

John Slaughter, Chair
County Manager
Washoe County

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

Steve Driscoll
City Manager
City of Sparks

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

Bill Thomas
Acting City Manager
City of Reno

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MEETING MINUTES

**Emergency Medical Services
Advisory Board**

The Emergency Medical Services Advisory Board met on Thursday, April 6, 2017, in the Health District Conference Room B, 1001 East Ninth Street, Reno, Nevada.

1. *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
 Bill Thomas, Acting Manager, City of Reno
 Dr. Andrew Michelson, Emergency Room Physician, St. Mary's

Ms. Spinola 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 Coordinator
 Heather Kerwin, EMS Statistician
 Dawn Spinola, Administrative Secretary, Recording Secretary

2. *Public Comment

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

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

3. Consent Items

Matters which the Emergency Medical Services Advisory Board may consider in one

motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Agenda

April 6, 2017

B. Approval of Draft Minutes

January 5, 2017

Mr. Driscoll moved to approve the agenda for the April 6, 2017 meeting. Mr. Thomas seconded the motion.

Mr. Dick asked if both of the items were being approved. Mr. Driscoll requested separate approvals for the agenda and the minutes.

Chair Slaughter stated he would request approval for the two items separately. He noted a motion and a second for approval of the agenda portion of Consent had been presented, and requested a vote. **The motion was approved five in favor and none against.**

Mr. Driscoll stated that he would need to abstain from voting on Item B since he had not been present at the meeting. **Dr. Michelson moved to approve the minutes of January 5, 2017. Mr. Dick seconded the motion which was approved five in favor and none against.**

4. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Dr. Michelson explained there had been discussion by the Medical Directors about developing a plan to discuss, review and critique any cases of performance concerns, submitted by Fire or REMSA. The PMAC has begun reviewing the protocol drafts that are coming from the task force. He noted the PMAC's purpose was not to authorize final approvals, but only to provide recommendations to the task force in their pre-hospital advisory committee capacity.

Dr. Michelson noted that the PMAC had also finalized the Mission Statement.

5. *Program and Performance Data Updates

Christina Conti

Ms. Conti stated she was available to answer any questions.

Ms. Conti pointed out that the triennial exercise would be held at the end of the month, so the planning continues for that. She noted an NTSB training had been held the day prior to the meeting that was very much focused on family assistance, and that component will be exercised during the triennial.

Ms. Conti explained to the Board that the first behavioral health facility had signed on to the Mutual Aid Evacuation Annex, which was Northern Nevada Adult Mental Health Services. She noted their emergency manager is very active with emergency planning and so that is a positive development for the region.

Ms. Conti explained the program staff of Preparedness and EMS had met with community partners from Carson and Douglas counties. Together, they will develop a regional seminar focused on health care evacuations for first responders and health care facilities.

Ms. Conti informed the Board that the program had begun receiving REMSA CAD data in January and so are using that instead of the First Watch program data to monitor system performance. She noted the trauma data is being reviewed and is already posing some

challenges. Ms. Conti explained that at the next meeting, Heather Kerwin would bring forward a presentation on that data to explain how it can be used and what the current challenges are. Ms. Kerwin will also discuss some options of how procedures can be altered to fully utilize the data. The program does have 911 calls to hospital disposition, but it is not as easy to match up as previously anticipated.

Ms. Conti explained there were other notable items in the report that will be addressed later in the meeting. She stated she would point out the CAD to CAD update, and that Rishma Khimji, Assistant Director of Information Technology from the City of Reno, was in the audience and was available to answer questions.

Mr. Dick asked if the transition from the First Watch (OCU data) to the CAD data from REMSA was beneficial and what the difference was between the two.

Ms. Conti stated there was always a benefit to using the CAD data because it allows a look at the entire incident and not just the incident-level data. Ms. Kerwin was invited to come up and talk about the differences and why the program chose to utilize the CAD data.

Ms. Kerwin stated the primary difference between the CAD data for REMSA and OCU data was that it gives the equivalent of seeing all responding units to a call for a complete view of the call instead of just the first arriving unit's time stamps.

