

John Slaughter, Chair
County Manager
Washoe County

Kevin Dick, Vice Chair
District Health Officer
Washoe County WCHD

Steve Driscoll
City Manager
City of Sparks

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

Andrew Clinger
City Manager
City of Reno

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

Terri Ward
Administrative Director
Northern Nevada Medical Center

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 MINUTES

**Emergency Medical Services
Advisory Board**

Date and Time of Meeting: Thursday, July 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, July 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 9:00 a.m.

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
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

3. Public Comment

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

4. Approval of Agenda

July 7, 2016 Meeting

Mr. Clinger moved to approve the July 7, 2016 agenda. Mr. Driscoll seconded the motion which was approved unanimously.

5. Approval of Draft Minutes

April 7, 2016 Meeting

Mr. Dick moved to approve the April 7, 2016 minutes with one correction. On Page 4, the second line should read: “being used approximately 30-60 days before they started the ILS, and then data showing”. Mr. Driscoll seconded the motion which was approved unanimously.

6. Election of Regional EMS Advisory Committee Chair and Vice Chair

Based on the frequency of the committee and where it is in its infancy, **Mr. Driscoll moved to maintain Mr. Slaughter as Chair and Mr. Dick as Vice Chair for another year for continuity purposes.** Chair Slaughter asked for any discussion. As there was none, **Mr. Clinger seconded the motion which was approved unanimously.**

7. Program and Performance Data Updates

Staff Representative: Christina Conti

Ms. Conti highlighted the following:

- The Statewide Medical Surge Plan regional plans went into effect on July 1. This plan includes seven counties with the ability to go to nine, if the two other counties want to participate.
- Regional data meetings have been held and will be discussed in Agenda Item 11. The Oversight Program will be asking for direction on two different matters in that item.
- The Disaster Behavioral Health Tabletop Exercise was held in May. This is the first time in the region that there has been an exercise solely focused on the mental health component of a disaster, which is often the second part of the emergency to the citizens.

- A full-scale evacuation exercise is currently being planned with partner hospitals.
 - Ms. Conti discussed the concept of “scoop and run” with an NTSB representative who was involved in the 2015 Philadelphia Amtrak train derailment incident. The premise of scoop and run is that law enforcement is often first on scene, and if there are no criminal elements, there is a potential to utilize that capacity for a large-scale event with many casualties. The EMS staff already met with the Reno Police Department and is going to the Chiefs’ meeting to talk about their possible assistance during a declared MCI.
 - EMS Oversight staff presented to the Prehospital Medical Advisory Committee (PMAC) on possible implementation of operational and clinical items they learned about at the conferences EMS staff attended. The presentation was very well received by the PMAC.
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8. Presentation to the EMS Advisory Board

- Ms. Conti reported on the revisions to NAC 450b (aligns with NRS for emergency medical services) and NAC 629. State of Nevada EMS is responsible for spearheading revisions that come from the Legislature. There have been several workshops on the NAC revisions as well as on their program policies and procedures. They are updating internal processes and adding new fees that may have some fiscal impact on partner agencies. They are also adding regulations for community paramedicine in response to recent changes to the NRS and are going to be updating several sections. Ms. Conti noted she would send this information to the board.
 - Training requirements for paramedics. Training requirements for Paramedic licensure are currently being worked through. Now that the region has community paramedicine, there is discussion about the type of training, whether individuals will be required to have extra training on top of what is currently required or will some of the trainings include both. This becomes a potential burden on some of the region’s EMS partners.
 - Air ambulance. This section includes the provision that the transport cannot occur unless it is deemed necessary by a physician, physician assistant or nurse practitioner. This has garnered a lot of discussion, because a patient may want to transfer to another facility, but the doctor may not agree with that. Also, for air transport, a signature is required, so that they know the patient is stable and able to be transported. This concern may not be valid, because a signature by someone will be obtained anyway. This part is still being worked through.
 - Investigation fines. State EMS conducts an investigation if someone calls and complains about a service or a licensed person. The change from the revision of 2014 is that if the investigation turns out to be substantiated, whoever was being investigated must pay a fine. The section does not list the amount, but Ms. Conti thought it would be the staff time used for the investigation.
 - Trauma Data Registry. The new regulations allow the Health Division or the State Board of Health to request any type of information, and the hospitals must comply. Ms. Conti reported that the hospital representative in the meeting was saying it does not work for the hospitals for this to be open-ended. They are happy to comply with anything that the Health District or the State Board of Health may ask, as long as it is tied back to a nationally-recognized benchmark data set.

- Voluntary healthcare service. The legislative session of 2013 put the voluntary healthcare service into NRS with regulations developed by State EMS. With this, anyone with a license from any state can practice within Nevada as long as they are associated back to some kind of health event. The first identified concern is that there is no local oversight over the healthcare workers that are in the community providing care to citizens. Another concern is that special events might try to utilize this regulation to bypass what are currently in the special events requirements of NAC 450b.

Ms. Conti and the workgroup thought it would be beneficial to inform the Board of these changes.

- Chair Slaughter presented a recognition and appreciation of service gift to Chief Mike Brown, who recently retired. Mr. Driscoll noted that Chief Garrison, who is planning to retire in September, was unable to attend the meeting to receive his recognition and appreciation of service gift. Mr. Driscoll requested that Chief Maples provide the gift to Chief Garrison.

9. Presentation and possible acceptance of an update on the progress of the implementation and utilization of Intermediate Life Support (ILS) ambulances in the REMSA service area.

Mr. Don Vonarx, Chief Operations Officer for REMSA, presented a brief update on the ILS program. He provided some background information on the history of using ILS ambulances for inter-facility transfers in October 2014. Last fall of 2015, REMSA began discussions with the EMS Oversight team and the regional EMS partners about using ILS ambulances for low acuity and no-acuity 911 calls. In February, they decided to table that due to some concerns from their EMS partners, and no other action was taken. He clarified that ILS ambulances are used only for inter-facility transfers, and there are some cases where they are called as a second resource to scene. For example, the last one occurred when their ambulance was damaged on scene by another motorist, and they could not transport in that ambulance. An ILS ambulance came in, and a paramedic crew got on and transported to the hospital. Sometimes they are called in on those very unusual circumstances, and ILS is not doing primary response to 911 calls.

At the April 7, 2016 EMS Advisory Board meeting, REMSA was asked if they were supplanting or removing ALS unit hours and replacing them with ILS. He stated they are not doing that. On April 17, 2016, REMSA added five additional ALS shift lines at 240 hours a week, as well as two additional ILS lines at 96 hours a week. The system is growing 8% to 10% a year, so REMSA is always increasing the unit hours to keep up with this growth. He reiterated that REMSA does not take away ALS unit hours and replace them with ILS. They have actually considered the ALS to be the 911 emergency side and the ILS to be a kind of separate business as inter-facility non-emergent. At the communications center, it is actually separated out for efficiency.

Mr. Driscoll asked Mr. Vonarx about the financial impacts to the community. Since the ILS units use lesser-qualified individuals, theoretically at a lesser cost, is the transport rate at a lesser rate than what it is currently, which is assumed to be ALS rates? Mr. Vonarx explained that it is somewhat driven by the level of certification or care of the ambulance, but

mostly by the medical necessity of the patient. The majority of these inter-facility transports would meet what is called the Medicare EMT basic non-emergent rate, which is paid at a lower rate than the ALS rate. Dr. Michelson asked Mr. Vonarx if in the cases when they have an ILS step in, yet there may be advanced paramedics doing the transport in an ILS rig, do they bring their paramedic bags or stock in the same way. Mr. Vonarx replied that the three primary pieces of equipment that a paramedic brings are the cardiac monitor, the first-out bag with ALS drugs and an airway kit. The ILS ambulances have the cardiac monitor too, but they would use it in the AED mode, as they do not do cardiac monitoring. Dr. Michelson asked him if it is all portable, and Mr. Vonarx responded that it is, by design.

Mr. Clinger moved to accept the update on the progress of the implementation and utilization of Intermediate Life Support (ILS) ambulances in the REMSA service area. Mr. Driscoll seconded the motion which was passed unanimously.

10. Presentation, discussion and possible acceptance of a presentation regarding the conferences attended by the EMS Program staff.

