

**Sabra Newby, Chair**  
City Manager  
City of Reno

**Steve Driscoll, Vice Chair**  
City Manager  
City of Sparks

**Kevin Dick**  
District Health Officer  
Washoe County Health  
District

# Emergency Medical Services Advisory Board

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

**John Slaughter**  
County Manager  
Washoe County

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

**Joe Macaluso**  
Director of Risk Management  
Renown

## *MEETING MINUTES*

Date and Time of Meeting: Thursday, February 7, 2018, 9:00 a.m.  
Place of Meeting: Washoe County Health District  
1001 E. Ninth Street, Building B, South Auditorium  
Reno, Nevada 89512

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

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

The following members and staff were present:

Members present: Steve Driscoll  
Kate Thomas, Assistant County Manager, for John Slaughter  
Kevin Dick  
Bill Thomas, Assistant Manager, City of Reno, for Sabra Newby  
Joe Macaluso

Members absent: John Slaughter  
Sabra Newby  
Dr. Andrew Michelson

### **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

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### 2. **\*Public Comment**

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

#### **Acting Chair Driscoll opened the public comment period.**

Alesia Pinson introduced herself and explained that her son has Salt Wasting CAH Adrenal Hyperplasia. They had lobbied to get Solu-Medrol or Solu-Cortef on the EMS vehicles and fire

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rigs. She noted they were happy with the advancements that Washoe County Health District has made with the eight different agencies in town to get the medication on board some of the rigs and the protocols that have been passed. Ms. Pinson stated she had spoken with two of the EMS agencies and they either had the medication or were in the process of obtaining it. She expressed concern that there was no time frame that the other agencies were required to begin following this protocol, and asked if that is something that was going to be put in place in the future. She also requested that if anyone had information about when the other agencies might begin carrying this medication on board or if they already were that they would share that with her. She expressed her appreciation for everyone's effort in this and stated this would save lives.

Mr. Dick acknowledged that Manager Driscoll will be retiring before the next EMS Advisory Board meeting. On behalf of the community, he thanked Mr. Driscoll for all of his efforts over the years to work toward continuous improvement of the EMS system. Mr. Dick noted he had the privilege of working with Mr. Driscoll through the renegotiation of the REMSA Franchise Agreement and the development of the ILA that established EMS oversight for the region, and then working with him on the Emergency Medical Services Advisory Board (EMSAB) since then. Mr. Dick stated the region had made significant progress, with Mr. Driscoll being a champion for that over the years. Mr. Dick closed by thanking Mr. Driscoll for his service and presenting him with a small token of appreciation. The audience supported Mr. Dick's comments with a round of applause for Mr. Driscoll.

Acting Chair Driscoll thanked Mr. Dick and the audience. He noted a lot has happened; a lot is different from what it was. What is not different has been the dedication by all of the people in the field that provide emergency medical services to the community. He pointed out the fire service has redefined itself many times, adding the Paramedic level, to include the protocols and equipment that are on all of the rigs that are licensed for medical services. He explained that the EMS partnerships with REMSA are much different than they had been in the past.

Acting Chair Driscoll noted he had been in Washoe County his whole life, and he shared some memories of a turbulent history with regards to ambulance services. He opined that the region has stronger service today than in the past and it continues to evolve and move forward. He indicated he had played a small part in that forward drive with the group in pushing for better service. He thanked everyone for that and said he appreciated their words.

Ms. Conti introduced Jenny Wilson, the new Medical Director at REMSA.

**Acting Chair Driscoll closed the public comment period.**

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### 3. **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**

October 4, 2018

Acting Chair Driscoll abstained as he had not attended the meeting. He noted that he had been briefed and had no changes.

**Mr. Macaluso moved to approve the minutes. Mr. Dick seconded the motion which was approved unanimously, with Acting Chair Driscoll abstaining.**

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### 4. **\*Prehospital Medical Advisory Committee (PMAC) Update**

February 7, 2019 Emergency Medical Services Advisory Board Meeting Minutes

Dr. Andrew Michelson

Acting Chair Driscoll noted that Dr. Michelson had not arrived, and stated the item would be deferred to the next meeting.

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## 5. \*Program and Performance Data Updates

Christina Conti

Christina Conti, EMS and Preparedness Program Manager, began by stating she wanted to highlight a few things for the Board's reference. She has been attending the Nevada Resilience Commission monthly meetings, primarily to participate in discussions regarding SB66, which is an initiative to create a State Disaster Identification Coordination Committee. The purpose of that would be for patient tracking, family reunification, and family assistance, all things that Washoe County has been doing very well and practicing for many years. That is being tracked very closely to see how it pans out.

Ms. Conti noted that the Protocols Task Force had had their quarterly meeting. Some revisions were made and the new protocols became effective January 9<sup>th</sup> after all agency medical directors' signatures had been obtained.

Ms. Conti discussed that they had followed up on a Board request from Manager Newby, and had spoken with Manager Newby about it. When staff provided a presentation on the development in the region and if the EMS system had a way to become proactive in the awareness of area development, staff was directed to see what they could do. Staff learned about the Truckee Meadows Regional Planning Agency (TMRPA) and the regional mapping system. It is a very real possibility that they actually hold the data that staff is looking for, so rather than reinventing that process, TMRPA will be invited to give a presentation to the Board in May to see if that meets the needs of what is being requested.