Chair Slaughter asked if, under the Legislative Updates, if the EMS Oversight Program was aware of discussions happening in the South Washoe Valley, Duck Hill area. Ms. Conti stated she was.

Chair Slaughter asked if it was going to be reflected in the current meeting at any time. He further clarified that AB140 had led to a discussion about some changes to the EMS response in that area, south of Bellevue Bridge.

Ms. Conti replied that, during the previous legislative session, a running list was compiled, but the EMSAB had met twice and Legislatively, everything was always moving.

Chair Slaughter stated he had communicated to the Chair of the Government Affairs that Truckee Meadows Fire and REMSA are working on the proposed changes, and the Chair has asked if there will be ongoing performance monitoring of that area.

Ms. Conti stated the EMS Oversight Program could add it as a special interest area and asked if Carson City was amenable to providing their data so that the Program staff could have a complete look at that area. Chair Slaughter responded that it could certainly be requested.

6. Presentation, discussion and possible acceptance of an update regarding EMS data and demonstration of the online heat map of response times.

Heather Kerwin

Ms. Kerwin, EMS Statistician, stated she had nothing further to add to the staff report.

Ms. Kerwin explained that the attached mid-year quarterly report had four tables. She pointed out that only Priority 1 and 2 calls are utilized in looking at travel times on Table 2 and Table 3. The first and fourth tables stratify the data by priority.

Ms. Kerwin then reviewed the heat map. She noted the region did isolate the analysis to only Priority 1 and Priority 2 calls. Based on the feedback, data caveats had been added regarding how the maps should be utilized and what they include. She explained that another caveat discussed the limitations to Fire partner data in outskirt areas such as North Lake Tahoe Fire

Protection District (NLTFPD) and partner counties, as the program did not have complete data for those areas.

Ms. Kerwin continued by explaining that the heat map adds the population density and REMSA response zones. Because only Priority 1 and Priority 2 calls were utilized, the time expectations for those are visible. She further explained that the Washoe County Geographic Information System department (GIS) developed versions that provide images of daytime versus nighttime calls, and then summertime versus wintertime, which were the only two subgroupings that were requested by the work group that met to discuss this.

Mr. Driscoll asked what the definition was of daytime versus nighttime. Ms. Kerwin replied that it followed the original quarterly reports in that it was 6 to 6. Further clarifying it does define that it is closer to 6:01. She stated the region was intending to go live with the link for the public as well, if it was approved.

Mr. Thomas asked if this was real-time data, or if there was a lag time of months or days. Ms. Kerwin replied it was only current fiscal year data. Call data can be added once it is matched on a quarterly basis. She noted there were some current concerns about some of the hot spots and staff worked with GIS to pull out anything that appeared to be an anomaly. There were only five calls that showed irregular time stamps and those calls were removed. The rest are truly reflective of that call response time.

Mr. Thomas asked if the end goal was to use the map for determining service areas. Ms. Kerwin replied she did not believe that was the intention, it was just a more helpful way to visualize response times independent of which agency arrived first for the entire region. Going public, it was to be used more for informative purposes and however it might be utilized for future planning.

Mr. Thomas opined that one thing that would be of value is, if it could be accessible to the public, people would know what the true expectations of service should be in certain areas, so people in the red spot areas do not expect to get a four-minute response. If the public has that, then to some degree, it makes it a little more palatable to them when they do not get the answer they wanted when it comes to services. Mr. Thomas opined that public access to the map would be a value to the community. He suggested the Realtors should know about it, because they would be the first point of contact for a buyer.

Mr. Thomas moved to accept the report. Mr. Driscoll seconded the motion.

Chair Slaughter noted a motion and second had been presented and requested a vote. **The motion was approved five in favor and none against.**

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

Christina Conti and Brittany Dayton

Ms. Dayton and Ms. Conti had attended the EMS Today conference again this year in Salt Lake City. Ms. Conti explained they wanted to share some of the exciting things that they had learned. They went to over 30 sessions between the two of them.

Ms. Conti pointed out that the conference tracks, which included topics like leadership, operations, managing threats, Multi-Casualty Incidents (MCIs), special topics and staff, always appeared to focus more on leadership, special topics and managing threats and MCIs because that falls more with EMS oversight and emergency planning than operations and community

paramedicine would for Washoe County.