Staff Representatives: Ms. Conti, Ms. Dayton and Ms. Kerwin

Ms. Conti provided a presentation on the EMS Today Conference that she and Ms. Dayton attended in February. They each attended 15 different trainings over a three-day period. There were 150 trainings available, so they selected those that would be beneficial for EMS oversight and educational for upcoming topics in the region. She highlighted several of the trainings:

- Data usage session. The premise of the session was to look at something over a long period of time, which allows one to see what is really happening in the process, rather than picking out one single data point and reacting to it. The speaker was advocating for the entire process improvement. The EMS Oversight program is of the opinion that a regional implementation of this may be possible.
- Active bystanders. This is not a new concept, it is just being formalized. The concept is that bystanders are going to act if they happen to be at an incident and can help if they are trained and provided with the tools. This is an initiative coming out of ASPR stating goals for becoming resilient and healthy communities and for being a prepared nation. EMS Oversight staff is of the opinion that an active bystander program could be implemented in this region, and they recommend starting a program in the rural areas of Washoe County where bystanders could be critical for a response. Ms. Conti stressed that the bystanders would be there by circumstance and not deployed in any way.
- Terror attacks in Paris. Paris has a two-tiered system with BLS and ALS, but their BLS includes firefighters and first aid workers, and their ALS includes nurses and doctors. They also have private ALS resources in the system. Paris has a call center like the one in Washoe County, but it is staffed with doctors and a nurse. Paris encompasses three different regions, and they have an expectation of seven minutes from the time the call comes in to be on scene. The attacks happened on November 13 in seven different locations with 130 fatalities and 352 casualties of which 100 were critical. Ms. Conti noted that the challenges included things she had not thought about before. For example, victims hid in surrounding buildings, so that resulted in a search and rescue component. The hot zones where people could not go in or out included SWAT team members and medical personnel. It helped them to have two multi-casualty incident plans. They have the red plan, which is the normal mass casualty plan and the Alpha plan which is for

multiple locations and triple the normal number of casualties. They have damage control kits, but not on units. The kits are placed throughout the city, which ended up really helping them when they could not get in or out of those zones. They utilize businesses as triage centers to get people out of the cold and off the street. They also focused on the evacuation of patients, which is part of their Alpha plan. They do not do much on scene and maximize the evacuation to get patients to the hospitals. The presenter stressed the psychological health of EMS responders, especially in a large disaster.

Ms. Conti advised that for regional implementation, the EMS Oversight Program would like to build out the region's current plan exponentially to be more like an Alpha plan. The Program also thinks it is critical to fund the bar code tracking for patients. Also for possible regional implementation, the Program recommends creating damage control kits ready for an emergency that can be placed around the community in fire stations, law enforcement substations and other static locations.

Ms. Dayton reported on several sessions she attended at the EMS Today Conference:

- Navy Yard shooting that occurred in September 2013 in Washington, DC. There were 12 fatalities and several severely injured. The presenter was one of the incident commanders. He reported on lessons learned, including staging for EMS, having specific areas for EMS and responders and communication issues. The ten agencies responding were filtering up information through their agencies, but it was not getting back to the Unified Command, which prevented the Incident Commander from making quality decisions. Afterwards, the presenter implemented triage days for first responders to practice their communications and have more experience using the MCI tags. Ms. Dayton noted that this region is fortunate to have an MCIP where first responders are required to have continued training. She recommended having triage tag days and creating an MCI scenario where responders would have the opportunity to communicate with other agencies and use the tags more frequently.
- Standardized scenarios. Ms. Dayton attended a presentation given by the coordinators of a paramedic program from a community college in Boston. These coordinators promoted a program using standardized scenarios, because they thought that would lead to long-lasting knowledge and improved performance once students get out of school. The students wrote the scenarios. There were preceptors who had the setting controlled, and they went through the entire process, including being dispatched as if they were on a real call. Ms. Dayton presented their example of a heat stroke incident where the person has a seizure and goes into cardiac arrest. Ms. Dayton recommended standardizing the scenarios in our existing Fire/EMS training and having the students write the scenarios so that they have buy-in into the system.
- National protocols. The Medical Director of Utah presented the idea of national protocols for care and establishing uniform measures. Several medical directors in the country developed national guidelines for care. Regional protocols are a potential EMS Strategic Plan objective, so the Program presented to the PMAC the possibility of their group developing regional protocols for the agencies in this region, and these guidelines could be used in situations where the protocols may differ.

Ms. Kerwin presented highlights of her attendance at the Council of State and Territorial Epidemiologists Conference in Anchorage, Alaska. She attended over 60 presentations over 2-1/2 days. Some of the sessions were related to the national opioid epidemic. One of the major recurring themes of sessions she attended was that this jurisdiction could improve in developing or expanding syndromic surveillance.

Syndromic surveillance is very useful in monitoring non-infectious conditions. Monitoring is done to find trends that will result in action to improve public health. The region's syndromic surveillance software program in use since 2007 has the capacity to obtain hospital and emergency room patient data including ICD-9 and 10 diagnostic codes to evaluate what a patient was seen for and/or discharged with. It does take the chief complaint and includes basic patient demographics. This would look at connecting annual aggregate data of certain conditions that are impacted by response times, having the full feedback loop, and linking that dispatch and responding agency information with the hospital outcome side.

Mr. Dick made a motion to accept the presentation regarding the conferences attended by the EMS Program staff. Mr. Driscoll seconded the motion which was passed unanimously.

11. Presentation, discussion and possible acceptance of an update regarding the regional fire partner EMS data and provide direction to staff regarding the content of future data reports.

Staff Representative: Ms. Kerwin

Ms. Kerwin stated she would present the fire partner EMS data update and topic of moving forward with the data. She reported the presentation would include two major sections, the first being the update on the data since the last Advisory Board meeting and the second on how the Oversight Program would like to move forward with the data in the report's content.

Since the last meeting, the Oversight Program held a regional data meeting with their partners, including IT, Dispatch and Fire personnel. She believed that all of the Board members received summaries of those regional data meetings. The first meeting resulted in the agreement that the CAD data was the best source of data and that the CAD data would be reported to the EMS Program.

A CAD data report was developed by the Washoe County Sheriff's Office for all three fire jurisdictions and was sent to the jurisdictions. The CAD data for April 2016 was then compared to Fire RMS data to determine the usability of those CAD data reports. The jurisdictions forwarded the CAD report to EMS oversight. The jurisdictions did report back some findings, and Ms. Kerwin outlined some additional anomalies found when she reviewed the CAD to the Fire RMS.

The first anomaly she found was also found by their partners who came to the same conclusion that there are certain pockets of calls in the CAD; CAD does contain all the data. The CAD reports were created to filter EMS calls only. Ms. Kerwin noted that when she refers to the CAD data report, that was the preliminary and only filter used on the CAD data. 88.6% of Fire RMS calls for April match to a CAD call across the region. The explanations and recommendation related to that is that this first set of calls, those CAD EMS calls that were not in the RMS data reports, include call types 550 (public assistance call) and 554 (lift assist). The CAD does designate that as an EMS function, however they have been receiving 300-series calls and 600 are cancelled en route, 611 calls from RMS, so that was not a pocket of calls they typically receive. Another reason cited for some of those EMS calls not being in those RMS data that they typically receive is because of cross-jurisdictional changes. For

example, if a call initiates in TMFPD's jurisdiction and it is determined later that Sparks Fire Department will be responding, the CAD references then two separate jurisdictions with their own incident numbers and it might be an issue of the CAD programming, the interface language, not knowing what to do with the null or an exception, or what happens when there are two incident numbers referenced. CAD might not know whether to deliver that data or dump that data into both jurisdictions' RMS. Ms. Kerwin noted she was unable to speak to what happens to that call data at that point. For the other set of calls, there were Fire RMS calls that were not in the CAD RMS report, because primarily there are other functions that when a fire department is dispatched, their primary function might be extrication, or an accident or injury, or handled by another jurisdiction, etc. Those are the categories that were outside the filter that was applied to the CAD data. The recommendation would be to submit all fire calls from both the CAD and Fire RMS to ensure a complete representation of the EMS system.

Ms. Kerwin reported on the second issue. Her presentation showed an illustration of how the variables align from the CAD to the RMS. The initial time stamp was 100% match across the board. The CAD does have the ability to provide the entered date time stamp, which has not been available in Fire RMS, so that was not available for comparison. The dispatch time stamp in the CAD was 100% match with the alarm time stamp in Fire RMS. When you compare the dispatch time stamp from the CAD to the dispatch time stamp in Fire RMS and the subsequent variables after, there is less than a 100% match. She noted they are not as concerned with the closed or the clear times. This has been an issue that was identified by the Washoe County Sheriff's Office and they are pursuing a resolution of that. For the other areas that are highlighted there circled in red, when those do not line up 100% to one another, they are not sure what is being pulled into Fire RMS every time. The overall issue would be that the CAD and Fire RMS data should reflect identical incident level time stamps to ensure that valid data are being utilized to make the data-driven decisions. Jurisdictions do submit CAD data for the ISO accreditation, and those are just fire calls, not necessarily EMS. They also do submit Fire RMS data to NFIRS, and they utilize the Fire RMS system to provide data and information back to their Councils and the general public. The regional fire jurisdictions have the upgrade or switched CAD systems to Tiburon. She noted that it might be time to evaluate that interface between the systems used to query that Fire data. That is the Oversight Program's recommendation for that second issue.

