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

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

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

1001 East Ninth Street, Reno, Nevada 89512
P.O. Box 11130, Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.3752
www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Emergency Medical Services Advisory Board

Date and Time of Meeting: Thursday, April 7, 2016, 9:00 a.m.
Place of Meeting: Washoe County Health District
1001 E. 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. **Roll Call and Determination of Quorum**

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

4. **Approval of Agenda**
April 7, 2016 Meeting

5. **Approval of Draft Minutes**
January 7, 2016 Meeting

*6. **Program and Performance Data Updates**
Christina Conti

*7. **Presentations to the EMS Advisory Board**
- Chest Compression Device, Truckee Meadows Fire Protection District
- ALS Implementation, Reno Fire Department

8. **Presentation, discussion, and possible approval of data reporting update with possible direction to jurisdiction and/or EMS Oversight Program staff regarding the reporting of data submitted from fire agencies for quarterly data reports.**
Heather Kerwin

9. **Presentation, discussion and possible direction to staff to present the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area to the District Board of Health.**
   Brittany Dayton

10. **Presentation, discussion and possible direction to staff regarding the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.**
    Christina Conti

11. **Presentation and discussion of the process for allowable exemptions to REMSA's response time penalties, as outlined in the Amended and Restated Franchise Agreement for Ambulance Service Article 7, Section 7.6 and possible acceptance of presentation or recommendations to staff regarding the process and/or exemptions.**
    Brittany Dayton

12. **Presentation, discussion and possible acceptance of an update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA.**
    Brittany Dayton

13. **Presentation, discussion and possible acceptance of a presentation regarding the EMS Today conference attended by the EMS Program Manager and EMS Coordinator.**
    Christina Conti and Brittany Dayton

***14. Board Comment**
Limited to announcements or issues for future agendas. No action may be taken.

***15. Public Comment**
Limited to three (3) minutes per person. No action may be taken.

16. Adjournment

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.

John Slaughter, Chair
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Kevin Dick, Vice Chair
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MEETING MINUTES

Emergency Medical Services Advisory Board

Date and Time of Meeting:	Thursday, January 7, 2016, 9:00 a.m.
Place of Meeting:	Washoe County Health District 1001 E. Ninth Street, Building B, Conference Room B Reno, Nevada 89512

The Emergency Medical Services Advisory Board met on Thursday, January 7, 2016, in the Health District Conference Room B, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order

Chair Slaughter called the meeting to order at 9:02 a.m.

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2. Roll Call and 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 Andrew Clinger, Manager, City of Reno
Members absent:	Terri Ward, Hospital Continuous Quality Improvement Representative, Northern Nevada Medical Center Dr. Andrew Michelson, Emergency Room Physician, St. Mary's

Ms. Harris verified a quorum was present.

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
Heather Kerwin, EMS Statistician
Jeanne Harris, Administrative Secretary, Recording Secretary

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3. Public Comment

Chair Slaughter opened the public comment period.

Charlie Moore, Fire Chief, Truckee Meadows Fire Protection District (TMFPD), referred to an item from the last EMS Advisory Board meeting regarding the investigation of a TMFPD response. In defense of TMFPD's cooperation, he stated that all the information Ms. Conti requested was given to her eight days before she made the comment that they still not had given her the information. He stated that the TMFPD had transmitted the CAD tapes, the CAD logs and the incident report to Ms. Conti. Chief Moore explained that the District Attorney was out of the country and unable to review the medical records so that they could be released. At that time, the TMFPD was also very engaged in automatic aid and preparing the run cards. Chief Moore stated that TMFPD was unable to provide everything Health District staff requested in a timely way, but did indeed provide everything Ms. Conti requested.

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

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4. Approval of Agenda
January 7, 2016 Meeting

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

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5. Approval of Draft Minutes
October 23, 2015 Meeting

Mr. Dick moved to approve the minutes with corrections on Page 3. The third sentence in the fourth paragraph of Item 6 regarding out-of-area ambulance providers should read (new wording in italics) "Mr. Driscoll asked how they would get the word out that third parties would *not* necessarily be entertained when promoters try to bring those people in." The other change is in the first sentence of Item 7. On the third line, "the Omega determinants that have potentially been approved by REMSA's Medical Director," should be changed to show that the Omega determinants were approved by REMSA's Medical Director. The potentiality referred to was if the decision was made by the EMS Advisory Board and the District Board of Health. **Mr. Driscoll seconded the motion with the corrections as presented, and the motion was approved four in favor and none against.**

6. Program and Performance Data Updates

Staff representative: Ms. Conti

Ms. Conti reported that the EMS Coordinator has been working with the healthcare liaison of the WCHD Public Health Preparedness Program to strengthen the region for mutual aid evacuation. They have done evacuation tabletop exercises and education at some of the regional skilled nursing facilities. There are three facilities who are interested in being signatories of the Mutual Aid Evacuation Annex.

Ms. Conti reported that the region is trying to obtain a HEARTSafe designation. This would mean the region is well trained and equipped to successfully respond in a cardiac incident.

This is the year for an update to the Multi-Casualty Incident Plan. This plan governs actions when 10 or more casualties occur or there are extenuating circumstances. Improvements to the plan include the addition of regional burn center information and information on a Family Services Center that will be used in the event of mass casualties/mass fatalities to provide a single point of information for citizens and tourists.

Work continues on the Five-Year Strategic Plan. The workgroup has met a few times, and a preliminary draft should be presented to the EMS Advisory Board in April 2016.

Ms. Conti reported on the CAD-to-CAD link. The Sparks Dispatch Center Tiburon system came on line at the end of October. The region is prepared to create a workgroup to start troubleshooting any potential problems that might be a barrier to the CAD-to-CAD link. The response zone map workgroup would begin the project, and then it would be brought to the entire EMS workgroup. Mr. Driscoll asked Ms. Conti if this would be a more long-term future of possibilities or just a look at how to get it up and running today and figure out the rest later. Ms. Conti responded that she prefers to troubleshoot all the possible problems early on. She noted that with the parent company of TriTech purchasing Tiburon, we may someday all be on the same system. REMSA has been approached by TriTech to be a pilot to show what a link would look like. What is being done here may eventually be used nationwide.

Mr. Dick referred to the staff report item on the open investigation for REMSA's claim that TMFPD's dispatch center is conducting EMD and not transferring citizens' calls to REMSA. He asked Ms. Conti if she had received all the information requested. Ms. Conti responded that to Chief Moore's earlier point, they had received all that TMFPD was able to provide to them but not everything requested. It was something that would need to come from the Sheriff's Office. It was her understanding that the attorneys are involved and will meet soon to determine why the information has not yet been given to the EMS Oversight Program.

Mr. Dick mentioned that he attended a meeting recently with the North Lake Tahoe Fire Protection District and REMSA regarding the Mt. Rose Corridor, and was told that TMFPD had directed dispatch to send all the Mt. Rose Corridor calls to North Lake Tahoe rather than through REMSA. If that is the case, he is concerned that changes like that are not being brought before the EMS Advisory Board.

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Mr. Dick expressed appreciation for Ms. Conti investing time to attend the EMD Training in November. Ms. Conti replied that it was her pleasure to attend, and as they work on CAD-to-CAD, she will better understand all the partners' roles and what EMD looks like.

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7. Updates to the EMS Advisory Board

- ILS Ambulance Response, REMSA

Mr. Kevin Romero of REMSA gave a presentation requested by the EMS Oversight Program on the ILS ambulance transport program REMSA has been working on for the past seven months. All policies, procedures and protocols have been finalized. They will be meeting with their fire partners to finalize some of the logistics and operational issues, including some radio issues that have recently changed. He explained that they have been able to complete their radio system so that all fire agencies can hear both REMSA dispatch on the REMSA 1800 and REMSA ambulance crews speaking simultaneously. The use of ILS ambulances was agreed upon by REMSA, the Health District and the regional fire departments in the new and reinstated franchise and approved by the District Health Officer and the State of Nevada EMS division. Mr. Romero noted that, ironically, these goals go hand in hand with goal number 1 for the regional EMS strategic plan which states "improve the delivery and send the appropriate resources to match the emergency." He stated that this is really why REMSA is working on the ILS program.

Mr. Romero presented the ILS response criteria. The patient must be greater than 12 years old. Also, they can respond to inter-facility transfer requests, Priority 3 non-emergent, non-code lights and sirens and non-lights and siren responses from a list of approved EMD codes, and declared multi-casualty incidents. Mr. Romero stated that only 23 of the 60 EMD determinants have been approved for an ILS response. REMSA's Medical Director understands that a fractured wrist with a patient who is alert, oriented and fine may not need an ALS response. But instead of making that a Priority 3 and sending a BLS response, REMSA decided there may be a need for pain management along the way. So that has not been approved for an ILS response. Only 23 of the 60 Priority 3 non-emergent determinants have been approved for an ILS response.

Mr. Romero presented the approved circumstances for which an ILS unit can be requested by an ALS field provider on scene: Care Flight if the patient does not want to fly, at an ALS-staffed special event within the city, a motor vehicle accident with multiple patients who need non-emergent transport, or at the request of a REMSA EMS supervisor on scene.

Mr. Romero noted that it is important to understand that the ILS unit cannot be diverted. One of the major issues with their fire response partners does not really have to do with emergent calls, but with the non-emergent Priority 3-type calls. Those calls essentially are calls that receive an ALS ambulance response for a low-acuity patient, but that response can be diverted, which happens quite frequently, sometimes multiple times on the same response. He opined that the beauty of the ILS response is that once the ILS unit is responding to that incident, it can no longer be diverted. REMSA does want to give the fire response teams, ALS and BLS, the ability to make an assessment and upgrade and downgrade these ambulance responses. This keeps the ALS capability within the city. This tiered-type of system is being done nationally. The appropriate level of care is needed for the right type of

injury to assure that the paramedic-level ambulance is always available for those patients with a true emergency. Mr. Romero indicated this has been explained by REMSA as well as by first response partners. He advised it is also important to continue to evaluate this process. REMSA wants to collect the data, work with their fire response partners, and on a monthly basis provide them the data of how many ILS responses there were, if any needed to be upgraded, and if any were truly ALS and not Priority 3 non-emergent. REMSA knows those numbers are quite low and will gladly share those with the EMS Advisory Board as well.

Mr. Driscoll asked how many total transportation units are in the system now. Mr. Romero explained that it depends on the time of day and day of week, but REMSA's peak is 22-25. He continued that there is no plan to replace ALS services with ILS units. ILS and ALS units are both being added to the system. With the work of the EMS Oversight team on the franchise map, REMSA does have a plan to add three 16-hour shift lines, ALS-level shift lines to the south region of the County.

- ALS Implementation, Reno Fire Department

Dave Cochran, Reno Fire Chief, provided a progress update on ALS implementation noting he will provide a more detailed update to the Reno City Council in February. He reported that this process started in June 2015 when he was directed by his Council to begin ALS service. He dedicated two paramedics as program coordinators to implement the program. He opined that they took a very thorough approach to launching the ALS service. He explained that they made sure certificates were up to date, trained for six months with every paramedic taking a 40-hour refresher class, developed ALS protocols, and acquired all the necessary equipment. They are now ready to begin the service as soon as the rigs are inspected, but no problems are anticipated.

Mr. Dick thanked Chief Cochran for the update. Mr. Dick noted that he understands that it is a little difficult politically with the timing of the events, but it is important that the Board understand how they are moving forward. Chief Cochran closed by stating that he will provide the EMS Advisory Board with a more detailed presentation at the next meeting after he updates his Council.

- Gerlach EMS/Fire Coverage

Chair Slaughter reported that Gerlach Volunteer Fire Department still exists, in the area north of Township 22, which is north of TMFPD's district. It was his decision to keep the journal-funded EMS fire service active. Through the Inter Local Agreement Washoe County has with the TMFPD, he asked the Chief of the TMFPD if they could enter into a short-term plan to provide service in that area until they develop the more long-term plan.

Chief Charlie Moore reported that at the direction of the County Manager, the TMFPD went to survey the resources at Gerlach, then brought their ambulance back and refurbished the equipment and supplies. They upgraded the ambulance from ILS to ALS. They now have two TMFPD firefighters staffed at Gerlach 24 hours a day, seven days a week. There is not a lot of demand for services there, as the last call was on November 9. Nevertheless, they are in place for as long as the County Manager requests, with TMFPD looking for longer-term solutions which would include a full-time employee. Chief Gooch did his job there for some 25 years, which was a lot to do in addition to a regular full-time job. There has been no lapse, and there is now a higher level of care in ALS. Fifty percent of the volunteers who resigned have already applied for reinstatement. Three of them live in Alturas and Cedarville, which is 90 miles away, and three actually live in Red Rock, 90 miles away.

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Only three volunteers live in Gerlach. Gerlach has a broad area, and the TMFPD is going to look at strengthening their mutual aid relationships with Cedarville to protect Vya and Cedarville if they have a big call. They are hoping to get volunteers back in place with a full-time leader there and reinstate the ambulance, probably at an ILS level, but possibly at the ALS level going forward. Mr. Dick asked Chief Moore if the ambulance is available now for transport from Gerlach and if they have the staffing to do that. Chief Moore responded that it is available all the time. He added that part of the issue with volunteers is that one never knows which volunteers are in town. The closest available ambulance would be in Cedarville or Station 17 in Spanish Springs with an almost two-hour response time. There has been a substantial improvement with the 24 hours a day, seven days per week availability now. Chief Moore closed by stating that TMFPD looks forward to putting something in place that is more reliable and permanent.

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8. Presentation, discussion and possible approval for distribution the Washoe County EMS Oversight Program Data Report for Quarter 1, FY 15-16.

Staff Representative: Ms. Kerwin

Ms. Kerwin noted that per the Inter Local Agreement, the purpose of the quarterly data reports is to monitor the response and performance of EMS, do any analysis of the system including data and outcomes, and provide additional analyses for partner agencies when requested, with the underlying understanding that regional decisions would be made based on data when possible.

Ms. Kerwin gave a PowerPoint presentation that covered a few changes for Quarter 1, which includes data from July through September of 2015 (refer to Attachment 1 for data report presentation slides). The Oversight Program began to measure all agencies' performance relative to the National Fire Protection Association (NFPA) standards 1221 and 1710. NFPA 1221 is: Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems. Standard 1710 is: Standards for the Organization and Deployment for Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments. The Oversight Program also included all calls when possible. Previous data reports eliminated calls that were cancelled en route and calls that were not matched with REMSA. All calls with a time stamp were utilized. They are trying to look at the maximum number of calls reported to the Program.

Ms. Kerwin noted that median times were used in this data report. The majority of calls must be below the expected time in order to meet most NFPA Standards. For example, if the standard states that the agency needs to meet 90% of calls and something needs to occur within one minute or less, then the agency would want to aim for a median of 30 seconds. A median is the middle point of time. If the agency's median is with half of their calls on one side and half on the other, it is already above the standard. The majority of calls need to be below that expected time in order to meet an 80-95%.

Ms. Kerwin discussed the slide "Regional PSAP Performance Relative to NFPA Alarm Handling and Processing Standards." She provided the table that was included in the data reports. The total calls showed the number of calls that they could have included or that were reported by fire agencies, the second column showed the number they were able to measure, and the third column showed the number and percent of calls that met the standard. They also provided the median time. Mr. Dick asked Ms. Kerwin why the number of calls used for the

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analysis was so much less than the total number of calls. Ms. Kerwin explained that for this quarter, Sparks Fire Department was not able to provide PSAP data. She did include Sparks' data in the total number of calls, but they were only able to use two jurisdictions' PSAP data. Sparks did start reporting PSAP data on October 26, and that will be included in the next quarterly report. Mr. Dick asked Ms. Kerwin if the calls can be matched to a REMSA call. Ms. Kerwin responded that the calls in the first column showing the PSAP to REMSA must be matched. They need to have a match to a REMSA call in order to measure the interval from PSAP transfer to REMSA, and that is why those calls are 66%. The other two columns were just Fire. Mr. Dick noted that the match percentage for REMSA is fairly high and asked for confirmation from Ms. Kerwin that this is a unique situation and we would expect those numbers to go up in the future. Ms. Kerwin responded in the affirmative.

Ms. Kerwin continued her presentation with the slide "Regional Fire Performance Relative to the NFPA Response Time Standards" which shows the dispatch to enroute within 60 seconds or less, the fire to enroute to arrival within four minutes, and the median times. Mr. Clinger asked Ms. Kerwin why the Oversight Program chose the NFP standards. There have been some standards of cover reports in the past that obviously make some different recommendations that do not tie in with the NFP standards. They would all want to respond to calls within four minutes, but none of them could afford to do that.

Chair Slaughter stated that he thought at some point in time the Standards of Cover was an adopted policy, at least by the Board of County Commissioners and possibly by the Fire Board. Ms. Kerwin responded that the Standards of Cover plan was not provided to the Oversight Program prior to submission of the draft report, but it was provided to them within the past few weeks. She noted that she would discuss the recommendations made in that plan later in the presentation. They also looked at some of the NFPA standards in their annual report, and it was their understanding that the region wanted to move forward looking at their agencies' performance relative to those standards. The Oversight Program submitted a template to the agencies to show their plans for what they wanted to do for the next quarterly report. There was very little input in terms of looking at something else. Chair Slaughter stated that at some appropriate time, he would like to bring the NFPA vs. Standards of Cover issue back to the EMS Advisory Board for discussion. Mr. Clinger agreed with this plan.

Ms. Kerwin discussed the slide "REMSA Transports: P1-P3 and P9/Omegas." At the last EMS Advisory Board meeting, there was a question about the difference in the percent of transports between Omegas and Priority 1-3s. So she split that data out for this report. She also broke the calls down by month and priority. There were 400 calls, but only 316 unique call locations. Eighteen addresses had three or more Omega calls this quarter with one location having 12 Omega calls. She noted that from a public health perspective, this location serves a population with a high prevalence of behavioral and mental health needs. There may be more appropriate transportation units and destinations for these callers, but our current protocols state that the person can be transported upon request.

Ms. Kerwin reviewed the differences in expectations between the NFPA and the Regional Standards of Cover (SOC) study of 2011 (refer to Page 8 of Attachment 1). The performance objectives that are comparable and measurable included the PSAP to Fire Dispatch, Turnout and Travel (enroute to arrival). For PSAP to Fire Dispatch, the SOC recommended aligning with NFPA Standard 1221 or 60 seconds to Dispatch.

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For Travel (enroute to arrival), travel time is measured by the SOC from the receipt of the call in the dispatch center to the arrival of the first responding unit. The urban response time within six minutes does align with the NFPA standard if one considers that the first minute is the call taker getting the call dispatched, the second minute is the dispatch to enroute, and the remaining four minutes is the enroute to arrival.

Ms. Kerwin noted that the Regional SOC Plan has varied travel (response) times for urban, suburban, rural, and wilderness/frontier/undeveloped areas. This is currently not a data element reported by two of three fire departments in Washoe County. The department that is capturing that data element is recording it incorrectly. For example, one address had all four designations for the same address. Chair Slaughter asked for more detail on which department is able to capture it. Ms. Kerwin responded that it is Truckee Meadows Fire Protection District. Chair Slaughter asked Ms. Kerwin to explain how TMFPD is not able to capture it correctly. Ms. Kerwin explained that the blacked out address is showing as rural, suburban, urban, and nothing, and this occurred many times. Mr. Dick asked Ms. Kerwin if they could use REMSA data to determine which area they fall in, since they are matching these calls to a REMSA call. Ms. Kerwin said that would be a great workaround, but the only downside would be limiting data to only those calls that match. Ms. Conti noted that this would not work, because REMSA does not have the land use designation in their CAD system, so it would mean inputting all that information into their system. All this data would have to be cleaned up prior to that, whereas if it exists already in some of Fire's data, it would be better for them to just clean it up and then pull it when they send it to the Oversight Program. Mr. Dick asked if REMSA had a response zone that could be used as a surrogate. Ms. Conti responded that it would depend on how it is defined, but Zone A is a very large area. In that large area, there could be a designation between urban and suburban from the land use code perspective, but it would not be that way from a Zone A response perspective. From REMSA's point of view, it would just be coded as a Zone A response.