Ms. Conti pointed out there have been several things happening on the opioid initiatives to bring to the Board's attention, including the involvement of the EMS Oversight Program. AB38 is a current bill that is about a tracking system. OD Maps is currently the system that is being discussed as being used in this region. The regional partners and the program sat down together. Staff let the State know that should this piece of legislation pass, they are willing to support in any way, identifying who would be the Tier 1 and Tier 2 users. But as a point of reference, information was given to the State that the EMS agencies are required by their license to have their electronic patient care records transmitted to the State in real time and it does include the data that they are looking for. Rather than asking EMS partners for input into an additional system, it would be advantageous if the State uses the data they already have access to, because it is real time. At the State level they can figure out and pull the data that would be helpful, so staff passed that information along.

Acting Chair Driscoll noted that one of the things that the bill contemplates is specific data on patients. He opined that seemed to have potential conflict with HIPAA. Ms. Conti acknowledged that was correct. Acting Chair Driscoll asked if anyone had looked into the legal ramifications of the language in AB38 to make sure that the County is not being forced by State legislation to do something that violates the law. Ms. Conti reiterated that was another reason for them to use the data they already have access to, but noted that Washoe County had not done that. She noted the Attorney General's office is the one pushing the OD Maps initiative and hoped they did look at that part, but she was not aware specifically. Acting Chair Driscoll opined that assumption should not be made and that she should probably ask the question through someone on the Human Services Committee to advocate or ask that question officially.

Ms. Conti stated that Ms. Kerwin advised her that only Level 2 users, which would be the Health District, would be able to see all of the data, to have those HIPAA concerns. Level 1 users only see their own data, and then the reports that would come out are compiled of aggregate data. Ms. Conti noted she had understood Acting Chair Driscoll's concerns and had written them down.

Ms. Conti noted the EMS Oversight Program had been part of an inquiry that she wanted to bring to the Board's attention. The Epidemiology program is the program at the Health District that is in charge of investigations when it comes to infectious diseases or communicable diseases. It was noted that there was a communication gap when a patient has a communicable disease that would require post-exposure prophylaxis. The first responders are notified. Staff recognized through a case that there was no way to know whether the fire first responders were on scene or not. They worked with the partners, hospitals, medical examiner's office, and came up with a notification algorithm to make sure that all partners who are impacted are identified as being impacted, and then brought into the process. The Epidemiology program also created fact sheets for the 11 communicable diseases and those have been sent out. She noted that Dr. Randy Todd, who is the Epidemiology and Public Health Preparedness Division Director, was in the audience and was available to answer any questions.

Ms. Conti noted she had just two quick other items. The REMSA compliance report went before the District Board of Health (DBOH) in January and REMSA was found to be in compliance with all of the requirements of the franchise. The last thing on the report is a list of the legislation that was being tracked by the program that may or may not have an impact to the EMS system.

[Bill Thomas arrived 9:15 a.m.]

Mr. Dick asked Ms. Conti, in regard to Ms. Pinson's comment on the Solu-Medrol, if she knew if that is part of the current medical protocols and if there is a schedule for that. If not, he asked that she please provide that information back to the Board and to Ms. Pinson. Ms. Conti stated they would work with the partners, and explained it is an agency purchase that needs to happen and so was the agency's decision. She went on to say that one of the things staff had noted is that for future revisions to the protocols, if there is a medication that is listed as an option or as the only option, and all agencies do not have it yet, that they would make sure that the protocols are not made effective until it is known when all the medications will be on the rigs. She invited the partners to come up and speak for their own agencies on the purchase, because they may know.

Acting Chair Driscoll opined it was appropriate to do the research and then after, a follow up, asking if they had the contact information. Ms. Conti stated they would, and believed they did have the contact information.

Jenny Wilson, Medical Director of REMSA, explained that they had approved Solu-Medrol to be carried on the REMSA rigs during their meeting in January. She did not believe it was physically on the rigs yet, but that was in the works. One issue is that at the time of the discussion it was for anaphylaxis and for COPD, which is chronic obstructive pulmonary disease, and it is very helpful to get it started as early as possible, so, in the field. It has not been put on for the indication that was discussed earlier for the first public comment, but although she did not know the process, she felt certain that they could make that available. She indicated she would be giving her business card to Ms. Pinson.

Adam Heinz, Director for REMSA, stated they do currently have a procedure that allows for providers that respond to patients with known crisis to be able to administer, or assist with administering either Solu-Cortef or Solu-Medrol, if the patient has it at their home. This

procedure acts as a stop gap while REMSA is waiting to get Solu-Medrol on the units. Some of the staff is currently being trained on the administration of Solu-Medrol.

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**6. Presentation, discussion, and possible acceptance of the special area of interest data report.** (For possible action)

Heather Kerwin

Heather Kerwin, EMS Statistician, stated she had nothing to add to the report, just to point out that the relative numbers of incidents both the month leading up to the special event of interest, the week of, and the REMSA rendezvous at the airport, have decreased from the previous years' measured data, from 2017 event to the 2018 event. Acting Chair Driscoll asked if there was an outcome that the requesting Board member was looking for, and if so, did the report provide an answer to that question or not. Ms. Kerwin stated she believed the request came from Chair Slaughter, and they had connected with him on the mechanisms that they use to measure it in previous years to see if that would answer the questions, and he confirmed it would, so they proceeded with the analysis as they had done in prior years. At Acting Chair Driscoll's request, Ms. Kerwin reaffirmed that it was her understanding that Chair Slaughter was satisfied with the report and it answered his questions.

