

John Slaughter, Chair
County Manager
Washoe County

Sabra Newby
City Manager
City of Reno

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

Emergency Medical Services Advisory Board

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

Steve Driscoll
City Manager
City of Sparks

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

Joe Macaluso
Director of Risk Management
Renown

MEETING MINUTES

Date and Time of Meeting: Thursday, October 4, 2018, 9:00 a.m.
Place of Meeting: Washoe County Health District
1001 E. Ninth Street, Building B, South Auditorium
Reno, Nevada 89512

1. ***Roll Call and Determination of Quorum**

Chair Slaughter called the meeting to order at 9:00 a.m.

The following members and staff were present:

Members present: John Slaughter, Manager, Washoe County, Chair
Kevin Dick, District Health Officer, Vice Chair
Sabra Newby, Manager, City of Reno
Joe Macaluso, Director of Risk Management, Renown
Neil Krutz for Steve Driscoll, Manager, City of Sparks
Dr. Andrew Michelson, Emergency Room Physician, St. Mary's

Members absent: None

Ms. Spinola verified a quorum was present.

Staff present: Leslie Admirand, Deputy District Attorney
Randall Todd, Division Director, EPHP
Christina Conti, Preparedness and Emergency Medical Program
Manager
Brittany Dayton, Emergency Medical Services 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. Election of Regional EMS Advisory Committee Chair and Vice Chair

Mr. Slaughter stated this was a possible action item. Ms. Newby volunteered to chair, and Mr. Dick nominated City of Reno manager Sabra Newby as chair for the EMS Advisory Board. Mr. Cruz seconded the motion, which passed unanimously.

Mr. Dick offered to continue his position as vice chair. Mr. Krutz stated that Mr. Driscoll had indicated he would be willing to serve as vice chair. Chair Newby nominated Mr. Driscoll as vice chair. Mr. Dick seconded the motion which passed unanimously.

Ms. Newby assumed the gavel and assumed leadership of the meeting.

4. Consent Items (For Possible Action)

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 Draft Minutes

April 5, 2018

Mr. Slaughter moved to approve the Consent agenda. Mr. Dick seconded the motion which was approved unanimously.

5. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Dr. Michelson noted at the last meeting, PMAC had spent a considerable amount of time discussing the Physician's Orders for Life-Sustaining Treatment (POLST) form. He explained this is the form that helps EMS and the hospital providers limit the amount of resuscitation provided to people that have chosen what degree of resuscitation that they may or may not want. One major consideration is cost, which is noticeable when the POLST is not available.

Dr. Michelson stated it would not completely help the prehospital providers to increase how much they limit their transportation to the hospital, but that could happen in the future, depending on liability. A potential online form or an online cache was discussed that would be accessible by providers. It did not seem to be prohibitively expensive, the POLST representative will be getting back to PMAC about the potential cost.

Dr. Michelson noted that Stephen Shipman from the Washoe County Health District Public Health Preparedness had come to talk to PMAC about a pharmaceutical cache for incidents where large amounts of prophylaxis is needed in a short amount of time. The rates of expiration and use present a challenge to storing so much medicine, so he felt there was a lot of work to be done to actually make that real. He did not know how much hospital formularies may or may not choose to cooperate, but it might be a good idea to have those caches be part of a hospital pharmacy and have them turn over within hospital use. The topic will probably be discussed more in the future.

Dr. Michelson stated PMAC had a paramedic scholarship and were putting out four scholarships a year. They were very small but are something to the students. They are shared between the two REMSA and TMCC programs. Notifications would be going out to the two current recipients and the two whose scholarships begin in January.

Dr. Michelson explained that the Quality Improvement (QI) program has been approved
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by PMAC with the current language. There had been some edits made in regards to what personnel will or will not attend if there is ever something that is discussed in that regard, like a case review.

Dr. Michelson stated he would be going to some type of an EMS conference, potentially the National Association EMS conference of Physicians in January, or a different one if someone had a recommendation. That would be brought back to PMAC before he actually went.

Mr. Macaluso stated that regarding the POLST, he appreciated the discussion about the potential electronic conversion of the POLST form, much like the advanced directive form. Currently that is in a lockbox system by which providers and anyone in the state can access it. He suggested that if there was any way for that the committee could consider that kind of an opportunity where that information is readily available, that would be very beneficial to the post-field care when the patient does arrive at the hospital. Often times, the POLST forms do not necessarily come to the hospital with the patient when EMS arrives at the house.

Mr. Macaluso then asked about the QI program document. He noted a reference that stated that the information contained or produced by the committee was confidential. He asked whether or not that was also privileged, and noted there was a substantial difference between information being confidential and privileged, protected from discovery versus just kept as private. He recommended that be researched and determined, and opined that would be an important distinction in the document.

Chair Newby asked if a motion was necessary to accept the report. Ms. Admirand replied it was a non-action item.

6. *Program and Performance Data Updates

Christina Conti

Ms. Conti stated she was available to answer questions on any of the items within the program update, but did want to bring special attention to some of the items in the report.

Ms. Conti explained that on October 1, the revisions to the Multi-Casualty Incident Plan went into effect. There were several revisions that would be of interest to this region. Specifically, one was the change in declaration that is no longer firm at 10 patients, it is now anticipated transports. That came from an EMS provider saying that there could be a huge car crash, for example, with a lot of patients, but not all of them are anticipated to be transported. Everything that happens with that declaration at the hospital level having that change is helpful.