Ms. Kerwin noted that the 2010 Washoe County Master Plan (referenced in the Regional SOC Plan) has different Fire EMS response times outlined from both NFPA and the Regional SOC Plan. She also noted that the Regional SOC Plan contains discrepancies in the recommendations, specifically in how travel time is measured. Travel time is measured as receipt of call to arrival vs. travel time as time of dispatch to arrival. Observations that the Oversight Program would like to continue to watch include agency performance relative to national standards and changes in Fire agency response to Omegas (P9).

Mr. Driscoll commented that he continues to find it interesting that a lot of time is spent talking about Omega calls and who should or should not be transported, but two-thirds of the calls are being transported. He submitted that this is either great marketing or there are circumstances that are leading to a medical need, and part of that medical need is the discussion between the responding fire agencies and REMSA support, either through the Nurse Health Line or people on the ground. He would like to continue to watch the data and better understand the typical things that lead to that two-thirds transport request. Mr. Dick opined that there are more than those two possibilities, and a likely one may be an abuse of the system, which they should also keep in mind.

Ms. Susie Rogers, Assistant Director of City of Reno Emergency Communications, addressed the CAD statistics or time responses in the data report and stated that the times are actually much better than reported. She did not see anything in the report that reflected the

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Oversight Program knew these statistics were inaccurate. The times are pulled out of the Fire RMS system. Those reports were created by IT from the RMS reporting system to the Health District's statistics system, and are not pulled directly from CAD. Ms. Rogers stated that the times the Oversight Program is capturing are not accurately reflective of the times they are representing, meaning whatever times they are pulling from are not the times represented in this file. For example, when they pull straight CAD-to-CAD times out of CAD reports, they are much better than that. They would not have been able to reach an ISO standard of 2 by the Reno Fire Department if the times were actually as reported in this report. The City of Reno's operations supervisor has been working with the City's IT to correct these, find the anomalies, and determine why they are not pulling the accurate statistics and therefore being reported as such. Additionally, in regards to the medical times of Priority 1 and 2, even though they are the City of Reno, they answer the vast majority of 9-1-1 calls in the County for both Reno Fire and TMFPD. When a Reno call taker or dispatcher answers the 9-1-1 call, they do not differentiate between Priority 1, 2 or 3 or anything else medical. If it is medical, it goes to REMSA. If it meets Fire response criteria for any of their responding or dispatch agencies, they enter the call. They do not prioritize and are not an EMD at this time, so all their medical calls go in as a Priority 1. If it is determined later to be a different priority, that is notated in the call comments, but not necessarily in the representative priority that is assigned to a call for service when it is entered. Ms. Rogers closed by repeating that the times are much better than reported in the Oversight Program's data report.

Mr. Clinger asked Ms. Rogers if she had an estimate of when this might be corrected. Ms. Rogers responded that IT is aware of it, but she did not know what was being done to correct the data. They do know the times are not representative of what they say they are. Mr. Clinger requested clarification of the problem, asking Ms. Rogers if the information she was using for the EMS Oversight data report was pulled out of a different system. Ms. Rogers explained that Fire's reporting system pulls it from their CAD system, and however it has been categorized, or whatever field is designated to fill, is apparently not correct. Ms. Conti clarified that the Health District does not pull data, rather the data is given to them by the partners. This shows the benefit of doing the regional meetings with the partners beforehand, as they have the opportunity to see what needs to be fixed. However, they were not able to fix it for the data report. The information is a good baseline, and once the problem is fixed, the report will show improvement.

Mr. Clinger stated that it is very concerning that the City of Reno's information is not accurate, as the intent of the reports is to give the Board information to make decisions. He advised that they should make sure the information is accurate. Ms. Kerwin stated that she works with the PSAPs and does a QA to pull times. Anytime there is a PSAP created to dispatch window over three minutes long, she sends it back, so it can be reviewed. In some of the first months when they conducted reviews, they noticed that the alarm time stamp was incorrect on every call, so they no longer look at alarm or stopped utilizing that particular time stamp. However, the dispatch time stamp was not incorrect in every instance for those particular calls that were pulled. Some calls may be a reflection of a call taker's window being open. For some calls, it is potentially the CAD pulling the data incorrectly. However, she was doubtful it was entirely an IT issue if all the time stamps do not need to be fixed. There were accurate time stamps in the QA she continues to send. If there are renaming issues, she would like to make sure those are cleared up before the data goes to the Oversight Program, so they are accurately representing their region's processes. Mr. Dick also

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expressed his concern about incorrect data. He said he looked forward to a full report of all of that data and the review that Ms. Kerwin does with Susie and how they have rectified any of those problems, so that they would feel confident with the data the Board is using.

Chair Slaughter noted that he wanted to give all three agencies an opportunity to speak, but said he had some observations and questions of his own. Referring to Page 36 of the document data report, he noted that the term "Unincorporated Washoe County," which is used throughout the report, is a bit confusing, because there are other fire agencies in Unincorporated Washoe County. For example, North Lake Tahoe Fire, Gerlach and Red Rock Volunteer Fire Department are all in the unincorporated area but outside TMFPD's district.

Chair Slaughter referred to Table 5.9 on Page 43 of the data report and requested that Ms. Kerwin explain what the one hour, six minutes and 44 seconds was in TM15 at the far right Maximum column. Ms. Kerwin responded that these tables were illustrating the time it took for a REMSA ambulance to arrive when a fire agency was on scene first. The table showed the median times per incident district number when Truckee Meadows was on scene first and the maximum time they ever waited on scene. Chair Slaughter asked if the maximum was a single incident. Ms. Kerwin responded in the affirmative, and noted that it was a Priority 9 Omega call. Chair Slaughter reviewed elements of Table 5.9 with Ms. Kerwin to better understand the data which would be important for using the report in the future. Ms. Conti cautioned the Board that when they look at that 18 and 22 minutes, they need to look at where that district is in relation to the old map, not the new map, to see what the requirement was, and look back at the anticipated response time to determine if it was egregious.

Chair Slaughter noted some confusion on Page 46, because it is titled "REMSA and TMFPD Tribal Lands." His understanding is that none of the tribal lands are in the TMFPD's district. Ms. Kerwin responded that in lieu of having Pyramid Lake tribal data, this was one of the only ways to explore EMS response in that region of the County. This was a way to illustrate how many times an EMS response was warranted on Pyramid Lake tribal lands. Mr. Dick suggested that instead of labeling it Washoe County, they could rename it "Other Pyramid Lake Tribal Area." Chair Slaughter asked where that call originated. Ms. Kerwin responded that it was from the Pyramid Lake tribal lands surrounding the lake and the corridor down to Wadsworth. Chair Slaughter asked if this was still within the reservation. Ms. Kerwin responded in the affirmative. Chair Slaughter suggested this needs a little revision so that readers will understand it. Ms. Conti asked Chair Slaughter if he would like the report pulled prior to distribution or include a footnote stating this will be corrected next quarter. Chair Slaughter responded that they will discuss that later in the meeting.

Chair Slaughter had a question about the Wadsworth discussion on Page 49 of the data report. He requested confirmation that this was outside any tribal jurisdiction, and Ms. Kerwin confirmed that it was in Wadsworth proper. Chair Slaughter requested that these items be footnoted in the report.

Chair Slaughter referred to the slide on agency performance relative to national standards. He stated that the Board should have a discussion about any issues regarding the

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NFPA standards and the Standards of Cover. He offered time to the other agencies to speak to the Board.

Tom Garrison, City of Sparks Fire Chief, referred to the question regarding NFPA standards or Standards of Cover. He submitted that the performance of a fire department is entirely a jurisdictional decision based on fire commissioners, the city council or city manager. He noted that the City of Sparks will be using the NFPA standards mainly because they do not have a Standards of Cover to suggest that they use something else. He suggested that the NFPA standards for the other two agencies, when they have already made decisions to judge the performance of their fire department a different way, should be reflected in the report.

Charlie Moore, Fire Chief for Truckee Meadows Fire Protection District (TMFPD), and Erin Holland, who does the quality assurance/database management for the TMFPD, took the podium. Chief Moore thanked Mr. Clinger for bringing up the issue of NFPA vs. Standards of Cover. He noted that the NFPA is a national standard, but every community has the right to determine their appropriate level of service relative to their land uses, population, the money available to deliver service, or relative to all risks. His criticism of NFPA as it applies to this study is that they are way too broad. Also, it is not the standard that the Board of Fire Commissioners for Sierra and TMFPD has adopted. He stated that TMFPD measures their performance against the Standards of Cover. For reference, he handed out an analysis of their performance to the Board members. When their compliance is measured against the NFPA, TMFPD is in compliance for suburban and rural, but a little short on rural. However, rural can be 30 or it could be 120 miles, so he was not surprised to see that they could not quite match that. He stated that it is important for him as Chief to have his resources respond to the target given to them by their commissioners. His objection to measuring against NFPA is that it is simply not the standards adopted by his agency. He noted that his chart shows that TMFPD is doing a good job in meeting the adopted standards.

Dave Cochran, Reno Fire Chief, agreed that the Standards of Cover is an appropriate measuring stick for their response time. He noted that, like Manager Driscoll, he is concerned about the number of transports that result from calls that should be characterized as Omegas, because a fire engine that responds to the scene will be committed to that scene and thus will be a resource that is no longer available in the system. He opined that everyone agrees that they should not be responded to in the first place and added that there should be closer scrutiny and continued monitoring.

Mr. Clinger commented on what the City of Reno uses as the benchmark or measure. He did not know if the City Council had adopted the Standards of Cover. Ms. Conti noted that the Council's motion was only to accept the presentation, not adopt the Standards of Cover. Mr. Clinger stated that they could look into that more. He asked the other Board members if it makes sense to have different standards for agencies or one standard across the board. Multiple standards make it a little difficult to compare across jurisdictions.

Mr. Dick commented that he does not know if it is important if the EMS Advisory Board adopts one standard or multiple standards, because they are an advisory board and do not determine compliance. They are evaluating how the system is working and how the responses are occurring. If an agency has standards of coverage that apply to them, then it would be easy to have a chart showing all the standards and see how they are doing against

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those. There is no grading of performance. The NFPA four-minute standard would not work for the terrain EMS is working with in this region. But the NFPA is a national standard, and they have used a national standard in how they have approached the REMSA response time, so it is important to look at those in some parts of the County. He noted that the urban/suburban/rural standard is a challenge that the region needs to figure out.

Ms. Kerwin noted that there are two tiers of recommendations within the regional Standards of Cover. She has highlighted the second, because it has been five years since this was initially presented. There are no timelines recommended in that Standard of Cover plan; however, that may be something to revisit if they look at a possible alternative analysis in how they capture these calls. She thanked TMFPD for providing their performance based on the urban/suburban/rural. To capture that data element, they need to decide if the fire departments would need to code it appropriately or utilize the response zones as a proxy for REMSA map.

Ms. Conti opined that it is important for the EMS Advisory Board to be on the same page going forward to strengthen the Board's voice in the community. Chair Slaughter responded to Mr. Dick's earlier comment regarding the Board's role in determining standards. He stated that while he understands the purpose in how this Board and agencies view this data report, it is important to always remember that this is a public document. The Board needs to be very clear on what its objectives are. It is not a report card, but the public will use it to view agencies' performance. So it is also important for the EMS Advisory Board to agree on what the performance standards are after receiving input from all the partner agencies and the EMS Oversight staff. His understanding is that the Standards of Cover for the TMFPD is the standard they utilize, regardless of what happened in 2011.

Mr. Driscoll noted that the most important part of statistical analysis is the definitions. It is possible to have different jurisdictions analyzed by properly defined standards. In the case of Sparks, short of a new Standards of Cover survey that would include Sparks, he would have no option. While the Standards of Cover may apply to the two jurisdictions that are studied, they may or may not apply to his jurisdiction. If, over time, they find it is necessary to homogenize the specific standard, with the proper study done and a proper set of definitions, it would be worthwhile.

Mr. Clinger suggested that perhaps it would be wise for the EMS Advisory Board members to discuss within each of their organizations if it is time to update the standard and then have a discussion by Board members. He noted that a lot has changed in five years. Chair Slaughter suggested including the Board and staff in that discussion, since they have made observations on the Standards of Cover and how they can and cannot be used.

Mr. Driscoll moved to accept the report and the discussion, but opined that at this point, there is no additional action needed beyond what was discussed. He would like to see the results of the program work and analysis that is being accomplished and some of the changes that were suggested. Mr. Dick seconded the motion for discussion. Mr. Dick noted that the report presented to them was labeled as a draft. There is work to be done with the City of Reno to rectify the problems with their data. He asked Mr. Driscoll if he was accepting the report as a draft with new data forthcoming or finalizing it for distribution. He is concerned about finalizing it for distribution if there are updates needed. Mr. Driscoll responded that he was contemplating accepting the draft because of the discussion points and

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recognizing that there is some additional analysis needed, including the challenge of some of the data. This has been a good format, but it can remain as a draft until the next report to work on some of the things suggested by staff and to correct some of the data analysis as suggested by at least the City of Reno, if not others. **Mr. Driscoll moved to accept the report as the draft presented with staff working on a revision. The motion was approved four in favor and none against.**

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9. Discussion and possible acceptance of a presentation on the regional Fire EMS trainings by JW Hodge, REMSA Education and Community Outreach Manager.
Staff Representative: Ms. Dayton

Ms. Dayton introduced JW Hodge, REMSA Education and Community Outreach Manager. Mr. Hodge reported that there have been two trainings, one in August 2015 in which 56 new people were trained with a drowning scenario of a 24-year old male. In December 2015, 59 new people were trained on a scenario of a hypothermic altered 40-year old male. Most students are new staff. Following debriefings with both TMFPD and Reno Fire, they are planning a March training that may include a pediatric anaphylactic patient. Mr. Black of TMFPD gave him feedback that the trainings were going very well. Some of the best feedback is from the crews working together and discussing how they can work together better. The training may occur outside to make it even more realistic.

Mr. Dick noted that one of the concerns originally was that there should be a year-in-advance schedule for future training dates. He asked if that had been provided. Mr. Hodge responded that they have not provided it. However, Reno Fire and TMFPD brought in some students to train on their simulation equipment. There is now a proctor from each agency and one from REMSA who work together to debrief with their groups. Now that those positions are established, they will meet with all the partners in March 2016 to identify seasonally appropriate, atypical calls and develop a quarterly training schedule for the following year.

Mr. Clinger moved to accept the report on the regional Fire EMS trainings. Mr. Driscoll seconded the motion which was approved four in favor and none against.

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10. Discussion and possible approval and recommendation to present the draft map response zones within the Washoe County REMSA ambulance franchise service area to District Board of Health.
Staff Representative: Ms. Conti

Ms. Conti reported on the new response zone map draft. As a reminder, she noted that there were jurisdictional representatives in the workgroup, including Reno, Sparks, TMFPD, REMSA, the Health District, and some other partners who would join periodically depending on the meeting topic. Inspironix, the EMS Oversight Program's contractor, gave the Program a very good beginning map based on population density with a call volume overlay. The region identified three areas of concern, which were presented at the October 23, 2015, EMS Advisory Board meeting. These were Cold Springs, Spanish Springs and South Reno. The call volume and population of Cold Springs is quite dense and high. However, due to the distance between it and the next more urban area, it was determined that a contiguous Zone A

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was not necessarily the best option for the region and all the partners. The consensus was that Cold Springs would move from a Zone C to a Zone B. Red Rock/Lemmon Valley would also become a Zone B. Spanish Springs would remain a Zone A. All of the City of Sparks would remain a Zone A with the exception of some hillsides. With South Reno, the region decided to trim the southeast and southwest sides. Ms. Conti showed the proposed new response map for REMSA to the Board. She reported that through discussions, it was decided that the Mt. Rose Corridor boundary would cut off at the voter-approved line at Atoma Road. That vote pre-dated the Franchise Agreement. She pointed out the North Lake Tahoe Fire Protection District Ambulance Service Area on the map.

Mr. Dick commented that during the renegotiation of the REMSA Franchise Agreement, they talked about wanting to have a revised and improved map. The new map based on population makes a lot of sense and is a big improvement. It is also an indication of the continuing understanding and intent to work together to make changes on a consensus basis. Mr. Dick thanked all the agencies for their efforts in working together to produce the map.

Chair Slaughter asked Ms. Conti for the record to clarify the line that was voter-approved in 1982, if she knew the nature of that question and what was approved. Ms. Conti explained that there was a private ambulance company that had serviced that area. When they went out of business, the County Commissioners approached the North Lake Tahoe Fire Protection District to service that area. There was discussion about the need for building a fire station and the citizens voting to have them remain the agency that serves them. She continued that a sample ballot went out, and the voters approved North Lake Tahoe taking over the ambulance service for that area. There was only a narrative description of the area on the ballot, but Gary Zaepfel of Washoe County GIS was able to determine the precise location for 1982 and today. Chair Slaughter asked if it was North Lake Tahoe residents who voted or a larger group. Ryan Sommers, Assistant Chief of North Lake Tahoe Fire Protection District, responded that it was his understanding that the citizens of Incline and Crystal Bay voted on the boundaries, bringing on the additional paramedic service and building the fire station. Ms. Conti read the question voted upon (see Attachment 2).

Mr. Dick moved to approve and recommend the EMS Oversight Program to present the draft map response zones within the Washoe County REMSA Ambulance Franchise Service Area to the District Board of Health for consideration of approval. Mr. Clinger seconded the motion. Chair Slaughter noted that for purposes of discussion and for the record, the Washoe County Commission had expressed four areas in which they were interested. The EMS Advisory Board has covered three of those areas, with Gerlach being the fourth area. At some time, he would like to revisit this, as the franchise agreement just states "the Gerlach area." Ms. Conti noted that Chief Gooch had asked the Oversight Program for a definition of the Gerlach service area, and Ms. Dayton had put a lot of work into it. However, they have not yet been able to define the area. Chair Slaughter agreed with her that it is difficult. **The motion was approved four in favor and none against.**

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11. Discussion and possible acceptance of a presentation on the proposed use of the IAED Omega determinant codes within the REMSA Franchise area.
Staff Representative: Ms. Dayton

Ms. Dayton presented an update on the Omega issue. She facilitated a meeting of all the legal representatives for EMS agencies on December 9, 2015. The outcome was an agreement to develop an MOU between REMSA and the jurisdictions. The MOU would state that REMSA assumes patient care and legal responsibility for the patient once a call is determined to be an Omega and transferred from the 9-1-1 system into the Nurse Health Line. Ms. Dayton reported that a draft MOU was distributed to legal representatives. The legal representatives requested that she coordinate a meeting between all the attorneys and operational personnel to do a final review of the agreement, discuss any remaining concerns, and determine next steps for the process.

Mr. Clinger asked if staff was requesting that the Board accept the proposed use of the codes. Ms. Dayton responded that they are only presenting an update at this time.

Mr. Dick moved to accept the report and Mr. Driscoll seconded the motion for discussion. Mr. Driscoll advised that he looked at the comments and language in the draft MOU and determined there is more work to be done, such as review by agencies. He was encouraged with the work being done on the MOU, but opined it is still ultimately the responsibility of the individual jurisdictions to approve patient care in their jurisdictions. The agencies still need to determine how the determination would be made that it is an Omega, who would make that determination, and if they can walk away from the call. He understands the legal side of the discussion that indemnification may not really be picked up by REMSA. There will be some potential ways to do the transfer of care documentation as a possible option, and that would fit within the language being done. He stated he looked forward to finishing the process with input from the various jurisdictions and noted that it was a job well done so far. Ms. Dayton said that due to possible meeting scheduling difficulties, the Oversight Program may need to request an additional meeting of the EMS Advisory Board. Mr. Driscoll advised that there will be some urgency to get things done, which should help.

The motion was approved four in favor and none against.

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12. Update and possible direction to staff on EMSAB assignment of Franchise Agreement review and Mutual Aid process within the region.
Staff Representative: Ms. Conti

Ms. Conti updated the Board on progress made on the assignment to review the Inter Local and Franchise Agreements regarding the mutual aid process within the region and bring back possible recommendations for changes in the Agreements. The Oversight Program was also requested to look at the mutual aid system itself and make potential recommendations for improvements. Working with Ms. Admirand, the Program has begun this assignment. The Inter Local Agreement is really a document that was set up primarily to establish the EMS Advisory Board, the EMS Oversight Program and data sharing. There was nothing in the Inter Local Agreement regarding mutual aid. A legal review of the Franchise Agreement determined that the agreement does grant exclusive rights to REMSA for requesting mutual aid and setting it up within the jurisdiction.