Ms. Conti reviewed three sessions for the Board. The first session was called Beyond Lockdown. She opined this was very important to bring to the Board's attention because last year she presented the initiative of active bystanders and the region has not done anything with that yet. She pointed out the public expectations of the 911 system is that you call and there is going to be tangible results. But the medic is rarely the first person there, and so citizens and communities should be empowered with some tools, in case they find themselves in this situation.

Ms. Conti then reviewed the second session that focused more on schools, but the lessons could be applied to the region. Two quotes made an impression on her: "When all primary plans center around prevention, what is your organization's contingency plan for when prevention fails?" And then right in line with that, "The failure to train is training to fail." She explained they were focusing on preparing and empowering citizens. An additional tactic was to provide the school employees and the students little emergency kits that can be made for \$20 and teaching them how to take steps in an emergency. Ms. Conti noted that one of the major points they focused on had to do with understanding whether if somebody is not getting treatment, are they going to be okay or not whether they get treatment or not. A goal of the outreach was to help everybody understand that the expectancy of that person really is defined by what kind of interventions they get.

Ms. Conti noted a recurring statement in the MCI events was that MCIs are becoming longer in duration. That meant there is going to be more lag time between something happening and whoever is the first agency to come in. There might be a law enforcement component and then the medics that are teamed with them or there may be some other things going on, a hostage situation, whatever it is, and so the duration of it might be different.

Ms. Conti explained that continued faith in government to get it right is definitely something that stuck out. As government employees, we are all public servants and so we are going to do the greatest good for the greatest amount of people. One of the themes that was common throughout the presentations was that the important element is two-thirds of patients will bypass the EMS system. When something frightening is happening, people are going to leave, and they are going to get themselves to the health care system as best they can. That may be through self-transport, law enforcement transport, or by other means, they are leaving the area.

Ms. Conti opined EMS needs to begin planning for longevity and the waves of patients in multi-hour events. She noted there was a paradigm shift happening within the country, in that two waves of patients are coming through, the two thirds that bypass the system and then the ones that are coming in through the system. Another common thread was that unified command with law enforcement occurs immediately, as well as the interoperability with the law enforcement agencies. Ms. Conti explained there had been one incident where all responders had the same radio system but they did not have the same radio channels, so they were not able to communicate with each other, even being on the same system.

Ms. Conti noted the question had been raised as to the plans in place being flexible enough, as there was an MCI plan, then have an Alpha plan. The existing plan is geographically centered as if it was happening in one location. Can it flex with an evolving incident or a long incident, do we have that ability within the plans as we have them written? Ms. Conti opined she was impressed with the theme of Engage the Partners. It was saying that when you engage with your partners you can help attribute to their successes, so it is not just learning from them, but also helping each other get better. She noted the final thought that she took away from one of the

sessions was that we obviously cannot change the EMS universe, but we can look for small ways in which we can make it better.

Ms. Conti presented the idea of developing a pre-hospital outcome measure. She opined it was very much in line with what Washoe County has been trying to do for the last several months, working on finding a way to know how well the system performs. Everybody has an idea, but do we, as a system, really understand, and do we have public accountability for our performance? The heat map is definitely a step in the right direction.

Ms. Conti explained the presentation taught that there are three kinds of measures, the infrastructure measure, process measure and outcome measure. Staff would have to define what these different measures look like and what information the program would like to glean from them. The challenge with pre-hospital outcome measures is the standardization of that data, and making sure that it is the same across all the partners that it is received from. How does it transmit to health care so that they would have that, and then how does it affect the standardization of equipment?

Ms. Dayton reviewed her sessions. The first was The Anatomy of a Burn Disaster presented by the Disaster Coordinator for the University of Utah's Burn Center. They simulated an earthquake that would have happened in Utah and how it would have impacted the health care system, with multiple burn patients. There were really two key elements to this presentation, one being that there is an extremely limited amount of burn beds in the country. There are just under 2,000, and most operate at capacity. Generally only one or two are open any given day. Ms. Dayton explained the presentation focused on encouraging EMS to start using the concept of Telemedicine, where they would be able to contact burn center doctors on scene to determine whether or not that patient was appropriate for a burn center, and then focusing on the need for planning for burn MCIs.