The third issue in their findings is the calls cancelled en route. Half of the calls shown to be cancelled en route in Fire RMS were reflected as having an arrival time in CAD. There are absolutely legitimate scenarios for when this might occur. One of the possible explanations is that the arrival time can be logged into the CAD by either dispatch or Fire, but then that Fire Captain has the ability to change the final call disposition as cancelled in RMS. Another example of when this might occur is that if a different jurisdiction was the first to arrive on scene, the CAD would capture that as the initial arrival time, but the RMS for the other jurisdiction would not necessarily contain that line of information. The recommendations for this would be to standardize dispatch and Fire personnel across the jurisdictions. Ms. Kerwin reiterated the recommendation to submit all fire call data from both the CAD and fire RMS with the purpose of the Oversight program being able to identify, what the final disposition on that call was for the jurisdiction.

Ms. Kerwin reported that their next steps are that they are still recommending that the CAD data be submitted. Their change to this initial recommendation would be to include all

Fire calls, not just the filtering of EMS only. However, utilizing CAD data will limit the types of analyses available. Ms. Kerwin noted that her presentation slide showed a basic high level of the analysis previously conducted and whether or not they want to continue including those in their reports. She wanted to illustrate with using only CAD data, on the next slide, the analyses that are impacted, without being able to append Fire RMS data. The Oversight Program's recommendation is to submit all Fire RMS calls, which allows Ms. Kerwin to take those incident level Fire RMS variables that are not available in the CAD reports and append them to what she would call the master data set, which would include the time stamps from the CAD and other variables, such as what the final disposition of the call was, the fire priority (Sparks has a priority 1 and 3; the CAD reports did have fire priorities, but it showed 1a all the way down for all jurisdictions, so it is not very telling), land use codes, and eventually the EPCRs.

Ms. Kerwin reported that in terms of their future report contents, the Oversight program would like to organize the report into three sections pertaining to the functional groups. In the EMS system, this would include the dispatch, the response agencies and, in addition, the emergency department data. As a reminder, without an identified metric, performance measurements are challenging to assess. Again, there is a limitation on measuring overall response times and/or response times by call priority or land use with just the use of CAD data. She noted that she would pause there to allow the Board time to discuss and direct either jurisdictional staff or her in terms of resolution of the data, because this will impact the second part of decisions.

Mr. Driscoll thanked Ms. Kerwin, noting that obviously she is getting into the detail and that the analysis that she is providing is wonderful. He stated he understands the difficulty between trying to link some things up. He noted that as they talk about going forward and looking at performance data, one of the things that has been discussed is that performance for each of the three major jurisdictions could be potentially different based on what their jurisdiction is kind of holding themselves accountable to. One may be a certain set of response times, based on definition by that organization. Others may be based on standards of care. With the Program's proposed going forward, he asked would each jurisdiction be able to have, because the data is the data, but as far as analyzing the data and coming to performance metrics, would there be basically a triad of information where Sparks' data would be measured against what they define Reno or TM, so each jurisdiction can do what their elected body is holding their fire providers as a standard. Ms. Kerwin responded that is absolutely fine to measure each jurisdiction according to the parameters that they have and their performance measures that they have adopted. The challenge then becomes when they want to make a regional assessment and a regional decision based off of performance, and okay, we want to reach this goal, how do they then measure that across the region. The Program is more than willing to measure agencies against the performance measures that they have set, but the challenge does remain with measuring a regional benchmark.

Mr. Clinger noted he appreciated the work they have done, and that the data and analysis is phenomenal, especially compared to a year ago. He asked Ms. Kerwin if they have worked through these recommendations with each of the jurisdictions. Because seeing this presentation for the first time and seeing their recommendations, it seems to him, if there has not already, that there needs to be some discussions with the jurisdictions as to these recommendations, maybe a working group to look at these things and bring back some recommendations. He guessed that his first question was have they worked with the different

jurisdictions on these specific recommendations. Ms. Kerwin responded in the affirmative, explaining that the second data meeting they had after the initial decision to use the CAD data, and after they and the jurisdictions had a chance to review it, it was expressed at that meeting that the partners thought there would be value in exploring the interface mapping. As far as what has happened after that meeting, jurisdictions may have conducted further analyses that would result in a different opinion, but that was the consensus from that second data meeting. Mr. Clinger opined that some of these decisions are easier than others, as far as providing the CAD data and providing the RMS data. Some of the other ones are a little more complicated, and he expressed to the Chair that he was not sure he was in a position to make a decision on those, without potentially hearing from the different jurisdictions, but maybe even it would be a working group, working through some of these issues.

Ms. Conti explained that one of the things for part one is that they are recommending the continuing of looking at the interface, because all the analysis was on the reports from the agencies against itself. They do not feel like it is a best practice for it to not be at 100%, from wherever you pull it, that it should always match itself for that agency's decisions. The CAD data and the RMS data allow the Oversight staff to continue in what the Board has asked them to do, as four of the eight ILA duties are data associated. This is sort of a workaround from that part of allowing the Oversight staff to have all calls to be able to continue to do their jobs for the Board. For the first part, she would say, if the Board is not comfortable with making a decision right now, it can be pushed back down to the jurisdictions.

Mr. Clinger said he had a follow-up question that maybe was for both staff and the Board as well. He asked if the goal is to have a 100% data match. He asked how much resources they want to spend trying to chase down that last eight to three percent. He asked if the goal is 100% data match or are they satisfied at 97%. Ms. Kerwin clarified that this was not a data match to the REMSA calls. It was a data match to their own, just two different software systems, basically to themselves. Ms. Conti noted that it is a decision that the Board needs to make, but obviously their recommendation to the Board from a jurisdictional perspective and to the public that wherever you pull your data should always match, where you pull it from somewhere else, if it is the same call. These were incident-level calls, so it is the same call, just pulled from two different software systems. The EMS staff believes that a best practice is that for its own data, it should match 100% to itself. Again, the call closed with something that was identified a long time ago by the Sheriff's Office and the Tiburon work ticket is in there. But the staff believes a best practice is 100% for its own data to match itself. However, they will defer to the Board on what they find to be an acceptable percentage.

Mr. Dick followed up on Mr. Clinger's comments. He stated that from his understanding of this and from what he heard Mr. Clinger say, it sounds like they have a solution that is available as far as the data analysis goes, of providing the CAD data and the Fire RMS data, and they can put that together and get a pretty comprehensive picture between the two of those. He agreed that is a decision they could make to move forward. He shares the concern, though, that has been expressed about if they have data coming in to the Fire RMS and they know it is not pulling properly from the CAD data, it is something that should be worked on and should be fixed. He also wanted to comment on what Mr. Driscoll was speaking to regarding the different standards that various jurisdictions may be measuring their performance against. Mr. Dick noted he thinks it is possible to show how they are doing against those standards as well as looking at how they are doing against other national standards, perhaps, if they want to look at how they continue to improve the performance. He

wanted to remind the committee members that the Interlocal Agreement does task the regional EMS Oversight Program and the committee with developing and making recommendations about regional performance standards. While they may have some different standards that exist within the various jurisdictions, he opined that their goal going forward needs to be how they develop some regional standards, so that the care that somebody has in an emergency incident is consistent throughout the region, whether they are on one side of the Reno-Sparks border or the other. He noted he does acknowledge that there are different areas within the County that are far flung from urban areas, and he thinks they need to be looking and considering those within the response. While they need some consistency at looking at how the standards are regionally, that does not mean he is saying there should be one uniform standard that covers the entire geography of Washoe County. He stated that those are his comments.

Chair Slaughter noted he was seeing some reaction from some of the regional partners, and requested that maybe just one of the fire chiefs represent the group to give some input and observation. Dennis Nolan, EMS Division Chief of the Reno Fire Department, requested that Ms. Kerwin go back to her first presentation slide that demonstrates the actual call times, so they can understand this, because sometimes he thinks that this can get a lot more confusing than it really is. He noted that first of all, he would like to acknowledge on behalf of the fire agencies, the work that the staff has been doing, and the mission that they have, they share. He opined that, although he is a newcomer, he knows that the EMS and fire agencies strive to provide the highest level of care in the most expedient amount of time. That is what they do, that is what drives the agencies, and that is what they are here for. That has been a function of them since their inception. The data is absolutely essential. He stated they would love to have 100% matching data across the board, in all instances. He opined that it would make everyone's job a lot easier, especially as they internally look at their own data in order to try to drive improvement within their agency. When a call comes in, the times that are seen on the left is date stamped into the CAD system by the PSAP operator as the incident created. The call then goes on to have notification made to crews. Crews then go in service and are dispatched. They arrive on scene. All those times are date and time stamped, including the time on scene, the time that they are done at the scene and return to their stations. So these are identical times which are all stamped into the CAD with each of the agencies. The Fire RMS is separate software that the agencies use, which the CAD downloads those times into. There is an interface between them. They currently are using Tiburon, although the Reno Fire Department is shifting to a Zoll hosting service with their new electronic patient care reporting that is going to change some of this data. There has been a variance that has been identified between the CAD numbers and the Fire RMS numbers, and that is anywhere between a 1-9% difference in numbers at different parts of this time. What has been identified, and they all agree that there has been this difference that has been noted, this variance that has been noted, and they started sitting down to try and analyze the data.