Ms. Conti noted the biggest change in the plan is that now the region has an Alpha plan. She reminded the Board that after she and Ms. Dayton had attended the EMS Today conference a couple years ago, they reported to the Board about a presentation about mass casualties where there were more than 100 patients, or a multi-location incident. The Alpha plan has now been developed and was implemented on October 1st.

Ms. Conti went on to state that the other major plan that the EMS program administers is the Mutual Aid Evacuation Annex, which is now in its revision cycle. It will be brought to the District Board of Health at some point before the end of the fiscal year. The potential changes include looking at the evacuation forms and developing a communication section; the Mass Casualty Incident plan also has that. Additionally, staff will look at the roles of a skilled nursing facility and those other sub-acute care facilities. Ms. Dayton and Andrea Esp,

Public Health Preparedness program, have done a great job reaching out to those sub-acute care facilities. Prior to that the plan had simply included acute care hospitals and now it looks at those sub-acute care facilities and how they can assist in an evacuation or if they are the one evacuating.

Ms. Conti stated she would pause and invite Ms. Rishma Kimji up to provide the CAD-to-CAD update.

Ms. Kimji introduced herself and explained they had been working on the CAD-to-CAD project for quite a while now. She noted the project had two parts. The first part is the hardware installation. This piece of hardware allows the real-time transfer of data between Reno and REMSA. It has been configured and installed, and allows for data to seamlessly transfer between the two systems.

Ms. Kimji stated that the functionality and workflow that are required by both agencies is not correctly coded at this time. They had a demo of the functionality on the 20th of September. During that demo they found that the functionality requested by the agencies had not been correctly demonstrated, so they halted the demo and asked for a review of the requirements, which was done on the 24th. Since that time they (City of Reno) have also been in email correspondence with TriTech and Tiburon, and REMSA as well, to ensure that their requirements are correctly noted. Tiburon and TriTech are going to go back and see what code they can partly leverage to create the functionality that has been requested.

Ms. Kimji stated some incorrect assumptions had been made about the way REMSA and Reno would work together, and so the code was not correct at the time of the demo. She did not have an estimated time of completion, as the companies were still reviewing all of the requirements. She stated that when she got that information, she would notify Ms. Conti, so that she could share it with the Board.

Ms. Conti addressed the request that Chair Newby had made for a comparative analysis for the impact the system from the Burning Man event. She explained they were not successful in being able to obtain comparable data elements to have that analysis done. Staff was open to suggestions on how to meet that need.

Ms. Conti stated the Nevada Governor's Council on Developmental Disabilities grant, that they had been providing updates on, concluded on September 30. The training videos that were deliverables for that grant have been provided statewide. Staff is very proud of the products that came out. One is a shift change video that is geared more towards law enforcement partners so they can have it as part of their normal briefings. The other one is a longer video that has EMS CEU's associated with it. Ms. Dayton did purchase and distribute TIPS booklets to all regional partners, to include police.

Ms. Conti stated the final thing she wished to address was the ongoing data issue, and wanted to follow up with the Board in the interest of transparency. The EMS Oversight program is unable to meet its obligations at this time for doing an annual report or updating the heat maps. It was brought to the Board in April that the City of Reno was having difficulties providing the required data because of some personnel absences. Since that time they have had some software issues so the EMS Oversight program has not received data since the January submission. There is a domino effect for all the projects that the program does.

Ms. Conti stated that, continuing with transparency, she did ask Chairman Slaughter for some assistance to move the project to the top of the priority list, or to authorize Reno IT to

give staff CAD data that is specific for the call type utilized for reports, so that staff can continue with those projects. She had also had a discussion with Manager Newby about it.

Chair Newby stated she had a conversation with Ms. Conti as well about the shift in Reno's program and needing to get a new one. She explained it was ZOLL that they had before, that was not able to handle the level of data. Reno is in the process of switching that out. They are about 60 days away from having that up and running, and will provide all of the back data. She suggested it would be probably a bit of an avalanche of data at that point but, they were hoping that they would catch up. She distributed a memo (Exhibit A) explaining the situation, just so her colleagues on the Board are more aware. She said that if there are any other questions the Chief or Ms. Kimji could talk a little bit more about it.

Ms. Conti stated that was her update and she was available for questions

Mr. Macaluso stated he had a question about the data. It sounded like there were multiple issues that just happened and they had been unable to receive some of the data that they use for the analysis. He asked if that was what this memo addresses, the gap closure for that.

Chair Newby said that was it, exactly. The memo addresses the Reno data. Her understanding is that the Washoe County EMS Oversight program has received the data from the other jurisdictions. She acknowledged that since Reno has such a high volume of calls, just with one entity missing, it was a big hole in the report data.

Mr. Slaughter requested a reminder on Burning Man. He stated he understood the goal was to be able to attempt to quantify the impact of the event on the regional system. The specific reminder he was requesting was in regards to the approach, utilizing the comparison event.

Ms. Conti opined Manager Newby was trying to ascertain if the impact to the region is a normal impact. She invited Ms. Kerwin up to talk about the events that she reached out to and the data that she had gotten.

Ms. Newby recalled that her question was, when they last reviewed the Burning Man information, the thought was it is a huge impact to public safety in the region. Her question was, is it more impactful to this region than similar events held in other places.

