

**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 NOTICE AND AGENDA*

Date and Time of Meeting: Thursday, May 2, 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**
- 2. \*Public Comment**  
Limited to three (3) minutes per person. No action may be taken.
- 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**  
February 7, 2019
- 4. \*Prehospital Medical Advisory Committee (PMAC) Update**  
Dr. Andrew Michelson
- 5. \*Program and Performance Data Updates**  
Christina Conti
- 6. Presentation, discussion, possible approval and recommendation to present the Washoe County EMS Strategic Plan 2019-2023, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight, to the District Board of Health.** (For Possible Action)  
Brittany Dayton
- 7. Presentation and possible acceptance of the mid-year EMS data report.** (For Possible Action)  
Heather Kerwin
- 8. Presentation, discussion and possible acceptance of an update on EMS mutual aid agreements (MAAs), an objective of the Washoe County EMS 5-Year Strategic Plan.** (For Possible Action)  
Brittany Dayton
- 9. Board Requests:**
  - A. \*Update on Washoe County planning permit trends and potential impacts on the EMS System.**

Heather Kerwin

## 10. \*Board Comment

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

## 11. \*Public Comment

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

## Adjournment

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Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. An item listed with asterisk (\*) next to it is an item for which no action will be taken.

The Emergency Medical Services Advisory Board meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services at the Washoe County Health District, PO Box 11130, Reno, NV 89520-0027, or by calling 775.326-6049, at least 24 hours prior to the meeting.

**Time Limits:** Public comments are welcome during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

**Response to Public Comments:** The Emergency Medical Services Advisory Board can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The Open Meeting Law does not expressly prohibit responses to public comments by the Emergency Medical Services Advisory Board. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Emergency Medical Services Advisory Board will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Emergency Medical Services Advisory Board may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcements or Issues for future Agendas."

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Downtown Reno Library, 301 S. Center St., Reno, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)  
State of Nevada Website: <https://notice.nv.gov>

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the Emergency Medical Services Advisory Board, is the person designated by the Emergency Medical Services Advisory Board to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 326-6049 or by email at [dspinola@washoecounty.us](mailto:dspinola@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

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# Emergency Medical Services Advisory Board

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Emergency Room Physician  
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**Kevin Dick**  
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**Joe Macaluso**  
Director of Risk Management  
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## 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

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 gavels 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.**

DRAFT

### Goal #3

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

|   |   |
|---|---|
| <p><b>Objective 3.1.</b> Enhance radio communication systems within Washoe County by June 30, 2023.</p>   | <p><b>Strategy 3.1.1.</b> After JOC determination, obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by December 2020.</p> <p><b>Strategy 3.1.2.</b> 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.</p> <p><b>Strategy 3.1.3.</b> 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.</p> <p><b>Strategy 3.1.4.</b> REMSA and regional public safety partners will develop a plan to upgrade their systems, coordinating with contractor and WCRCS, by June 30, 2020.</p> <p><b>Strategy 3.1.5.</b> Agencies will purchase all necessary equipment and complete upgrade by June 30, 2023.</p> |
| <p><b>Objective 3.2.</b> Establish a CAD-to-CAD (computer aided dispatch) interface between the three PSAPs and REMSA dispatch center by December 2022.</p> | <p><b>Strategy 3.2.1.</b> Provide updates to EMS Advisory Board quarterly, beginning April 7, 2016.</p> <p><b>Strategy 3.2.2.</b> As technology allows, City of Reno to implement configuration process regarding data exchange by December 2019.</p> <p><b>Strategy 3.2.3.</b> Dispatch centers begin work on policies, processes, procedures and training on CAD-to-CAD by October 2020.</p> <p><b>Strategy 3.2.4.</b> The additional PSAPs will implement CAD-to-CAD by December 2022.</p>   |

## 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> |

**Staff Report**  
**Board Meeting Date: May 2, 2019**

**TO:** EMS Advisory Board Members  
**FROM:** Christina Conti, EMS Program Manager  
775-326-6042, cconti@washoecounty.us  
**SUBJECT:** Program and Performance Data Updates

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**Meetings with Partner Agencies:**

The Nevada Emergency Preparedness Association conference was held February 12-14. The EMS Program Manager participated in a panel discussion on emergency preparedness in the pre-hospital and hospital setting.