Conti presented some preliminary internal thoughts regarding process improvements for the mutual aid system. REMSA currently has six agreements for mutual aid within the region.

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There is a Memorandum of Understanding with California for evacuation, but it is not a mutual aid agreement. The agreements are for Priority 1 and 2 calls within Washoe County, activated upon request by REMSA to the mutual aid partner. One potential improvement to discuss is to rewrite the mutual aid agreements to include all the priorities. However, after some discussion on January 6, 2015, it appears that REMSA may not want to include all the priorities, because some of the regional partners are smaller jurisdictions that rely heavily on REMSA to support them. Oversight Program staff members have been told that these jurisdictions may rely so much on REMSA that they may agree to the mutual aid system to keep REMSA happy. It may inadvertently be doing them a disservice to take their only resource from the community to assist on a lower-acuity call. The Oversight Program should reconsider this in their recommendation to include all priorities.

Ms. Conti expressed that it is critical to develop a mechanism for requesting mutual aid. It is the understanding of the Oversight Program that for Priority 1 calls, mutual aid is immediately requested if there is not an ambulance readily available. The Program had asked for data to confirm that this was actually occurring and was not just a written policy. The Program is of the opinion that using the NFPA standards for ambulance assignment may be an option for an easy trigger. If the 120-second mark is reached and there is no ambulance assigned, mutual aid may be requested regardless of the circumstances. The Program also understands that if there is a surge of calls in the community, the ambulances may backlog at the hospital, which impacts the next call. There should be a trigger, because that next call is equally as important as the others. Right now, the Program's understanding is that a trigger does not exist.

Ms. Conti noted that updating the agreements would also be a process improvement. Currently, the agreements are only reviewed when there is new leadership in the fire departments. This may take years for some of the surrounding jurisdictions. There are always changes and improvements in patient care that could be included in the agreements. The Oversight Program recommends an annual review of the agreements even if there are no changes required.

Ms. Conti reported that the Oversight Program preliminarily recommends the development of a communications plan. In listening to the audio for investigations, Program staff has noted that much of the tension and frustration on behalf of those partners on scene could be greatly reduced if there were more of an open dialogue on what is going on. For example, if there were 10 ambulances stuck at a hospital because transfer of care had not occurred, it is their opinion that communications would reduce frustration on the fire partner's side, because they would understand that ambulances were stuck at the hospitals and efforts were being made to get the ambulance to them. A plan to outline what communications back and forth would look like could be an improvement to the system.

Ms. Conti stated that a next step would be to reach out to the partners to ensure all the identified concerns are noted. She reported that a partner had suggested forming a committee, so all concerns could be aired and worked on together.

Mr. Driscoll referred to Ms. Conti's earlier point regarding developing a trigger. He asked her what the intent was on who is pulling the trigger and under what circumstances would the trigger be pulled, and if that is what she wants to develop. Ms. Conti responded in the affirmative, and noted that one frustration is in not knowing when mutual aid might be

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requested and the expectation of what the criteria is that would warrant that mutual aid request. Ms. Conti opined that if everyone can come together to develop, understand and agree on what the triggers would be, it would reduce the issues they are having now. Mr. Driscoll agreed based on a presentation from the last EMS Advisory Board regarding the P3 call and the frustration in the field because of the reassignments of the transportation. That lack of communication to the field was clearly identified. They could look at those types of situations, find commonalties and start to define triggers that over time would evolve, because of the operational differences at a later point in time. He opined that it is very important to have a better communications system, especially for the EMS in the field waiting for transportation. For better patient care, a way is needed for the fire service to pull a trigger to get the resources they need even if the franchisee is not there. Mr. Driscoll applauded the effort being made on this issue and advised that the region should work on this issue as a priority.

Mr. Clinger asked Ms. Conti who would be on the working group or committee. Ms. Conti responded that they would request jurisdictional representatives, both from operations and the dispatch, a composition which has been very helpful in the past.

Mr. Clinger moved to accept with the addition of input from the stakeholders. Mr. Driscoll seconded the motion which was approved four in favor and none against.

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13. Board Comment

Chair Slaughter requested any Board comment, announcements or issues for future agenda items. He thanked the Oversight Program staff, commenting that there has been a lot of work done that is all coming together.

Mr. Driscoll noted that one of the frustrations going into the process a couple of years ago was communications. There were lots of levels, from lack of data to lack of ability to analyze and work together. Since then, working groups and operational teams have done everything from negotiation to the rewriting of the agreements such as the Inter Local Agreement. He opined that a very good job has been done of establishing a working partnership and accomplishing things. Most importantly, the staff has been able to finish and bring to the oversight Board issues for decision-making purposes, not just reports. It is important that they continue to work on the issues, get the guidance they need, and work within the partnerships.

Mr. Dick recognized and welcomed Mr. Dean Dow, the new Interim CEO for REMSA. He noted that Mr. Dow has now seen a meeting that demonstrates how they are all working together as partners and trying to improve and move the system forward. He is looking forward to Mr. Dow being one of those partners and continuing to work with everyone to move things forward.

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14. Public Comment

Chief Moore applauded the Board and the presentation from staff about moving mutual aid forward. On Page 43 of the quarterly data report, there are instances in which fire

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departments are on the scene for an extraordinarily long period of time. Chief Moore expressed frustration that fire departments want to be part of the solution and of the surge capacity. They are not trying to intrude into the franchise agreement, but have resources they can offer to improve patient care. He noted that TMFPD is very enthusiastic about being a partner in that discussion and moving mutual aid forward.

Chief Moore commented on a call they had on October 21 that illustrates a flaw in the communications system. A report of chest pain occurred in the Silver Knolls community, but the caller gave an incorrect address that sent the engine to California through Red Rock and back down again. Station 18 in Cold Springs responded, but the actual address would have been closer to Station 13 in Stead. REMSA became aware that the address was incorrect, but they did not transmit that address to TMFPD so they could respond. He pointed out there are lots of faults that occurred there, but it is his belief that the system of not doing EMD at the PSAP is the problem. He opined that if the PSAP provided emergency medical dispatch, not only for the City of Sparks but also for the County and City of Reno, that this particular type of call would have been clarified and broadcasted out. One of the difficulties is that once the call is passed to REMSA, it cannot be transferred back to the PSAP. Chief Moore noted he did not intend to be critical, but this particular call was significant enough to show that the way they are processing EMD calls and dispatching is not the most efficient method. He opined that his peers would be in agreement with this. In this particular case, if that call had stayed with the PSAP, they may have had a chance to save that patient's life.

Tim Leighton, Deputy Chief for TMFPD, commented on the ILS ambulance response item from REMSA. He knows that this ambulance is only supposed to respond to Priority 3 calls, but calls are often upgraded in the system. He expressed concern that within the TMFPD (and the cities soon), when there is an ILS ambulance responding and a call is upgraded and they are the highest medical authority on the scene of the incident, they will be stuck there with no ambulance to transport the patient, or they would have to put the firefighters in the back of the ambulance with their equipment to upgrade that ambulance to ALS to transport to the hospital for treatment. He opined that it needs to be vetted and more discussion on the ILS ambulance program is needed. He expressed concern that they will have an engine out of service longer with that response, which will not meet the needs of the District, especially in the outlying counties, where they have a longer response time and there is not a second engine that can take the call right away.

Dave Cochran, City of Reno Fire Chief, expressed his view that the solution to the mutual aid question lies within, that the fire departments here are willing to offer help and provide a solution. This will avoid depleting the resources of Carson, Storey or Incline. They will be working on this going forward.

Kevin Romero of REMSA responded to Chief Moore's comments about the October 21 call, noting that the EMS Oversight Program is set up to investigate complaints or issues. He was not aware of this incident, but will look into it. He also commented on his ILS presentation and Chief Leighton's concerns with ILS, noting the presentation had stated at the end that REMSA would review the data and work with the regional partners to make sure the program is working for them. Mr. Romero explained that REMSA considers this very important and is looking forward to participating in the new mutual aid working group. They want what is best for the patient, especially for a patient who is critically ill. They want to

make sure they get a service to that patient immediately, and on life-threatening emergencies request mutual aid immediately if there is not an asset that can be utilized.

Mr. Dean Dow, Interim President and CEO of REMSA and Executive Director of Care Flight, introduced himself to the Board, noting he has 40 years of experience in EMS, significant experience in the fire service, paramedical service, hospital administration, etc. He assured the Board that his role and responsibility, as is everyone's, is to ensure the care of the patient. His administration will tear down all barriers and all past histories, do what is right and is common sense, and do the best they can for the populations they serve. They are more than willing to work with all partners and groups in that effort at any point in time.

Chair Slaughter closed the public comment period.

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15. Adjournment

At 11:11 a.m., Mr. Driscoll moved to adjourn. Mr. Clinger seconded the motion.

Respectfully submitted,

____
Jeanne Harris, Administrative Secretary
Recording Secretary

Approved by Board in session on _____________, 2015.

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Attachment 1

QUARTER 1 FY 15- 16 DATA REPORT

Heather Kerwin, EMS Program Statistician
January 7, 2016

Purpose of Quarterly Reports

- Per the Interlocal Agreement
  - Monitoring of the response and performance of EMS
  - Analysis of system, data and outcomes
  - Provide additional analyses

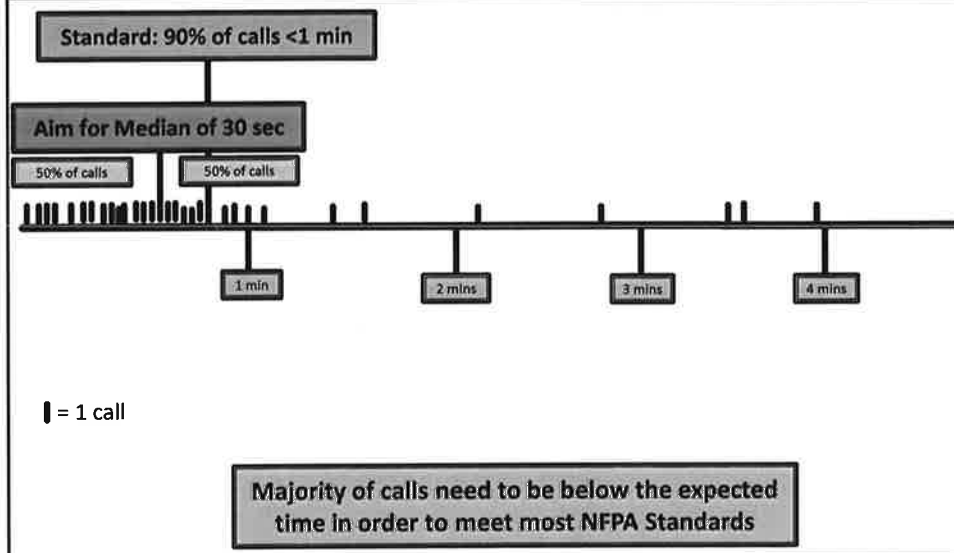
Regional decisions based on data

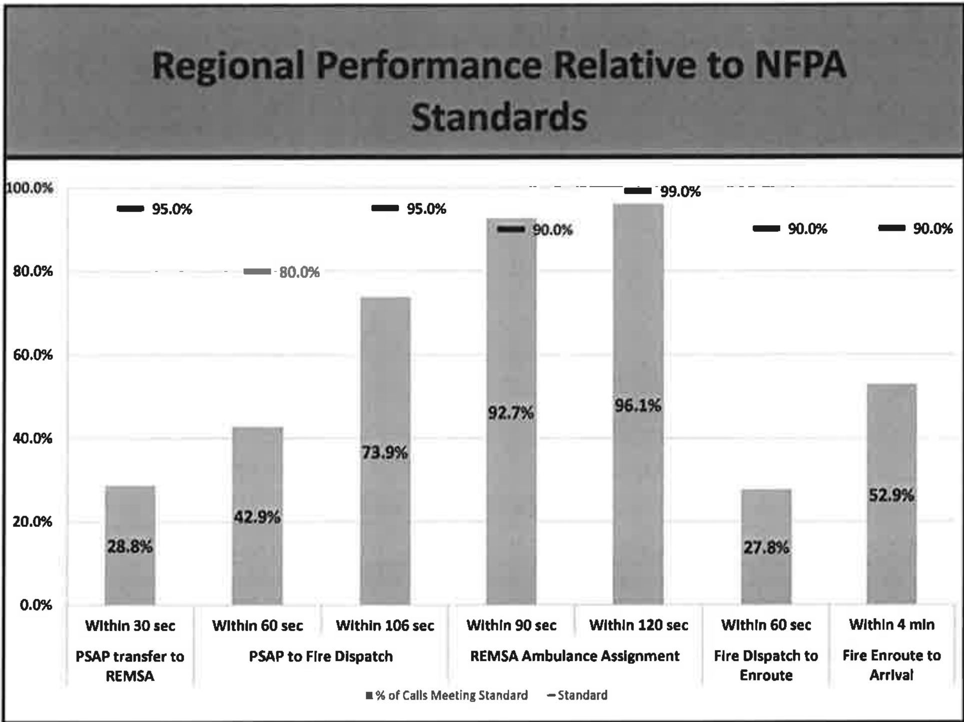
Data Changes

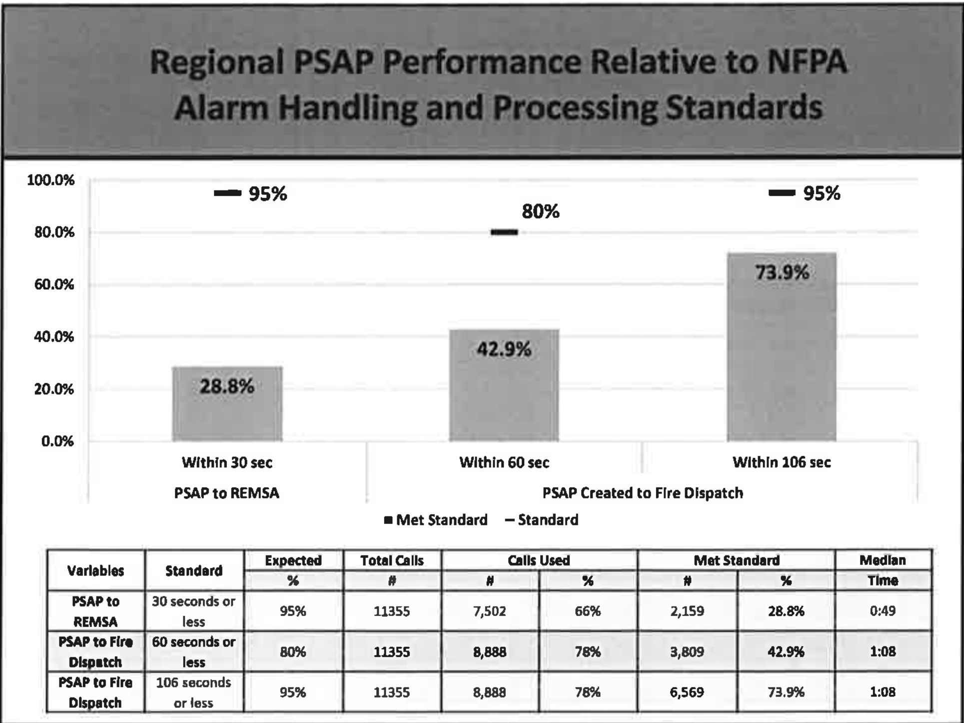
- Measured agency performance relative to National Fire Protection Association (NFPA) Standards 1221 and 1710
  - **NFPA 1221:** Standard for the Installation, Maintenance, and Use of **Emergency Services Communications Systems**
  - **NFPA 1710:** Standards for the Organization and Deployment for Fire Suppression Operations, **Emergency Medical Operations** and, Special Operations to the Public by Career Fire Departments

- Each table/analysis utilizes maximum number of incidents with all necessary time stamps

As a Reminder

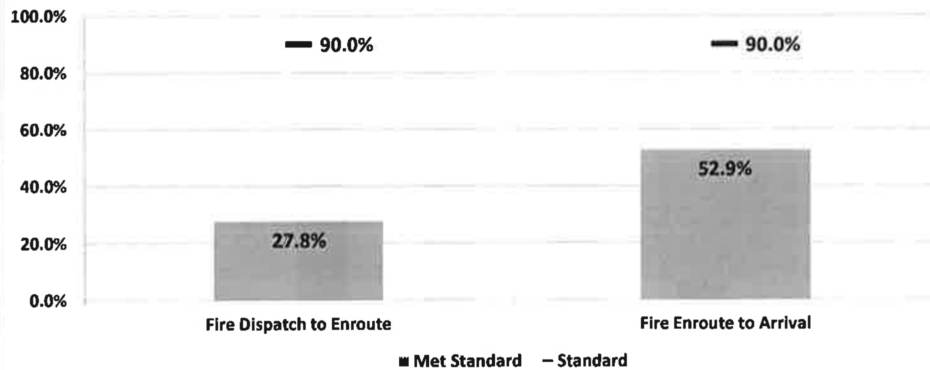






Variables	Standard	Expected	Total Calls	Calls Used		Met Standard		Median
		%	#	#	%	#	%	Time
PSAP to REMSA	30 seconds or less	95%	11355	7,502	66%	2,159	28.8%	0:49
PSAP to Fire Dispatch	60 seconds or less	80%	11355	8,888	78%	3,809	42.9%	1:08
PSAP to Fire Dispatch	106 seconds or less	95%	11355	8,888	78%	6,569	73.9%	1:08

Regional Fire Performance Relative to NFPA Response Time Standards



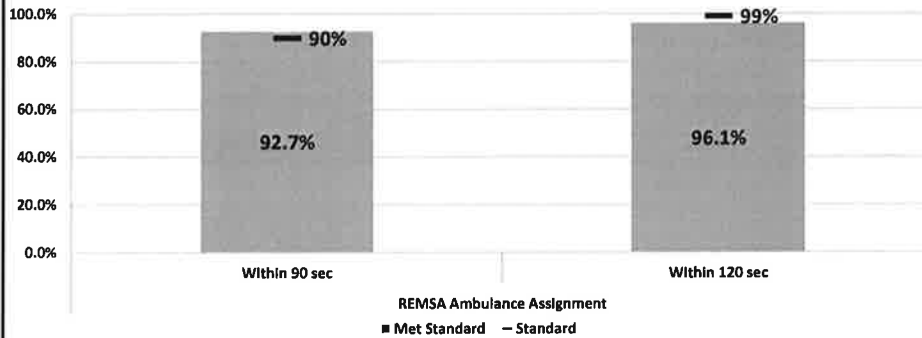
Variables	Standard	Expected	Total Calls	Calls Used		Met Standard		Median
		%	#	#	%	#	%	Time
Fire Dispatch to Enroute	60 seconds or less	90%	11355	11108	97.8%	3088	27.8%	1:27
Fire Enroute to Arrival	240 seconds or less (4 mins)	90%	11355	9980	87.9%	5280	52.9%	3:52

Fire Agency Median Call Processing, Turnout, and Travel Times

Measurement	NFPA Expectation	SFD	RFD	TMFPD
PSAP to REMSA	Within 30 sec	NA	00:49	00:47
PSAP to Fire Dispatch	Within 60 sec	NA	01:10	01:00
Fire Dispatch to Enroute (Turnout)	Within 60 sec	01:33	01:32	00:55
Fire Enroute to Arrival (Travel)	Within 4 min	03:49	03:40	04:57

- SFD began reporting PSAP data on October 26, 2015 and will be included in the FY 15 - 16 Quarter 2 Report

REMSA Performance Relative to NFPA Alarm Processing Standards



		Total Calls	Calls Used		Met Standard		Median
REMSA Ambulance Assignment	% Expected	#	#	%	#	%	Time
90 seconds or less	90%	15790	15788	99.99%	14629	92.7%	0:31
120 seconds or less	99%	15790	15788	99.99%	15176	96.1%	0:31

REMSA Response Times

REMSA Priority	Median	Mean	Max
1	0:05:28	0:06:12	0:56:35
2	0:05:53	0:06:39	1:08:04
3	0:07:46	0:09:14	1:12:40
9	0:08:42	0:10:32	1:16:35
All	0:06:00	0:07:02	1:16:35
Total N = 15790, Used N = 15060, (95%)			

- Important to note, these include calls to rural and frontier areas within Washoe County

REMSA Transports: P1-P3 & P9/Omega

REMSA P1, P2, & P3 Calls			
REMSA Priority	Number of Calls	% of Calls	**Transported (%)**
P1	6110	39.7%	67.7%
P2	6390	41.5%	51.2%
P3	2890	18.8%	66.7%
Total	15390	100.0%	60.7%

REMSA P9/OMEGA Calls		
Month	**Number of Calls**	**Transported (%)**
July	132	64.4%
August	135	68.9%
September	133	68.4%
Total	400	67.3%

Why the Difference in Omega Transports?