Ms. Dayton explained that in July 2016, the EMS program had added the American Burn Association burn MCI information into their plan, but acknowledged there are gaps that still needed to be addressed.

Ms. Dayton went on to discuss another presentation by Chief Williams of the Orlando Fire Department, along with two of his firefighter paramedics that were first on scene for the Pulse nightclub terror attack. Chief Williams presented an overview of the incident and the challenges of a long-term, dynamic scene. This was very different than most active-shooter events that traditionally end within minutes. This turned into a hostage situation, so they were on a three-hour standoff which presented different challenges that they were not expecting. 50 were killed including the gunman and then 117 were transported to the hospital, with 9 dying at the hospital.

Ms. Dayton stated that lessons learned from this presentation touched home for all the planning that has been done with the Multi-Casualty Incident Plan (MCIP). Patient tracking had been a major challenge for the Orlando responders. It took them almost three weeks to track every patient that was involved. Part of this was because people were avoiding or bypassing the EMS system and trying to transport themselves straight to the hospital, because there was a hospital that was less than a quarter of a mile away from the nightclub. And they also had communication issues with law enforcement. They initially started in Unified Command, and then split at 3:00 when the standoff started and fire lost all communication with law enforcement. Finally, Family Assistance Center operations began, and this was a success. They set up a hotline very quickly, and this is how they were able to gather patient and victim information to reunify loved ones with their family members.

Ms. Dayton explained a presentation by the Office of EMS from the Department of

Transportation (DOT), called Performance Measures, was a general session about their policy-making office and how they can help locals. They talked about not having any regulatory authority in the Office of EMS, and they do not get grants, so they do all of their work through a systems approach maximizing partner collaboration. The main discussion point was NEMSIS 3 which is the national database system that the Federal government implemented, and they were promoting their office as being able to help agencies get data from both healthcare facilities and also EMS agencies. The quote was “Data out is only as good as data in.”

Ms. Dayton noted the final presentation she attended was EMS Protocol Reboot, given by the Medical Director from MedStar in Texas. It was very helpful, since Washoe County is currently going through the regional protocol process. The presenter highlighted a few reasons why agencies should overhaul their protocols and consider looking at it from a regional rather than agency perspective.

Ms. Dayton explained the presenter gave a few points on how to approach it, and pointed out the region is right on target with what has been done. She noted the presenter had said a committee needs to be assembled, and that committee should include first responders, EMTs, and paramedics. Additionally, outside experts should be brought in, which was done here, and then utilizing databases, websites, textbooks and articles to make the final decision, not just necessarily what the team thinks is best. He had advised them to be ready for a substantial time commitment.

Mr. Thomas moved to accept the presentation and Mr. Dick seconded the motion. Chair Slaughter stated there was a motion and a second and called for the vote. **The motion passed five in favor and none against.**

8. Presentation and possible acceptance of an update on the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.
Christina Conti

Ms. Conti stated the staff report had been redesigned so that the completed Objectives could be easily located instead of being intermingled with the ones in process. Ms. Conti pointed out an error, or oversight. The first one, implement appropriate protocols to determine service level through the EMD process to low-acuity Priority 3 calls. In the last meeting, it was reported that was affiliated with the Omega protocols and it is not. She stated the region would begin working on that immediately but it really does coincide very well with the 911 project that was asked about by Mr. Dick at the last meeting.

Mr. Thomas moved to accept. Mr. Dick seconded the motion. Chair Slaughter stated there was a motion and a second and called for the vote. **The motion passed five in favor and none against.**

Ms. Conti asked if the Board understood that what was also accepted was the Omega algorithm review as well as the map revision process.

Chair Slaughter asked if there were any questions.

Mr. Thomas requested Ms. Conti translate what she had said. Ms. Conti stated that when the Board accepted the update they accepted what revisions will look like and what the algorithm review looks like. Indicating the page Chairman Slaughter held up, Ms. Conti said it was the algorithm, and then the next one is the map methodology. It goes into what the annual review, the five-year review and the 10-year review would look like.