Ms. Kerwin stated they had reached out to two different jurisdictions that have similar events that occur outside of a metro region. They contacted Lyon County for the Night in the Country and also the Electric Daisy Carnival (EDC) in Vegas. They spoke with staff in Clark County, and the way they gather their information and respond to those events, is set up completely different than the way that Washoe County operates during special events. The core variables that program staff might use to measure, even just basic tallies, were not available to do a comparative analysis to see if it is equal or less impactful to their region.

Chair Newby asked Mr. Slaughter if that answered his question. He stated it did and that he would talk to staff. He noted he would like to get to some point where Washoe County can point to it and say this is the impact that this event has in the region. It would be helpful in discussions with that organization to be able to say that everyone is aware that it is an impact. To be able to quantify it in some manner would be helpful while in discussions with that organization about possible assistance.

Ms. Conti explained to Manager Slaughter that the program actually does have that part because that is just to Washoe County. Since the event has concluded, staff will be starting the analysis for the impact from this past year. They could send him the methodology, to make sure that it will meet the need, and then he would have two years' worth of impact just

to Washoe County to use. She reiterated they would not have the comparison to know.

7. *Presentation to the EMS Advisory Board

A. Washoe County planning permit trends and potential impacts on the EMS system.
Jackie Lawson & Brittany Dayton

Ms. Lawson stated that for the last two years, the EMS program has received an increased number of agency review memos from the Community Services Department (CSD) requesting input on possible impacts to EMS responses and the healthcare system. Many of these requests are for projects within the same general area and vary widely, from fewer than 100 to more than 1,000 units. The Planning and Building division sends project applications to applicable agencies, the EMS Oversight committee for one, for review and analysis. Each agency is responsible for providing comments and or conditions for the application. Relevant agency comments will be included in the staff report and agency conditions will be incorporated as conditions of approval.

Ms. Lawson said the EMS program provides input on the responding fire agency and REMSA response requirement to the area, the nearest hospital, general information regarding other healthcare resources available, and address marking recommendations for public safety agencies.

Ms. Lawson explained the EMS Interlocal Agreement tasks the EMS Oversight program with providing recommendations for long-range success of the EMS system. There could be possible impacts regarding EMS responses and the use of the healthcare systems for unincorporated areas of Washoe County, City of Reno Housing and Urban Development (HUD). The Cities of Reno and Sparks are not included in the requests. only receives

Ms. Lawson stated this was just a generalization of the requests they have had from Fiscal Year (FY) 16-17 to present, excluding the HUD developments, they are all in the unincorporated areas of Washoe County. She pointed out that some of them, including some of the areas, are quite large in their prospective units to be built.

Ms. Lawson noted that as they have recently been processing more of these requests, they came to the conclusion that there could be future impacts to EMS and healthcare and were wondering if there is an overarching agency that graphically portraying permitted housing developments, or if there was a mechanism for proactive notification or discussion as it relates to EMS system impacts. Ms. Lawson stated she would be happy to answer any questions.

Mr. Dick clarified, stating that currently the EMS Oversight program does receive plans from unincorporated Washoe County through CSD for EMS review and comment, but they do not receive plans from Reno or Sparks. Ms. Lawson replied that was correct, only for HUD developments. Mr. Dick then asked if the question was whether the Board would like EMS oversight to be involved in that review as far as assessing capacity.

Ms. Lawson answered that the question was, if anybody was looking at the whole picture for EMS, instead of pieces, as there could be impact as the things are being built out.

Mr. Dick opined there was review that occurs in Reno and Sparks within those EMS entities, and asked Chair Newby if that was correct. She stated it was. Mr. Dick then asked if REMSA was involved in that review with those EMS agencies. JW Hodge, REMSA COO stated no. Mr. Dick asked if that was something that should be occurring for overall capacity, and if there were any recommendations for the Board.

Ms. Conti stated she did not know if there was a true recommendation. She noted the permits were being tracked on Excel spreadsheets, but if they were portrayed graphically, it would display the overlaps and future impacts, providing an opportunity to be proactive. She summarized that the question was being asked because they did not know if this was already being done.

Ms. Conti went on to state that they knew that everybody does their part, they knew that the Health District Environmental Health Division has a running spreadsheet of projects that come through them for review. She reiterated the question about whether anybody was graphically depicting the upcoming permits to really see where the region will start having growth, because there are some areas in the region of the jurisdiction that could start overlapping and have the opportunities to grow. As an example, City of Sparks is putting in a development and so is City of Reno and so is Washoe County and it is all in the same 10-mile radius.

Chair Newby asked about the agency review memo slide. She noted the last bullet point comment says relevant agency comments will be included in the staff report and agency conditions will be incorporated as conditions of approval. She asked that that be expounded on.

Ms. Dayton stated that typically EMS staff does not include conditions for approval in their letter. The letter is generally providing information such as the fire agency that would be responding, REMSA's response requirement for the area, and then healthcare information. Other portions of the Health District do have conditions for approval that would go into the staff report. Responses provided by the EMS Oversight program are generally guidelines or recommendations. Regarding the address marking, we recommend just for public safety purposes that all addresses be marked on both the house and the curb so it is easier to identify should someone need to call for public safety agencies.

Chris Maples, Fire Chief of the City of Sparks, opined that the Health Department needs this information on growth that is current in Reno and Sparks and the county for future planning purposes, and there needs to be a mechanism to give that information to them. He spoke to JW from REMSA, and REMSA is only made aware of it peripherally. They do not receive any official notification of projects that have been approved in the City of Sparks. He opined that that was valid information for all of the agencies so they can all plan accordingly.