- EMD Protocol defines these types of complaints (with no other medical condition indicated) as an Omega
  - Spider bites, headaches, nosebleeds, splinters, can't sleep, earache, hiccups, nervous, toothache ...
- 400 calls, only 316 unique call locations
  - 18 locations had 3+ Omega calls this quarter
  - 1 location had 12 Omega calls, this location serves a population with a high prevalence of mental and behavioral health issues

Initial Call (IC) to Dispatch and Arrival of EMS Responders

- City of Sparks

REMSA Priority	Median Time from Initial Call (IC) to Dispatch and On Scene			
	IC to Fire Dispatch	IC to REMSA Dispatch	IC to Fire Arrival	IC to REMSA Arrival
1	00:34	00:37	05:55	06:43
2	00:39	00:40	06:24	07:28
3	00:38	00:38	06:44	09:05
9	00:40	00:40	06:58	09:54
All	00:36	00:39	06:15	07:17
Total N = 2426, Used N =2218 (91%)				

- City of Reno

REMSA Priority	Median Time from Initial Call (IC) to Dispatch and On Scene			
	IC to Fire Dispatch	IC to REMSA Dispatch	IC to Fire Arrival	IC to REMSA Arrival
1	01:11	01:16	06:34	06:37
2	01:17	01:18	06:52	07:14
3	01:14	01:19	06:52	08:34
9	01:24	01:13	07:00	09:39
All	01:14	01:17	06:44	07:02
Total N = 7170, Used N = 5892, (82%)				

- Unincorporated Washoe County

REMSA Priority	Median Time from Initial Call (IC) to Dispatch and On Scene			
	IC to Fire Dispatch	IC to REMSA Dispatch	IC to Fire Arrival	IC to REMSA Arrival
1	01:01	0:01:12	0:07:13	0:10:25
2	01:02	0:01:15	0:07:29	0:10:54
3	01:03	0:01:14	0:07:28	0:12:18
9	01:05	0:01:21	0:08:09	0:12:30
All	01:02	0:01:14	0:07:23	0:10:50
Total N = 1,690, Used N = 1,419 (84%)				

Impact of Delayed Dispatch from the Citizen Perspective

- City of Sparks: 27 seconds

Priority Number	Median Response Time: Initial call to First Arriving Unit		
	Patient's Perspective	Fire Dispatched First	Fire Dispatched Second
1	05:25	05:16	05:39
2	05:51	05:34	06:10
3	06:19	06:13	06:34
9	06:54	06:58	06:54
All	05:44	05:33	06:00

- City of Reno: No Impact

Priority Number	Median Response Time: Initial call to First Arriving Unit		
	Patient's Perspective	Fire Dispatched First	Fire Dispatched Second
1	05:39	05:42	05:36
2	05:58	06:00	05:57
3	06:21	06:09	06:32
9	06:40	06:35	06:53
All	05:52	05:52	05:52

- Unincorporated Washoe County: 28 seconds

Priority Number	Median Response Time: Initial call to First Arriving Unit		
	Patient's Perspective	Fire Dispatched First	Fire Dispatched Second
1	0:06:48	0:06:39	0:06:53
2	0:06:53	0:06:38	0:07:22
3	0:07:08	0:06:53	0:07:51
9	0:07:58	0:07:25	0:08:34
All	0:06:53	0:06:44	0:07:12

For Consideration

- Performance measured relative to the 2011 Regional Standards of Cover (SOC) Study

Differences in Expectations between NFPA and Regional SOC Study		
Measurement	**NFPA Standard**	**Regional SOC Study Performance Objectives**
PSAP to Fire Dispatch	<60 sec 80% <106 sec 95%	ECOMM Performance Objectives: • Priority 1: 5 min 100% • Priority 2: 15 min 100% **SOC recommended aligning with NFPA Standard 1221 of 60 seconds to Dispatch (pg 50)**
Turnout (Dispatch to En route)	<60 sec 90%	<90 sec 85% for all priorities (pg 3, pg 50)
Travel (En route to Arrival)*	< 4 mins 90%	***Not measured the same (Call receipt to Arrival)** • Urban: <6 min 85% ** Aligns with NFPA • Suburban: <8 min 85% • Rural: <15 min 85% • Frontier: As soon as practical

For Consideration Continued

- The Regional SOC Plan has varied travel (response) times for urban, suburban, rural and wilderness/frontier/undeveloped areas
  - This is currently not a data element reported by 2 of 3 fire departments in Washoe County
  - The fire department with the capability to currently report, has done so (not during this quarter), yet the data element is not being recorded correctly
- The 2010 Washoe County Master Plan (which is referenced in the Regional SOC Plan) has different Fire EMS response times outlined than both NFPA and the Regional SOC Plan
  - 5 mins-urban, 10 mins-suburban, 20 mins-rural residential/rural
  - Measured from receipt of call to arrival
- The Regional SOC Plan contains discrepancies in the recommendations specifically how travel time is measured
  - Travel time measured as receipt of call to arrival (pg 3, pg 51) versus travel time measured as time of dispatch to arrival (pg 19)

Observations to Continue to Watch

- Agency performance relative to national standards
- Changes in Fire agency response to OMEGAS (P9)

Questions?

Attachment 2

SAMPLE BALLOT

NORTH LAKE TAHOE FIRE PROTECTION DISTRICT
SPECIAL ELECTION
March 30, 1982

INSTRUCTIONS TO VOTERS

Due to the size of the District, a paper ballot election was selected as the most inexpensive means available. Vote by stamping a cross (X) in the square opposite either the YES or the NO on the ballot question, and in no other place. A yes vote means you agree with the expansion of the services, and a no vote is against.

QUESTION

Shall the North Lake Tahoe Fire Protection District be authorized to levy an additional tax ad valorem of thirty-one (.31) cents per $100.00 assessed value to provide paramedic ambulance service with the construction, equipment and staffing of a new fire station? This amount of the tax ad valorem collected for fiscal year 1982-1983 will be approximately $768,000.00, with approximately the same amount each year thereafter.

YES ☐

NO ☐

ARGUMENT FOR:

The North Lake Tahoe Fire Protection District is currently providing temporary paramedic ambulance service on a grant from Washoe County after the most recent independent ambulance company withdrew its services from the area. The need for the new fire station was identified as early as 1970 to adequately protect the District. A yes vote will continue the paramedic ambulance service and provide the much needed station.

ARGUMENT AGAINST:

The ambulance services requested by the District may be provided by independent contractors as in the past. In addition, a no vote will eliminate the proposed additional tax levy against the property owners of the District.

POLLING PLACE NOTICE

Vote early! Polls open at 7:00 am. - close at 7:00 pm.
Polling place: Incline High School Gymnasium.

WASHOE COUNTY
HEALTH DISTRICT
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STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: April 7, 2016

TO: Regional 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:

The EMS Program Statistician shadowed REMSA dispatch personnel on December 31st in order to better understand the processes involved in EMD, system status management, and dispatching of ambulances to emergency incidents.

On January 8, 2016 the EMS Coordinator conducted a meeting with EMS, Fire, public health, emergency managers, dispatch and healthcare personnel from the DEM West Region (the nine northwestern counties of Nevada) to review and edit the first draft of the West Region Medical Surge plans. The partners had valuable input and met again on February 29, 2016 to review updated drafts of the Medical Surge Plan, Multi-Casualty Annex and Healthcare Evacuation Annex. The Annex drafts were written based off the Washoe County MCIP and MAEA plan procedures and processes. It is anticipated that the plans will be finalized in April 2016 and a statewide tabletop exercise is scheduled for May 2016.

The EMS Program statistician conducted a ride-along with North Lake Tahoe Fire Protection District on January 14, 2016. The ride-along provided the opportunity to better understand the dispatching and response of a fire agency that is also the transport agency.

The EMS Program Manager met with REMSA representatives to discuss an implementation plan for the newly approved franchise response map. The District Board of Health approved the map at their January 28, 2016 meeting and an implementation plan at the February 25, 2016 meeting. The map has an approved implementation date of July 1, 2016 with Priority 1 late calls, in the newly upgraded response zones, utilizing exemption status through August 2016.

EMS staff continued to facilitate the regional discussion of ILS implementation. The region met on January 21, 2016 and February 5, 2016. The region had the opportunity to review data provided by REMSA and ask clarifying questions from the clinical staff. Based on concerns raised by partners, REMSA has temporarily stopped planning for a possible ILS implementation.

The EMS Program Manager and District Health Officer met with Commissioner Hartung on February 4, 2016. Commissioner Hartung had concerns regarding data transparency, Wadsworth and the use of mutual aid in the region. Ms. Conti provided a follow-up email to Commissioner Hartung, to include the annual data report.

The EMS Coordinator co-facilitated a MAEA training with REMSA and Saint Mary's personnel at the VA Sierra Nevada Healthcare System on February 9, 2016. Seventeen nurses, EMS, emergency preparedness personnel were trained in the process for evacuating their facility if a disaster/incident occurs at their hospital.

The EMS Coordinator presented at the Regional Healthcare Facility EPC meeting on February 23, 2016 about evacuation tags and processes for healthcare agencies. The presentation was designed to provide information to skilled nursing and long-term care facilities in Washoe County about the updates to the Mutual Aid Evacuation Annex (MAEA). It also provided an opportunity to discuss possible inclusion of these facilities into the county plan.

The annual REMSA Franchise Compliance Report was presented to the DBOH on February 25, 2016 by the Director of Epidemiology and Public Health Preparedness. The Board voted to approve the report and found REMSA in substantial compliance with the terms of the Amended and Restarted Franchise Agreement for Ambulance Services.

EMS staff has continued to work with the region to obtain the designation of being a HeartSafe Community. The purpose of the HeartSafe designation is to recognize collective efforts of agencies and organizations to enhance and improve their pre-hospital system, increase awareness of Sudden Cardiac Arrest, increase placement of AEDs, increase availability of CPR/AED training, promote heart-healthy behaviors, and make communities a healthier place to live and visit. Chief Mike Brown is a huge proponent of this project as Incline Village/Crystal Bay has attained this designation. The committee has set an internal goal of June 30, 2016 as the target date of completion.

The regional representatives from dispatch, fire, REMSA, and radio have continued to meet to draft the 5-year strategic plan. The committee of ten individual have successfully drafted out a vision, mission, value statement and two goals. The committee continues to meet monthly to ensure work on this item progresses.

On an as needed basis, the District Health Officer (DHO) issues an exemption guidelines letter to REMSA, which includes allowable reasons that calls may be exempt. EMS staff has been working on proposed updates to the allowable exemptions. The EMS Coordinator researched types of exemptions offered/allowed in other regions across the countries and reviewed REMSA's frequency of use for all current exemptions. Based off the findings, EMS staff is proposing several revisions to exemptions proposed effective July 1, 2016.

The EMS Oversight Program facilitated the establishment of a subcommittee to begin the planning process for the CAD-to-CAD interface. The committee has met twice to date and are continuing to identify potential barriers to implementation.

The regional EMS partners and legal representatives met on March 3, 2016 to review the Omega process and Memorandum of Understanding. Revision documents are being reviewed in order to bring the item back to the EMS Advisory Board.

On March 3, 2016 the EMS Coordinator held the second Multi-Casualty Incident Plan (MCIP) workshop for this year's revisions. Regional partners were given an update on the progress of the previously proposed revisions and also had an opportunity to make additional suggestions or recommendations for the MCIP.

Mass Gathering Applications or Events:

There are currently no mass gathering applications or events being reviewed by EMS staff.

Inquiries or Investigations:

Investigations conducted by the EMS Oversight Program:

Date Received	Individual/Organization Requested Investigation	Reason for Request	Investigation Outcome
8/2015	Jim Gubbels	REMSA claims that TMFPD dispatch center is conducting EMD and not transferring citizen calls to REMSA. Additionally, it is claimed that NLTFPD is being dispatched to calls within the franchise service area.	Investigation still in progress; attorney's meeting for dispatch process is being scheduled.
11/20/15	Private Citizen	Poor standards of care	The EMS Oversight Program found no evidence of poor conduct but did provide feedback to be considered by REMSA administration.

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
1/19/16	SFD	Example of a call to be discussed during the ILS meeting	The call was discussed during the ILS meeting with the reginal partners and clinical staff.
2/1/16	WCHD to REMSA	Appearance of ILS unit stopping clock for 911 call	Review of calls indicated this was not an accurate depiction of the response
3/4/16	SFD to REMSA	Question regarding the use of Omega	WCHD Oversight Program was copied

		protocols prior to approval for implementation	on an email that detailed what happened and invited SFD to review the audio files for confirmation.

Other Items of Note:
On January 22, 2016 the EMS Coordinator conducted a ride-along with a REMSA crew for an 8-hour shift. The annual ride-alongs allow WCHD EMS Program staff meet field personnel and see how calls are handled and processed in real time.

EMS Program Manager and the EMS Program Coordinator attended the EMS Today Conference in Baltimore, ML. This three day training had and extensive list of trainings available and staff attended between 5-7 sessions per day.

The EMS Coordinator attended a Peer Support Training March 7-9, 2016. This is a training the WCHD was able to provide funding support for so that the regional partners could either begin or enhance their Peer Support programs. Over 30 partners attended from dispatch through Medical Examiner's Office.

WASHOE COUNTY
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STAFF REPORT
REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: April 7, 2016

TO: EMS Advisory Board Members

FROM: Heather Kerwin, EMS Statistician
775-326-6041, hkerwin@washoecounty.us

SUBJECT: Presentation, discussion, and possible approval of data reporting update with possible direction to jurisdiction and/or EMS Oversight Program staff regarding the reporting of data submitted from fire agencies for quarterly data reports.

SUMMARY

The purpose of this agenda item is to discuss and provide direction to jurisdictional and EMS Program staff regarding the reporting of fire EMS data currently being submitted from fire agencies, as well as the approval of updates regarding the status of data reporting to the EMS Program.

PREVIOUS ACTION

The Quarter 1 data report presentation was approved; however EMS Advisory Board members recommended the Quarter 1 data report stay in draft version until data anomalies were resolved.

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, a few 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.

For the past year and a half the EMS Oversight Program has produced Quarterly data reports, which are intended to provide guidance for data-driven regional decisions. Since the CAD system upgrades from TriTech to Tiburon during the summer of 2015, there appear to have been issues which developed in the interface programming between the CAD system and the Fire RMS reporting database. During the EMS Advisory Board meeting on January 7, 2016, the validity of the data provided to the Program from two jurisdictions was questioned. The Board decided to keep the Quarter 1 Data Report in draft format until verified data are provided to the EMS Program.

The EMS Program Statistician has attempted to obtain reconciled data from all impacted jurisdictions (see timeline below). Additionally, as of March 10, 2016, the third jurisdiction confirmed data anomalies are occurring when data is filtered from the CAD systems to the respective Fire RMS database. These interface anomalies are inconsistent in nature and vary between each of the three jurisdictions.

This is problematic not only for the EMS Oversight Program, but the fire jurisdictions as well. Each regional fire partner relies on Fire RMS data to evaluate their performance and report this data to other agencies, such as the National Fire Incident Reporting System (NFIRS) and their respective fire boards/city councils. On March 11, 2016 the EMS Program requested all fire EMS call data be queried and sent directly from the CAD to the Program, until the interface issues between the CAD and the Fire RMS database have been resolved.

The timeline of the EMS Program Statistician's actions regarding inquiry and assistance in identifying solutions and obtaining reconciled data is provided below:

- The first sign of a non-systematic error was identified by the EMS Oversight Statistician in October, 2015; this appeared to be impacting the dispatch time variable.

- As of December, 2015 two jurisdiction's PSAP personnel verified there were non-systematic inaccuracies among the dispatch time variable reported to the Program.

- January 12, 2016 the EMS Program Statistician provided two jurisdiction's PSAP staff a timeline for reporting verified data for both Quarters 1 and 2 of FY 15-16; a reminder email was sent January 27, 2016.

- January 28, 2016 the EMS Program Statistician provided additional quality assurance to the two regional PSAP partners regarding the December data submitted to the Program; one of the partners reviewed the data and began to reconcile the issue.

- March 3, 2016 an inquiry was sent to two of the jurisdictional PSAP's regarding the process for resolving the issues with the identified data anomalies.

- March 10, 2016 the third jurisdiction confirmed there is a discrepancy between the CAD system and the fire RMS databases; impacting the data elements reported and utilized in both the EMS quarterly reports as well as any independent reports created by the regional fire partners.

- March 11, 2016 EMS Program Statistician reached out to all three jurisdictional PSAPs to request the fire EMS data be sent from the CAD to the Washoe County Health District EMS Oversight Program directly.

- March 15, 2016 Reno ECOMM (PSAP) staff sent data corrections on a subset of January calls which were submitted to PSAP for quality assurance from the EMS Statistician. This process identified an additional misalignment in the data variables submitted to the EMS Program from the fire partners' query of data from Fire RMS.

FISCAL IMPACT

There is no additional fiscal impact should the Advisory Board provide direction to jurisdictional or EMS Oversight Program staff regarding the data utilized in the EMS Program's quarterly reports or approve the update on the status of submitted data.

RECOMMENDATION

Staff recommends the Board accept the update and support the reporting of regional fire partner EMS data from the CAD systems to the Washoe County Health District EMS Oversight Program staff or provide direction to jurisdiction and EMS Oversight Program staff regarding the reporting of submitted data from fire agencies utilized in quarterly data reports.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the update and provide direction to jurisdiction and/or EMS Oversight Program staff regarding reporting of data submitted for the quarterly reports."

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Quarterly EMS Oversight Data Report

A performance analysis of the EMS system in Washoe County

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Washoe County Health District
Regional EMS Oversight Program
1001 E. Ninth Street
Reno, NV 89512

Quarter 2 FY 15-16
Oct –Dec 2015
April 2016

Purpose of EMS Oversight Program Quarterly Reports

The purpose of the analyses contained within the EMS Oversight Program's Quarterly Reports is to achieve the goals outlined within the Inter Local Agreement, which established the EMS Oversight Program and helped guide the reporting of EMS data to the Program.

The objectives within the Inter Local Agreement which pertain to data analyses include:

- Monitoring of the response and performance of each agency providing Emergency Medical Services within Washoe County
- Measuring performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services
- Providing analysis on sub-regions identified by partner agencies and the EMS Advisory Board regarding EMS response services

It is the intention of the quarterly reports to provide data analyses which support regional decisions regarding the maintenance, improvement and long-range success of Emergency Medical Services in Washoe County.