Chief Nolan continued by stating that the fire partners have been involved in discussions with the staff all along, and what they have determined is that there is an almost infinite number of combinations of variances or exceptions that can occur that are responsible for this percentage in differences between the CAD data and Fire RMS data. He stated we could stand up here all day and tell you why these different things occur, but there are so many potential exceptions that happen, at some point in time they can really get into the weeds and try to correct all these variances or sit back and take a look at the big picture, what are we collecting the data for. Ultimately, in emergency medical service, the data should be collected for

improving patient care and patient outcomes and improving the response times of what services and what resources we have for those patients. That is something that they have been doing maybe not to the degree that their staff has developed, but collectively and individually, the agencies have been doing this, again, since their inception. So, the big question comes is, how much does this percentage or this variance really make a difference. Is it a driving factor in the response times of our agencies to the patient, or is it something that would drive improved patient care? Their assessment is that it would not; this 1-9% difference between CAD and Fire RMS really is not making a difference in their response times. You can take the CAD times, which are true incident times, those are the actual times that things happen, and they can take a look and can say how long did it take for them to get paramedics, or EMTs or whatever resources they have to this patient and how long were they on scene with this patient. So they can take a look at the CAD times and get that data. He noted he was not sure how much the Board had been made aware of, but the fire agencies had recently collectively submitted a letter to Mr. Dick and to the staff and had indicated that they are spending such an inordinate amount of time and resources. He knows the City fire department has seven people who are working on this issue between IT and EMS in various capacities to try to correct this mismatch of 1-9%, and ultimately, their feeling is that if they just use the CAD data, that is enough data to tell them what their response times are and what their resources are getting to that patient. They think they can use the CAD data as opposed to trying to correct this problem with the Fire RMS. So he thought that going back to the drawing board, sitting down with staff again, and maybe taking that approach is the best approach to resolve, at least in their opinion, in how to resolve this issue.

Mr. Clinger stated he just had a quick question for the Chief. He noted that Chief Nolan had stated that he would recommend using the CAD data, but he guessed the question, because in the part one of this would be to submit not only the CAD data but the RMS data, not necessarily match it up, but at least submit both data sets. He just wanted to make sure Chief Nolan felt there was value in submitting both data sets. Chief Nolan began to respond, but Ms. Conti interjected that they would match it based on the incident number but use the time stamps from CAD and the other valuable information from RMS that is not available in CAD. Chief Nolan agreed, and Ms. Conti stated it would match, but the CAD time stamps would be used. Chief Nolan responded that they have no problem with providing them with any of the data that they are looking for. They can provide them with the CAD data and the RMS data, the raw data to create the analysis that they are looking for. He did not think they are proposing to have them add additional man hours or staff. This is something that they would like to do. He stated he did not think they had a problem with the Fire RMS data, but at this point in time, trying to correct the mismatches is what has been causing a lot of consternation amongst the fire services. Mr. Clinger stated he wanted to follow up on the data matching. He thought that as all of them sit there, they would all like to have a 100% match. But for him, where you can fix what he would call the sort of systematic errors where they can identify that there is this systematic glitch that is causing them not to match up, he thought where they can fix those, obviously they would want to do that. But where they have these one-offs, and he believed Chief Nolan said there were an infinite number of possibilities of why the data may not match, he did not know if it was worth it to chase down every single one of those. But if there are systematic issues that they can identify, they would want to correct those. Chief Nolan stated they would agree with that.

Mr. Dick stated he guessed he agreed with what Mr. Clinger was saying that they do not want to throw infinite resources at something if the value is diminishing returns. But he

expressed some confusion in that in a few meetings ago, they did not finalize a report because they were told that the data was bad. Mr. Dick asked Chief Nolan if that is the same bad that this 1-9% is that he was telling them today they do not need to worry about. It was a whole different picture a few months ago, he thought. Chief Nolan responded that he thinks bad is kind of a nebulous term. The data as stated today, is not necessarily bad, but there is a mismatch. Initially, at the last meeting they had, they were not as tuned in to where that mismatch was occurring. He thought that initially all of them were saying there was a potential problem there, that they were getting Fire RMS data that was not marrying up with the CAD, and why was that occurring. So, there was a lot of analysis done since then. One example might be a call that any location, XYZ, you dispatch a resource and on the way, a close resource becomes available that was on a call, and now says "Engine 1, we are now free, we are right around the corner from that call, we can respond." They say "Go ahead and take the call" and that same information is relayed. The dispatcher will say, "Okay, copy that, Engine 1 you are returning, Engine 3 is now assuming the call." So, that information is going to be entered into Fire RMS and there is going to be a new call signal for the second unit dispatched to the same original call. You can probably understand, that because now you are using two different data systems, how that would look initially confusing. Although the response time was improved, the initial time from the time the patient called to the time the rescue unit or fire engine, or whatever resource was dispatched, is actually better than it would have been. But that is one very simple example of how some of the data becomes mismatched between CAD and Fire RMS. Like they said, there are dozens and dozens and dozens of different examples like that. So, it is not that the data was really bad, it is just that they could not really identify, and still cannot identify, all the different causes of that, let alone some of the CAD-to-CAD interface IT issues that might occur.

Mr. Dick asked Chief Nolan if moving forward with pulling both the CAD data and the RMS data, those both being provided to the Program, and the Program matching them, was he satisfied that this would give them a good picture. Chief Nolan said he was unable to say 100%; there is nothing 100% today in this, that it would completely satisfy everything they were going to need. A lot of that is going to be coming from staff and exactly what they feel they need to accomplish their mission. And it is really not just their mission. It is all of their mission to improve better response time, better patient care. He stated they will continue to provide them additional data that they need, and continue to have discussions with them with what works. In this one particular example, they have sort of hit a wall with the amount of data they can provide the Program and in what fashion they would like it provided. At this particular time, they would be happy with giving the CAD data and then giving whatever raw RMS data they are asking for.

Mr. Driscoll asked Chief Nolan, and noted this may be for staff as well, if since the amount of data that is linking up has such a small variance, are there any statistical variations in the data collection that is causing concern on the ability to provide proper patient care, or is that information causing us to not change protocols that would properly change outcomes to the region's patients. Chief Nolan believed he could answer that question by saying no, and explained that the data that they are collecting right now, when they look at response times internally, and the data they are providing them, they are trying to get within the national standards which, at least in talking with Reno Fire Department, match up with the NFPA standards and with national response time standards with getting medical resources to a patient within 6-8 minutes 90% of the time. They monitor those response times very closely. They monitor the types of calls they are responding to, the level of priority, and, of course,

they want to try to match the right resources, the advanced medical care with those patients that are Priority 1s and Priority 2s. The data they are collecting, they are doing their best to match the resources they have to those patients. They think the data they are getting is giving them the ability to do that.

Ms. Kerwin said from where she stands now, she would not be able to answer Mr. Driscoll's question. She stated she would not be able to speak to whether or not these discrepancies are going to ultimately impact patient care at the end of the day. She noted that regarding his comment about protocol standardization across jurisdictions, this mismatch may be, there are instances that have been identified, and Chief Nolan was talking about that there are a multitude of instances that were identified with these different discrepancies. But there might be protocol-related instances that could be improved upon. She asked Mr. Driscoll if that answered his question. Mr. Driscoll thanked her.

Chair Slaughter noted he was not quite comfortable yet, because last meeting they thought they would be here at this meeting with a solution, that, at least, not all of the partners maybe did not necessarily agree with or were there, but they were at a point where they could say we can move forward. He said he was not hearing that yet. Ms. Kerwin asked if he was referring to the mapping, because there are multiple areas of that. Chair Slaughter responded yes. She asked him whether it was the interface mapping or related to the data receipt. Chair Slaughter responded that it was the data. Mr. Dick said he was prepared to make a motion for discussion. Ms. Conti noted that what she thought she heard Chief Nolan say was that there is consensus on them giving them the data. She believed the point of would the jurisdictions continue to evaluate the interface is where the uncertainty comes in. From the Oversight Program perspective, they recommend to the jurisdictions that it is something worth looking at, but they have identified the workaround, and it appears that those partners, based on what Chief Nolan said, are comfortable with that workaround.