The planning for the multi-day tabletop exercise began on February 11 with the initial planning meeting. The planning team has met several times over the last three months, with bimonthly phone calls to track the progress of the project. The purpose of the five modules within the tabletop is to test regional plans that will be utilized during the November 2019 full scale statewide exercise.

The ED Consortium held its quarterly meeting on February 14. The group is currently addressing several topics including alternatives to opioids, data sharing and blood borne pathogens. There is also a new subcommittee that has been created to discuss the intake refusal process for inmates. The next meeting is scheduled for May 16.

The EMS protocols task force met on March 7. The group discussed possible future revisions that will be developed over the next several months. Additionally, there were two out-of-county (East Fork and Storey County) fire agencies observing the meeting and may join the protocol process that Washoe County agencies established. The next meeting is scheduled for May 9.

Two-day Family Assistance Center (FAC) training was hosted on March 13 and 14. A FAC is established as a means to provide a safe, secure, centrally located place for family members of potential victims of a multi-casualty incident to obtain information and support services. This training focused on processes for operating a quality FAC as well as important items for FAC workers/volunteers to consider when assisting families.

The EMS strategic plan subcommittee met on April 11. The group reviewed a complete draft of the revised Washoe County EMS Strategic Plan (2019-2023) and provided input so the draft could be presented to the EMS Advisory Board for possible approval.

A MAEA revisions meeting was held on March 11 to review all revisions made to the plan during the fiscal year. Community partners had several small edits based on their experience in the No-Notice exercise held in early March. The plan and all revisions will be presented to the DBOH by the end of the fiscal year.

Subject: Program and Performance data Updates

Date: May 2, 2019

Page 2 of 4

EMS and PHP staff conducted tabletops at two new healthcare facilities in the region on March 19 and 21. Both facilities signed onto the MAEA and will be participating in future healthcare preparedness activities. The MAEA now includes 12 skilled nursing, long term care, memory care and mental health facilities in Washoe County.

The healthcare coalition held a No-Notice evacuation exercise on March 5 that tested the evacuation processes of the hospitals within Washoe County. Additionally, it allows for testing the surge of patients for the intake processing. EMS staff filled the Medical Service Unit position in the Regional Emergency Operations Center and was the primary contact for assisting with patient tracking, operating status forms and resource requests.

The EMS Coordinator attended the Washoe County Media Training on March 28. This workshop covered how media works, basics of a good interview, crisis communications and how to approach a media interview as an opportunity.

#### **Data Performance Reports:**

| <b>Requestor</b> | <b>Summary of request</b>             | <b>Date of request</b> | <b>Request completed</b>                 |
|------------------|---------------------------------------|------------------------|--|
| EMSAB            | Heat map data update                  | Ongoing                | No; Pending matching of RFD delayed data |
| SFD              | REMSA calls within SFD jurisdiction   | 12/27/2018             | Yes; 3/5/2019                            |
| TMFPD            | Comparative travel time analyses      | 1/10/2019              | Yes; 1/15/2019                           |
| REMSA            | Arrival on scene in each jurisdiction | 4/9/2019               | No; In process                           |
| SFD              | Comparative travel time analyses      | 4/22/2019              | No; In process                           |

#### **Mass Gathering Applications or Events:**

Multiple county departments are working together to make the permitting process more effective for both staff members and the event organizers. EMS Staff reviewed the following event applications:

- De La Luz Horse Races: select weekends from May 4–September 28
- Incline Village Farmers Market: Thursdays from May 23–August 29
- Incline Village Fireworks: July 4
- Barracuda Championship: July 22-28
- Incline Village Fine Arts Festival: August 9–11
- Children’s Cabinet Fundraiser: August 2019

#### **CAD to CAD Update:**

The final requirements were approved by both REMSA and the City of Reno. At this time, we are waiting on the finalized specifications and requirements documents for signatures and a schedule for the testing environment to be updated and available. A Go-Live schedule will be determined once we have the testing in place.