Mr. Krutz offered that the Health Department actually does receive well over 90% of the entitlement applications that are received at the City of Sparks, so in one way or another they are participating in Sparks' development process. Chief Maples acknowledged that, but suggested it sounds like there was a disconnect because the EMS Oversight program said they are not receiving it. Mr. Krutz agreed.

Chair Newby supported the opinion that most of the projects do go through the Health District for permitting in some part of their process. She asked if it was possible that maybe there could be a closer connection there. Mr. Dick acknowledged they were both correct, the Health District does see most of the projects, and he suggested that what should be done is to make sure that the workflow is adjusted to include EMS Oversight in that process so they receive those plans as well.

Ms. Conti requested clarification regarding the idea of integrating the EMS Oversight into the workflow. She opined that what they should be talking about was simply awareness for the mapping of a Washoe County map, not that staff will start providing the EMS

component review for City of Reno and City of Sparks. She asked Mr. Dick if she was correct in that that was the direction that he was suggesting, because they could certainly work with it, could make it a strategic planning item. They could work with Environmental Health to get access to their spreadsheets to start charting the projects. She requested clarification regarding if they were being asked to have access so that they could provide input.

Chair Newby stated that was correct. She clarified with an example of a 500-unit multifamily project coming through the Accela system for review from the Health District. The information about the project should somehow get to the EMS Oversight so that they are aware of it and can incorporate that into their analysis. Ms. Conti stated they would be happy to.

Mr. Krutz asked a clarifying question, addressing the slide that Manager Newby had questioned earlier regarding relevant agency comments. He agreed it did speak to including conditions as appropriate, inferring that the Board is contemplating including an EMS set of conditions in Sparks' entitlements.

Ms. Conti stated that each jurisdiction has their own agency that would do that part. If there were conditions from the EMS perspective for unincorporated Washoe County, they were probably coming from Truckee Meadows Fire Protection District, not the EMS Oversight program. The conditions coming from the Health District have to do with Environmental Health.

Ms. Admirand added that when the plans come to the Health Department for review under NRS Chapter 278, which is the tentative map review, it specifically states that it is for sewer and water; it does not have an EMS component to it. CSD has requested that additional review from the Health Department. She felt that was where the disconnect has occurred.

Chair Newby suggested she was not necessarily considering adding a review. She felt each jurisdiction has to take that under advisement and see whether or not they wished to have a review provided. Her point was only that the information about what is planned or what is proposed in terms of growth patterns and particular developments would be available. Her understanding was that there was really two parts to this request, which was a presentation but kind of a request. Those were 1) that the Health District EMS group know where the developments are going, and the size and the location, and timing of them, and; 2) that they be able to provide input into the process. She asked if that was correct.

Ms. Conti stated she was correct on #1, but they were not asking for #2. If that was the direction of the other two jurisdictions, then they would comply accordingly. As it did not appear as though there was a central repository for that information, the EMS program would take ownership of that and work within the Health District to create that process for the region. They would work with Environmental Health to establish a trigger to EMS Oversight so that the information will get to them. They can use it to start having it overlay and inform the regional partners that they will have that map.

Chair Newby requested they all continue to work on this and then report back at the next meeting on what was developed or what was determined could be done in order to make that information sharing a little bit more seamless. Ms. Conti stated that would be perfect.

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 & Brittany Dayton

Ms. Conti explained they would be splitting the update into two parts. She would provide the first one, Ms. Dayton would provide the second one. In future meetings, there would be two separate agenda items on the strategic plan.

Ms. Conti pointed out three attachments to the strategic plan update. The first one was that in the current, updated strategic plan, a banner was placed across those items that were complete or that were annual items so that it was easy to see what work has been completed over the past two years.

Ms. Conti noted there were two projects that she wanted to specifically call out and then she would be available to answer questions on any of the others. The Objective 1.2, the Low Acuity Priority 3 calls, had been quite a project. This region really pulled together, met monthly, looked at different calls available that could receive an alternate response. She noted there was a summary document in their packets. With the available data and estimates provided based on the different response modality, it is anticipated that approximately 3,500 calls will pull out of a traditional response and have an alternate response in the region. Staff is continuing to look at those low-acuity calls and taking some steps where possible.

Ms. Conti then brought up the improved Quality Improvement process, explaining that was a strategic planning item looking at how the region can start doing CQI. She pointed out that was not included in the packet, and apologized for that, so it was in front of their chairs when they entered the board room. (Exhibit B)

Ms. Conti stated that they recognize that they have a lot of projects going on right now, so staff would like to table this project until January or February. At that time the Low-Acuity Priority 3 calls will be completely concluded and the update to the Strategic Plan will be finished. That way, everyone can turn their attention to this and give it the attention it needs, since they were building it from the ground up.

Ms. Dayton stated she would be giving them a very brief update on the evaluation and revisions to the strategic plan. The current strategic plan includes a statement that it will be reviewed every two years beginning October, 2018. Staff had gotten a jump start and began work in August. The subcommittee met twice so far and started focusing on revisions of Goals 1 and 2. The next meeting will be held next week, in October, and the focus will be to finish Goal 2 and then transition into Goal 3, which is the Communications goal.

Ms. Dayton explained that so far, they have created one either new objective or new goal, to address the recurrent callers in the system. Once those updates are completed, they will bring them all to the Board. Additionally, staff will provide monthly updates as they go through the process. She offered to answer any questions.

