPD acquired an ambulance several years ago, which has been used for non-transport responses and served as a unit where patients could be treated in a safe, clean, and temperate environment. In order to make this unit transport capable, minimal equipment would need to be added/purchased and licensing/inspection from the Nevada State Health Division would be required.

Most ambulance service providers bill patients for their services. Staff recommends that the need to establish a billing program is unnecessary at this time; therefore, any transports rendered would not be billed as the frequency of use is expected to be de-minimis.

FISCAL IMPACT

The District currently owns and operates a 1997 Ford F-350 ambulance that was donated to the District several years ago. The cost to implement this recommendation would be the EMS equipment for the vehicle. The District estimates that it would need to expend approximately \$5,000 for the additional items that would be necessary to make the ambulance response ready. There is no additional staff expenses associated with this proposal, as the ambulance would be cross-staffed by existing station personnel.

RECOMMENDATION

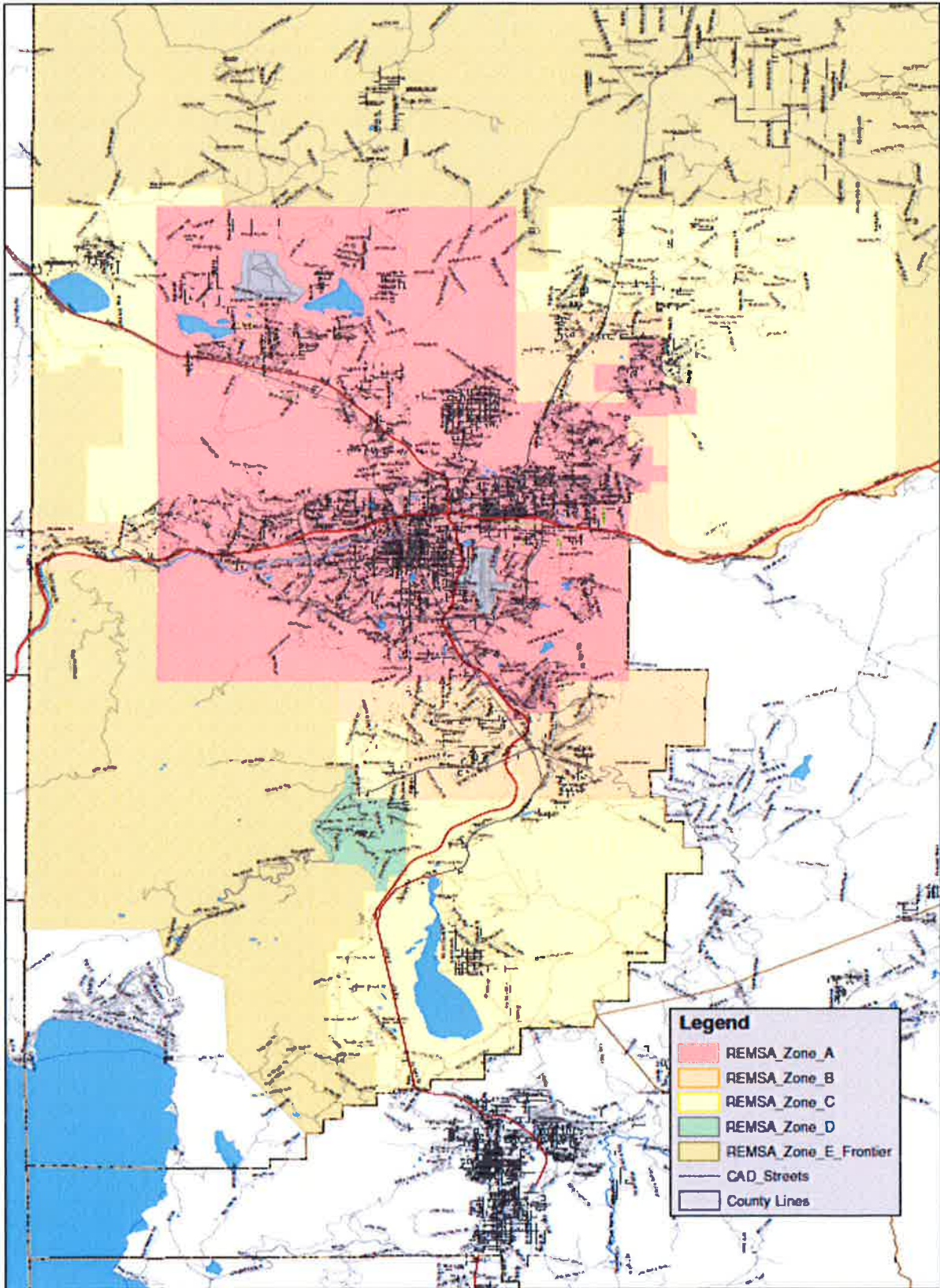
Recommendation to authorize staff to apply for a license to equip and operate an Advanced Life Support ambulance for the purpose of providing Advanced Life Support transport services during declared emergencies, and to authorize staff to offer the ambulance as a mutual aid resource to REMSA and other regional agencies.