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Glossary of Terms

Delayed dispatch: When a fire agency is dispatched after REMSA to an EMS incident

Median: Middle value in the list of observations

Mean: Sum of all the observations of a variable, divided by the number of observations, also known as the average

Maximum: The largest observation of a given variable

NFPA 1221: National Fire Protection Association Standard 1221, Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems

NFPA 1710: National Fire Protection Association Standard 1710, Standards for the Organization and deployment for Fire Suppression Operations, Emergency medical Operations and, Special Operations to the Public by Career Fire Departments

NLTFPD: North Lake Tahoe Fire Protection District

PSAP: Public Safety Answering Point

P1: REMSA Priority 1 call; life threatening calls

P2: REMSA Priority 2 call; urgent calls

P3: REMSA Priority 3 call; emergent, non-life threatening calls

P9: REMSA Priority 9 or Omega call

Q1: Quarter 1, includes data for July, August and September

Q2: Quarter 2, includes data for October, November and December

Q3: Quarter 3, includes data for January, February and March

Q4: Quarter 4, includes data for April, May and June

RFD: Reno Fire Department

Reno ECOMM: The PSAP for Reno Fire Department

RTAA: Reno Tahoe Airport Authority

SFD: Sparks Fire Department

SOC: Standards of Cover, a regional plan which provided recommendations to TMFPD and RFD performance measures in 2011; the SOC was adopted by TMFPD on 7/1/2012

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TMFPD: Truckee Meadows Fire Protection District

WCSO PSAP: Washoe County Sherriff's Office is the PSAP for Truckee Meadows Fire Protection District and North Lake Tahoe Fire Protection District

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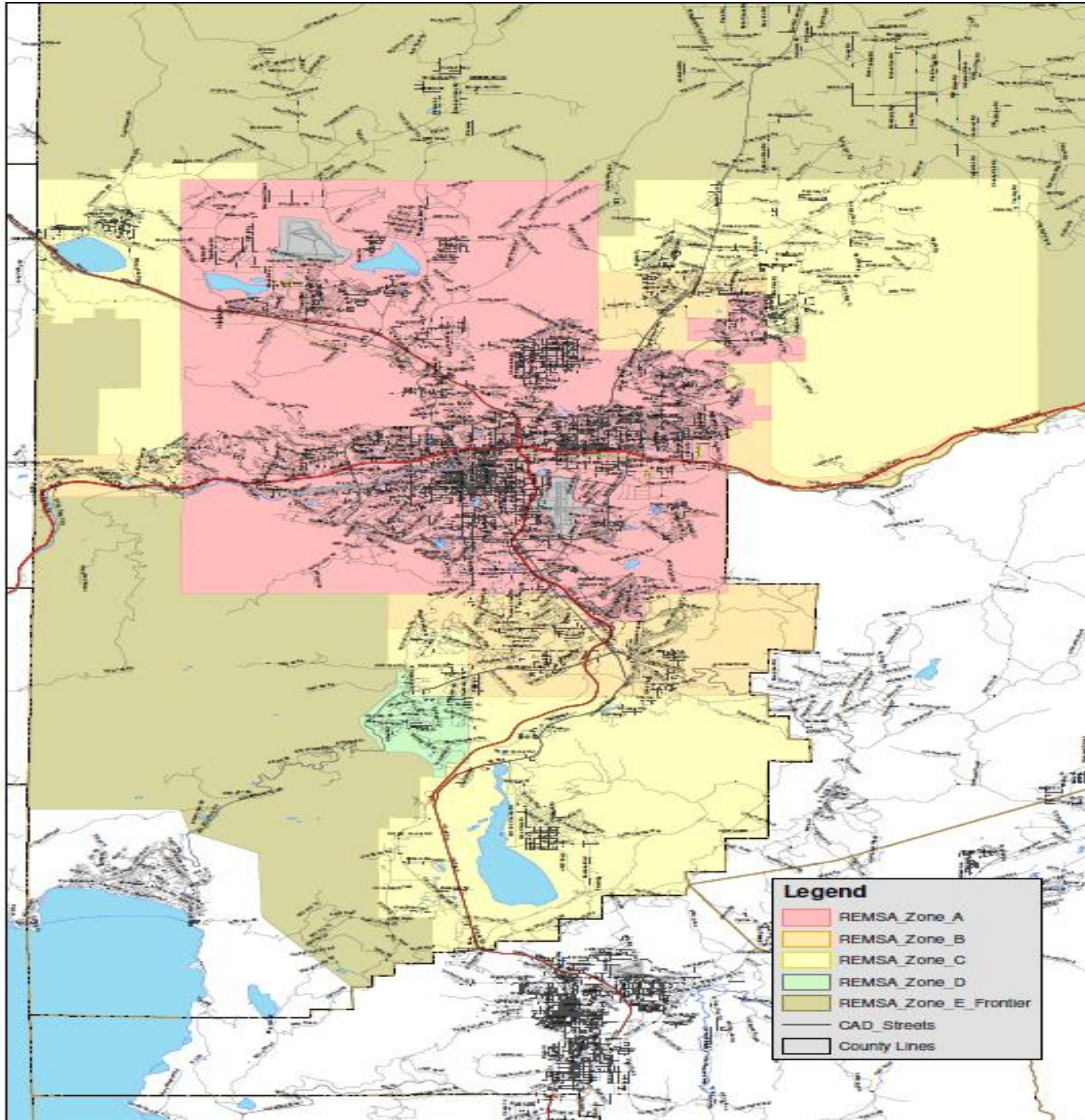
REMSA Response Zones



Reno Fire Department – Zone A (primarily), B, C and E
Sparks Fire Department – Zones A, B, C and E
Truckee Meadows Fire Protect District **–** Zones A, B, C, D, and E

Data Changes from Previous Quarter

Measuring relative to regional Standards of Cover recommendations: TMFPD stated during the last EMS Advisory Board meeting (1/7/2016) they would prefer to measure their performance against the regional Standards of Cover (SOC) recommendations instead of the National Fire Protection Association (NFPA) standards.

RFD indicated they would be interested in how their performance measures compared to the SOC since the study included their jurisdiction; however RFD has not adopted either the NFPA Standards or the SOC recommendations.

SFD stated during the last EMS Advisory Board meeting (1/7/2016), they would prefer to be measured against the NFPA Standards, however would like to be a part of future regional Standards of Cover plans.

For consistency of evaluating performance at the regional and jurisdictional levels, both the NFPA standards and the SOC recommendations were applied when possible.

Including all matched calls for the "First Arriving Agency" analysis: Previous Quarterly Reports only examined those calls when both agencies completed the call to determine which was first. This analysis has changed to now look at all 6 options for arrival on scene for all matched incidents.

(1) REMSA arrives first
(2) REMSA only- due to fire being cancelled
(3) Fire arrives first
(4) Fire only -due to REMSA being cancelled
(5) REMSA and Fire at the same time
(6) REMSA and Fire are both cancelled

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National Fire Protection Association Standards

This section outlines the National Fire Protection Association (NFPA) standards evaluated in this report, including the formal definition and the time stamps used from each agency to measure performance relative to the NFPA standard.

Alarm Handling Standard: PSAP Created →REMSA phone pick up

NFPA 1710 (4.1.2.3.2)

"When the alarm is received at a public safety answering point (PSAP) and transferred to a secondary answering point or communication center, the agency responsible for the PSAP shall establish a performance objective of having an alarm transfer time of not more than 30 seconds for at least 95 percent of all alarms processed, as specified by NFPA 1221."

NFPA 1221 (7.4.4)

"Where alarms are transferred from the primary public safety answering point (PSAP) to a secondary answering point, the transfer procedure shall not exceed 30 seconds for 95 percent of all alarms processed."

Operating and Alarm Processing Standard: FIRE: PSAP Created →Fire dispatch

NFPA 1221 (7.4.2*)

"With the exception of the call types identified in 7.4.2.2, 80 percent of emergency alarm processing shall be completed within 60 seconds, and 95 percent of alarm processing shall be completed within 106 seconds."

**For those calls where PSAP or a Fire Partner indicates the call fits into one of the parameters outlined in 7.4.2.2, the EMS Program will apply the standards for 7.4.2.2 for those calls.*

Operating and Alarm Processing Standard: REMSA: REMSA phone pick up → ambulance assignment

NFPA 1221 (7.4.2.2 #1)

"Emergency alarm processing for the following call types shall be completed within 90 seconds 90 percent of the time and within 120 seconds 99 percent of the time:

1) ***Calls requiring emergency medical dispatch questioning and pre-arrival instructions***
2) *Calls requiring language translation*
3) *Calls requiring the use of a TTY/TDD device or audio/video relay services*
4) *Calls of criminal activity that require information vital to emergency responder safety prior to dispatching units*
5) *Hazardous materials incidents*
6) *Technical rescue"*

Response Time Standards NFPA 1710: Fire dispatch → Fire en route **(4.1.2.1 #2);** Fire en route → to Fire Arrival on Scene **(4.1.2.1 #2, #4 & #5)**

"The fire department shall establish the following objectives:

1) *Alarm handling time to be completed in accordance with 4.1.2.3*
2) ***80 seconds for turnout time for fire and special operations response and 60 seconds turnout time for EMS response***
3) **240 seconds or less travel time for the arrival of the first arriving engine company at a fire suppression incident and 480 second or less travel time for the deployment of an initial full alarm assignment at a fire suppression incident*

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4) ***240 seconds or less travel time for the arrival of a unit with first responder with automatic external defibrillation (AED) or higher level capability at an emergency medical incident***

5) *480 seconds or less travel time for the arrival of an advanced life support (ALS) unit at an emergency medical incident, where this service is provided by the fire department provided a fire responder with AED or basic life support (BLS) unit arrived in 240 seconds or less travel time"*

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Regional Standards of Cover Recommendations

The regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) and was presented in April of 2011 to a joint meeting of Reno City Council, Washoe County board of County Commissioners, Sierra Fire Protection District and the Truckee Meadows Fire Protection District Board of Fire Commissioners. TMFPD adopted the SOC recommendations on 7/1/2012.

Call Processing Time: The SOC recommendation was to align with the NFPA 1221 Standard 7.4.2

FIRE: PSAP Created →Fire dispatch

"With the exception of the call types identified in 7.4.2.2, 80 percent of emergency alarm processing shall be completed within 60 seconds, and 95 percent of alarm processing shall be completed within 106 seconds."

Response Time Recommendations:

Turnout Time: Fire Dispatch → Fire En route

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

Travel Time: PSAP Created → Fire Arrival on Scene

**The Tier One recommendations allow for a longer response time. To date the region has not yet moved to Tier Two.

First-Due Service Tier One

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

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

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

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

First-Due Service Tier Two-NOT USED

(Goal for future achievement as resources can be made available)

Urban: *The first unit response capable of initiating effective incident mitigation should arrive within 6 minutes, 85 percent of the time from receipt of the call.* *This is in line with NFPA standards for the alarm processing (1 min), plus turnout time (1 min), plus travel time (4 mins).

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

Rural: *The first unit response capable of initiating effective incident mitigation should arrive within 15 minutes, 85 percent of the time from receipt of the call.*

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

Differences in Expectations between NFPA and Regional SOC Study		
Measurement	**NFPA Standards**	**Regional SOC Recommendations**
PSAP Created to Fire Dispatch	<60 sec 80% <106 sec 95%	SOC recommended aligning with the NFPA Standard 1221 which is 60 seconds to Dispatch
Turnout (Dispatch to En route)	<60 sec 90%	<90 sec 85%
Travel Time ***Not measured the same**	< 4 mins 90% ***Measured from en route to arrival**	**TIER ONE** • Urban: <8 min 85% • Suburban: <10 min 85% • Rural: <20 min 85% • Frontier: As soon as practical ***Measured from call receipt to arrival**

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Regional Analyses

Washoe County has a two-tiered system response to emergency medical calls. A 9-1-1 call is routed through the Public Safety Answering Point (PSAP) and then forwarded to REMSA for Emergency Medical Dispatch (EMD). The performance of the EMS System within Washoe County is dependent on all parties working together. Contained within this document are the data analyses for Washoe County Emergency Medical Systems calls for service during Quarter 2 (Q2), October-December 2015.

All EMS related calls are reported to the EMS Oversight Program by the three major fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District, all of which are signatories to the Inter Local Agreement. The fire calls are matched to REMSA calls for service in order to evaluate system performance on EMS incident response, from the initial 9-1-1 call through each notified agency arriving on scene.

A total of 11,465 unique incidents were reported by the three fire agencies, of which 96% (n =10,983) were considered to have a potential match to REMSA call data. Of the incidents considered for matching, 99.5% (n = 10,938) were matched to a REMSA call for service. All of the 10,983 incidents reported by fire agencies and considered to have a potential match to REMSA were considered for any "Fire Only" analyses if the incident contained all necessary time stamps for the analysis. The total incidents used for each analysis are indicated within each table.

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Regional Performance Summary Relative to NFPA Standards

- Alarm Handling: Measures the time interval between the PSAP 9-1-1 call taker answering the phone to the REMSA dispatcher answering the phone. NFPA Standards indicate this action should occur within 30 seconds or less at least 95% of the time. Regionally this is occurring 31.6% of the time and the median time it takes to complete this action is 0:45 seconds. There are certain calls which are not expected to be transferred within 30 seconds due to the need to collect additional information, including conditions which may impact the safety of the EMS responder. These types of calls are not currently identifiable and therefore not excluded from analysis.
- Operating and Alarm Processing: This is measured for each jurisdictional PSAP and their respective fire dispatchers (NFPA 1221-7.4.2) as well as REMSA (NFPA 1221-7.4.2.2 #1). The time measured for PSAP and fire dispatchers is the difference between the PSAP 9-1-1 call taker answering the phone to the fire dispatcher toning out the call to the fire station. In the City of Sparks, the PSAP 9-1-1 call taker is the fire dispatcher, where City of Reno and TMFPD have a separate 9-1-1 call taker and fire dispatcher. The NFPA standard states 80% of emergency alarm processing shall be completed within 60 seconds and 95% shall be processed within 106 seconds. Regionally this is occurring 42.5% of the time within 60 seconds and 74.7% of the time within 106 seconds.

  The time measured for REMSA is the difference between REMSA's dispatcher answering the phone and an ambulance assignment being made. NFPA standard states 90% of calls should be processed within 90 seconds and 99% of calls shall be processed within 120 seconds. Regionally this is occurring 93.5% of the time within 90 seconds and 96.2% of the time within 120 seconds.

- NFPA Response Time Standards: Includes fire agency data only and measures fire turnout time which is the time lapse from fire dispatch to fire en route and travel time which is fire en route to fire arrival. The NFPA standard for turnout is 90% of calls should have a turnout time within 60 seconds; regionally 29.7% calls have a turnout time of less than 60 seconds.

  The NFPA response time standards state the travel time (fire en route to fire arrival) should occur 90% of the time within 4 minutes or less. Regionally 51.1% of calls have a travel time within 4 minutes or less.

Regional Performance Summary Relative to SOC Recommendations

- SOC Response Time Standards: The SOC recommendations for turnout time are 90 seconds or less for 85% of calls. When measured against the SOC recommendations, 53.7% of calls in the region have a turnout time within 90 seconds. The travel time as measured by the SOC differs from NFPA in that the SOC starts at the time of the call to the arrival of the first unit on scene and separates calls into designated land uses, urban, suburban, rural or frontier. Since TMFPD was the only agency to be able to provide the land use codes, and was only able to do so for the month of December, this analysis was excluded from the regional analysis.

Summary of Additional Performance Measures

- PSAP notification: Of the total matched calls, 94% (n=10,241) were analyzed to determine which agency receives the 9-1-1 call first, PSAP or REMSA. Washoe County's two-tiered EMS system is designed so any caller dialing 9-1-1 in the event of an emergency will ring directly into the PSAP closest to the incident location. There may be instances where a caller utilizes a number not intended for emergency use and the incident will be first reported to REMSA. Regionally 88.1% of measured calls were first reported to a PSAP, prior to being transferred to REMSA for EMD.

- Typical call response: A typical call response is outlined in Table 1.3 to illustrate wherever the first contact is made (PSAP or REMSA), how long it takes from the initial call to each agency's action of dispatching to an incident and arriving on scene. For all calls measured, the median time from the initial call to Fire dispatch was 01:13 minutes, the median time from the initial call to REMSA dispatch (clock start) is 01:10 minutes, to Fire arrival is 06:54 minutes, and REMSA arrives 07:31 minutes after the initial call.

- First arriving agency: All of the matched calls were analyzed to determine which agency arrived on scene first, fire or REMSA. REMSA was first on scene 33.0% of calls, REMSA was the only agency on scene on an additional 14.8% of calls, a fire agency was on scene first 48.8% of the time, and fire was the only agency on scene on an additional 2.1% of calls. Both REMSA and a fire partner were on scene at the same time for less than 1% of calls, and both agencies were cancelled on 1.1% of calls (Table 1.4).

- Dispatched to scene: All matched calls were analyzed to determine which agency is dispatching to an incident first, fire or REMSA. The design of the Washoe County EMS system is that the PSAP should be notified of an incident first, which results in the expectation that the respective fire agency would be dispatched to a call prior to REMSA's clock start (clock start is the REMSA

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equivalent to Fire Dispatch). Regionally, fire agencies are dispatched to a call prior to REMSA on 54.2% of incidents, while REMSA is dispatched prior to Fire on 44.9% of incidents and fewer than 1% of incidents fire and REMSA are being dispatched simultaneously (Table 1.5).

- First arriving agency, when fire is dispatched second: Understandably, a fire agency's ability to arrive on scene first decreases when fire is dispatched after REMSA. This concept is referred to as a delay in dispatch or dispatch delay. REMSA was first on scene 37.9% of calls, REMSA was the only agency on scene on an additional 18.7% of calls, a fire agency was on scene first 40.9% of the time, and fire was the only agency on scene on an additional 1.4% of calls (Table 1.6).

- Patient perspective: The final regional table examines how the EMS response time from a patient's perspective is impacted by the delay in fire dispatch. Table 1.7 shows the median response time from the initial call to the first arriving unit is 06:05 minutes for all calls. When fire is dispatched first, the median response time is 06:00 minutes, and when fire is dispatched second, the median response time is 06:11 minutes. This indicates the patients' median wait time increases by 0:11 seconds when fire is dispatched second, compared to calls when fire is dispatched first.

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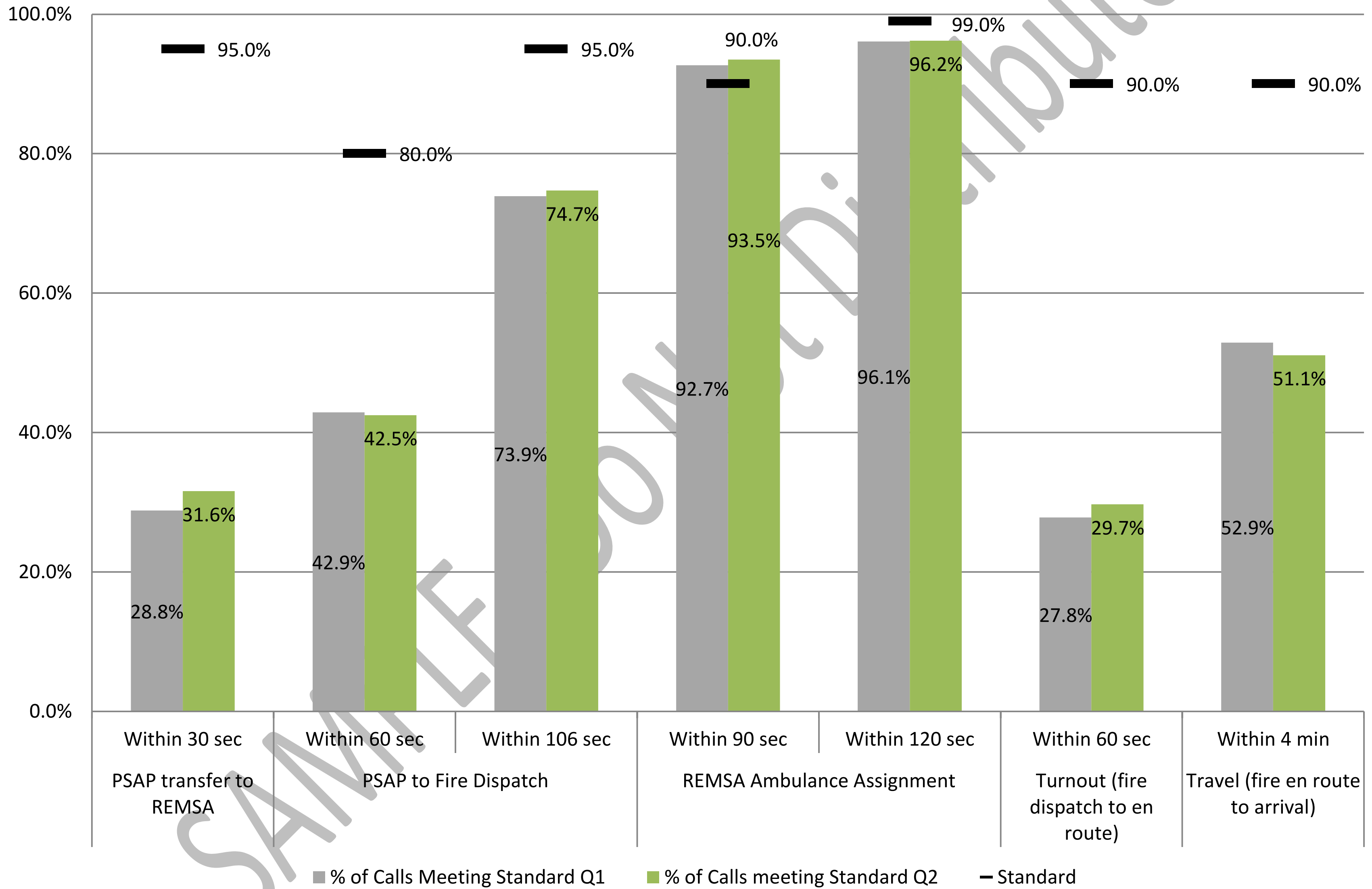