Mr. Dick noted he would like to follow up on the progress that had been made on the low-acuity calls. One of the objectives for the EMS Oversight program was to look at the system and how the appropriate level of care could be provided. He opined it sounded like good progress had been made. Ms. Conti acknowledged that was correct. Mr. Dick added that, it seemed like there were some great efficiencies that could be gained with that approach. He asked what the timeline was and the process for moving forward with implementation of those protocols.

Ms. Conti explained that as of Monday (10/1/18), all of them had been implemented. The implementation dates were on the first page of the summary document. The Omegas

implemented first, because they were the easiest one, since there was already a process in place. The additional Omega determinants implemented February 1. The response change to Card 33 implemented on July 1, with both tiers only going to Priority 1 call, and REMSA only going to Priority 2 and 3 calls. The Alpha calls are the newest one, and took the longest because it was the biggest change for the system, and that just implemented Monday.

Mr. Dick moved to accept the report. Mr. Macaluso seconded the motion which was approved unanimously.

9. Approval of Revised Bylaws of the Emergency Medical Services Advisory Board to allow each representative of a City, County or Health District authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director.

Leslie Admirand

Mr. Slaughter moved to approve.

Ms. Admirand stated it was just a housekeeping issue.

Dr. Michelson seconded the motion, which passed unanimously.

10. Presentation, discussion and possible approval of annual REMSA Franchise Map review recommendation. (For Possible Action)

Christina Conti

Ms. Conti explained this was the second time that this had come before the Board. Annually, the EMS Oversight program takes a look at the calls that have come through in the region, and in partnership with GIS, they get plotted on a map to see if there is any spots that really should be looked at for a response zone change. From FY 15 to 19, always looking at that first year, the region had an increase of 28.6% of calls. Last year when the program presented this report every year was seeing a double-digit increase in call volume. However, it has slowed considerably from last year to this year, with only a 1.62% increase.

Ms. Conti went on to state that staff believes the map is still a good map, and are recommending no changes be made. However, having said that, last year staff also presented concerns with the hot spots and those high-utilized areas, recognizing that it was not possible to make a Zone A Plus, but showing that they have some real concerns in this region that maybe a more appropriate response than just the traditional would be something to look at.

Ms. Conti noted that they were aware that the current City Councils are looking at moving a downtown hotspot, the homeless shelter, and are moving forward with those initiatives. Staff recommended that some data elements are identified from the very beginning, so they can be utilized for project successes. Those data elements can be given back to the planning committee as it moves forward in a tiered approach. It could be utilized to really look at making sure we do not have a new hot spot pop up in City of Sparks. The last map shows all of the hot spots, the top 30 utilizers in Year 4, and then the top ten in call locations from Year 1 to Year 4 in the box on the side.

Ms. Conti noted she was on the agenda for the Security departments of the casinos, because they are very prevalent in the top 30. They would be discussing the casino's use of

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the system, and seeing if there is some education that can be done. She stated she or Ms. Kerwin were available for questions.

Mr. Dick asked if data was available that would allow identification of how many of the calls that are received from the shelter are women and children. Ms. Conti answered no but yes. Because the program does not receive that data, they could pull out the data for those locations and send it back to the partners, and through their internal processes and chart reviews they may be able to discern that. But the program did not have that information. She turned it over to the two partners in the audience so they could talk more about that if they wished to.

Mr. Hodge from REMSA stated they do not have the information but they could pull it and provide it to the Board. Chief Cochran from City of Reno also stated they currently did not have the data split between women and children but they could pull it out.

Mr. Dick opined that if it was not a heavy lift, he thought that would be useful. Mr. Hodge replied that they will put that together and split the population by gender so it was most useful.

Mr. Slaughter noted that the 9th most frequent was the Coral Academy of Science in front of the jail, and asked if there was an explanation for that.

Ms. Kerwin explained since REMSA has been sending latitude/longitude (lat/long) data and those have been used to conduct this analysis, GIS software interfaces with lat/long and sometimes drops the location in the middle of the street, and so it will pull the closest address. With those iterations she said she believed it was West Hills, not the Coral Academy of Science. Mr. Slaughter asked if she was referring to the hospital next door and Ms. Kerwin stated that was correct. Mr. Slaughter opined that if he was the Coral Academy of Science that might concern him. Ms. Conti stated they would make that change.

Mr. Dick moved to approve the presentation. Mr. Krutz seconded the motion which was approved unanimously.

11. Presentation, discussion and possible approval for distribution the 2017 Washoe County Trauma Data Report. (For Possible Action)

Heather Kerwin

Ms. Kerwin stated that as they would see from the previous report, there were not any alarming trends. However two of three traumatic injuries result from either falls or motor vehicle accidents. In this review of our trauma data, she did make some comparative analysis to evidence-based policy recommendations, mostly surrounding motor vehicle accidents that benefit this region as the policy is lacking at the state-wide level. Those would be a primary seat belt law, where an officer could pull somebody over for nothing other than they witnessed them not wearing their seat belt. Nevada does not have that. The ignition interlocks for alcohol-related DUI first offenders is statistically significantly shown to reduce second and third DUI offenses. Bike helmets being mandated, especially for those under the age of 18, and child car seats or boosters up to the age of eight would be best practice that were identified through Trust for America's health which is a state-by-state injury prevention policy report.