POSSIBLE MOTION

Should the Board agree with Staff's recommendation a possible motion could be:

"I move to direct District Staff to license and equip an ambulance for the purpose of providing Advanced Life Support transport services during declared emergencies and to authorize staff to offer the ambulance as a mutual aid resource to REMSA and other regional agencies."

APPENDIX A



REMSA Franchise Agreement
ARTICLE 7-RESPONSE COMPLIANCE AND PENALTIES

7.1. Response Zones: The franchise area shall be divided into response zones A through E as specified in the map included as a part of this agreement in Attachment A. This map identifies the response zones effective July 1, 2014. The response zone map may change during the period of the agreement due to annual review and as mutually agreed to by REMSA and the District. The response zones will have response time compliance standards for all presumptively defined life threatening calls (Priority 1 Calls) as follows:

Zone A – REMSA shall insure that 90% of all presumptively defined life threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.

Zones B, C, and D – REMSA shall insure that 90% of all presumptively defined life threatening calls (Priority 1 Calls) collectively have a response time of; fifteen (15) minutes and 59 seconds or less for the combined Zone B areas, twenty (20) minutes and 59 seconds or less for the combined Zone C areas, and thirty (30) minutes and 59 seconds or less for the combined Zone D areas.

Zone E – These response areas are considered Wilderness/Frontier and REMSA shall respond to calls in these areas, which may require extraordinary measures, as quickly as possible.

For the purpose of calculating the compliance to these standards, all Priority 1 responses within the separately defined response zones (except Zone E) will be counted. REMSA shall be deemed as being in compliance when; 1) REMSA arrives on the scene of a Priority 1 call within the designated time frame for that response zone, or 2) when upon arrival at the dispatched location of a Priority 1 call there is no patient due to a false alarm or good intent call, or 3) when being dispatched to the wrong location of a Priority 1 call due to mis-information from a calling or transferring party. All responses which are cancelled before arrival on scene shall not be counted in the compliance calculations.

A “*life threatening call*” shall be considered those defined as priority one by the medical dispatch protocol.

“*Response time*” means that time period measured from receipt of information by the REMSA dispatch facility on the patient location, the patient condition and a telephone call back number to that point in time when the assigned ALS ambulance unit reports to the dispatch facility that it is on scene, which is when such vehicle arrives at the incident location.

7.2. Response Determinants: The REMSA Medical Director and the Fire Departments’ Medical Director(s) shall jointly review Emergency Medical Dispatch determinants and set priorities for the system on an annual basis.

7.3. Zone Map: REMSA shall provide, and the DISTRICT shall maintain a current response zone map, which is annually reviewed and approved by the DISTRICT. The response zone map will be made publically available through the DISTRICT’s web site.