Acting Chair Driscoll asked if there was anything that the report brought up that is of significance that maybe needs some attention before the event happens again. Ms. Kerwin noted that the majority of calls were vehicle accidents, the number of rendezvous to the airport from the location of the event into Reno went down, however staff does not have the mechanism of injury for the injuries that occur at the event and therefore it is difficult to make any kind of conclusion based on that. Just safe driving, tired driving, rural-road driving seem to be the issues.

Mr. Macaluso noted that on one of the graphics, Figure 2, the number of calls occurring in the area of interest during 2016, 2017, 2018, there is a definite spike. He asked if there had been any analysis or conclusion as to what is different about that year versus the others, if perhaps they had done something better in the subsequent years. Ms. Kerwin opined it may be because of changes in the number of car passes that this event allots every year. Her understanding was that the event organizers are trying to reduce the number of people who drive up without carpooling, although she hadn't verified the number of car passes allotted. She suggested that may be something of note, but stated it was difficult to make any those conclusions from the available data.

**Mr. Dick moved to accept the report. Ms. Thomas seconded the motion and it passed unanimously.**

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**7. Presentation and possible acceptance of an update on the 2016 five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.** (For Possible Action)

Christina Conti

Ms. Conti noted the Strategic Plan was entering Year 3, and there were no new objectives for this year, just a continuation of objectives from previous years. The implementation of appropriate protocols to determine service level through EMD process to Low-Acuity Priority 3 calls has been completed. She reminded the Board that, at the last meeting, staff had presented a packet that outlined what the projected impact to the system looked like, and reiterated that has been completed.

Ms. Conti went on to report in-progress items. The new regional set of protocols for the

delivery of pre-hospital patient care was implemented along with other new protocols on January 9. Additionally, the pilot of an annual report with hospital outcome data with one regional hospital has been worked through the ED Consortium. It was considered to still be a viable project with some tweaks of content for the objective as well as some new target dates. Acting Chair Driscoll asked, based on the issue regarding Mutual Aid agreements for review, if there were issues, as he was not aware that there had been any incidences of issue with the agreements themselves. He acknowledged there were mutual aid agreements in lots of directions by each of the agencies, covering many aspects of the interactions. Ms. Conti replied that there were two elements to that. The financial reimbursement part is a franchise requirement and from all documentation received during the compliance report processing time, it is going fine with no issues. Agencies are receiving their supply exchange amounts that have been agreed upon. The mutual aid agreement review is happening right now, an update will be presented at the next EMS Advisory Board (EMSAB) meeting. One of the things staff has not done previously, but could do during this review, is look if there have been issues when calling for mutual aid. Previous reviews had focused on being sure agreements were in place, whether or not they were current, and whether or not there were any gaps. Ms. Dayton had recommended that the agreements be reviewed each time there was a leadership change, but that has not been put into place.

Acting Chair Driscoll asked if there had been contemplation that a requirement for timely update be added to the mutual aid agreement in question. He pointed out that some just continue in perpetuity. Others require review and acknowledgement of their validity every 1-2 years, even if there are no changes. He reiterated his question about whether or not it had been suggested that this particular one have a review time frame added and Ms. Conti stated it just had.

**Mr. Macaluso moved to accept the update of the strategic plan. Mr. Thomas seconded the motion which passed unanimously.**

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**8. Presentation, discussion, possible approval of an update on the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight. (For possible action)**

Brittany Dayton

Brittany Dayton, EMS Coordinator, started by noting this item is an update on the revision process for the EMS Strategic Plan. The process began in August 2018, with a review of the current goals and objectives of the 2016 plan that the Board had just received an update on. Additionally, there had been a discussion about future ideas for improving the EMS system. The stakeholders met monthly to complete all of the needed revisions. At the time the packet was submitted, the committee had completed Goals 1, 2 and 5, which were attached to the staff report. The committee met on February 5 and also finalized Goals 3, 4 and 6, which the Board secretary passed out to the Board members prior to the beginning of the meeting (Exhibit A). The committee is scheduled to meet on April 11 to review the entire final draft of the Strategic Plan for 2019-2023. Staff intends to present this plan to the EMSAB in May. Ms. Dayton offered to answer any questions or receive any feedback on the goals, objectives and strategies that had been provided.

Mr. Thomas recalled that part of the reason this was being done was to understand that not every geographic area is the same in terms of either the response provided or received for people that live in those areas. He asked if there had been any quantification or data collection regarding the per capita cost benefit that goes with this, to show the expense to provide services to an outlying area versus per capita in a very urban area. He opined in theory it would be a little less

per capita. Ms. Dayton explained the Strategic Plan currently did not contain an item about that. She offered to do some research and get back to him.

Acting Chair Driscoll noted that he had been involved in the development of the document. It was designed to stay as strategic as possible from trying to match up the mission and the goals and objectives of the EMSAB in relationship to the different agreements that existed. Getting into operating detail, which budgets to get into, and cost-benefit analysis, that was not anything that was contemplated at this level, it was contemplated at the Board when they had that discussion, and provided direction to staff to create some kind of different analysis that would be appropriate. He opined that it kept the region at a strategic, mission-driven level, and that any conversation on cost-benefit analysis should be in a different venue. He pointed out that was what the other Board members believe and that was the direction when it got built with the partners sitting around the room.