Mr. Clinger asked the Chair, at least for the City of Reno, if staff could come up to maybe address the question of the interface mapping. He noted he thought they are in agreement with the second two bullet points and thought it is just the first one they are getting hung up on. He stated he is just curious where they are for the mapping.

Rishma Khimji, Assistant Director of IT at City of Reno, reported that they looked at the data matching based on the four criteria that were provided to them by the Health Department at the June 14 data meeting. What they found is that there are multiple causes that allow the interface not to provide a 100% match from CAD to RMS. The percentage to us is a small percentage. Those were due to training issues, institutional issues, maybe the way the calls are entered, dispatch close situations where it is a human element in part of that interface. She asked if the interface is going to match 100%. She responded absolutely not and there are going to be exceptions. She suggested maybe they need to build an exceptions report that can then be evaluated. But being such a small percentage, they are not sure it actually relates to the entire regional view or picture of response times, close times, times that the firefighters and EMS are on site with the patient. She stated that when they look at the mismatches, a lot of it, again, is due to, could have been the dispatcher closing up call inappropriately or ahead of time before they are told to go ahead and close the call. It could be due to different agencies responding to the call. And so you have Agency 1 taking the call transferring it to Agency 2. That separate agency then has their own call times, situations like that. It could also be due to the fact that the RMS call times can be changed once the firefighters are in the

RMS system. They have absolutely seen evidence of this. It is when the EMS provider feels that they left a call a little earlier or a little later than what was reported to dispatch. So they will go in based on their paperwork and change that EMS time. If they cancel the call en route, they will go ahead and remove that on-scene time, because dispatch will clear the call and then close the call. But in Fire RMS, those call times are transferred over, the EMS provider saying, no, they were not really there, so they are going to remove that time from Fire RMS, because it does not accurately reflect their response to the situation. So there are these small institutional issues, training issues that they feel are present, they understand they are present. Maybe they could do more training to alleviate some of these exceptions, but with the human element, putting in the data, actually recording the data, there are going to be mismatches. Either they can account that there are these exceptions and they can look at what to do to make those exceptions better, but they have to allow for the system to have their exceptions so that they can then look at the regional picture as a whole without saying they need a 100% match. She didn't know if they would ever get that, or did not think any institution in the world is ever going to say they have a 100% match on any types of data collecting they do. That is why statisticians use samples. They look at different issues that happen to the data. So she would ask the Board what can they do to either evaluate the exceptions on its own and then come back with recommendations, or to say these exceptions are outliers that have no representation of the regional view of what we are doing on the EMS side, and then look at that picture itself. She stated that they are absolutely comfortable with the interface. A 90% match of data shows that the interface is working 9 out of 10 times. There is that one time where there is an exception, and they can either acknowledge it or say it is not relevant to their regional view.

Mr. Dick stated he had a motion for discussion. **Mr. Dick moved that they have the jurisdictions provide all fire call CAD data and all fire call RMS data to the Oversight Program for their utilization, and that they allow the jurisdictions to evaluate what they think is a reasonable approach as far as any changes to the interface or training programs, etc., as have been discussed. And as far as a standard, he proposed that they move forward with presenting the data with how that performance compares to any local standard established by the jurisdiction as well as national program standards, but also recognize they need to move forward as the Advisory Board with a recommendation on the regional standards.**

Mr. Clinger mentioned to the Chair that he had a question on the motion, just to clarify. He said Mr. Dick stated on the CAD data, all fire data. He asked Mr. Dick if he meant all EMS data, or did he mean all. Ms. Kerwin responded it would be all. The initial CAD report that they did this comparison of had the initial filter of EMS. She pointed out in her presentation slides three of the second set of fire RMS calls, not in CAD, that is because that CAD report was filtered with the primary function as EMS, however, they realized through reviews with the jurisdictions that there can be other primary functions selected, and not EMS, so it would be all for both. She asked Mr. Clinger if that clarified for him. Mr. Clinger replied yes, it did. Ms. Conti noted that that is also where the use of RMS comes in, because RMS is what the final disposition of the call was. So that was something that their partners had found, that RMS more accurately depicts what the call is. When the call comes in, its chief complaint by the citizen, and so they have in the CAD just a small number of things that they can choose, whereas RMS then gives them the ability to have it be what the call truly was. By making that master data set, they can drop all those that would not be relevant to regional analysis.

Mr. Driscoll seconded the original motion. Chair Slaughter noted that the motion has been made and seconded.

Mr. Driscoll noted that the clarification on all the data and having the filters make more sense to him. He said he also appreciates wanting to move to some agreed-to regional standard. However, he thought it will be very important, that while that may be the ultimate goal, and it may take them awhile to get to an agreed-to standard for certain things, that because the data is the data, and each jurisdiction has performance standards that they are relating themselves to as far as response and some other things, that by defining those standards by the jurisdiction, measuring those, that is just math. He noted that he understands that. He noted that he appreciates that is a little more work for them; actually, it is a lot more work for them in a lot of ways. But he stated he thinks it is very important until they have a consensus that they are working under different policies from their different elected officials that they have developed standards on. So if they are going to do performance measures for at least awhile, it should be individual, and then an ultimate goal of having some measurement that they would look at regionally is not unreasonable. But it should not conflict with the elected officials' policy and directions to the individual jurisdictions.

Mr. Clinger requested that City of Reno staff speak. He said that based on their reaction to the submittal of all fire data, it appears there may be some concerns, and he would like to hear what those concerns are. Chair Slaughter agreed, that he would also like to hear from City of Reno staff.

Ms. Susie Rogers, Assistant Director of Public Safety Dispatch for City of Reno, opined that the concern with providing all fire CAD data is that not all fire calls have anything to do with EMS. She stated she thinks a more appropriate request might be all EMS calls and then any other calls where there is a patient, because they can go on a fire hydrant service call and end up with a patient. She thought that maybe any time a patient becomes involved, that those calls be sent over. They would have to figure out a way to do that, but she did not think it would be too hard to do with the technologies they have now. She opined there is just a concern that while medicals are the vast majority of what Reno Fire Department does, it is not all of what they do. She also noted that they talked a lot about the 1-9% discrepancies in those calls. She opined that it is important to note, so that the Board is aware, of that 1-9%, 100% of that 1-9% of those calls has been confirmed or has been verified with Reno on why the exception has occurred. While there are hundreds of different options/exceptions that could have occurred, the vast majority have to do with REMSA cancelling them as they were arriving on scene, or the first unit was dispatched but the second unit was closer so they took the call in turn, or those types of things, or they got cancelled while en route or cancelled after marking arrival on scene. So she just thinks it is important to note that 100% of those discrepancies have been accounted for, looked in to, evaluated, and accounted for, and understandably so.

Mr. Driscoll requested clarification. He stated he did not understand why dumping all the data into the system is an issue when they are going to filter it for certain things, and then understanding that if there is a secondary code that they can filter to that is EMS related, that would seem to him to be a reporting mechanism on the back side versus just having all the data available up front versus screening the data before you dump the data in. He reiterated that he does not understand, and someone would need to educate him a little bit on his

difference. He asked if dumping the data is just pushing a button. Ms. Rogers replied that for them, it is not even pushing a button; those are reports that are automatically written and already exist. Ms. Khimji opined that the issue is really, they would like to do the filtering to provide... Chair Slaughter interrupted and asked Ms. Khimji to identify herself. She replied she was Rishma Khimji, City of Reno Assistant Director of IT, and opined that for them, the issue is that the agencies would prefer to do the filtering of the data and then providing it to the Advisory Board, instead of the other way around. It just gives them knowledge that they are sending EMS data, patient data, and then they can maybe meet up again with the---they have these data meetings with them anyway--- and say ok, what else are the outliers that they are not receiving, and then make that report available and construct it that way instead of dumping it all to them. She opined that it is just an agency preference to say they want to be able to control the data that they are sending out based on the filters that they need.

Chair Slaughter stated he would like to hear from Chief Moore on this issue. Chief Moore, Truckee Meadows Fire Protection District, stated he was in complete agreement with his colleagues that he does not think there is a problem with the data; the problem is in the analysis, which is very complex. He stated he favors the ability to redact some calls where they are simply confusing, not to get into the weeds again, but it is very, very difficult to get to 100%. He noted he wanted to take them back to the Tri Data stuff where Dr. Cohen said that the real problem in trying to understand the EMS performance is that REMSA's time clock and software is different from most of the fire providers. So they had an extremely difficult time in trying to match REMSA's response to Fire's response. He stated that is really what the issue is here. The Health District staff has been very diligent in this, but he opined it is an impossible job to get to 100%. He stated he was asking for the ability to redact some of these calls, and he would provide a list of what was redacted. But there are some calls within their data that are not applicable. His objection has been that some of those calls have not been redacted. He stated he would ask that the Board would table this and allow the fire partners to give a more cogent response and provide the Board with perhaps a better way to proceed going forward. He noted that ultimately, what needs to happen, again back to Tri Data, is there needs to be a unique identifier between the REMSA call and the Fire call so they can get a 100% match. He added that in conversations he has had with Dean Dow, Mr. Dow is equally concerned with how they do this analysis, because his [Chief Moore's] staff has spent hundreds of hours and he has spent thousands of dollars of staff time trying to get to 100%. He noted he does not know what the return on investment on that is. They are spending a lot of time and he cannot afford to spend that much time on trying to get to 100%. He believed he would like to have some conversations directly with REMSA and see if all four agencies cannot get to some sort of consensus on how to move this forward.