7.4. Response Time Reporting: REMSA shall submit response time data to the DISTRICT on a monthly basis to assure compliance with the response time standards. The DISTRICT shall conduct monthly reviews of REMSA response time data to assure compliance. Response time data shall include response time zones and address or latitude and longitude coordinates where the vehicle has arrived at the incident location.

7.5. Penalties: For each and every call resulting in a patient transport that does not meet the required response time and for which there are not extenuating circumstances either approved by the District Health Officer, or which meet exception criteria established by REMSA and approved by the District Health Officer, a penalty of \$17.83 per minute (or portion thereof) shall be assessed for each call that does not meet the required response time, up to a maximum of \$150.00 per call. Effective July 1, 2015, REMSA shall increase its penalty amounts for all established late responses each year by an amount equal to one-hundred percent (100%) of the annually allowed consumer price index U.S. {West-Size Class B/C All Urban Consumers Medical Care Item (December 1997=100)} ("CPI") increase when compared to the same data period for the previous year.

7.6. Exemptions: Response time exemptions shall be reported monthly to the District Health Officer. Disputes between REMSA and its ambulance contractor(s) arising over an exemption shall be forwarded to the District Health Officer. The District Health Officer shall review the dispute and make a determination which shall be final and binding upon both parties.

An exemption to response time penalties may be granted by the District Health Officer, or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel. Other exemptions and exemption criteria may also be provided to REMSA upon approval of the DISTRICT. Existing exemptions granted by the District Health Officer shall remain in effect unless changed or rescinded by the District Health Officer or the DISTRICT.

7.7. Penalty Fund: These penalties shall be placed in a separate restricted account of REMSA and shall be used to help defray the costs of educational or community programs, or for other purposes subject to prior written approval by the District Health Officer. The penalty fund shall be solvent at the end of REMSA's fiscal year.

7.8. Health Officer Approval: Penalties and the use of the penalty fund are all subject to approval by the District Health Officer.

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: March 5, 2015

TO: EMS Advisory Board
FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us
SUBJECT: **Presentation, discussion and possible direction to staff to work with REMSA and regional fire agencies to develop a Fire EMS training calendar to be presented to the District Board of Health for possible approval.**

SUMMARY

In accordance with article 11.4 of the Amended and Restated Franchise for Ambulance Services, EMS Program staff is requesting recommendations from the EMS Advisory Board (EMSAB) concerning quarterly training for first responders to be provided by REMSA. Below is the article language from the Franchise:

11.4 Fire EMS Training: REMSA shall provide quarterly training for regional EMS first responders at cost to be paid by the other EMS responders' jurisdiction, governing board or agency. Training will be determined based on recommendations of the Regional Emergency Medical Services Advisory Board as approved by the DISTRICT. REMSA shall provide documentation of compliance to the DISTRICT annually.

REMSA currently provides training opportunities that are available to all regional first responders. However, through the Franchise agreement the EMSAB has the ability to make recommendations of trainings to the District Board of Health (DBOH).

EMS Program staff recommends that REMSA continue to offer the various regional training opportunities that have already been developed.

PREVIOUS ACTION

No previous action has been taken by this Board concerning Fire EMS training.

BACKGROUND

In August 2012 TriData completed an analysis of the emergency medical services in Washoe County. This report included 38 recommendations to enhance the EMS system. One of the recommendations (Number 31) suggested the WCHD enter into an agreement with REMSA for the provision for county-wide EMS education and training with the opportunity for local agencies to "opt-out" of, or augment REMSA provided education and training.

Based on TriData Recommendation 31 and Principle of Agreement 5a, regional Fire EMS training was included in the Amended and Restated Franchise Agreement for Ambulance Service.

Recent regional training provided by REMSA includes a National Traffic Incident Management (TIM) Responder Training Program that addressed safety when responding to highway incidents.

REMSA is also working with several fire agencies to provide an Active Assailant Response for Law, Fire and EMS training that incorporates the standardized tactical emergency casualty care (TECC) guidelines.