Ms. Kerwin asked the Board if there were some discussion or opinions on whether or not any of the policy recommendations in the trauma data report, would be appropriate to take back to respective city councils for code modifications, or if there are other avenues for this program to assist and facilitate movement in those areas.

Mr. Dick asked if she had assessed whether these types of policy changes are able to be made at the local level. Ms. Kerwin stated she had not, and that was a good question. Some of these do currently live in NRS and it would be best if all of them were done at a statewide level. However, if something such as a bike helmet could be done through municipal code, especially for under age 18, given that the area has a public bike share program, we might see an increased ridership and increase in traumatic brain injury resulting from those, potentially would be of interest to the region.

Chair Newby stated that it would be her understanding that most of those changes would have to be at the state level. Ms. Kerwin agreed. Chair Newby said that she also believed that the Association of Pediatric Physicians recently had said that kids up to 11 years old needed to be in a booster. She remembered it was a height and weight requirement, depending on the child. Ms. Kerwin stated that was correct, and NRS required them up to six years of age, recommended by the Trust for America's Health report, modeled off American Pediatrics.

Mr. Slaughter moved to accept the presentation and distribution of the 2017 Washoe County Trauma Data Report. Mr. Macaluso seconded the motion which was approved unanimously.

12. Board Requests:

A. *City of Reno AVL Implementation Project Rishma Khimji

Ms. Kimji reminded the Board that they had been working with Reno Dispatch in regards to the Automatic Vehicle Location (AVL) calculated routing upgrade to the system. All agencies currently have AVL, what is lacking is the calculated routing piece, which is the piece that allows the automated dispatch of apparatus based on priority, location and type of call. That piece has a few bugs in it in relation to the dispatch based on location and timing. That bug has already been identified and corrected in the upcoming map distribution that we are hoping to do at the end of this month or at the beginning of November. At that time we will have the corrected, calculated routing functionality availability. At that point we will then test the calculated routing functionality in the test environment with particular call types and then move that to production. We are still on schedule to get this out and released by the end of this month or the beginning of November.

Mr. Dick noted that at the last meeting, she had reported that one of the costs to be able to move forward with this was the investment in the ZTron call boxes or something similar. He asked if their work had taken them to a point where they have more information on what that might look like. Ms. Kimji stated she did not have any additional information on the ZTron that goes along with that. It was her understanding that they are okay in terms of the functionality that they have in ZTron, it is just some configuration that may need to be done in order for the dispatching to occur correctly. They will not know the scope of that until they

get the corrected calculated routing functionality into the system, and then be able to test it with the ZTron system.

13.*Board Comment

None.

14. *Public Comment

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

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

15. Adjournment (For Possible Action)

Mr. Dick moved to adjourn the meeting at 10:58 a.m. Dr. Michelson seconded the motion which was approved unanimously.



RENO FIRE DEPARTMENT

MEMORANDUM

DATE: September 26, 2018
TO: Sabra Newby, City Manager
FROM: Steve Leighton, Operations Chief
SUBJECT: Fire Department Update on Providing Data to EMS Advisory Board

In the fall of 2016, the Reno Fire Department in conjunction with the City's IT Department updated its Zoll Fire Records Management System (RMS) from a City non-hosted environment to a Zoll hosted environment. Zoll RMS is the program that the Department uses to generate all of its response and detail statistics.

Due to the level and complexity of our data, the Zoll RMS program itself does not have the capability of generating these detailed reports and we had contracted with another outside vendor, My Fire Rules that gave us the flexibility to generate specific tailored reports, including the report that was provided to the EMS Advisory Board.

Unfortunately, in January of 2018, Zoll could no longer support the My Fire Rules vendor in the hosted environment, which meant that we could no longer provide the level of detail reporting needed for the EMS Advisory Board. At that time, we started working with Zoll in researching our alternatives for generating data that would fit our needs. Zoll provided us with three vendors that they refer agencies to that require in-depth detail reporting that they cannot provide. After meeting with these vendors, we contracted with BLD Consulting in July 2018. BLD Consulting will not only provide us with the reports we need, they will also teach various RFD staff members how to extract data from the Zoll hosted environment to satisfy specific data requests. As of this date, we are within 60 days of having our reports finalized for distribution.

As a side note, since this spring, we have been in constant communication with Heather Kerwin, Statistician, Washoe County Health District about our issues and delays in providing data and reports.

Please feel free to contact me if you have any additional questions or concerns.

Thank you.

WASHOE COUNTY CONTINUOUS QUALITY IMPROVEMENT PROGRAM ALS Provider, Dispatch and Hospital Reporting Guidelines

Approved by PMAC 09.19.2018

This procedural document is designed to guide continuous quality improvement (CQI) processes and provide structure for the Washoe County Quality Improvement Program. The PMAC (Prehospital Medical Advisory Committee) can choose to change or update the requirements at any time.

The primary objective of the Prehospital Medical Advisory Committee (PMAC) is to maintain and improve the high quality of prehospital care in Washoe County through the evaluation of protocols, resolving conflicts between protocols, quality assurance activities, research, and by making recommendations to the Washoe County District Board of Health, the agencies providing prehospital care and the hospitals providing emergency care.

Quality improvement begins with the idea that all members of the system want it to function effectively and efficiently and are willing to regularly examine incidents to determine how to achieve this overarching goal. The Washoe County Quality Improvement Program (WC-CQI Program) guidelines provide the structure for the regional CQI process for Washoe County, outline the criteria for patient cases to be reviewed and provide guidance for regional protocol review.