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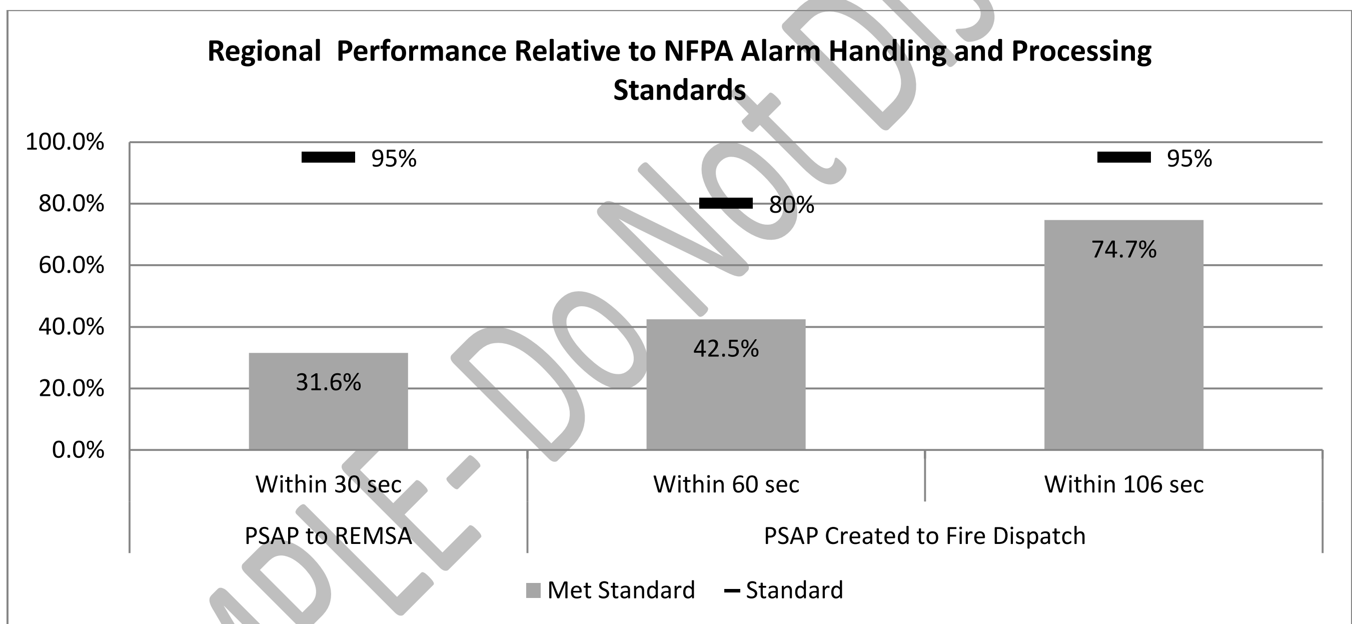
Alarm Handling Standards

The NFPA alarm handling standard measures the time difference between a PSAP 9-1-1 call taker answering the phone to a REMSA dispatcher answering the phone. The standard indicates this action should occur within 30 seconds at least 95% of the time. Of those calls which matched to REMSA (8,338), 76% were able to be measured for alarm handling. Of those, 31.6% met the standard of transferring an EMS call from a jurisdiction's PSAP to REMSA within 30 seconds or less.

Operating and Alarm Processing Standard

Among the 10,983 calls reported by the 3 main fire agencies (SFD, RFD, TMFPD) for Q2, 94% of calls were analyzed to evaluate performance on the operating and alarm processing standard. The time measured for PSAP and fire dispatchers is the difference between the PSAP 9-1-1 call taker answering the phone to the fire dispatcher toning out the call to the fire station. As a reminder, for the City of Sparks, the PSAP 9-1-1 call taker is the fire dispatcher, where City of Reno and TMFPD have a separate person to answer the 9-1-1 call and another person who is a fire dispatcher. The standard states 80% of emergency alarm processing shall be completed within 60 seconds and 95% shall be processed within 106 seconds; regionally 42.5% of calls are resulting in a fire dispatch within 60 seconds, 74.7% of calls are dispatched within 106 seconds and the median time from PSAP call taker answering the phone to fire dispatch is 01:08 minutes.



Variables	Standard	Expected	Total Calls	Calls Used		Met Standard		Median
		%	#	#	%	#	%	Time
PSAP to REMSA	30 seconds or less	95%	10925	8338	76%	2633	31.6%	00:45
PSAP to Fire Dispatch	60 seconds or less	80%	10983	10280	94%	4368	42.5%	01:08
PSAP to Fire Dispatch	106 seconds or less	95%	10983	10280	94%	7676	74.7%	01:08

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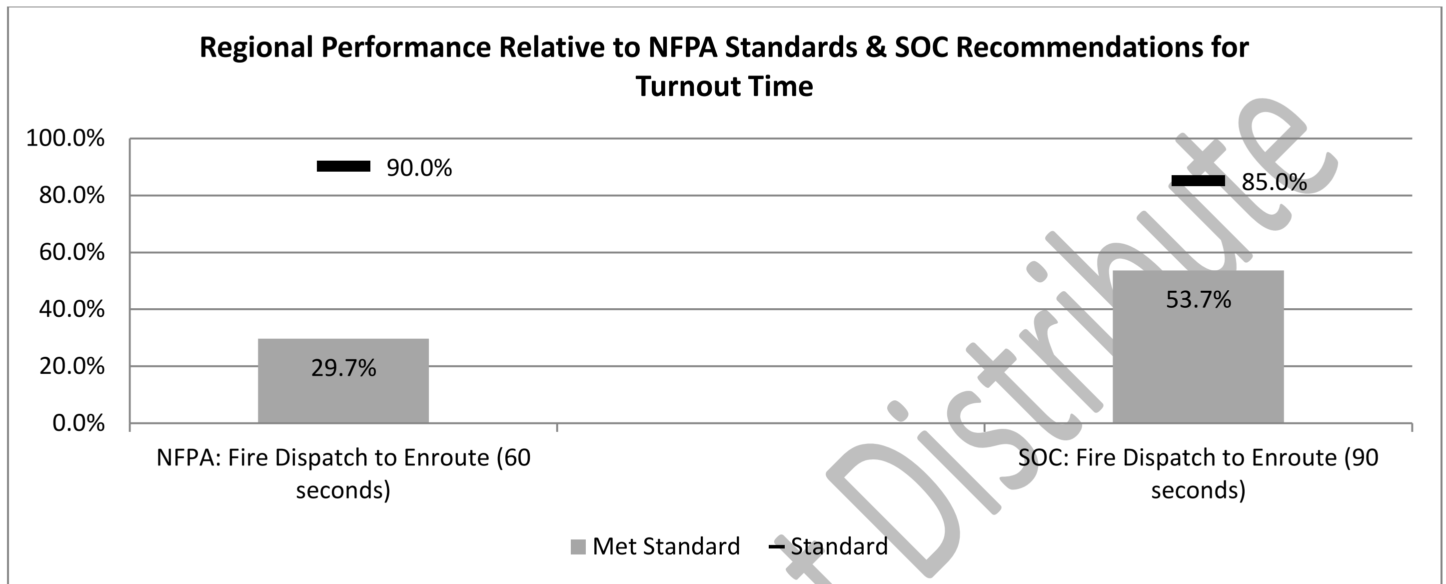
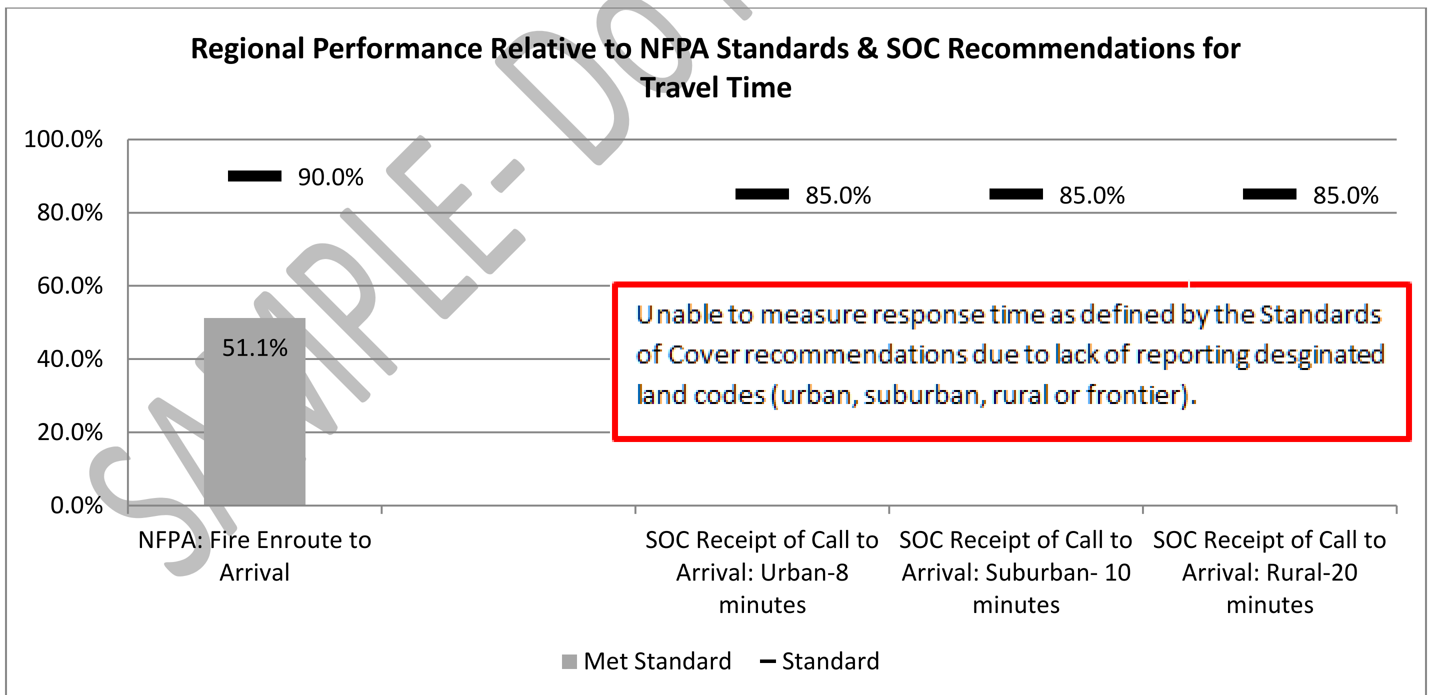
Response Time Standards

Turnout Time: Nearly all fire calls (98.3%) were able to be measured for turnout time (dispatch to en route). Among those measured, 29.7% met the NFPA Standard of 60 seconds or less, while 53.7% met the regional Standards of Cover recommendations of 90 seconds or less; the median turnout time across the region is 01:26 minutes.



Travel Time: The NPFA standard for travel time (en route to arrival) was measured for 88.3% of calls. Of those, 51.1% met the standard for travel time of 4 minutes or less, the median travel time is 03:57 minutes. Those excluded from analysis did not have an en route timestamp and/or an arrival on scene time stamp.



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Variables	Standard	Expected	Total Calls	Calls Used	Met Standard	Median

		%	#	#	%	#	%	Time
TURNOUT TIME								
NFPA: Fire Dispatch to En route	60 seconds or less	90%	10983	10798	98.3%	3207	29.7%	01:26
SOC: Fire Dispatch to En route	90 seconds or less	85%	10983	10798	98.3%	5799	53.7%	01:26
TRAVEL TIME								
NFPA: Fire En route to Arrival	240 seconds (4 minutes) or less	90%	10983	9696	88.3%	4953	51.1%	03:57
Standards of Cover TIER ONE: Call Answered to Arrival								
Urban	8 minutes	85%	~	~	~	~	~	~
Suburban	10 minutes	85%	~	~	~	~	~	~
Rural	20 minutes	85%	~	~	~	~	~	~
Frontier	As soon as possible	NA	~	~	~	~	~	~
Unknown	Unable to calculate	NA	~	~	~	~	~	~
Out of Jurisdiction	Unable to calculate	NA	~	~	~	~	~	~

~Unable to calculate response time as defined in Standards of Cover due to lack of reporting designated land use codes (urban, suburban, rural, or frontier).

REGIONAL MACTHED CALLS ONLY

Table 1.1 Total number of Fire calls which were matched to a REMSA call by REMSA priority. The number used in each analysis is dependent on the time stamp validity for time stamps used in each table.

Priority	#	%
1	5071	46.4%
2	4286	39.2%
3	1411	12.9%
9	157	1.4%
Total	**10925**	100.0%

Table 1.2 The table below indicates the proportion of calls when PSAP received notification of a call prior to REMSA.

SFD was able to start providing PSAP data starting October 26, 2015. Calls which occurred prior to October 26 from SFD do not have PSAP data; however the total still reflects the regional total calls matched for Q2.

Agency	#	%
REMSA First	1219	11.9%
PSAP First	9022	88.1%
Total MATCHED N = 10,925, Used N= 10241, (94%)		

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Table 1.3 Typical call response using median time for each time stamp.

The initial call (IC) time was calculated using either REMSA call pick up time or PSAP Time, depending on which was first. Those calls excluded from the analysis were either missing a PSAP Time or did not have an arrival on scene time stamp for either a fire partner or REMSA.

REMSA Priority	Median Time from Initial Call (IC) to Dispatch and On Scene			
	IC to Fire Dispatch	IC to REMSA Dispatch	IC to Fire Arrival	IC to REMSA Arrival
1	01:09	01:09	06:43	07:05
2	01:22	01:12	07:04	07:39
3	01:08	01:08	07:07	09:10
9	01:10	01:10	07:24	09:58
All	01:13	01:10	06:54	07:31
Total MACTHED N = 10925, Used N = 9539, (87%)				

The median time from the initial call to Fire dispatch is 01:13 minutes, from the initial call to REMSA dispatch (clock start) is 01:10 minutes, to Fire arrival is 06:54 minutes, and REMSA arrives 07:31 minutes after the initial call.

Table 1.4 Jurisdictional information that indicates the first responding unit on scene, by priority.

First on Scene	Priority REMSA									
	1		2		3		9		Total	
	#	%	#	%	#	%	#	%	#	%
REMSA First	1910	37.7%	1372	32.0%	295	20.9%	25	15.9%	3602	33.0%
REMSA Only-Fire CXLD	622	12.3%	702	16.4%	257	18.2%	38	24.2%	1619	14.8%
Fire First	2451	48.3%	2007	46.8%	791	56.1%	83	52.9%	5332	48.8%
Fire Only-REMSA CXLD	41	0.8%	123	2.9%	59	4.2%	5	3.2%	228	2.1%
Same Time	11	0.2%	6	0.1%	3	0.2%	3	1.9%	23	0.2%
Both CXLD	36	0.7%	76	1.8%	6	0.4%	3	1.9%	121	1.1%
Total	5071	100.0%	4286	100.0%	1411	100.0%	157	100.0%	10925	100.0%
Total MATCHED N = 10925 Used N = 10925, (100%)										

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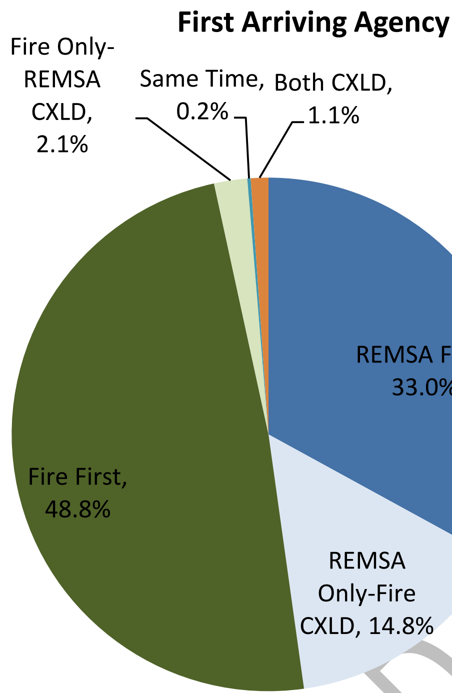

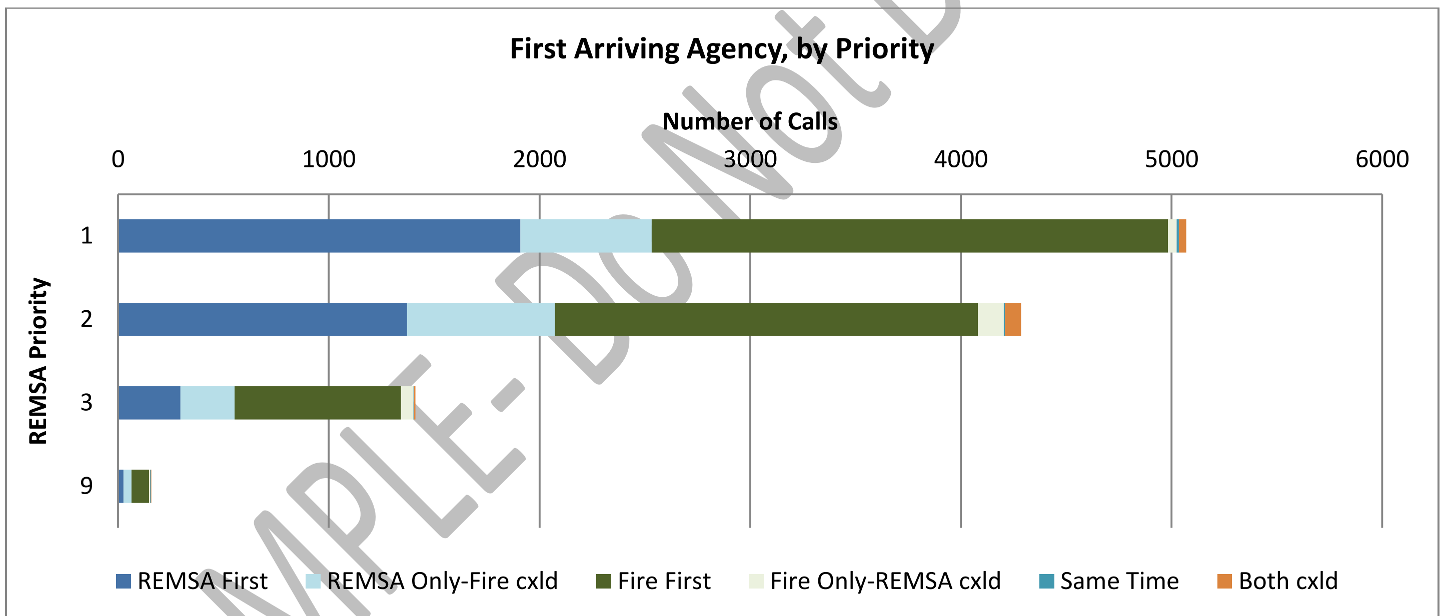

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The following tables and charts allow Fire partners to evaluate response in terms of the number and percent of calls, by REMSA priority, impacted when the Fire agency is not being dispatched prior to REMSA's clock start.