Acting Chair Driscoll requested that whenever working with approved documents to edit or modify the document, he would prefer that a redline draft of the document be created, and two documents presented to the Board. The first would be the redline document and the second would be the final document that assumes all the redlines are incorporated. He opined it would benefit all members of the Board and members of the different bodies that look at it. Ms. Dayton noted that would be done.

**Ms. Thomas moved to accept the report. Mr. Thomas seconded the motion and it passed unanimously.**

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**9. Presentation, discussion and possible direction on publishing the Washoe County EMS Oversight Program FY18 Annual Data Report. (For Possible Action)**

Heather Kerwin

Ms. Kerwin began by noting that the report follows a similar outline as previous fiscal year annual reports, with the exception of the regional analysis tables that are impacted by the jurisdiction for which we have not received data for 11 to 12 months now, impacting about 70 percent of the total volume of calls. Therefore, staff was looking for direction from the Board on how to proceed with the annual report, providing three options or an alternative if the Board decides there is an alternative. One would be to publish the annual report as is, publish with the incomplete County-wide tables removed, or wait to publish the report until after the data has been received, analyzed and put into the annual report. Ms. Kerwin pointed out that staff is sensitive to the information that is in there as being outdated as time goes by, and that would be the regional partner and program highlights that were accomplished in the prior fiscal year.

Mr. Macaluso asked if there was some reasonable explanation as to why the program is not receiving those data. Ms. Kerwin explained there was a software system that was not communicating with a certain piece so the data exports have not been able to be performed. She noted that a contractor was brought in in July, and invited the jurisdiction to come forward if they had any further updates. Ms. Kerwin noted the program had received data for a test month, and there were three issues that staff had asked to be examined. To date she had not heard on the progress of the three issues that were asked to be examined prior to the entire years' worth of data coming over.

Mr. Macaluso asked if this was tied to Exhibit A from last meeting's minutes, in which there is a memorandum dated September 26, that speaks to the correction of this problem and as of this date, within 60 days of having the reports finalized. Ms. Kerwin stated that was correct.

Mr. Dick confirmed that providing this data to the EMS Oversight Program is a requirement

of the ILA that was signed by each of the entities participating.

Ms. Thomas asked if it was staff's estimation, while acknowledging the data aging issue, if Ms. Kerwin felt that releasing it in this way tells the story with enough data that it would be a useful tool, or did she think it would be better just to wait. Ms. Kerwin stated she felt it was a disservice to the regional partners to not release the highlights they worked so hard to accomplish in the previous year. Speaking to the data, she opined that if someone was looking at a regional perspective, and not trying to break down by jurisdictions, it really does hamper the ability to look at that. She pointed out that an option would be to pull that out and put it out separately as a published addendum.

Mr. Thomas requested clarification regarding whether or not the data submission was a requirement. Ms. Kerwin answered that it was Requirement #1. The agencies were required to provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS program. Mr. Thomas then asked if there would be some kind of decision making that is going to come off this report by somebody that could help the Board decide whether it needs to stay open or if it will be necessary to deal with the data that has not yet been submitted. Alternatively, was it just an informational report for the Board? Ms. Kerwin opined the answer was twofold. It is a report that would be publicly available for the region to use and make decisions off of. If it was published with those regional tables missing, there may not be an opportunity to then bring that back and it would be a second stand-alone with three to four regional tables missing, which may be hard for people to put together. It does go to the Councils as well.

Mr. Thomas opined that if there was no information there and it was a decision-making tool, there should be a comment or a line that says it is not available and not included. He suggested the blank charts just drew the question as to why, and if the data was not available then it was not available. Ms. Kerwin pointed out a note in the tables, "not able to perform due to incomplete data," and indicated she was not aware of any other language to include that would further clarify that for readers if the report were to be published it as is.

Mr. Dick expressed concern that the reason that the provision of this data is in the ILA is because this data is necessary for evaluating the EMS response that is provided through the system that is in place in the community. He opined the real intention of the ILA and the regional oversight is not the preparation of a data report, but the analysis of that data and using it to understand responses and how they are occurring, and how the partners can continuously improve the system. He stated he felt it was a significant concern that after almost a year the data is still not available.

Mr. Dick went on to note that the EMSAB is an advisory board to the DBOH, and as such, EMSAB is supposed to be advising them regarding the regional EMS system. He opined the EMSAB needed to make a decision, not just about the data report, but what they were going to advise the DBOH if the program is in a situation where it is not getting data from one of the partners and it is preventing them from providing the regional EMS oversight function required under the ILA.

Mr. Thomas asked if it was because the data was not there, or somebody was not choosing to give it, or what is the reason the program had not received it. Ms. Kerwin stated that she only knew that they did send a test month and there were some major issues. Seconds had been truncated, there was apparently a de-duplication effort that had been made and she needed to understand how that was done so that when she de-duplicated other agency's records that they are then comparable, and those answers had not been provided. She had no clarification regarding

whether the contractor was aware of those issues and was working on them, and invited the jurisdiction to come up if they had any updates related to those to provide to the Board.

Ms. Conti stated that, to Mr. Thomas' question, and she invited the jurisdiction and their IT manager also to come up, because staff only knew how they had received the data before, which was through that contractor. Whether there are other ways to provide the data while they are waiting is not something that staff has knowledge of. They only know how they have received it in the past, which was through that interface and that is with the contractor. She suggested that when the agency representatives came up to speak perhaps they could speak to both of those.