Mission

The mission of the PMAC is to be the advocate for the local community and its associated Emergency Medical Services (EMS) catchment area through continuing to augment quality and suggest evidence based recommendations to our EMS Interlocal agency agreement providers, in order to optimize emergency medical services.

The mission of the WC-CQI Program, a subcommittee of PMAC, is to assure the safety and health of Washoe County residents and visitors by setting and reviewing standards; recommending training, outreach, and education; fostering regional partnerships; and encouraging continuous quality improvement in EMS care. The WC-CQI Program intends to be an ongoing system of evaluation and recommendations that encourages system performance enhancement.

Purpose and Authority

The purpose of the regional WC-CQI Program is to create a learning environment and to provide structure and future growth of our EMS system. All actions are dedicated to the continued advancement of quality emergency medical services in Washoe County. It is a no-blame environment with the objective of identifying improvement opportunities for comprehensive changes for the benefit of future calls for service.

The authority of the WC-CQI Program lies within the 5-year EMS Strategic Plan, Objective 5.2. The EMS Strategic Plan is a requirement of the Inter Local Agreement (ILA) for Emergency Medical Services Oversight. The ILA was established by five political jurisdictions within Washoe County: City of Reno, City of Sparks, Washoe County, District Board of Health, and the Washoe County Board of Fire Commissioners. The EMS Strategic plan was originally approved October 6, 2016, with an approved revision on October 5, 2017.

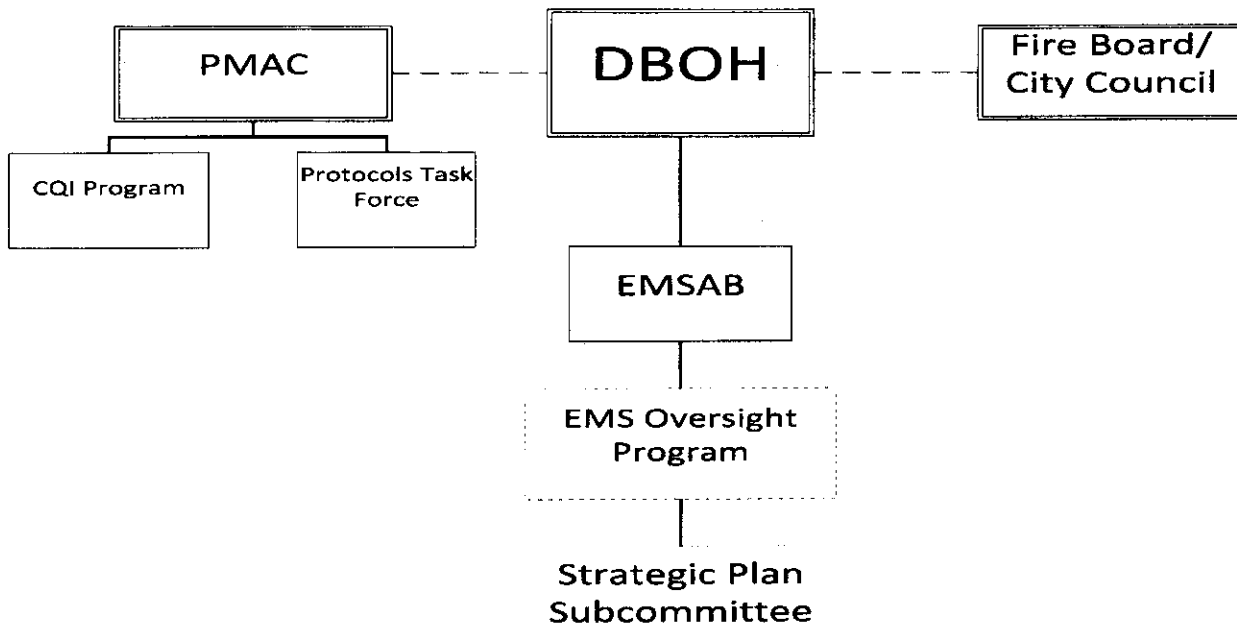
CQI Program Structure and Confidentiality

Members include individuals who are affiliated with PMAC. PMAC membership is comprised of the EMS agency Medical Directors, Emergency Department Physicians, Family Practice Physicians, and trauma Physicians. The EMS Oversight Program will provide personnel to administratively support the CQI program.

Additional participants in the CQI process might include agency personnel affiliated with fire/EMS agencies, dispatch personnel and/or hospitals. The participation of the additional personnel will be determined on a case by case basis, receiving approval from the PMAC chairman prior to the meeting. All information shared during these review meetings is confidential and cannot be used for any purpose other than the review itself. All team members, staff and case review participants will sign a confidentiality agreement annually. New participants will sign a confidentiality agreement at the beginning of the review meeting. The confidentiality agreement is attached in Appendix A of this document.

All documents affiliated with the CQI review will be provided at the meeting by the presenting agency/Medical Director, as well as, collected at the end of the meetings. All materials collected for the review will be destroyed with the exception of any data collection and the recommendations drafted through the review process. (The Washoe County EMS Oversight Program can be requested to compile and subsequently shred CQI documents.)

The CQI process will not be contained within the PMAC meeting minutes as the discussions are confidential. However, the Washoe County EMS Oversight Program will maintain the list of recommendations from the CQI process to be compiled in an annual CQI Report from PMAC to the regional EMS agencies.