Chair Slaughter opined it did not change anything on the motion and action.

9. Presentation, discussion and possible acceptance of an update on the regional protocol project, an objective of the Washoe County EMS 5-Year Strategic Plan.

Britany Dayton

Ms. Dayton reminded the Board Goal Number 5 is to design an enhanced EMS response system through effective regional protocols and quality assurance by December 31, 2018. An element of this goal is to build regional protocols and that deadline is June 30, 2017, with an implementation date of January 1, 2018. This item was being presented to give the Board an update on the process and what the agencies have accomplished for the region. The task force meets every other week for an hour and a half. There has been a significant amount of discussion, and Ms. Dayton stated she appreciated the thought that the task force has put into the protocols. However, progress is a little bit slower than initially anticipated, so the schedule will be changed so the June 30 deadline can be met.

Ms. Dayton explained the initial meeting focused on the format of the protocols, so the group has agreed on that. The contractor is still available for recommendations if there is any disagreement or further discussion. As Dr. Michelson briefly discussed, on March 8, PMAC was provided a general status update on the project. Ms. Dayton showed the Medical Directors some of the draft protocols that had minor changes or suggestions. To date, the task force has reviewed 35 different protocols; many of them are in draft form at this point and 12 have been finalized to send to the Medical Directors for review. Ms. Dayton took a moment to thank the task force members for their tremendous dedication to the process their patience with her while she learned many new medical terms.

Mr. Driscoll thanked Ms. Dayton, indicating his understanding of the challenges of working together on projects that affect the entire region. He asked how it was being resolved when the Medical Directors had protocol that they were not willing to move away from that was not regional.

Ms. Dayton stated the task force has talked about that and are aware that there are a few agencies that might have variances, mostly in medications at this point. The task force has discussed North Lake Tahoe and Gerlach being the two agencies that were focused on that just because of their transport time coming into the valley hospitals. The task force discussed making a medication list indicating what agencies are giving which medications. The Medical Director at North Lake Tahoe might be interested in pushing certain medications that are not necessary for a transport time of less than 10 minutes. The medication lists that the task force is developing will highlight the agencies that will be using them, so that is where more variety can come in.

Dr. Michelson asked if, with the regional protocols, there would be a plan for annual review and potential modifications if medications change in certain agencies.

Ms. Dayton replied that one of the presentations that she attended asked the question about what is the best practice for reviewing and updating protocols. The presenter had suggested a two-year review, and then on a case-by-case basis, review any protocol that field crews indicate is not working.

Dr. Michelson opined this was probably a major change or even consideration for these agencies to practice in this type of joined direction, and there should be a lot of open-mindedness for them to get feedback and readdress issues that may affect their daily practice.

Mr. Thomas asked if there was a liability issue in terms of trying to get the joint agreement on protocol. Rephrasing, he asked if physicians feel like there is a certain outcome or certain way to handle an incident, and it was different from the way the other ones would, is it an issue of liability, or is it an issue just of judgement in terms of those kind of conflicts.

Dr. Michelson stated that he would not know the answer to that as far as pre-hospital law considerations.

Mr. Thomas further stated the only reason he asked was if it was liability, that might be something regionally the Board can deal with. He noted the judgement piece is between the physicians so that would be difficult regionally, but if there was a concern that one physician wanted to handle it one way and another one a different way because they were afraid of litigation and outcome, perhaps that is where the region could step in.

Ms. Conti replied to Mr. Thomas, stating that when the Medical Directors sign off on the protocols, that is their insurance and their malpractice and everything that goes with it. So if some of the Medical Directors do not feel like they can get behind a protocol then that might be where we have some differences or where we come together as a region like you suggested to talk about it and see what can be done. That is where the Medical Directors input and support and sign off on the regional protocol becomes important.

Wayne Harwick, introduced himself as the Medical Director for Sparks Fire Department, Airport Fire Department, Storey County and Central Lyon County. Dr. Harwick stated there is no reason to have separate protocols. He noted somebody might be able to make an argument for long transport times; there may be a few minor alterations. But there is no difference. All it does is confuse people. He pointed out that many of the paramedics work in more than one system and it gets confusing. That does not support patient care. There is no outcome data that shows that these differences have any effect on patient care.