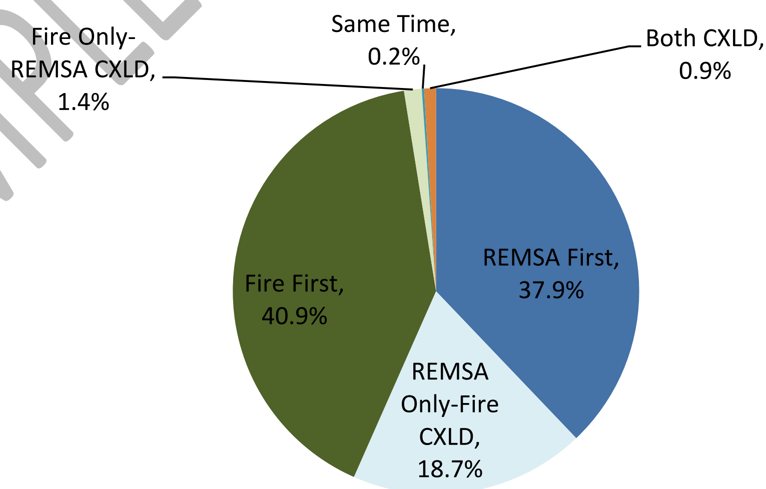
Table 1.5 Illustrates how many calls when Fire was dispatched before, after or at the same time as REMSA's clock starting, which is the equivalent to fire dispatch.

Dispatch First	#	%
REMSA	4908	44.9%
Fire	5916	54.2%
Same Time	101	0.9%

Table 1.6 Jurisdictional information that indicates the first responding unit on scene, when Fire is dispatched second.

First on Scene	Priority REMSA									
	1		2		3		9		Total	
	#	%	#	%	#	%	#	%	#	%
REMSA First	953	42.0%	734	37.9%	159	25.4%	13	17.3%	1859	37.9%
REMSA Only-Fire CXLD	371	16.3%	395	20.4%	137	21.9%	17	22.7%	920	18.7%
Fire First	922	40.6%	736	38.0%	309	49.3%	38	50.7%	2005	40.9%
Fire Only-REMSA CXLD	10	0.4%	38	2.0%	18	2.9%	3	4.0%	69	1.4%
Same Time	3	0.1%	3	0.2%	1	0.2%	2	2.7%	9	0.2%
Both CXLD	11	0.5%	30	1.5%	3	0.5%	2	2.7%	46	0.9%
Total	2270	100.0%	1936	100.0%	627	100.0%	75	100.0%	4908	100.0%
Total MATCHED N =10925, Used N = 4908, (45%)										

First Arriving Agency, when Fire Dispatched Second



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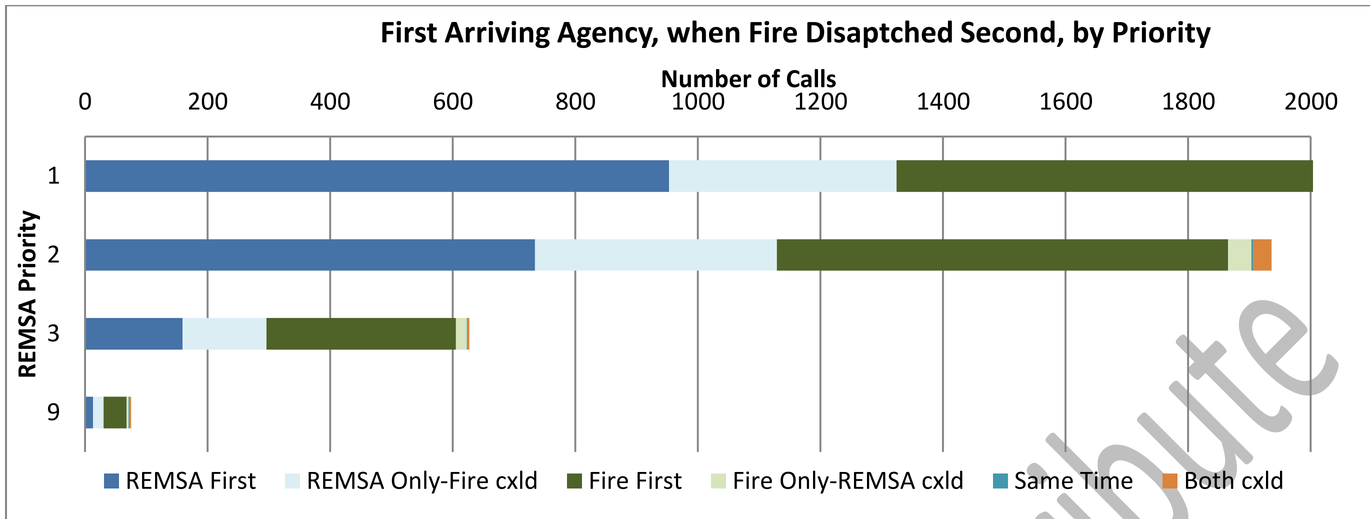

Table 1.7 The table below shows how long a patient is waiting from the initial call to the first arriving unit on scene and how those median times are impacted when the Fire agency is not being dispatched first.

Priority Number	Median Response Time: Initial call to First Arriving Unit		
	Patient's Perspective	Fire Dispatched First*	Fire Dispatched Second*
1	05:53	05:47	05:59
2	06:08	06:07	06:10
3	06:40	06:25	06:52
9	07:04	07:06	07:00
All	06:05	06:00	06:11
N calls used in each column	N = 10804 (98%)	N=5843 (53%)	N=4862 (44%)
**101 calls with same dispatch time not included in column 2 or 3.*			

The median time from the initial call to the first arriving unit on scene for all call is 06:05 minutes. In examining only those calls where fire was dispatched first, the median response time from the patient's perspective is 06:00 minutes, in contrast to only those calls when fire is dispatched after REMSA, the median response time is 06:11 minutes.

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WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: April 7, 2016

TO: EMS Advisory Board Members

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

SUBJECT: Presentation, discussion and possible direction to staff to present the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area to the District Board of Health.

SUMMARY

Omegas are 911 calls that are classified through the Emergency Medical Dispatch (EMD) process as non-emergent low acuity calls that can be referred to the Nurse Health Line (NHL) for assessment and evaluation by an Emergency Communications Nurse (ECN) to determine the most appropriate care resource, other than an ambulance response.

EMS staff coordinated and facilitated a meeting with legal and operational representatives of the regional EMS agencies to discuss possible Omega implementation on March 3, 2016. The agencies discussed the draft MOU and developed several modifications to the agreement.

PREVIOUS ACTION

REMSA presented to the EMS Advisory Board on June 4, 2015. The presentation reviewed the proposed use of the IAED Omega determinants codes and the procedure of referring these callers to the Nurse Health Line prior to dispatching an ambulance. The EMS Advisory Board directed EMS staff to work with regional partners to develop a comprehensive process for handling Omega calls.

EMS staff presented to the District Board of Health (DBOH) concerning Omegas on October 22, 2015. Members of the DBOH determined it was necessary to table the item until the EMS Advisory Board had an opportunity to discuss the topic and provide direction.

EMS staff then presented to the EMS Advisory Board on October 23, 2015. Members of the board voted unanimously to continue the item until the legal issue is resolved.

EMS staff presented an update to the EMS Advisory Board on January 7, 2016, which included the outcome of the meeting held with the legal representatives of the EMS agencies; developing an MOU between REMSA and the jurisdictions.

BACKGROUND

In 2011 the International Academy of Emergency Dispatch (IAED) included Omegas as part of the fourth pillar of the Academy when used in the ENC system. The IAED Omega determent is designed to identify patients who may safely be transferred to alternative care resources. These non-emergent low acuity calls do not need an ambulance response; however, if at any time a patient requests an ambulance, one will be dispatched.

The IAED has approved 200 Omega determinant codes; however, REMSA's Medical Director, Dr. Brad Lee, has initially approved 52 of the 200 for our region. The 52 selected Omega determinants have been discussed with the regional fire partners' Medical Directors and a consensus was reached on the use of these 52 Omega determinants codes.

At the direction of the EMS Advisory Board, EMS staff scheduled a meeting to discuss the Omega protocols for REMSA' s Franchise service area. The initial meeting was held on June 30, 2015 with regional agencies including REMSA, City of Reno, City of Sparks, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protect District and Pyramid Lake Fire Rescue. During the meeting, several items were discussed to include review of EMD process to ensure accurate determination of Omega calls, communication challenges, and the most effective methods for implementing an Omega protocol in the REMSA franchise service area.

On July 21, 2015 the region met to review a draft policy and release form developed by one of the partners. During this meeting it was requested that Health District EMS staff develop a universal form for all fire agencies if a crew arrives on-scene of an Omega call, since REMSA would not be dispatching an ambulance. The group also set a target implementation date of October 1, 2015 to allow for meetings with legal, training of crews and the approval of the EMS Advisory Board and DBOH.

EMS staff reached out to other regions to learn about other agencies' responses to Omega calls and used that information to develop recommendations for our region. In separate meetings with both fire and District Attorney's Office representatives, the recommendation of a verbal release first and a form second was supported. However, each regional agency's legal personnel would need to have a final review and approval of the process and release form prior to regional implementation.

An additional meeting was held on September 16, 2015. EMS staff presented the recommendations to the regional partners in attendance and they supported the practice of verbal or written release from the scene. The group made several revisions to the draft release form to simplify the process. Finally, it was decided that the implementation date should be changed to November 1, 2015 to allow additional time for legal review and approval, and training of personnel.

EMS staff scheduled a meeting on Friday, October 16, 2015 to discuss the feedback from the agencies' legal team and possible next steps for implementation. During this meeting the region agreed to a tiered implementation response plan for Omegas.

EMS staff met with legal representatives on December 9, 2015 to discuss the concerns related to the proposed alternative response process for Omegas. During this meeting the legal representatives agreed to work together to write an agreement/MOU for Omega calls. They also requested staff to do some additional research and analysis on Omegas, and hold an additional meeting with legal and operational staff from the EMS agencies.

EMS staff coordinated and facilitated a meeting on March 3, 2016 with the legal and operational representatives of the regional EMS agencies. Several adjustments were made to the Omega MOU. At the end of the meeting the only remaining item for discussion was language in Section 1, number 3 concerning Omega calls where an ambulance is sent and Fire is on-scene.

REMSA's legal representative sent a revised MOU to the group on the afternoon of March 3, 2016 that included the discussed updates and well as revised language to Section 1, number 3 to include:

"…the Fire Department, at its discretion, may request and REMSA shall send a non-divertible alternative medical resource and the Fire Department shall release from the scene upon earlier arrival of the REMSA ambulance or other REMSA resource."

Since the revised MOU was distributed, two jurisdictions indicated comfort with moving the process forward without additional changes while one jurisdiction reviewed possible language modifications.

FISCAL IMPACT

There is no additional fiscal impact should the Board accept a presentation on the proposed use of the IAED Omega determinant codes within the REMSA Franchise area.

RECOMMENDATION

EMS staff recommends the EMS Advisory Board accept the presentation and direct to staff to present the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area to the District Board of Health.

POSSIBLE MOTION

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

"I move to accept the presentation and direct to staff to present the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area to the District Board of Health.

DRAFT

MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING (this "Agreement") is entered into effective as of ________________, 2016 ("Effective Date") by and between the Regional Emergency Medical Services Authority, a Nevada nonprofit corporation ("REMSA"), the City of Reno, a municipal corporation ("Reno"), the City of Sparks, a municipal corporation ("Sparks") Truckee Meadows Fire Protection District, a fire district formed under NRS Chapter 474 ("Truckee Meadows"), and Sierra Fire Protection District, a fire district formed under NRS Chapter 474 ("Sierra Fire"). REMSA, Reno, Sparks, Truckee Meadows and Sierra Fire are hereinafter collectively referred to as the "Parties."

RECITALS

WHEREAS, REMSA holds an exclusive franchise pursuant to NRS 244.187 and 268.081 for emergency and non-emergency ground ambulance transport within certain portions of Washoe County pursuant to the Amended and Restated Franchise Agreement for Ambulance Service dated May 22, 2014 between REMSA and the Washoe County Health District ("Franchise Agreement"); and

WHEREAS, Reno, Sparks, Truckee Meadows and Sierra Fire operate fire departments (each a "Fire Department") within their respective jurisdictions that provide emergency response for fire, EMS, and rescue services;

WHEREAS, REMSA has developed a program for ambulance transport alternatives for low acuity patients pursuant to which patients initially calling in to the 9-1-1 system are ultimately transferred through an Omega protocol implemented in the REMSA Emergency Medical Dispatch ("EMD") process to the REMSA Nurse Health Line after being classified as non-emergent low acuity calls ("Omega Calls"), where a REMSA Emergency Communications Nurse ("ECN") will assess patients and determine the most appropriate care resource.

WHEREAS, the Parties desire to memorialize the framework for responding to and releasing from the scene of Omega Calls.

NOW THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

Section 1. Omega Response and Release Procedures.

Upon the transfer of a 9-1-1 call by a REMSA EMD to the REMSA Nurse Health Line, the 9-1-1 call shall be deemed cancelled, the call shall be deemed an "Omega Call" and REMSA shall become the party legally responsible for the care of the sick or injured patient which is the subject of the Omega Call. The Parties agree that the following procedures shall apply to Omega Calls:

1. REMSA will not be required to immediately dispatch an ambulance to an Omega Call, and a REMSA ECN will be responsible for assessing the patient and

determining the most appropriate care resource, which may or may not include ambulance response.

2. Reno, Sparks, Truckee Meadows and Sierra Fire will not respond to or will cancel any Fire Department unit responding to the scene of an Omega Call if, prior to arriving on scene and making patient contact, they have been alerted that the call is an Omega Call.
3. If a Fire Department unit has arrived on scene and made patient contact prior to being alerted that the call is an Omega call, upon being alerted that the call is an Omega Call the Fire Department shall communicate with the ECN or REMSA EMD to confirm REMSA has determined that an alternative care pathway is medically appropriate according to standards established by the International Academy of Emergency Dispatch. Both REMSA and the responding Fire Department shall document these communications in their respective incident reports and REMSA shall provide the responding Fire Department with a copy of the recorded communication within five (5) days upon request, unless otherwise prohibited by law in which event REMSA shall provide the Fire Department with the legal authority that prohibits disclosure. Upon receiving such verbal confirmation from the ECN, the Fire Department shall either: i) release from the scene, and REMSA shall be legally responsible for the care of the sick or injured patient which is the subject of the Omega Call; or ii) if the Fire Department has a good faith, medical justification for disagreeing with the ECN determination based on articulable patient observations communicated by the Fire Department to the ECN, the Fire Department shall request the dispatch of an ambulance through Fire Department dispatch, REMSA shall dispatch an ambulance to the scene in accordance with the Franchise Agreement, and the Fire Department shall remain on scene until the arrival of the REMSA ambulance. In the event the ambulance requested by the Fire Department under the preceding sentence is responding on a Priority 3 basis, the Fire Department, at its discretion, may request and REMSA shall send a non-divertible alternative medical resource and the Fire Department shall release from the scene upon earlier arrival of the REMSA ambulance or other REMSA resource. REMSA ambulance response time shall be measured from the time REMSA EMD receives the Fire Department request to dispatch an ambulance.
4. If at any time during the ECN assessment process REMSA determines that an ambulance response is required, REMSA shall dispatch a REMSA ambulance to the scene and notify the Fire Department that REMSA has dispatched an ambulance.

Section 2. Implementation Review. The parties shall meet and confer semi-annually, or upon the request of any party, to discuss any unforeseen deployment or operational issues encountered in implementing the Omega Call response procedures, including strategies to improve on-scene communications between the ECN and Fire Departments. The parties shall cooperate in good faith to attempt to informally resolve such disputes and determine a reasonable course of action satisfactory to the disputing parties and which furthers the goal of providing the public with a level of care most appropriate and cost-effective for their condition and eliminating unnecessary, non-emergency paramedic team responses on scene. If the parties are unable to resolve a dispute, the parties by mutual consent may confer with the Health District EMS Oversight Program as a third-party neutral to assist the parties in resolving the dispute.

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Section 3. Effective Date. This Agreement shall become effective upon the approval of the governing boards of the District Board of Health and EMS Advisory Board, and as to each party, upon the approval of REMSA and the respective party's governing board.

Section 4. Termination. This Agreement may be terminated by mutual consent of all the Parties or any Party may unilaterally withdraw from the Agreement with or without cause upon thirty (30) days written notice to the other Parties or immediately if that Party's funding ability supporting the Agreement is withdrawn, limited or impaired. So long as REMSA is not a terminating party, the remaining Parties may continue the Agreement notwithstanding the withdrawal of one or more other Parties. Any notice of termination under this Section 4 shall be sent by certified mail to the Reno City Manager, Sparks City Manager, Washoe County Manager, and CEO of REMSA, with copies to the Fire Department Chief of each agency and the Washoe County Health District EMS Oversight Program.

Section 5. Severability. If any term or provision of this Agreement or the application thereof shall, to any extent, be held to be invalid or unenforceable, such term or provision shall be ineffective to the extent of such invalidity or unenforceability without invalidating or rendering unenforceable the remaining terms and provisions of this Agreement or the application of such terms and provisions to circumstances other than those as to which it is held invalid or unenforceable unless an essential purpose of this Agreement would be defeated by loss of the invalid or unenforceable provision.

Section 6. Entire Agreement; Counterparts. This Agreement contains the entire understanding of the Parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements and understandings, oral and written, between the Parties with respect to such subject matter. This Agreement may be amended only by a written instrument executed by the Parties or their successors in interest. This Agreement may be executed in multiple counterparts, each of which shall be an original and all of which together shall constitute one agreement.

Section 7. Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors and assigns. This Agreement is not intended to benefit, and shall not run to the benefit of or be enforceable by, any other person or entity other than the Parties and their permitted successors and assigns.

Section 8. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada.

[*Signature Page Follows*]

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IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date written below.

Regional Emergency Medical Services Authority By: ____________________________ Name:__________________________ Title: ___________________________ Dated: _________________________	City of Reno By: ____________________________ Name:__________________________ Title: ___________________________ Dated: _________________________
City of Sparks By: ____________________________ Name:__________________________ Title: ___________________________ Dated: _________________________	Truckee Meadows Fire Protection District By: ____________________________ Name:__________________________ Title: ___________________________ Dated: _________________________
Sierra Fire Protection District By: ____________________________ Name:__________________________ Title: ___________________________ Dated: _________________________	
Acknowledged and Agreed: District Board of Health By: ____________________________ Name:__________________________ Title: ___________________________ Dated: _________________________	Acknowledged and Agreed: EMS Advisory Board By: ____________________________ Name:__________________________ Title: ___________________________ Dated: _________________________

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WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: April 7, 2016

TO: EMS Advisory Board Members

FROM: Christina Conti, EMS Oversight Program Manager

775-326-6042, cconti@washoecounty.us

SUBJECT: **Presentation, discussion and possible direction to staff regarding the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.**

SUMMARY

The purpose of this agenda item is discussion and possibly provide direction to staff on the progress of developing the five-year strategic plan, as required in the Inter Local Agreement for Emergency Medical Services Oversight.

PREVIOUS ACTION

During the EMS Advisory Board on June 4, 2015, the Board approved the development of the five year strategic plan.

A regional SWOT (Strength, Weaknesses, Opportunities, and Threats) Analysis was conducted on August 31, 2015 during an EMS Advisory Board meeting.

BACKGROUND

The EMS Oversight Program was created through an Inter Local Agreement (ILA) signed by the City of Reno (RENO), City of Sparks (SPARKS), Washoe County (WASHOE), Truckee Meadows Fire Protection District (FIRE), and the Washoe County Health District. Within the ILA there are eight duties specifically outlined for the EMS Oversight Program. One of the items explicitly tasked the EMS Oversight Program to "Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE."

At the June 4, 2015 EMS Advisory Board meeting, through discussion with the Board, the purpose of the strategic plan was identified as a document that would create milestones, furthering the EMS system in Washoe County. It was determined that a workshop should be held with the Board members to kick off the discussion and might provide some specific deliverables and desired outcomes.

On August, 31, 2015 an EMS Advisory Board meeting was held with members of the EMS Working Group in attendance. The primary focus of the meeting was to hold the SWOT analysis. Manager Steve Driscoll facilitated the process and representatives from the Board, jurisdictional dispatch centers, fire partners, REMSA, and communications discipline participated.

The process for developing the regional EMS strategic plan included the establishment of a workgroup. Each jurisdiction and REMSA has one dispatch and operational representative, the EMS Oversight Program has one representative as well as a regional communications representative. The workgroup held its first meeting on November 17, 2015 and has been meeting monthly.