Case Selection Criteria

The following components should be followed for selecting cases to present to the WC-CQI Program:

1. A regional protocol is requested to be reviewed; patient cases are utilized for research and review of protocol effectiveness.
 - a. The Medical Director or EMS agency would identify to PMAC or the Protocol Task Force the desire to review a specific protocol utilizing patient cases.
 - b. The EMS Oversight Program will coordinate with the PMAC Chair for scheduling and with the regional EMS agencies to ensure participation in the scheduled WC-CQI Program meeting.

2. The EMS agency (EMS Chief or his/her designee) identifies a case that would benefit from a regional quality review. Examples include rare patient case details or uncommon patient outcomes.
 - a. The agency would forward the information to their Medical Director for review, discussion, and/or approval to review by the WC-CQI Program.
 - b. The Medical Director will coordinate with the PMAC Chair for scheduling with the regional EMS agencies to ensure participation in the scheduled WC-CQI Program meeting.

Review Process

Patient case reviews can be presented by several different agencies within Washoe County. The following minimum details need to be included for a thoughtful discussion by PMAC and WC-CQI Program participants.

A packet should be provided for each attendee. The packet should include:

- Timeline for the call for service: PSAP through hospital arrival

- If hospital component is necessary, should include through hospital disposition
- Call summary to include relevant patient information such as age, physical capabilities, pre-existing conditions, etc.
- Applicable interventions/protocols utilized throughout call
- Patient case outcomes
- Internal agency QI information
- Reason why the case was selected for presentation to the WC-CQI Program

The patient case should be presented by either the Medical Director or the agency EMS Chief/Captain. The presenter should at no time identify the field providers affiliated with the case, rather utilizing verbiage such as “fire department staff” or “REMSA staff.” If appropriate, dispatch tapes may be considered for inclusion in presentation of the case. Since audio tapes are unable to be truly redacted, use of tapes should be minimal and audio reviewed should focus specifically on correspondence relevant to the CQI topic.

Improvement Recommendations

PMAC and WC-CQI Program participants will discuss the case and have the opportunity to question the presenter about the case. The presenter should identify areas for review, as identified through agency QI. Potentially, the presenter will have identified trends to discuss with the WC-CQI Program and PMAC.

The WC-CQI process could include recommendations of the following:

- Future data to be measured to validate and quantify the identified problem
- Analysis of data and symptoms of the problem to attempt to determine the root cause
- Recommendation of a plan of action through education, or protocol revision

Reevaluation

The outcome for each reviewed item will be reevaluated at the next WC-CQI meeting to determine if the solution was appropriate.

Meeting Schedule

Initially, the meetings will occur biannually, on the same dates as the currently scheduled PMAC meetings. The items to be reviewed will be presented and discussed among the WC-CQI members. Meetings may occur more frequently, if the determination is made that further review is necessary.

In addition, the team may meet once per year to review the overall findings and recommendations for inclusion in the annual report or to handle other non-review specific business. WC-CQI meetings are not subject to Nevada Open Meeting Law; however, meetings may be open to the public at the discretion of the team.

Annual Report

Annually, PMAC will create a report of the activities of the WC-CQI Program including the number of cases reviewed, team membership, and any findings or recommendations generated from the reviews. This report will be compiled by the PMAC Chair and the EMS Oversight Program and reviewed by members of the program.

The report will then be sent to the regional EMS agency Chiefs for review. In addition, PMAC may send recommendations for improvement to the EMS Advisory Board for review and possible action. Recommendations to Chiefs and EMS Advisory Board could include an update of regional protocols, inclusion of items in the strategic plan, training and educational recommendations, etc.

Appendix A: Confidentiality Agreement

Washoe County Continuous Quality Improvement Program Confidentiality Agreement

The purpose of the Washoe County Continuous Quality Improvement Program (WC-CQI Program) is to review selected cases within the EMS system. All information shared during case review is confidential and cannot be used for any purpose other than the review itself. As a condition of participation, the undersigned agrees to the following:

1. **SCOPE OF PARTICIPATION.** The undersigned may only share with the WC-CQI Program information concerning the patient who is the subject of a review and/or any other information pertinent to the review.

2. **TREATMENT OF INFORMATION SHARED; CONFIDENTIALITY.**
 - a. Any information shared by and between the WC-CQI Program and the undersigned is confidential.

 - b. The undersigned shall keep confidential all information, in whatever form, produced, prepared, observed or received through participation in the WC-CQI Program to the extent necessary to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the intent of the WC-CQI Program.

 - c. The undersigned shall return any materials received through participation in the WC-CQI Program to the extent necessary to comply with HIPAA guidelines and the intent of the WC-CQI Program.

 - d. Furthermore, participation in the WC-CQI activities by the undersigned is in reliance to the belief that every other member of the CQI team will similarly preserve the confidentiality of these activities.

 - e. The undersigned understands that all affected persons and agencies are entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including action necessitated by any breach or threatened breach thereof.

5. **EARLY TERMINATION.** Participation by the undersigned may be terminated by the PMAC Chair and/or the WC-CQI Program with or without cause prior to the conclusion of a case review. In the event of early termination, the provisions of paragraph (2) survive termination.

IN WITNESS WHEREOF, the parties hereto have caused this Confidentiality Agreement to be signed and intend to be legally bound thereby.

Participant [NAME] _____ :

Signature

Title/Agency

Date