Mr. Thomas moved to accept. Mr. Driscoll seconded the motion. Chair Slaughter stated there was a motion and a second and called for the vote. **The motion passed five in favor and none against.**

10. Presentation, discussion and possible direction on an update of the public service announcement (PSA) for project relating to the appropriate use of 911.

Brittany Dayton

Ms. Dayton stated that during the last EMS Advisory Board meeting, Vice Chair Dick had requested information on the media campaign related to misuse of 911. She explained that the regional partners met in early March to discuss a media project to address some of the matters that are taxing the 911 system. Some of the items that came up were unintentional calls from cell phones, frequent fliers, and low-acuity, non-emergent calls. The team discussed those topics and came up with a goal to try to minimize the misuse of 911. They had had a second meeting on March 22nd, discussing kicking off the project in coordination with National Public Safety Health Communicators week, as well as how they planned to handle this project.

Ms. Dayton went on to explain they sent out a letter on March 30th to invite all the agencies into a friendly competition. They can either make a 30-second PSA or a graphic that is focused on the area that they identified that was the biggest misuse of the 911 system. A meeting with all the chiefs is scheduled for April, and the logistics of starting the campaign and doing some media interviews will be coordinated. They will have until the end of May to submit their PSA should they want to participate in the competition. The PSAs and the graphics will be posted

online and sent out through all of the social media accounts for each of the agencies participating so the public can vote on their favorite.

Mr. Thomas asked if there had been any discussion about economic disincentives for misuse. Ms. Dayton replied that she could not speak for the region although she had read several EMS articles from across the country and there are communities that have implemented a fine for misuse of 911. Douglas County had had someone who was misusing the system, and it turned out to be a lonely, elderly individual with no family or anyone to contact so they would call 911. That agency ended up paying to put that person in a long-term care facility, which was less expensive for them to do that than to continue to respond via 911.

Ms. Dayton stated there were a variety of options to discourage people from misusing the 911 system but none had been implemented. Mr. Thomas noted private services such as the Nurse Helpline that could divert people away from 911. He asked if there was some way to analyze those services to see if there is a way to move people over to those systems instead of over-utilizing 911.

Ms. Conti stated they would write that down.

Mr. Driscoll noted PSAs are very effective when there is a common message with a different delivery. He asked that, since there are multiple agencies having ideas that will be similar yet different, if it was possible that more than one could be produced, and they could be rotated to keep the message fresh with the different presentations.

Ms. Dayton replied that was what they were hoping to do. The letter that Ms. Conti sent out provided a few different examples. The region wanted something that was catchy, funny. There have been several cities that have done a variety of things, including lip synching and doing some more catchy PSAs, so those were sent out as examples. Mr. Driscoll noted everyone was using social media and asked if there was an intention to take this beyond traditional media and use other available media sources.

Ms. Dayton replied that the one request was that the PSA include every participating agency's logos, so it would be a regional project. She added it was necessary to utilize social media because of the limited budget associated with the project. The majority of people have social media accounts, so the team thought that would reach the masses better than TV ads or radio ads.

Vice Chair Dick stated Ms. Dayton had mentioned the budget for the project being limited, and the report discusses budget with the partners. He asked if there was an opportunity to have agencies contributing toward a full budget. For a small investment, there could be a substantial payoff in reduced cost if the region can get people to use 911 properly.

Ms. Conti replied the region had discussed that at the last meeting. In this fiscal year, the EMS Oversight budget has a small amount that it can contribute towards the project and funds have been included for it in the budget for the next fiscal year. The amount available is not at all robust enough to do a meaningful campaign with professional support. At the last meeting we did ask each agency to go back and take a look at their own budgets for next fiscal year to see if they could contribute \$500, \$1,000 or any other amount. Pooled together, funds from all the fire departments, police departments, the dispatch centers and Washoe County could be a significant amount. It would be a small investment for the agencies and a big payoff for the region.

Ms. Conti added that the people who had attended that meeting were not necessarily the final decision makers on their budget, although they do create their budgets. There did appear to be some support in being able to contribute some funds for it. At the next meeting, they will share

whether or not they received approvals from the decision makers.