#### **Other Items of Note:**

During the week of March 12-17 Washoe County Health District conducted their CASPER, which is a door-to-door survey for 238 randomly selected households. This project was led by the EMS Statistician. Survey questions were developed to assess how well prepared our residents are if there is a need to evacuate, what our shelters can expect in terms of numbers or evacuees, and how informed our community is of emergency notification resources, such as CodeRed.

Subject: Program and Performance data Updates

Date: May 2, 2019

Page 3 of 4

The EMS Program Manager joined the planning team for the TLG Conference, which was hosted in Reno April 10-12, 2019. Pre-conference activities and sessions were held on April 8-9. The conference sessions attended focused on workforce sustainability and hiring practices based on measurable engagement of employees.

The District Health Officer approved REMSA's request to use penalty fund monies for the purchase of the Right Dose phone application. This program is a phone application that will link to the current medications and approved doses in the Washoe County EMS protocols and allows providers to enter a patient weight to calculate the "right dose" of medication.

### **Legislative Information Relating to EMS:**

With the 2019 Legislative Session beginning Monday, February 4, the EMS Program is tracking several BDRs and bills, many relating to emergency medical services and others relating to emergency planning. The following list are the relevant EMS bills being tracked.

- BDR 40-3, Establishes provisions governing payment for the provision of emergency services and care to patients. Assemblywoman Carlton **Never became a bill**
- BDR 58-47, Revises provisions governing emergency 911 service. Assemblyman Ellison **Never became a bill**
- BDR R-155, Creates the Western Regional Fire and Emergency Response Commission. Senator Kieckhefer **SCR2, Directs Legislative Commission to conduct an interim study concerning fire protection and related emergency services in Washoe County. Referred to Committee on Legislative Operations and Elections**
- BDR 274, Establishes a program that includes a helpline to provide peer support for emergency workers and other first responders. Assemblywoman Cohen **AB302, however, pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.**
- BDR 354, Revises provisions relating to emergency response plans. Division of Emergency Management of the Department of Public Safety **Never became a bill**
- BDR 40-555, Revises provisions governing certain medical facilities. Assemblywoman Neal **Never became a bill**
- BDR 4-556 Revises provisions governing certain medical facilities. Assemblyman Sprinkle **AB115, however, pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.**
- AB4, Authorizes cities to create a district for a city fire department. Committee on Government Affairs **Heard, Waiver granted effective 4/12/19**
- AB 38, Requires certain persons to report actual and suspected drug overdoses. Committee on Health and Human Services **Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.**
- AB 48, Revises provisions relating to the requirements to levy taxes to support certain fire districts. Committee on Government Affairs **Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.**
- AB 66, Provides for establishment of crisis stabilization centers in certain counties. Committee on Health and Human Services **Notice of eligibility for exemption 3/7/19**
- AB 71, Makes various changes concerning expenditures related to disasters and emergencies. Committee on Government Affairs **Passed out of Assembly. Read first time in Senate and referred Committee on Government Affairs**

Subject: Program and Performance data Updates

Date: May 2, 2019

Page 4 of 4

- AB 85, Revises provisions governing mental health. Committee on Health and Human Services. Passed out of Assembly. Read first time in Senate and referred Committee on Health & Human Services
- AB 129, Requires certain first responders to receive certain training concerns persons with developmental disabilities. Read second time in Assembly, placed on Chief Clerks Desk 4/22/19
- AB 206, Revises provisions relating to emergency management. Passed out of Assembly, Read first time in Senate and referred Committee on Government Affairs
- SB 12, Revises provisions governing telephone systems used for reporting emergencies. Committee on Government Affairs. Passed out of Senate. Read first time in Assembly and referred Committee on Government Affairs
- SB 15, Provides for the establishment of incident management assistance teams. Committee on Government Affairs Passed out of Senate. Read first time in Assembly and referred Committee on Government Affairs. Heard in Committee 4/18/19
- SB 35, Creates the Nevada Resilience Advisory Commission. Committee on Government Affairs Passed out of Senate. Read first time in Assembly and referred Committee on Government Affairs. Heard in Committee 4/18/19
- SB 66, Revises provisions relating to emergency management. Passed out of Senate. Read first time in Assembly and referred Committee on Government Affairs. Scheduled for Committee 4/26/19
- SB 68, Provides for the expedited granting of certain provisional registrations to volunteer providers of health or veterinary services during an emergency declaration. Committee on Government Affairs. Passed out of Senate. Read first time in Assembly and referred Committee on Government Affairs. Heard in Committee and scheduled for work session 4/24/19