Chair Slaughter asked Chief Cochran if he had anything to add or any differing view. Chief Cochran, City of Reno Fire Department, noted that he may as well weigh in, as everyone else has. He stated that it has been mentioned a couple of times the volume of work that this is generating. He said he knows that for his part, it is imposing a heavy burden on his staff, IT and dispatch, and his concern is two-fold with the all-data approach. He stated that they have been going down this road of trying to reconcile 100% and his view, while he could be wrong, is that if they add more data they are going to add more work. That reconciliation is going to mushroom into even more staff time, and he has an issue with that, obviously. That is what is generating the pushback. If they could just provide the data, that they would be fine, that would be great. But it is the reconciliation component of that creating an issue. He said the other idea it raises, as Mr. Dick pointed out, the ILA dictates the eight

recommendations, the eight guidelines, for what staff should be doing. It does not include delving into Fire data. Again, we are mushrooming what the mission is instead of focusing on EMS. He noted that he would not reiterate on the goals that everybody has identified. He opined they are laudable goals--they want to improve service and want to improve response times. He opined that they should focus on them. They should focus on the goal and work backward with that, rather than just accumulate all the data and figure out where that takes them. He noted there was one issue he wanted to clarify. Chief Nolan mentioned the NFPA standard and that their goal was to meet that standard. Discussions have been had about that before and you have seen it in the reports. They have not, for the City of Reno's part, adopted that as their standard. He noted that is a goal, that is a good discussion point, a benchmark, if you will, but wanted to make it clear that it is not the City of Reno's standard. He stated he wanted to make that clear for the record.

Chair Slaughter said he would like to have all three chiefs up, if he could. He asked Chief Maples if he had anything else to add, but that he did not have to speak if he did not want to. Chris Maples, Division Chief for City of Sparks, noted he could not speak to this directly, because Chief Garrison had been handling this. However, he did agree with what both Chief Moore and Chief Cochran said. He thought they needed to add, in fact Ms. Conti in her presentation talked about the Seward report where they are looking at the big picture and not spending so much time on outliers or at the end of the bell curve. He noted it seemed that was what they were doing here. Sparks does not have a problem providing the data. He opined that if the Board allows them to--he didn't want to use 'redact' some of it--so what they were getting is true EMS data, then the EMS staff is not wasting a lot of time trying to reconcile it all with the CAD data, and then figure out what it is they want to do with the data rather than just taking a shotgun approach to it.

Mr. Dick noted he has heard everybody say this data stuff is just taking everyone too much time and it is a resource sap, etc. He just wanted to remind everyone how they got there. It is the objection they had from the fire agencies on the data that was being presented in their reports and their concerns that the data was not correct. All of this work has been delving into what is wrong with the data based on the objections we were getting from Fire. The idea that this program is driving this huge consumption of resources about data needlessly, he just does not buy that. He opined they went down this path because of concerns that were raised, that we now understand are because of the interface that exists. Those concerns were raised by Fire. He noted that as far as the amount of work, it seems to him that the easiest thing to do is provide the data for all the Fire calls, and let the Oversight staff, as they can very readily do, pull the EMS out of those. What Fire is proposing is more work in screening that data. He stated he did not understand what the concern is of all the redactions, and maybe he needs to be educated on all the confidential information that resides in there. He opined they had a ready solution that they could move forward with that would not be a burden on anybody. He then requested that Ms. Kerwin might respond and inform them on the experience that the Oversight Program has had when they look at all Sparks Fire data.

Ms. Kerwin reported that as far as the CAD filtering and including those calls that are EMS or patient contact, from what she understands from Karen Burch of the Research Development Unit at the Washoe County Sheriff's Office who developed the reports, that is not a capability of her report generation. It is only able to filter by the call type EMS, extrication, accident, injury, or handled by other jurisdictions. Those are the call types that she

has expressed she has the ability to filter on. Ms. Kerwin noted that additionally, she knew that a lot of the outside of these deep dives into the data as a result of the data discrepancies pointed out or brought to concern in January, the additional review that a lot of the fire partners are referring to is a feedback when she provides that these are the calls that were unmatched. She stated she would be more than happy to drop that process from how she conducts the match to REMSA data. If that is a concern, that is absolutely not an imperative part in that process of data matching, and they can drop that. She knows that it was causing some concerns in jurisdictional time. In terms of filtering or pre-sending the data to the Program and that is also adding time on the fire partners' part. One of the benefits of sending all calls to the Oversight Program from both software systems would be that she can then apply the same filters across the board for all three jurisdictions without adding a burden or processing step to those fire partners. She does hear their concerns and some of those processes that they are referring to are in terms of when she sends back the initial unmatched calls to them for review. That is time consuming, recognized it, and can be eliminated from the Program's process.

Chair Slaughter stated he was still not comfortable, as this is a partnership, and he is hearing from partners that they are not quite there yet. He stated that is where he is. He added that if they cannot get there, they cannot get there, but he is hearing that there are still openings to get to resolution.

Mr. Clinger agreed with Chair Slaughter and stated he would not be able to support the motion on the floor, because there have been concerns raised by the different jurisdictions. He knows that they are not agendized on this item to give direction other than the report, but opined that the staff needs to get together. It seemed to him that there needs to be a working group, if it is not already happening, to decide what is best for the region. He noted he is not a data expert when it comes to EMS data and CAD data, so must rely on his staff, and when his staff is raising concerns on these issues, without him having further information on it, he has to heed those warnings. He stated to the Chair that he would like to see more work done on this as well before he can support a motion on this.

Dr. Michelson stated that his only reservation here that he perceives is if they are to, as a community and then this committee, make decisions solely on CAD data, would that then result in potentially those decisions having situational rebuttal, which is then not very efficient either, and then all of a sudden, the insignificant not matching up and then becomes significant, then they are right back there again. He opined they need to figure out what they are all going to trust together once and for all and then move forward.

Ms. Conti opined that Dr. Michelson said it, that at some point we need to do a leap of faith, and with all due respect to Mr. Clinger, stated that they have tried in the last three months to come up with solutions together, and so that is why they are proposing this workaround. They are certainly not proposing to take all data and then they decide in a vacuum which call types. They had a jurisdiction send the Program every one of their calls for the entire month to say take a look and let us see. There was an almost 7% higher inclusion rate of call types that for the past two years when the region together identified these calls as being EMS specific, that they actually did have a patient component because they were labeled as something different. She noted that they have tried, and she opined that they are at the time and place where they need the Board to make an uncomfortable decision

whether it is to change for us or change for the jurisdictions, but she did not necessarily think another three months will do that. Besides, how the data is then used...

Chair Slaughter noted that at their last meeting they discussed that they would be at a point where they either have a special meeting or were here today with resolution, and they are not here today with resolution. Ms. Conti noted that they are. She stated we are not here today with a consensus resolution. Chair Slaughter said he was not hearing that they are there with a resolution and stated he would just ask for a vote at this point in time.

Chair Slaughter stated they had a motion on the floor and requested a vote. The motion failed with Mr. Dick in favor and the remainder opposed.

Chair Slaughter stated he would entertain an additional motion for correction. Mr. Clinger stated he would make a motion that the jurisdictions provide the CAD EMS data as well as the RMS EMS data, which he thought they were currently doing. He requested confirmation of this. Ms. Kerwin responded that it would be dependent on how they would classify EMS, as having an EMS component or the series of calls identified as EMS over about a year ago now, the 300 series. Mr. Clinger stated he was looking to his staff for help now, was it EMS data or EMS-related data. With input at that time from the meeting attendees, he stated that it was EMS and EMS-related.

Mr. Clinger moved for the different jurisdictions to provide both the CAD and RMS data for EMS and EMS-related calls. Mr. Driscoll seconded the motion. Chair Slaughter asked if there was discussion. As there was no discussion, Chair Slaughter requested a vote. **The motion was approved unanimously.**

Chair Slaughter asked if there was anything else on this item. Ms. Kerwin mentioned part two in moving forward with their data reports in terms of what and how shall they measure performance in lieu of adopted standards, either at the regional or jurisdictional level. The Oversight Program's understanding is that TMFPD is the only fire agency who has adopted officially the Standards of Cover in addition to what the reports should contain. Knowing that their previous reports were to answer these anecdotal circumstances, and now that they have a solid baseline of two years of data, she asked how they are proposed to move forward in evaluating.