Dennis Nolan, EMS Division Chief for Reno Fire, clarified that in his view, Reno had stated before in a number of different meetings, whether it was at PMAC or in multiple committee meetings regarding addressing these issues, it is not because of a lack of interest or a lack of need to provide this data. The Fire Department absolutely understands the need to provide the data and is doing what they can to cooperate. This is an IT issue, with a software complication and vendor issues that they are working through. He noted it was very frustrating for both the Reno Fire Department and for the City to not be able to collect this data internally and also to share that data. He requested that they understand that there have been a number of communications at the outset, both on behalf of Manager Newby and on behalf of Chief Cochran, both in some recent meetings with EMS Oversight, explaining these same issues. He opined Ms. Kerwin did a pretty good job explaining some of the technical issues that they have had with the vendor and that she has an understanding of the problems that they have had and the challenges they are facing. They are trying to work through these pretty quickly. He stated that if the Board needs some additional information on the actual technical issues that they are facing, Miss Hooper can address those. But these are problems that were unexpected, they are expensive problems, and the Fire Department is trying work through them.

Acting Chair Driscoll recapped, stating to Chief Nolan that in the discussion so far including his comments, it was Acting Chair Driscoll's understanding that it was not an unwillingness to provide the information; it is a technical inability to provide the information in the format that can be used for analysis by EMS. Chief Nolan replied yes, that was a fair statement.

Mr. Dick noted that as a region, another software system that was implemented, Accela, did not perform as desired. Due to that, a number of work-arounds were instituted to be able to make things work even though it was not ideal, in order to be able to move forward. His understanding was that the CAD data was available and could be provided so this data that staff needs for analysis could be pulled out of the CAD data. He asked if there was a work-around that was available that could be used until the software system problem got straightened out.

Rishma Khimji, Director of Technology, City of Reno stated that in order to address the situation, she would like to have a conversation with Chief Cochran, to make sure that they understand what is going on and then provide a memo to the EMSAB to let them know what the status is, what is going on with the CAD data, what is going on with the software that has issues providing this data to the Board. Ms. Khimji stated they will get that to the Board in the next couple of weeks, if that is satisfactory to the Board.

Mr. Dick opined that should be something that's highlighted to the DBOH, because they were going to be meeting at the end of the month. EMSAB had been waiting for a year and it just seems like more waiting. Ms. Khimji stated she understood, but at this point she would still have to speak with Chief Cochran to understand the direction he would like to go and make sure that they have a comprehensive answer to this question that she did not have at the moment.

Acting Chair Driscoll suggested, based on Ms. Khimji's offer to have a document that

properly identifies the issues and solutions and timeframes developed, and have that done in two weeks. Ms. Khimji agreed to do so. Acting Chair Driscoll went on to say it should be submitted to the chair of this committee, and then based on the chair's reaction to that, two things could happen. A special meeting could be called because the chair can call a meeting of this body to contemplate and provide direction, or, if the chair feels appropriate in working with the Medical Director for the Health District, it could then be placed on the next available DBOH meeting seeking some direction from that political body as well.

Mr. Dick clarified for the record that his title was District Health Officer.

Acting Chair Driscoll reiterated that staff had provided three options for today's action. The third of those is to wait and publish until after data is received. He did not see where that option has an end date contemplated, and stated he did not like pushing things down the road, preferring to make decisions. He felt that took Number 3 and puts it out farther than could be contemplated today. It was certainly more than a quarter, when EMSAB meets. He opined that Options 1 and 2 were the only two viable options that were left in discussion in this agenda. Option 1 was to publish as is, and they had the document in front of them and they could see where the gaps are. He felt Number 2 is basically a subset of Number 1. It was a report with gaps. He asked Ms. Kerwin to explain the difference between the current Option #1 and the current Option #2 for the Board.

Ms. Kerwin replied that Option #1 would remove the watermark of Draft and post it as is, the version that was in the packet. Option #2 would be to take the regional section completely out of the document and then reformat the document so it is not as apparent that data are missing.

Acting Chair Driscoll asked what staff's assessment was of the usability of the document for this Board and/or the Health District Board itself, or the public if they selected Option 2. He asked what would be gained by extracting the table that's in there. Ms. Kerwin explained they would be left with what there is, and if it was in the interest of the Board to have those regional tables be presented when the data are available, that could either come through a data request from the Board direct to her, as a one-time addendum to this document, as a standalone. She stated she would be more than happy to produce those analyses back to the Board in full once she has the data and is able to conduct the match.

Acting Chair Driscoll observed that it seemed like they had the choice to publish a document that has a large section of data missing. To draw conclusions on the region, with that large component missing, could be misleading, misguiding, or completely just not appropriately usable. Publishing the document without data, which the whole reason for an annual report, is to be able to summarize what is going on and this is a data-driven exercise. Everything that is being done and how this Board was set up, was to understand the various components necessary to properly manage the EMS services provided to the region. It was acknowledged very early in the renegotiation of the REMSA contract and the creation of this EMS oversight board that data was going to be a primary driver for future decisions. He noted he was struggling with how Option 1 or Option 2 fulfills the obligation that the region set itself up to do with the Oversight committee and in the ILA for providing the proper oversight looking forward.

Acting Chair Driscoll pointed out the Board members were not the medical experts. They are being asked, based on data, and based on other information, to help provide some oversight direction that is not inconsistent with the medical requirements for the services provided through the protocols at the various levels of EMS that are provided in the community. He felt that he was being asked to approve, as the Chair, with the assistance of the Board, a document that was nothing more than a piece of paper to throw on a shelf to collect dust, because if it does anything

else, they were potentially causing a disservice. He requested help.