The first meetings were used to review the SWOT analysis and to identify goals for the regional strategic plan. Within each goal, the workgroup identified the components that would be included in the attainment of the goal. To ensure the process is efficient, each meeting has an identified objective to accomplish. All items start in red and are turned to black once the workgroup has discussed and reached consensus on the draft.

To date, the workgroup has drafted out the following:

- Mission
- Vision
- Values
- Goal #1
- Goal #2

The attached draft of the strategic plan will show that within both goals 1 & 2 there are objectives that still need to reach consensus. After the workgroup completes the initial review of the five identified goals, the group will then revisit any incomplete objectives prior to a final draft being presented to the Board for approval.

The next meeting is scheduled for April 19, 2016 and will focus on goal #3.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board to approve the presentation and provide possible direction to staff regarding the five-year strategic plan, a requirement of the Inter Local Agreement for Emergency Medical Services Oversight.

POSSIBLE MOTION

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

"Move to approve the presentation (discussion and possible direction to staff) regarding the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight."

WASHOE COUNTY
EMERGENCY MEDICAL SERVICES

S T R A T E G I C   P L A N

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Introduction

Mission Statement:

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

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

The values of Washoe County are to be:

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

REGIONAL SYSTEM
GOALS – OBJECTIVES – STRATEGIES

July 2016 – June 2021

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- Goal #1 -

Enhance the regional EMS resources utilization matching the appropriate services as defined by the call for service through alternative protocols, services options and transportation options by ____________.

Objective	Strategies
Objective 1.1 Develop appropriate protocols to determine service level for Omega calls by July 7, 2016.	**Strategy 1.1.1** Resolve legal issues impacting fire partners by March 30, 2016. **Strategy 1.1.2** Develop regional Standard Operating Procedures to address response to Omega calls by June 21, 2016. **Strategy 1.1.3** Determine data elements required for process verification by June 21, 2016. **Strategy 1.1.4** Approval by the EMS Advisory Board of protocols determining service levels for Omega calls by July 7, 2016. **Strategy 1.1.5 A**nalyze, interpret and report data elements to EMS Advisory Board and partner agencies quarterly.
Objective 1.2 Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 by February 5, 2017.	**Strategy 1.2.1 Re**solve regional concerns (operational, legal, and patient care) relating to protocols to determine service level through EMD process to low acuity P3 calls by *9/30/16???*. **Strategy 1.2.2** Develop Standard Operating Procedures to determine service level through EMD process to low acuity Priority 3 by October 28, 2016. **Strategy 1.2.3** Determine data elements required for process verification by December 16, 2016. **Strategy 1.2.4** Review by the EMS Advisory Board of the protocols that determine service levels through EMD process to low acuity Priority 3 by January 5, 2017.

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Objective 1.3 Develop regional alternative transportation options by ______________. (community paramedicine, urgent cares, taxi vouchers, bus passes, etc)	(New idea – small group brainstorming the strategies and will bring back to the entire workgroup) Strategy 1.3.1 Strategy 1.3.2 Strategy 1.3.3 Approval by the EMS Advisory Board of regional alternative transportation options by July 7, 2016.

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- Goal #2 -

Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by __________.

Objective	Strategies
Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology by December 31, 2022.	**Strategy 2.1.1.** Complete a regional assessment to identify and understand AVL existing capabilities by June 30, 2021. **Strategy 2.1.2.** Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021. **Strategy 2.1.3.** Develop regional dispatching process that will utilize the AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022. **Strategy 2.1.4.** Purchase and install additional AVL equipment to increase capabilities in region by December 31, 2022.
Objective 2.2. Establish ambulance franchise response map review methodology by September 30, 2016.	**Strategy 2.2.1.** Develop standardized methodology for the annual review of the ambulance franchise response map by June 30, 2016. **Strategy 2.2.2.** Develop standardized methodology for the five and ten year review for the ambulance franchise response map by July 31, 2016. **Strategy 2.2.3.** Approval by the EMS Advisory Board of the standardized methodology for the annual, five and ten year reviews by September 30, 2016. **Strategy 2.2.4** Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board, beginning in July 2017.
Objective 2.3. Increase depth of resources able to response to EMS calls for service in Washoe County by December 31st annually.	**Strategy 2.3.1. I**dentification of operational opportunities by WC EMS agencies through a review of mutual aid agreements (MA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County by June 30th annually.

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	Strategy 2.3.2. Establishment by Washoe County EMS agencies of MAs/MOUs with partner agencies as resources become available or are modified by December 31st annually. **Strategy 2.3.4.** Provide an update to EMS Advisory Board on all MA/MOU process changes or additional agreements being utilized in region by January 31st annually, beginning in January 2017.
Objective 2.4. Definition and possible adoption of a single regional EMS Tier 1 response measurement by ________.	(possible first step – regional standards of coverage study, per EMSAB Jan meeting) **Strategy 2.4.1.** Identification and possible adoption of a regional fire response standard by _____________. **Strategy 2.4.2.** Approval of the regional fire response standard by individual Councils/Boards and EMS Advisory Board by ____________, if required. **Strategy 2.4.3.** Monitor and report to the EMS Advisory Board the performance of the regional EMS system utilizing the regional fire standard and ambulance franchise response map by the 15th of the month, following the fiscal year quarter. **Strategy 2.4.4.** Provide recommendations for improvements based on performance measures to EMS Advisory Board as needed.

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- Goal #3 - Improve communications between EMS partners	
Objective 1. Radio Communication (800 MHz)	**Strategy 1.**
	Strategy 2.
	Strategy 3.
Objective 2: Dispatch CAD to CAD link	**Strategy 1.**
	Strategy 2.
Objective 3: Data sharing, real time	**Strategy 1.**
	Strategy 2.

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- Goal #4 -

~~Improve the continuity of care with patients to improve patient outcomes~~

Improve patient outcome by improving continuity of care by June 31, 2018.

Objective	Strategy
Objective 1. Common patient care records (need to be SMART – add in the data collection and reporting piece)	**Strategy 1.**
	Strategy 2.
	Strategy 3.
Objective 2: Reporting on scene patient care information to hospital	**Strategy 1.**
	Strategy 2.
Objective 3: Transfer of care between all partners (fire, REMSA, hospitals)	**Strategy 1.**
	Strategy 2.
Objective 4: Hospital outcome data	**Strategy 1.**
	Strategy 2.

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- Goal #5 -

Continue to improve patient care through good quality assurance

Objective	Strategy
Objective 1. Common set of medical protocols	**Strategy 1.**
	Strategy 2.
	Strategy 3.
Objective 2: Regional QI/QA process	**Strategy 1.**
	Strategy 2.

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- Goal #6 -

Enhance collaboration with stakeholder organizations to advance EMS system initiatives

Objective 1.	**Strategy 1.**
	Strategy 2.
	Strategy 3.
Objective 2:	**Strategy 1.**
	Strategy 2.

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WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: April 7, 2016

TO: EMS Advisory Board Members

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

SUBJECT: Presentation and discussion of the process for allowable exemptions to REMSA's response time penalties, as outlined in the Amended and Restated Franchise Agreement for Ambulance Service Article 7, Section 7.6 and possible acceptance of presentation or recommendations to staff regarding the process and/or exemptions.

SUMMARY

Through the Franchise agreement, the District Health Officer (DHO) has the authority to define allowable exemptions and the appropriate processes for such requests. In accordance with the direction from the EMS Advisory Board, staff has developed possible revisions to the current exemption letter, which was issued on June 27, 2014. Attached is the current exemption letter as well as a draft of the proposed exemption letter, to be effective July 1, 2016.

PREVIOUS ACTION

The EMS Advisory Board heard a presentation on exemptions during the March 5, 2015 meeting, specifically focused the use of the system overload exemption. The Board moved to continue the item to allow staff to meet with regional partners.

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 District Health Officer. 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 sent exemption guidelines, which were reissued only when the existing exemption processes were redefined. . The exemption guideline letter included more in-depth descriptions and explanations of allowable exemptions like weather, construction, off road, MCIs, 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 article 7.6 and specifically lists the exemption guidelines remaining in effect unless changed or rescinded by the DHO or the District Board of Health.

On June 27, 2014 the DHO wrote REMSA a letter outlining and updating the exemption request guidelines in accordance with the Amended and Restated Franchise Agreement.

The EMS Advisory Board heard a presentation on exemptions during the March 5, 2015 meeting, specifically focused the use of the system overload exemption. This exemption was used during a wind storm on February 6, 2015 and there was confusion about the algorithm and requesting procedure for this exemption. The Board moved to continue the item to allow staff to meet with the fire agencies and REMSA to refine the process for all exemptions.

On April 15, 2015 EMS staff held a meeting and invited the EMS working group to discuss the revisions to the REMSA service area map and the exemptions, specifically focusing on the system overload exemption. After this meeting it was determined that all exemptions should be reviewed and considered for editing.

EMS staff researched exemptions allowed/used in other regions to help determine initial updates/changes for the exemption process. After internal discussions of possible revisions, EMS staff met with REMSA in June 2015, however efforts were stalled due to personnel turnover and administrative changes. The exemption review discussions resumed in December 2015.

On February 23, 2016 EMS staff requested a meeting with the Fire partners to review the proposed updates for exemptions. Due to scheduling conflicts no meetings were organized prior to the submission of this staff report. However, the Fire Chiefs received a copy of the current exemption letter and the proposed draft exemption letter to review on March 8, 2016 with a request to provide feedback as soon as possible.

FISCAL IMPACT

There is no anticipated fiscal impact should the Board approve or direct staff the proposed draft REMSA exemption letter.

RECOMMENDATION

Staff recommends the Board approve or provide direction to staff regarding the proposed draft REMSA exemption letter.

POSSIBLE MOTION

Should the Board agree with the proposed draft letter without changes, a possible motion would be:

"Move to approve the presentation on allowable exemptions for REMSA response time penalties, as outlined in the Amended and Restated Franchise Agreement for Ambulance Service Article 7, Section 7.6."

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.

<u>Exemptions to be reviewed by REMSA</u>:

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.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2416 FAX (775) 328-3752
www.washoecounty.us/health

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 Heath 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.

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

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

March 3, 2016

Dean Dow, President/CEO
REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

The Washoe County Health District (WCHD) revised the list of allowable exemption requests for Priority 1 calls in the REMSA Franchise service area. The following exemptions will be effective July 1, 2016. All exemptions shall be reviewed by the WCHD EMS Oversight Program. Additionally, for the purpose of all compliance calculations, approved exemptions shall not be included as part of the calculation process.

Exemptions to be reviewed by REMSA and the WCHD:

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. **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.

Exemptions to be reviewed and approved by the WCHD:

1. **Miscellaneous**

   A request for a miscellaneous exemption must be submitted in writing within 5 business days following the end of the month in which the event occurred. Miscellaneous exemptions may include requests like units driving "off road" or AVL clock stop confirmation, etc.

   Miscellaneous exemptions are granted on a per call basis following a review of the documentation provided by REMSA and/or investigation by the EMS Oversight Program. The request must include all applicable supporting reports and documentation in order for the EMS Oversight Program to approve a miscellaneous exemption.

2. **Weather**

DRAFT - DO NOT DISTRIBUTE

OFFICE OF THE DISTRICT HEALTH OFFICER
1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
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Public Health
Prevent. Promote. Protect.

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.”

REMSA shall use the District Health Officer approved checklist for blanket weather exemption requests to determine the necessity and validity of the request. Upon completion of the checklist, if the request is outside the hours of 7am-8pm, REMSA shall grant a preliminary blanket weather exemption status to ensure the safety of crews. If REMSA is granting a preliminary blanket weather exemption, an email correspondence is required to the EMS Oversight Program at EMSProgram@washoecounty.us to notify staff of the exemption status start time. The EMS Oversight Program staff will acknowledge the preliminary exemption notification at the earliest convenience.

Blanket weather exemptions will be granted for 12 hours, or less. At, or before, the eleventh hour of the request, REMSA must re-examine the weather conditions and outlook using information from NWS Reno and information from field providers and supervisors. Based on the findings, REMSA will either (1) request additional exemption hours, or (2) terminate the requested blanket exemption. REMSA must notify the WCHD immediately of their determination.

Blanket weather exemptions will be granted with the expectation that additional field staffing will be used to mitigate the impact of known severe weather condition on REMSA’s response to priority 1 calls. The additional field staffing used must be included in the written request, if applicable. Written documentation to support the blanket weather exemption request must be submitted within three business days of the verbal request or email notification. If there is not enough supporting documentation, the WCHD may deny the exemption.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor. The individual weather exemption is applicable when a single region of the ambulance franchise service area is impacted by a weather event. If a weather event impacts more than one region within a one hour period of time, REMSA should closely monitor these conditions and begin to utilize the checklist for a blanket weather exemption request if conditions become widespread.

In the event that REMSA is made aware that multiple isolated weather exemptions were utilized when a blanket was more appropriate, a retroactive request for a blanket weather exemption may be made. A request for a retrospective request must be submitted in writing within 5 business days following the end of the month in which the event occurred. All documentation supporting the request would need to be submitted with the request.

The EMS Oversight Program will review such individual weather exemptions and may recommend denying the exemption if there is not sufficient supporting documentation.to justify the individual weather exemption.

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3. Local, State or Federal Declared Emergency

An exemption will be granted for a local, state or 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 declared emergency is affirmed. All applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

4. System Overload

REMSA shall use a third party vendor to calculate system overload with the following equation:

System Overload = Average Demand (20 weeks) + 2X Standard Deviation,

EMS Oversight Program staff shall receive real-time system information through a notification from the third party-vendor concerning REMSA surpassing the overload threshold. This will serve as notification only and is not actionable as an exemption request. Once overload is reached, REMSA shall monitor the system and determine if an exemption request is necessary.

A request for a system overload exemption should be made to the EMS Oversight Program, within three business days of the initial real time system overload notification. The submitted documentation should include quantitative system information and will encompass the timeframe of beginning no sooner than one hour after the system overload trigger is recognized and ending no later than one hour after the system returns below the system overload threshold.

If there is not enough supporting documentation then the WCHD may deny the exemption.

5. Construction

An exemption due to road construction may be considered if a written request is submitted to the EMS Oversight Program within three business days 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 EMS Oversight Program.

6. Status 99

Status 99 is a term used to describe the situation when an ambulance cannot offload its patient(s) 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.

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The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The EMS Oversight Program will verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

No other reasons for 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

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STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: April 7, 2016

TO: EMS Advisory Board Members

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

SUBJECT: Presentation, discussion and possible acceptance of an update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA.

SUMMARY

Computer-Aided Dispatch (CAD) software helps communications center personnel manage information, like pending and active calls and other critical data. With a CAD-to-CAD interface this vital call data can be linked and distributed to multiple agencies (Fire and EMS) with less manual effort.

The EMS Oversight Program is collaborating with regional partners to discuss the implementation of a CAD-to-CAD interface, which would technologically connect the primary Public Safety Answering Points (PSAPs) and REMSA dispatch. The interface would establish a virtual connection between the communications centers and create a more expedient process for EMS calls.

PREVIOUS ACTION

There has been no previous action by the EMS Advisory Board concerning this item.

BACKGROUND

Through research, the EMS Oversight Program has learned that such technology is becoming an industry standard and is instrumental in making the dispatch process more efficient. Part of the research included speaking with several other jurisdictions, including Fort Worth, Yolo County, Las Vegas and Santa Barbara County, which implemented CAD-to-CAD interfaces.

Article 5.2 of the Amended and Restated Franchise Agreement for Ambulance Service states, "that when the Washoe County/Reno PSAP and Sparks PSAP Tiburon CAD systems are installed and upgraded the REMSA CAD system shall, at a minimum, be capable of interfacing in real time with the Washoe County/Reno and Sparks CAD systems." The completion of the regional Tiburon upgrade occurred in October 2015.

In November 2015, correspondence occurred with the partner agencies to determine if the region was ready to begin the interface process. The region was not yet prepared, however, it was determined that we should begin meeting to discuss what the interface should look like. The subcommittee was formed and is comprised of Fire and EMS operations personnel, dispatch personnel, IT personnel, and the EMS Oversight Program.

In January Washoe County PSAP personnel indicated their agency will soon be upgrading to CAD 2.9.1 and the new version has significant changes that could impact operations. This upgrade is a concern because there may be training issues, and the PSAP would like to introduce the interface after all dispatchers are completely comfortable with their systems.

To date, the region has held two meetings to discuss the CAD-to-CAD interface implementation. The first meeting included regional partners from the Health District, Fire agencies, Washoe County dispatch, Reno Ecomm, REMSA and IT personnel. The second meeting was a conference call with one of the CAD vendors where regional partners had an opportunity to ask questions about the CAD-to-CAD processes and interface functionality.

The two-way CAD-to-CAD interface requires fiscal investment from REMSA and City of Reno since those agencies maintain and operate the servers. REMSA has finalized the agreement with their CAD vendor, TriTech, and is able to be added to TriTech's schedule for implementation.

According to Reno IT system administrators, their PSAP CAD vendor, Tiburon, issued a proposal/quote for their portion of the interface which is currently being reviewed at the executive team level.

FISCAL IMPACT

There is no fiscal impact to the EMS Advisory Board. However, the two-way CAD-to-CAD interface requires fiscal investment from REMSA and City of Reno since those agencies maintain and operate the servers that would be linked.

RECOMMENDATION

EMS staff recommends the EMS Advisory Board accept the update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA.

POSSIBLE MOTION

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

"I move to accept the update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA."

WASHOE COUNTY
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STAFF REPORT
EMS ADVISORY BOARD MEETING DATE: April 7, 2016

TO: EMS Advisory Board Members

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

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

SUBJECT: **Presentation, discussion and possible acceptance of a presentation regarding the EMS Today conference attended by the EMS Program Manager and EMS Coordinator.**

SUMMARY

The EMS Program Manager and EMS Coordinator attended the EMS Today conference, sponsored by the Journal of Emergency Medical Services (JEMS). There were over 5,000 EMS professionals in attendance from the United States and over 30 countries across the globe. Over 150 sessions and workshops were held over a four day period of time in Baltimore, ML.

PREVIOUS ACTION

There has been no previous action by the EMS Advisory Board concerning this item.

BACKGROUND

The EMS Today conference was first offered 35 years ago with the intention of providing education to EMS professionals. The partnership with JEMS recognized the EMS industry's need and desire to have high-quality lectures presented by visionary and progressive prehospital field providers, physicians and administrative leaders.

EMS Today is considered to be one of the leading prehospital care conferences in North America. This distinction comes with participants knowing there is a commitment to offer the most forward-thinking lectures that will not only challenge the minds of the attendees but will provide valuable state-of-the-science research, cutting-edge evidence based prehospital protocols, and advice from well-respected industry leaders on how to implement ideas to improve service to patients.

The 2016 conference had seven innovative conference tracks, 8 pre-conference workshops and four cadaver labs. The tracks were:

- Advanced Clinical Practice – The latest information was presented on advanced patient assessment, clinical care, research, and equipment innovations.

- Basics of Clinical Practice – There were topics for all emergency providers that would benefit all providers.
- Community Paramedicine – The topics focused on development, delivery, funding and integration of programs with the rest of healthcare.
- Dynamic and Active Threats – These presentations included MCI, active shooter, tactical, special operations and terrorism operations, preparedness, and best practices.
- EMS Compass – The sessions were intended to assist emergency response agencies in assessing the performance of their EMS systems and prepare for the future through data, outcome measurement and a healthcare process-driven approach.
- Leadership – The latest information on management and operations topics were presented to assist agencies and departments with strategies for navigating the rapidly changing healthcare system.
- Special topics – These were topics of interest to all emergency response professionals, focusing on operations, safety and wellness programs, stress management and suicide prevention, legal issues, and career planning.

Ms. Conti and Ms. Dayton attended over 15 sessions individually, attending only two of the same lectures. This presentation to the EMS Advisory Board will highlight the ideas presented during those conference lectures that could be implemented in the Washoe County region. There are additional considerations that Ms. Conti and Ms. Dayton will be presenting to the Prehospital Medical Advisory Committee relating to clinical care topics in June.

FISCAL IMPACT

There is no additional fiscal impact to the budget should the Board accept the presentation.

RECOMMENDATION

Staff recommends the EMS Advisory Board accept the presentation on the EMS Today conference.

POSSIBLE MOTION

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

"Move to approve the presentation regarding the EMS Today conference attended by the EMS Program Manager and EMS Coordinator."