**Staff Report**  
**Board Meeting Date: May 2, 2019**

**TO:** EMS Advisory Board

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

**SUBJECT:** Presentation, discussion, possible approval and recommendation to present the Washoe County EMS Strategic Plan 2019-2023, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight, to the District Board of Health.

**SUMMARY**

Since August 2018 EMS partners met on a monthly basis to revise the existing EMS Strategic Plan. This agenda item is for discussion, possible approval and recommendation to present the Washoe County EMS Strategic Plan 2019-2023, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight, to the District Board of Health (DBOH).

**PREVIOUS ACTION**

On June 4, 2015, the EMS Advisory Board approved the development of the Five Year EMS Strategic Plan.

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

During the EMS Advisory Board on April 7, 2016 and July 7, 2016 the Board approved updates on the development of the Five Year EMS Strategic Plan.

On October 6, 2016 the EMS Advisory Board approved the Five Year EMS Strategic Plan and during the DBOH meeting on October 27, 2016, the DBOH moved to accept the presentation and the Five Year EMS Strategic Plan.

On October 5, 2017, the EMS Advisory Board accepted an update to the Five Year EMS Strategic Plan, which involved revising several completion dates associated with objectives and/or strategies.

The EMS Advisory Board heard an update on the subcommittee's progress on developing the Washoe County EMS Strategic Plan 2019-2023 on February 7, 2019.

**BACKGROUND**

The EMS Oversight Program was created through an Interlocal Agreement (ILA) signed by the City of Reno (RENO), City of Sparks (SPARKS), Washoe County (WASHOE), Truckee Meadows Fire Protection District (FIRE), and the Washoe County Health District. Within the ILA there are eight duties outlined for the EMS Oversight Program.

The ILA tasks the EMS Oversight Program to “maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.”

Beginning in August 2015, the EMS Program Manager worked with Washoe County agencies to develop a strategic plan. The stakeholders included representatives from each jurisdiction, REMSA and a regional communications representative. As part of the development of the strategic plan, the process for evaluation and update was included. Every two years, beginning in October 2018, the regional partners would convene to review the status of the current strategies and objectives. Upon completion of the review of existing strategies and objectives, the EMS Oversight Program would begin to develop goals, strategies and objectives for years 2022-2023. This would create a new rolling strategic planning document. The strategic plan, with the outline of the evaluation and update, was heard and approved at the October 6, 2016 EMS Advisory Board meeting and October 27, 2016 District Board of Health.

The review process began in August 2018 with an assessment of the current EMS Strategic Plan and discussions on future ideas for improving the EMS system. The stakeholders met monthly to revise the plan and develop new goals, objectives and strategies. The final meeting was held on April 11, 2019 to review the final draft of the Washoe County EMS Strategic Plan 2019-2023 in its entirety. Below is a summary of the goals and associated objectives recommended to be included in the revised plan:

- Goal #1 – Enhanced utilization of EMS resources
  - Objective 1.1. Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019.
  - Objective 1.2. Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.
- Goal #2 – Improve pre-hospital EMS performance
  - Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.
  - Objective 2.2. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.
  - Objective 2.3. Monitor national trends and plan for response, specifically active assailant, by December 31, 2019.
- Goal #3 – Improve communications