Mr. Thomas stated since it is all of the partners and the DBOH that are the ultimate users of this information, he offered a third option, which is to go another quarter, if there is no consequence. Because if this is about decision making, having a box checked to say this was completed as required, but not really giving anything, if nothing else it avoids, in theory, a conversation with the DBOH like they had just had. If a quarter would provide time to get the data, then he suggested taking the quarter to do it and acknowledge the report was not ready on time.

Ms. Kerwin explained that depending on the time the data comes in, she will have to run a substantial amount of quality assurance to ensure that it is comparable to data that has been received previously. Without knowing what the results of that quality assurance would be, she was not sure if she would be able to match the five months' worth of data that impact that fiscal year of this annual report that are missing. She was not able at this time to say if she could then turn around a report by the next quarterly meeting, although she would do her best, without knowing when she will receive the data and then what it will look like on the back end of that quality assurance. Ms. Kerwin opined the three tables that are missing from the report because of the lack of complete data are, from a statistician's viewpoint, not necessarily tables that would be used to make a lot of recommendations on a broader spectrum. The lack of data does impact staff's ability to do any other data requests including measuring protocols, measuring the Program's strategic plan performance metrics, and the heat map has not been updated as a result of it. There are a lot of ancillary pieces that are probably more helpful for making regional decisions based on data that are also impacted. While it is a fairly substantial report, there are other impacts, from a data-driven perspective that are being hampered by this incomplete data.

Acting Chair Driscoll asked Mr. Dick for assistance. He noted they had an obligation under the ILA and under the creation of this EMS oversight board to provide information and/or advice to the DBOH on a periodic, if not on an as-needed basis. This report is one of the things that was contemplated as providing information and our analysis going forward on a regular basis to the DBOH. The report is way behind schedule and they had not provided an update. Mr. Dick stated in his earlier comment that he is concerned that we owe some management thought to the big boys, if you will, because the Board answers to them. Acting Chair Driscoll asked Mr. Dick, as his responsibilities to the DBOH, what are the complications that he sees, and what direction would he like to go in that particular relationship, as a subset of what they do.

Mr. Dick stated that, on the report, he was in agreement that the Board is at a place where they are trying to make a decision about what is the least bad decision to make at this point. He opined that what Mr. Thomas has proposed is something that could be workable to take to the DBOH that would inform them of this data issue and the implications that has on the ability to perform the work under the ILA. They would also be informed that EMSAB has been told that they will be receiving communication as to how that data problem will be fixed, and that staff will be working to attempt to provide the Annual Report for review by the EMSAB at the next quarterly meeting, to then be brought forward to the DBOH and then subsequently, the other jurisdictions.

Acting Chair Driscoll requested clarification. He stated he was hearing two things; one is that the program delay formal reporting hoping that it can reasonably be accomplished in the next quarter, understanding that if it cannot then they have to address that at the time. The second thing he had heard was that they should provide a current status to the DBOH that would explain the current status, any issues of consequence that there are and then what they are doing about it, and a projected time frame, which could be a memo from this Board that Mr. Dick could present as part of his comments as the Health Officer and a member of this Board during the next public

meeting of the DBOH. Mr. Dick opined that was a very good summary, with a slight enhancement which he would accept.

Mr. Thomas stated it seemed like there were two questions for the DBOH, coming out of EMSAB's advice. One of them is the data there, which is the conversation they are going to have, which EMSAB has had, and they may not achieve any clarity. Alternatively, if in a quarter the data is available and that issue has been resolved, it can certainly be reported back that that question is off the table, but more time is needed to do the analysis. Mr. Thomas stated that was what would be helpful to him if he was sitting on the DBOH, at least they would have something to understand as opposed to a lot of confusion. There is no way of knowing what direction they will take if we present the report to them the way it is, and they may have questions about its vagueness. He stated that was why he liked the idea the Mr. Dick had presented in terms of how they get past where they currently were.

Acting Chair Driscoll requested legal help. He noted the agenda item allowed them to make a decision about deferring the report to another date, and opined they were clearly within their ability to do that. There seems that there might be the need for a second motion that would be providing direction to staff to help create a memo discussing what the Board is doing, and forwarding that as an update to the DBOH. He felt it was in the intent of what they were doing, just secondary. He wanted to make sure that if he were to accept that second motion, that he would not be violating what they had done during the meeting.

Ms. Admirand opined that, under the agenda item as written, that that would be a condition of the direction that provided to staff in publishing the data, and she believed that would fit within the agenda item and would not violate the Open Meeting Law.

Acting Chair Driscoll asked if there was any more discussion. If not, it appeared he might be willing to accept two motions regarding this agenda item. Mr. Dick asked if Acting Chair Driscoll wanted two separate motions. Acting Chair Driscoll opined it would be cleaner that way, if the first motion addressed the staff report specifically, and then a second motion for any additional direction that they would like.

**Mr. Dick moved to defer publishing the annual report until the data is received and the report can be updated. Mr. Macaluso seconded the motion. Mr. Dick added that if at all possible, that it be provided at the next quarterly meeting of the EMSAB. Mr. Macaluso seconded the addition. Mr. Macaluso added that, rather than having that deadline as the next EMSAB meeting, if those data are available staff should receive them sooner, because they have considerable work to do to get them tuned up. So the deadline should be either the date of the next meeting or prior.**

Mr. Dick asked Mr. Macaluso if he was inferring that the data should be submitted as early as possible, and Mr. Macaluso confirmed he was correct. **Mr. Dick moved that the City of Reno work expeditiously to provide that data.** Acting Chair Driscoll suggested different language, as an amendment. To his motion and the second, he suggested as a discussion whether or not maybe it is appropriate to use the date of the next meeting, use no later than. That way, if it neared the deadline, that was fine, but as requested in the discussion, sooner is better. He suggested if the motioner was willing to modify that and the seconder was willing to accept that, maybe the Board has a motion. Otherwise he was going to call for the motion that was on the floor.