In addition to surveying current Fire EMS training opportunities in our region, EMS Program staff also researched how other EMS systems are conducting regional continuing education opportunities. Several other EMS systems have developed calendar outlines of training courses offered to all public safety and first responder agencies. Please see the final pages of the document for examples.

FISCAL IMPACT

There is no additional fiscal impact should the Advisory Board approve staff to work with REMSA and regional fire agencies to develop a Fire EMS training calendar.

Should regional fire agencies choose to have personnel attend any regional Fire EMS training provided by REMSA, all associated costs will be borne by the employee's agency.

RECOMMENDATION

Staff recommends that the EMSAB direct staff to work with REMSA and regional fire agencies to develop a Fire EMS training calendar to be presented to the District Board of Health for possible approval.

POSSIBLE MOTION

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

“Move to direct staff to work with REMSA and regional fire agencies to develop a Fire EMS training calendar to be presented to the District Board of Health for possible approval.”

JONES COUNTY EMS CONTINUING EDUCATION TOPICS

AUGUST 28, 2012	CARDIOVASCULAR
SEPTEMBER 25, 2012	RESPIRATORY EMERGENCIES
OCTOBER 30, 2012	PEDIATRIC EMERGENCIES
NOVEMBER 27, 2012	PATIENT ASSESSMENT
DECEMBER 18, 2012	OB / GYN / NEWBORN
JANUARY 29, 2013	SCOPE OF PRACTICE
FEBRUARY 26, 2013	HAZMAT
MARCH 26, 2013	BLOODBORNE PATHOGENS

CONTINUING EDUCATION TOPICS

Calendar Year 2014

Month	Topic
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** Each month's CE will be available online the 15th of the following month.

Jan	Neonatal Resuscitation
Feb	Cardiac Update
Mar	Adult and Pediatric Sepsis
Apr	Narcan COI/Toxicology
May	OFF
June	OFF
Jul	SOP Update
Aug	Respiration vs Oxygenation
Sep	Trauma Kinematics and Spine Injuries
Oct	Pediatric Neuro and Glucose Study
Nov	Ebola Updated 12/15/14
Dec	OFF

CONTINUING EDUCATION TOPICS

Calendar Year 2015

Click [here](#) to view CE content for 2014.

Month	Topic
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** Each month's CE will be available online the 15th of the following month.

Jan	Cardiac Differentials
Feb	Blast Injuries
Mar	Special Needs Populations
Apr	Stroke
May	OFF
June	OFF
Jul	Street Drugs
Aug	Alternative Birthing
Sep	Dyspnea
Oct	Mental Illness
Nov	OFF
Dec	OFF

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: March 5, 2015

TO: EMS Advisory Board
FROM: Christina Conti, EMS Program Manager
775-326-6042, cconti@washoecounty.us
SUBJECT: **Presentation, discussion and possible approval or direction to staff regarding REMSA exemption guidelines.**

SUMMARY

On an as-needed basis the District Health Officer (DHO) sends REMSA a letter detailing the exemption guidelines. This letter outlines the exemptions allowable for REMSA review and approval and the exemptions that need review and approval from the Washoe County Health District.

The EMS Oversight Program would like to bring these guidelines to the EMS Advisory Board for review and discussion. REMSA is required to submit any exemptions granted to the DHO on a monthly basis. To date, for FY 14-15 there have been 23 exemptions approved. That is 23 single response calls out of approximately 33,500 calls for the seven-month time period. Statistically that is less than 0.07 of one percent of all calls.

The item of particular interest for the region is the “overload” exemption and the formula that is utilized. This exemption was utilized during the February 6, 2015 wind storm. The impact on the system was evident and the exemption was granted for a specified time period. The EMS Program Manager emailed and then called all regional fire agencies to ensure they were aware of the exemption and could plan accordingly for longer on-scene wait times. The EMS Oversight Program would like to ensure the region understands the exemption process and possibly revise the overload exemption formula so that all partner agencies understand the formula utilized.

PREVIOUS ACTION

No previous action has been taken by this Board concerning exemptions.