Vice Chair Dick thanked staff for working on that. He further opined that for a meaningful campaign it would be necessary to add at least one zero to those numbers.

Mr. Thomas suggested that the group start with asking the hospitals before the local governments. From the City of Reno perspective, even though it was a small amount and is very timely for everyone, the budget process was in full swing, and Reno is talking about getting rid of things or cutting back on things as opposed to adding them.

Ms. Dayton replied that had been discussed and one of the members is going to reach out to the hospital CEOs to see if that would be a viable option.

Ms. Conti added on to what Ms. Dayton was saying, clarifying the reach-out to the CEOs was not for financial reasons. It was more from the notion of the group did not want to do anything on the front end, pre-hospital education, that would end up being something that the hospitals deal with negatively on the back end. Getting their buy-in in the PSA project was where the team was going with the reach-out to the hospitals, but certainly the funding is also needed now.

Mr. Driscoll stated Sparks would not be opposed to providing in-kind funding. He noted all of the hospitals that in the region are part of national chains that have national capabilities and production capabilities. Some of them may even have production capabilities locally. To utilize their expertise to do that would be just as good as requesting money. He requested staff keep that in mind.

Mr. Thomas moved to approve. Mr. Driscoll seconded the motion. Chair Slaughter stated there was a motion and a second and called for the vote. **The motion passed five in favor and none against**

11. *Board Comment

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

Mr. Thomas asked if there was a plan going forward regarding how REMSA is going to address geographic and demographic growth and requested an agenda item be added so that they could provide an update to the Board.

Mr. Thomas then noted the first thing he goes to for medical advice is his phone. He asked if there was a way to drive people to using either a chat service or even an answering service, similar to the Nurse Hotline that people could use to do their own self-triage instead of just going to the emergency room.

Dr. Michelson opined there was a future in telemedicine that is coming. It is slow to develop, but is definitely on the horizon for medicine. He noted it was difficult to ever find a physician that backs a self-directed care plan because the patient is being asked to make their own medical decisions, which is not how doctors are trained. He added that until there is an increased digital access to physicians, there probably will not be an improvement in accurate web knowledge for medical decisions.

Chair Slaughter suggested the item be brought back as a future agenda item.

Mr. Driscoll noted that REMSA's Nurse Health Line was very successful, that the grant that was originally provided and the outcomes that were expected were met. It is obviously not taking off all the pressure from the 911 system but it has done a good job.

Mr. Driscoll requested a future item in which REMSA would provide an overview of the project and how it is and where it is going now that the grant process is finished, and how they are evolving it into some of the great outcomes that they have. That may be something that the region, through PSAs and other things, might be something to join into as a resource.

Mr. Thomas stated that as a member of this Board and as a member of the public, he would like to know if a governmental approach could be developed to allow responders to be more flexible in not using the most expensive answer to a given situation because of the potential litigation. He requested that be brought back as a future item.

Chair Slaughter requested comments and no one responded.

12. *Public Comment

Ms. Conti followed up in a public comment capacity on Board comments made regarding Mr. Driscoll's suggestion regarding the PSA project. She stated staff could take a look at adding nurse hotlines, whether it is through insurance or through REMSA, as alternatives to WebMD so that when a citizen has a medical concern, they have someone to contact so that they do not overestimate the severity.

Ms. Conti added that as far as the REMSA plan to address geographic growth, she felt that that would be something worthwhile and opined that REMSA would be willing to share that information, because it is all part of system status management. The Oversight Program does get REMSA's new staffing at every bid change.

Chair Slaughter thanked Ms. Conti and asked if there was any other public comment.

Dr. Harwick noted there were all kinds of referrals from Dr. Google. He stated there has been some discussion and some utilization of non-transport, and almost all of the litigation in EMS is non-transport. He noted that as long as the legal system exists as it does in this country, he insists that they transport everyone.

Chair Slaughter closed the public comment period.

13. Adjournment

At 10:02 a.m., **Mr. Driscoll moved to adjourn. Mr. Thomas seconded the motion.**

Respectfully submitted,



Administrative Secretary

Approved by Board in session on August 3, 2017.