Mr. Driscoll explained that the Sparks Fire Department has defined performance standards for various data points that they are collecting. If those have not been presented so that they can do that, they can take a very short period of time to define those to the ones that they have defined, and then those can be shared with the Oversight staff for the performance report. He stated he is prepared to do that offline.

Mr. Dick noted he had previously proposed in his motion and would make it again, to the extent that there are the local performance standards, that they include that in the report for measurement, but they also include as a benchmark the NFPA standards. Chair Slaughter asked Mr. Dick if that was a motion. Mr. Dick responded in the affirmative. **Dr. Michelson seconded the motion. Chair Slaughter asked for discussion.**

Mr. Clinger commented that it feels like, and he understands where staff is coming from and thinks the idea of having a regional standard is a good one, but to him, it feels like they

are sort of trying to force and hurry this. He stated he feels like they need to have more discussion on this. He opined that the idea of having a goal that they should have a regional standard makes sense as they sit there today, but he did not feel they were at that point. He noted that his fear is that if they start putting the NFPA standard in a report, it is guaranteed people will start comparing to that and saying, well, and he would use his jurisdiction the City of Reno, you are not meeting the NFPA standards when it comes to response time, for example. He reiterated that he does not know how the NFPA standards are developed, but it gives him concern to put a benchmark in there that for whatever reason, the uniqueness of their department, the uniqueness of their geography, may be very difficult for them to meet. He noted he would have some concerns with that. He opined that as a Board, it makes sense for them to move towards the idea of some regional standards, and maybe it is different for different areas, but to force this today and just say they are going to adopt this as their benchmark and that is what they are going to report, he cannot support that.

Mr. Driscoll noted that he feels similar to Mr. Clinger from the standpoint, that they have not really, with the data they have, they have not taken a hard look at the individual jurisdictions and their performance to their defined standard. To him, it would seem they need to do that for at least a short period, and then they could look at how that would relate to NFPA and determine whether or not those are associable, because right now, they may not be. He opined that defining the jurisdictional layer first, understanding that they are trying to get to a regional and start to understand the differential, maybe they are there and do not know it and it will be okay, but he would like to start with the lower level first and move to the higher level second. He stated he would not be able to support the NFPA standard part of the discussion at this time.

Dr. Michelson asked if the NFPA standards are in the report, can that not just be used as reference though, while recognized that it is not part of a department standard or what they determine as their performance-based criteria. He asked if it could be a second addendum and could it be accessible in the report, or maybe not, judged next to the data right above in the chart. He opined it should be something they look at for time ahead. He commented that, apparently, it is an ideal standard, and he agreed that maybe in this community not be so easily attained in any immediate time period, but he still feels it is important to look at it as a standard, maybe not one that is adopted or a true benchmark. He guessed he supports the data itself being accessible in the report, but maybe not put into the pie chart next to the data.

Mr. Dick asked if that was a proposal to amend his motion. Mr. Driscoll noted that it sounded fairer. Mr. Dick said he would entertain that. Chair Slaughter asked who seconded it. Mr. Dick said he seconded it. Chair Slaughter requested that the amended motion be restated.

Mr. Dick moved that as a performance measure, we use any jurisdictional standards but that we do include data in the report on the NFPA standard, but not presented in a way as it is a performance measure within the report. Dr. Michelson seconded the motion.

Chair Slaughter stated that, again, he is where he was before and wants to hear from all sides, so would like to hear from at least one of the chiefs and their response to that.

Dave Cochran, Reno Fire Chief, said he would just echo the concern that Manager Clinger raised. That is what Reno's concern is, being measured against a standard that they have not

adopted, creating the implication that they are not living up to that standard, when that would not be accurate. He opined that Dr. Michelson's suggestion is well taken, that to have that maybe as a point of reference, that here is the data and here is what it shows, and in a separate section, here are different standards, the Standards of Cover, the NFPA standard, so that with some examination, the reader of the report could have a means of comparing them. He apologized if he had not stated that accurately, but that is what he understood. That would be valuable, but to have that pie chart, as he said, that shows they are compliant 30% of the time, that is a judgement that they as the jurisdiction need to make, what their standards will be. And when they do, then it should be included in the report.

Mr. Clinger requested quick clarification on the motion and the second. He asked if they are talking about in the report that this is an appendix of here are national standards. He also asked if that is sort of what they are talking about, so he can have clarity? Mr. Dick responded that he believes so, that he thinks what he was grappling with as they are having this discussion, is that there was also some previous talk of they should be looking at how they are doing against their local standards and how does that stack up against the NFPA standard. If they do not have some data somewhere that just says how that does stack up against the NFPA standard, how are they going to have that conversation. He opined that if they were to have some appendix that contains that information about the different standards, that would be suitable. Chief Cochran noted that this would be satisfactory for Reno.

Chief Charlie Moore, Truckee Meadows Fire Protection District, suggested that they perhaps refocus on the entire data collection process and where they are going, because it is not just response time that they want to understand. They want to understand arrival of Fire and REMSA, of course, but they want to know patient acuity, how long it took to get the patient to the hospital, they want to know patient outcomes. He reiterated that they are spending a lot of time just trying to analyze response time, which is just a very, very small component of this. He stated that the thing too, again, is he respects each jurisdiction's right to be able to set its own response standards and would say that every jurisdiction should be able to establish that and not use a national standard, because, quite simply, in downtown Sparks and downtown Reno, it is different than rural Washoe County and they cannot take one national standard and apply it throughout the entire County.

Chair Slaughter asked if there was more discussion. Hearing none, he asked if the Board was prepared to vote for the motion that is on the floor. **The motion was approved unanimously.**

Chair Slaughter asked if there was anything else on this item. Ms. Kerwin responded that was it for now.

Mr. Clinger left the meeting at 11:03 a.m.

12. Discussion, possible approval and recommendation to present the clarification of the northern border of the Washoe County REMSA ambulance franchise service area to the District Board of Health

Staff Representative: Ms. Conti

Ms. Conti presented a map of the proposed northern boundary to the Board. She reported that in March, Dr. George Hess from the District Board of Health requested some clarification on the northern boundary, because the previous map went in line with what Chief Gooch had requested a while ago for trying to define the Gerlach response boundary. The staff report shows that where 911 calls go is a boundary and there is also a rural fire boundary. There is a community with large plots of land with houses and citizens that is not included in the REMSA response area that would require Gerlach to come all the way down through the Pyramid Paiute Tribe property to get there. Through discussions, they are proposing that the top boundary would follow Grass Valley Road which crosses the highway. On Pyramid Lake highway, it would match up with where the tribal lands begin, wrap around, and then all communities out there would have a REMSA or franchisee ambulance response, even though their fire partner might be through a mutual aid agreement. They would get a REMSA ambulance rather than having Gerlach come through or handle that area through mutual aid agreements. She requested the Board's thoughts on this and approval to bring this to the District Board of Health to define this northern boundary of the franchise area.

Mr. Driscoll requested clarification on the E zone. He asked what the response time standard would be for that zone if REMSA is providing that service. Ms. Conti responded that there is no time on E. Mr. Driscoll asked if it would be best effort. Ms. Conti replied that it is frontier. Chair Slaughter noted that they have had this discussion with Washoe County staff, and the discussion actually dates back to the original discussion on the Interlocal Agreement and the County Commission's desire to identify what the Gerlach area was. He opined that this helps them get there a little more. From his perspective, he is supportive and the County is supportive. Chair Slaughter introduced and welcomed Mr. Pat Irwin, new Community Fire Services Outreach Coordinator. He reported that Washoe County has entered into a new model in the Gerlach area with their Gerlach Volunteer Fire Department and now a combination department, and Mr. Irwin will be leading that effort up there. Mr. Irwin is initially charged with getting the volunteer force in Gerlach back to a very heavy force that will be responding in the Gerlach area. The new model in Gerlach began on July 1, 2016. Chair Slaughter asked for any other questions and entertained a motion.

Mr. Dick moved to approve the clarification of the northern border of the Washoe County REMSA ambulance franchise service area to the District Board of Health. Mr. Driscoll seconded the motion which was approved five in favor and none against.

13. Presentation and possible acceptance of an update on Emergency Medical Services Mutual Aid Agreements within the region.

Staff Representative: Ms. Dayton

Ms. Dayton reported that Reno Fire Department requested an update to the EMS Advisory Board on REMSA's mutual aid. Through staff discussion, they felt it would be more appropriate to include mutual aid for all transport agencies in Washoe County. Mutual aid is an agreement between agencies that essentially drops the jurisdictional lines to share resources. It is a shared process of giving and receiving and is the most frequently and commonly used agreement in Fire and EMS. There are currently four EMS transport agencies in Washoe County: Gerlach Volunteer Fire Department, North Lake Tahoe Fire Protection District, Pyramid Lake Fire and Rescue, and REMSA. She contacted each agency to ask what their current mutual aid agreements are as well as any mutual aid agreements in draft form.