BACKGROUND

In the original REMSA Franchise agreement, granted by the District Board of Health (DBOH) on October 22, 1986, minimal language concerning exemptions was included. The ability of REMSA to be exempt from response time requirements was written in Section 10 and simply stated that only “extenuating circumstances approved by the District Health Officer” would be an allowable exemption from the penalty requirements.

On November 17, 1993, the presiding DHO proposed several amendments to the REMSA Franchise. One recommendation was additional exemption language. These changes required REMSA to report exemptions on a monthly basis to the DHO. Furthermore, the language specifically stated that exemptions to response time penalties may be granted when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel.

After this amendment to the Franchise was approved, the DHO began sending REMSA exemption guidelines (on an as needed basis). The guideline documents included more in-depth descriptions and explanations of allowable exemptions like weather, construction, off road, MCIs (Multi-Casualty Incident), etc.

During the process of writing the Amended and Restated Franchise Agreement for Ambulance Services (which was approved by the DBOH in May 2014) the exemption language was discussed. The previous Section 10 is now Section 7.6 and specifically lists the exemption guidelines remaining in effect unless changed or rescinded by the DHO or the District.

On June 27, 2014 the DHO wrote REMSA a letter outlining and updating the current exemption request guidelines in accordance with the Amended and Restated Franchise Agreement. (Please see the final pages of the document for the letter) .

FISCAL IMPACT

There is no anticipated fiscal impact should the Board recommend changes to the REMSA exemption guidelines.

RECOMMENDATION

Staff recommends the Board approve or provide direction to staff regarding REMSA exemption guidelines.

POSSIBLE MOTION

Should the Board agree with the existing guidelines without changes, a possible motion would be:

“Move to approve the REMSA exemption guidelines (to include direction to staff as discussed.)”



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
Prevent. Promote. Protect.

June 27, 2014

Jim Gubbels, President
REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Request Guidelines

Dear Mr. Gubbels:

For the purpose of determining response time compliance, as required by the Amended and Restated Franchise for Ambulance Service, the Washoe County Health District (WCHD) has established a revised list of possible exemptions. The following existing exemption request guidelines will be applied effective July 1, 2014.

Exemptions to be reviewed by REMSA:

1. MCI

An exemption will be granted during a declared multi-casualty incident (MCI) for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI is declared. However, the first responding unit must meet response requirements if the MCI occurs within the Franchise service area.

2. Off Road

Off road is defined as the time the ambulance drives off asphalt or pavement and enters a dirt road to access the patient. The response time clock continues until the unit calls in to declare the unit is off road. If the crew calls in and the elapsed time indicates a late response then the call is late.

3. Multiple Patients

When multiple units are simultaneously dispatched to a scene involving multiple patients, the first unit arriving at the scene stops the clock.

4. Upgrades and Downgrades

Pursuant to Article 5.3 of the Amended and Restated Franchise, "Once a priority has been assigned to a call, REMSA shall not upgrade or downgrade that priority unless the patient information has changed by the calling party, or unless requested by the PSAP or an on-scene first responder."

If a presumptive run code classification is upgraded to a higher priority while the ambulance is en route (in accordance with Article 5.3), the applicable run code designation shall be the upgraded priority. The response time shall be measured from the time of the upgrade.

However, in the event the Communications Specialist did not follow dispatch guidelines and recommendations to determine the possibility of a life-threatening emergency and the original priority should have been assigned as a Priority 1, REMSA will be held to a Priority 1 response time.

If a presumptive run code classification is downgraded to a lower priority while the ambulance is en route (in accordance with Article 5.3), the applicable run code designation shall be the downgraded priority. The response time shall be measured from the original clock start.

5. Incorrect Address

In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers the correct address until the unit arrives on scene.

6. Miscellaneous

REMSA may not estimate arrival times except in documented failure of available medical channel frequencies.