Ms. Admirand asked Acting Chair Driscoll if the motion could be restated, so it was clear on the record.

**Mr. Dick moved to request that the data be submitted as soon as possible, and no later than the next EMSAB meeting, so that we can have that update, and that the report then be**

**provided at the next meeting if possible.** Acting Chair Driscoll noted that was a modification under the original motion, and asked if the seconder agreed to the modification? **Mr. Macaluso stated he would second that.** Ms. Kerwin clarified that they would need the data within the next month to be able to produce the report by the next meeting, no later than Friday, March 8.

Acting Chair Driscoll asked if the motioner understood the technical question that was aired, and Mr. Dick said that he did. Acting Chair Driscoll pointed out there was a motion and a second on the floor, so they either had to withdraw it or get a vote on it. He felt, with clarification, the intent was to be prepared for the next meeting, if it was available, and the current motion on the floor says available for that meeting or sooner, if that is possible. He did not know that it contemplates going beyond, and that would be a different issue for the Board from that standpoint. He asked if there was comfort with the motion and the second on the floor, because he wanted to call for the question.

Mr. Thomas said that if the motion was to give the City of Reno an order to figure out whether they can get the data, that by the time the Board comes back, they would have success because they would have resolved what the issue is about the data. That may or may not be enough time. Worst case if staff wants to make a report to the DBOH as quickly as possible, EMSAB could say the data had been received, here is the data that has already been analyzed, and here are the items that we will report on next time. He asked if it was correct that staff will be under a tight time frame to resolve why the data is not there, get that taken care of, and then turn around and have that turned into something that is analyzed, to be of merit to decision makers. Ms. Kerwin stated that was correct. Mr. Thomas opined that would be progress, if the data problem could be resolved.

Mr. Dick stated he felt that the tight timeframe was what was extending from the 60 days that they were told in September that the problem would be resolved for providing the data. And so that was why he included in his motion as soon as possible, that the data be provided. Not that it is to be provided just before the next quarterly meeting.

At Ms. Admirand's request, Mr. Dick offered to repeat the motion.

**Mr. Dick moved to request that the data be provided as soon as possible, and no later than the next quarterly meeting, and that if at all possible, the data report be provided at the next quarterly meeting.** Ms. Admirand noted it was beyond the power and the jurisdiction to set a deadline date that the City of Reno must adhere to. She opined that he could request that it be provided, but did not believe that this Board had the authority to order the City of Reno to provide the data by a certain date. Mr. Dick stated he believed he had used the term request in his motion. Acting Chair Driscoll noted the motion had been restated, and asked if the seconder was still seconding that restated motion. **Mr. Macaluso stated he would second that, and the motion passed unanimously.**

Acting Chair Driscoll stated he believed there was a potential suggestion by the Chair that they might entertain another motion related to update to the DBOH.

**Mr. Dick moved that the EMSAB inform the DBOH, through a memo that would be provided as part of their agenda and packet for the February 28 DBOH meeting, which will inform them of the problems that are occurring with the data receipt from the City of Reno, which have prevented the completion of the data report, and the other implications of that as far as the ability to provide a review and EMS oversight associated with that data, and that the Board has taken action today to attempt to receive that data and complete a report by our next quarterly meeting. Mr. Macaluso seconded the motion.**

Mr. Thomas asked, so given that long motion, could Mr. Dick just give a verbal update to

them, or does there need to be a formal action by this Board to tell them what he just said?

Acting Chair Driscoll said his preference would be to have a short, factual document that provides a couple of talking points outlining the issues and explaining that it is being resolved. It would also describe what it means to the EMSAB in the decision making, and their expectation of when they will be able to more clearly discuss the issue in the future. He opined having a short memo for the public record is effective, and that a verbal presentation is enough as far as Mr. Dick's relationship with that Board. He asked if that met with Mr. Thomas' satisfaction. Mr. Thomas said that it would. **The motion passed unanimously.**

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## **10.\*Board Comment**

Mr. Dick announced that the Health District was relaunching the Know the Difference campaign, which is designed to better educate the public on the importance of not calling 9-1-1 when it is not an emergency, and alternative phone numbers that can be accessed and used in those situations, to reduce the burden on dispatch and the first responders associated with misuse of 9-1-1. The campaign is going to include quarter-page ads that are going to run in the Reno News and Review, and there will be some advertisement occurring at the Riverside Century Theater. There will also be brochures that will be printed and distributed. His understanding was that this was going to kick off in March of this year. He invited any of the jurisdictions and agencies to consider their opportunities to contribute towards this and assisting spreading out this message, as it benefits everybody, and if there are other funds that are available, he encouraged using those for this campaign.

Mr. Thomas asked if they were provided with some other number to call, as he was guessing those people, whether it was a real crisis or not, are calling because they want to tell something to someone. Mr. Dick explained that the campaign actually directs them to a website in which there is listed numerous other phone contacts, the non-emergency numbers, but also other appropriate places that they might call if, for instance they are looking just for information, or those types of things.