- Gerlach Volunteer Fire Department currently has four mutual aid agreements with agencies in California: Eagleville, Cedarville, Fort Bidwell, and Surprise Valley Healthcare. They are currently drafting a mutual aid agreement with Pyramid Lake; it is currently in the legal review process.
- North Lake Tahoe Fire Protection District has current agreements with North Tahoe Fire Protection District, Tahoe Douglas, Truckee Fire, and Carson City. They also have a Nevada master mutual aid agreement, a Lake Tahoe Regional Fire Chiefs Agreement, and an agreement with the California Office for Emergency Management for strike teams in the Tahoe basin. They are currently in communication with REMSA in drafting an update to their mutual aid agreement, and it was identified that even during this process, they would honor any request during the process, even though it is in draft.
- Pyramid Lake Fire and Rescue has current agreements with Truckee Meadows Fire Protection District, Bureau of Land Management, Bureau of Indian Affairs, North Lyon, Storey County, Hungry Valley, and the Washoe Tribe. They have a draft agreement with Gerlach Volunteer Fire Department and are in the process of drafting an agreement with REMSA.
- REMSA has current agreements with Carson City, North Lyon, SEMSA, Storey County, Truckee Fire, and most recently, Truckee Meadows Fire Protection District. In draft form are agreements with Pyramid Lake Fire and Rescue, Reno Fire Department, and North Lake Tahoe Fire Protection District. They are honoring any requests during the drafting process.

There are also mutual aid agreements between the governors of California and Nevada which authorizes mutual aid across state lines, and a Nevada intrastate agreement authorizing mutual aid across county lines within Nevada.

Mr. Dick moved to accept the report. Mr. Driscoll seconded the motion which was approved five in favor and none against.

14. Presentation and possible acceptance of the EMS Program's FY15-16 Annual Report template.

Staff Representative: Ms. Kerwin

Ms. Kerwin asked if anyone had questions on the template that was included in the board packet. Chair Slaughter asked if there were questions for staff.

Mr. Driscoll moved to accept the template as presented by staff. Mr. Dick seconded the motion which was approved five in favor and none against.

15. Presentation, discussion and possible acceptance of an update on the CAD-to-CAD interface between the Public Safety Answering Points and REMSA dispatch.

Staff Representative: Ms. Dayton

Ms. Dayton noted this item was on the April agenda, but due to time constraints, the Board did not get to hear it. The District Board of Health requested an update on the status of the CAD-to-CAD project, and Ms. Conti provided a presentation to them in May. During the May meeting, Division Chief Nolan reported that the City of Reno requested an enhanced scope of work from Tiburon. Ms. Dayton apologized for a typographical error in her staff

report, that listed the name as TriTech, but it should be corrected to show Tiburon. Reno anticipated receiving that enhanced scope of work in mid-June. She followed up with Fire Department personnel on June 16 and was told there was no update. At the time of the report, they were notified by Reno Fire Department that there was progress being made and they would be circled back in once they had more details.

Mr. Dick asked if anyone from Reno Fire was still at the meeting and if there was any additional information. He asked Chief Nolan if there was any additional information.

Rishma Khimji, Assistant Director of IT for City of Reno, reported that they recently had a meeting with TriTech/Tiburon so the name was not in error on Ms. Dayton's staff report. She explained that TriTech bought Tiburon. They had a meeting with TriTech/Tiburon executives with their Fire Chief, City Manager, Mayor, and REMSA to talk about the progression of their scope of work. Reno is in the final stages of getting an updated scope of work from TriTech. They are working on getting more information on their side to make sure all their needs are taken care of in regards to the mapping of data between CAD at City of Reno and the CAD at REMSA. They want to make sure that data mapping is available, they know what those elements are, so they are going to get that to them so they can prepare their data mapping as they work on the scope of work. They are also looking into having other agencies join with the City of Reno and partake in the CAD-to-CAD, and as soon as they get back word on that, whether they are paying one price for all three agencies, which includes Washoe County and City of Sparks, then Reno will be able to proceed further saying this is a regional CAD-to-CAD instead of just a City of Reno to REMSA CAD-to-CAD. As soon as Reno hears back and this is clarified, they will approach the other entities and let them know this is available as a regional CAD-to-CAD.

Mr. Dick asked Ms. Khimji if they have a timeline for when she expects to have the scope and contract for the City to be able to move forward with executing something. Ms. Khimji responded that TriTech/Tiburon told them they would get back to them at their earliest. They are looking into the regional aspect, and they have not given Reno an ETA for when they get back to them. She contacted them last week, and they are in the final stages of making sure their ducks are in a row. TriTech is looking at their resources to make sure that their resources are in line with a timeline, so they can give Reno an entire project timeline, rather than piecemeal timelines.

Chair Slaughter asked if there was any other discussion and if there was a motion for acceptance. **Mr. Driscoll moved for acceptance. Dr. Michelson seconded the motion which was approved five in favor and none against.**

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

Staff Representative: Ms. Conti

Ms. Conti noted that the Board has the most current draft of the Strategic Plan. Since the last meeting, there is more filled in on the front. Items in red are those that the group either has not discussed or reached consensus on yet. Items in black have been agreed upon by the group. The new ones are Goal 3 and 4. Goal 5 was sent out to the partners that she is

working with, however she needed to cancel the appointment and they were unable to reschedule before this Board meeting. The next meeting on July 19 will focus on Goals 5 and 6. Chair Slaughter asked Ms. Conti if Goal 6 includes detail. Ms. Conti responded that it is just a goal. As a reminder, in the beginning of the process, they took the SWOT analysis and did high-level goals. The partners thought it important to have a goal about the Oversight Program and the EMS Advisory Board.

Mr. Dick asked if the goal was to have this come back as the strategic plan for approval at the October EMS Advisory Board meeting. Ms. Conti responded in the affirmative. Mr. Dick asked her if she thought they were on track to be able to come back with a draft report that everybody is in agreement on at that meeting, or are there any areas that she wanted to highlight that the Advisory Board needs to be aware of, progress that needs to be made, and particularly, if any members of the Board could help in the progress there. Ms. Conti responded that she did not anticipate there being any problem bringing a solid draft for approval back to the October meeting. At the next meeting in July, they will talk about the final goal, and then in August and September, they would work through the introduction and then circle back on anything that did not reach consensus the first time. In Goal 1, Objective 1.3 was a new objective through discussion. There may come a time when ambulance is not necessarily how transport happens. She cannot say that might be met, that consensus might not be able to be reached, because that has not been discussed yet, because it was asked for that to be built out. That has been built out, but they have not yet been able to circle back yet. On Goal 2, Objective 2.4, she does not know if that one will reach consensus through the group, just because the preliminary discussions indicated that. So that might still come to the Board in red for a Board decision on whether to eliminate it or adopt it. Those are the only two that she cannot really speak to as to when it comes back to the Board.

Chair Slaughter asked if there was any direction the Board wanted to give. Mr. Driscoll asked from a direction standpoint, at least for his jurisdiction, that Ms. Conti advise him if there seems to be some impasse, so he could have some detailed conversation with his staff, as he would obviously hear from them too. Ms. Conti agreed.

Mr. Driscoll moved to approve the presentation with the understanding that the final draft is proposed to come back to the October EMS Advisory Board meeting. Dr. Michelson seconded the motion which was approved five in favor and none against.

17. Board Comment

Mr. Dick requested that an agenda item be included for the next EMS Advisory Board meeting for staff to present any recommendations on updates to the Bylaws, particularly with regard to the election of the Chair, that with four Board meetings a year, it may not be necessary to transition as often in that role.

Mr. Driscoll announced that Chief Garrison of Sparks Fire Department is retiring on September 16, 2016, and welcomed Division Chief Maples who will be his successor. Mr. Driscoll commented that Chief Maples will do a great job. Chief Maples will begin a transition period next week with Chief Garrison. He also noted that Sparks Fire Department always promotes from within.

Mr. Dick congratulated all the fire agencies on their excellent response throughout the year so far in the wildfire incidents. He has been pleased to see that everything has been

responded to so well and controlled so far. Chief Maples reported the current Sparks Fire was up to 2,500 acres.

18. Public Comment

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

19. Adjournment

At 11:25 a.m., **Mr. Driscoll moved to adjourn the meeting.** **Mr. Dick seconded the motion.**

Respectfully submitted,



Dawn Spinola for Jeanne Harris, Administrative Secretary
Recording Secretary

Amended and Approved by Board in session on October 6, 2016.