Exemptions to be reviewed by the WCHD:

1. Weather

Pursuant to Article 7.6 of the Amended and Restated Franchise, "An exemption to response time penalties may be granted by the District Health Officer, or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel." Such blanket weather exemptions may be granted for the duration of the extreme weather conditions.

Written requests for blanket weather exemptions must be submitted within three working days of the verbal request. Blanket weather exemptions will be granted with the expectation that additional ambulance units will be used to mitigate the impact of severe weather condition on REMSA's response to Priority 1 calls. The number of additional units used must be included in the written request.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor.

2. Federally Declared Emergency

An exemption will be granted for a federally declared emergency for which REMSA's resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the federally declared emergency is affirmed. All applicable documentation for this exemption must be provided to the District Health Officer, or designee, for review.

3. Overload

When responses to Priority 1 calls received during a period of unusual system overload occur, an exemption will be granted under the following requirement:

The number of calls for that time period must meet or exceed the average peak number of calls for that time of day and day of the week. The average peak number of calls are the five highest peak demand hour time periods for Priority 1 emergency runs simultaneously in progress for that hour of the day and day of the week, averaged during a consecutive 10-- week period. Those highest peak numbers are averaged over 5 ten-week non-overlapping periods during the prior year. These numbers will be rounded to the nearest whole number, and inserted into a 7x24 matrix of 168 cells for each hour of the day and day of the week. Documentation that the unit is available for service must be included on all Priority 1 calls.

4. Construction

An exemption due to road construction may be considered if a written request is submitted to the WCHD within 72 hours of the call. The written exemption request must demonstrate the following:

- Management received updates from the Nevada Department of Transportation, the Regional Transportation Commission and/or other jurisdictional divisions and used that information to review the System Status Management Plan and made necessary adjustments.
- REMSA sent notifications to field staff of closures and delays.
- REMSA utilized additional unit hours for large road construction projects (i.e. major lane closures).
- REMSA validated that the crew experienced conditions beyond their control.

If the scene is in the middle of a construction zone or there are no feasible alternate routes to reach the scene, an exemption may be approved based on review of documentation provided by REMSA.

REMSA is expected to be aware of and plan for road construction. Response time exemptions for construction will not be automatic. Requests for exemptions due to construction will be considered on a case by case basis by the District Health Officer, or designee.

5. Annexations

An exemption will be granted for calls in annexed areas placed in a specified annexation study zone by REMSA. The Washoe County District Health will notify REMSA of annexations by the incorporated cities. REMSA will then provide the WCHD with a sub map to verify boundaries of the annexation information REMSA enters into their CAD. Within 60 days REMSA must place the annexed area under one of the following categories:

- Response Zone A.
- Annexation study zone (the area will undergo a study of impacts as well as needs and cost assessments).

All calls in the annexation study zone will remain in pre-annexation response time zones. REMSA will provide monthly data to the Washoe County Health District on late calls exempted from 8-minute annexation response requirements. REMSA and the District Health Officer will review data from the annexation study zones biannually, at a minimum, to determine whether to apply the 8-minute standard response time. The annexation study zone is based on criteria agreed to by both parties in writing.

6. Status 99

Status 99 is a term used to describe the situation when an ambulance cannot offload its patients at the hospital because staff and/or facilities are not available at the hospital to receive the patient(s). REMSA shall keep a daily Status 99 Report (the "Daily Report") detailing each Status 99 delay and list the specific times of those delays. A Status 99 delay will be included in the Daily Report when the ambulance has been at the hospital for twenty 20 minutes or more, as that is the average drop off time.

The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The District Health Officer, or designee, will verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

Subject: REMSA Exemption Request Guidelines

Date: June 27, 2014

Exemptions may be considered on a case-by-case basis for extraordinary circumstances not covered in this document. In these instances, REMSA must submit a written request to the WCHD for review by the District Health Officer or designee.

No other causes of late response, such as equipment failure, vehicular accident – regardless of cause – or any other causes within REMSA’s reasonable control shall justify an exemption from response time requirements.

Sincerely,



Kevin Dick
District Health Officer