Acting Chair Driscoll announced he had a couple of things from the City of Sparks. One, Station 3, which is in the industrial area, was now Paramedic licensed. They also provide automatic aid or mutual aid down the canyon or into the Reno area and the Hidden Valley district. Sparks continues with the budget to take a hard look at how to improve EMS across the board, so as they hire and/or train they have seven rigs in their complement, four currently are paramedic licensed and they are working toward licensing those other three. Sparks does, with the partnerships that they have, continue to look at alternative ways to provide medical services, and will continue to do that. The Council is very strong and supportive of EMS, because as most of the region, 85% of the fire and rescue calls are medical related.

Acting Chair Driscoll went on to say that Number Two, this was a day of transition, so when he gavel this meeting he will be done with this Board. By definition, there will be a new City Manager in place shortly, and that manager will take this chair by definition under the ILA. Acting Chair Driscoll stated they've done a lot to make sure that that transition goes smoothly and it should be positive for the different things the City of Sparks moves in with. He said it was with great pleasure and with great angst that he is leaving, but it was time for a new chapter for him, and he has plenty to do.

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## **11. \*Public Comment**

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

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### **Adjournment**

**Acting Chair Driscoll adjourned the meeting at 10:18 a.m.**

### Goal #3

Improve communications between EMS partners through advances in communication technologies by June 30, 2023.

**Objective 3.1.** Enhance radio communication systems within Washoe County by June 30, 2023.

**Strategy 3.1.1.** After JOC determination, obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by December 2020.

**Strategy 3.1.2.** REMSA will maintain interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System through WCRCS P25 upgrade system roll out.

**Strategy 3.1.3.** Develop a comprehensive migration interoperability plan for WCRCS that outlines the enhancement of the radio communication system to include completion of upgrades, maintenance of REMSA gateway connection and identified equipment needs by December 31, 2019.

**Strategy 3.1.4.** REMSA and regional public safety partners will develop a plan to upgrade their systems, coordinating with contractor and WCRCS, by June 30, 2020.

**Strategy 3.1.5.** Agencies will purchase all necessary equipment and complete upgrade by June 30, 2023.

**Objective 3.2.** Establish a CAD-to-CAD (computer aided dispatch) interface between the three PSAPs and REMSA dispatch center by December 2022.

**Strategy 3.2.1.** Provide updates to EMS Advisory Board quarterly, beginning April 7, 2016.

**Strategy 3.2.2.** As technology allows, City of Reno to implement configuration process regarding data exchange by December 2019.

**Strategy 3.2.3.** Dispatch centers begin work on policies, processes, procedures and training on CAD-to-CAD by October 2020.

**Strategy 3.2.4.** The additional PSAPs will implement CAD-to-CAD by December 2022.

## Goal #4

Design an enhanced EMS response system through improved continuity of care by January 31, 2021.

**Objective 4.1.** Establish a regional process that continuously examines performance of the EMS system by August 2020.

**Strategy 4.1.1.** Create a regional team, including PMAC representation, which would work to improve the system through examination of system performance by June 30, 2019.

**Strategy 4.1.2.** The regional team will determine goals and identify performance measures, utilizing individual agency metrics, to be used for the regional continuous quality improvement program by November 30, 2019.

**Strategy 4.1.3.** Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by February 2020.

**Strategy 4.1.4.** Present information from the quarterly meeting to the appropriate entity, beginning August 2020.

**Objective 4.2.** Produce an annual report on EMS system performance that includes hospital outcome data by January 31, 2021.

**Strategy 4.2.1.** Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and STEMI patients by February 7, 2020.

**Strategy 4.2.2.** Pilot the annual report with hospital outcome data with one regional hospital by April 2020.

**Strategy 4.2.3.** Draft for distribution an annual report with relevant regional hospital partner data included by June 30, 2020.

**Strategy 4.2.4.** Review annual report with ePCR implementation and determine enhancements available for hospital outcome data by October 31, 2020.

**Strategy 4.2.5.** Draft for distribution of an annual report with enhanced data included by January 31, 2021.

## Goal #6

Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.

<p><b>Objective 6.1.</b> Coordinate and report on strategic planning objectives quarterly through June 2023.</p>	<p><b>Strategy 6.1.1.</b> Maintain Gantt chart for the regional partners with the details of the goals by June 30, 2019.</p> <p><b>Strategy 6.1.2.</b> Maintain structured feedback loops for the current initiatives of the strategic plan goals.</p> <p><b>Strategy 6.1.3.</b> Provide progress reports to the EMS Advisory Board quarterly.</p>
<p><b>Objective 6.2.</b> Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiatives through June 2023.</p>	<p><b>Strategy 6.2.1.</b> Maintain current structure of reporting to the signatories of the Inter-Local Agreement and ambulance franchisee Board for updates on the status of the regional EMS system annually, beginning June 2019.</p>
<p><b>Objective 6.3.</b> Create a new EMS strategic plan for 2023-2028 by February 2023.</p>	<p><b>Strategy 6.3.1.</b> Conduct a SWOT analysis with regional partners to determine current strengths, weaknesses, opportunities and threats by February 2022.</p> <p><b>Strategy 6.3.2.</b> Create a committee to meet monthly develop the strategic plan by February 28, 2022.</p> <p><b>Strategy 6.3.3.</b> Present EMS strategic plan to the EMS Advisory Board by February 2023.</p>