- Objective 3.1. Enhance radio communication systems within Washoe County 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.
- Goal #4 – Enhanced EMS system through improved continuity of care
  - Objective 4.1. Establish a regional process that continuously examines performance of the EMS system by August 2020.
  - Objective 4.2. Produce an annual report on EMS system performance that includes hospital outcome data by January 31, 2021.
- Goal #5 – Identify recurrent callers of the EMS system
  - Objective 5.1. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.
  - Objective 5.2. Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system by November 30, 2021.
- Goal #6 – Continue collaborative models
  - Objective 6.1. Coordinate and report on strategic planning objectives quarterly through June 2023.
  - Objective 6.2. Promote the EMS Oversight Program through regional education of the strategic plan’s goals and initiatives through June 2023.
  - Objective 6.3. Create a new EMS strategic plan for 2023-2028 by February 2023.

### **FISCAL IMPACT**

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

### **RECOMMENDATION**

Staff recommends the Board to approve the presentation and recommend staff present the Washoe County EMS Strategic Plan 2019-2023 to the District Board of Health.

### **POSSIBLE MOTION**

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

“Move to approve the presentation and recommend staff present the Washoe County EMS Strategic Plan 2019-2023 to the District Board of Health.”

Attachments:

Strategic Plan Goals Redline

Final Draft Washoe County EMS Strategic Plan (2019-2023)

## Goal #1

Enhance utilization of EMS resources by \_\_\_\_\_  
by October 7, 2021.

|  |   |
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| <p><b>Objective 1.1.</b> Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by _____.</p>  | <p><b>Strategy 1.1.1.</b> Develop regional Standard Operating Procedures to address responses to low acuity calls by _____.</p> <p><b>Strategy 1.1.2.</b> Approval by the EMS Advisory Board of protocols determining service levels for low acuity calls by _____.</p> <p><b>Strategy 1.1.3.</b> Determine data elements required for process verification by _____.</p> <p><b>Strategy 1.1.4.</b> Analyze, interpret and report data elements to EMS Advisory Board and partner agencies <b>quarterly</b> beginning _____.</p>  |
| <p><b>Objective 1.2.</b> Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by October 7, 2021.</p> | <p><b>Strategy 1.2.1.</b> Conduct research on alternative transportation options utilized across the United States by October 31, 2020.</p> <p><b>Strategy 1.2.2.</b> If applicable, develop processes for dispatch centers to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician's office criteria) by August 31, 2021.</p> <p><b>Strategy 1.2.3.</b> If applicable, obtain approval by the EMS Advisory Board of standardized procedures for patients to receive funded alternative transportation to obtain medical care by October 7, 2021.</p> |

## Goal #1

Enhance utilization of EMS resources by matching calls for service with appropriate resources through alternative protocols and transportation options by November 4, 2021.

**Objective 1.1.** Develop annual review process relating to potential additional low acuity EMS calls to receive an alternative response by July 1, 2019.

**Strategy 1.1.1.** Develop regional review process, to include previously approved EMD determinants as well as new recommendations, for low acuity calls by January 1, 2019.

**Strategy 1.1.2.** Determine data elements required for annual review by January 30, 2019.

**Strategy 1.1.4.** Analyze, interpret and report data elements to partner agencies for annual review beginning March of 2019.

**Strategy 1.1.3.** Identify data elements to be reported on estimated saved unit hours for newly recommended low acuity calls for service by July 1, 2019.

**Objective 1.2.** Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.

**Strategy 1.2.1.** Continue research on alternative transportation options utilized across the United States by October 31, 2020.

**Strategy 1.2.2.** If applicable, develop processes to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician's office criteria) by August 31, 2021.

**Strategy 1.2.3.** If applicable, obtain approval by the EMS Advisory Board of standardized procedures for patients to receive funded alternative transportation to obtain medical care by November 4, 2021.

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## Goal #1

Enhance utilization of EMS resources by matching calls for service with appropriate resources through alternative protocols and transportation options by November 4, 2021.

**Objective 1.1.** Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019.

**Strategy 1.1.1.** Develop regional Standard Operating Procedures to address responses to low acuity calls by January 1, 2019.

**Strategy 1.1.2.** Determine data elements required for process verification by January 30, 2019.

**Strategy 1.1.3.** Presentation to the EMS Advisory Board about service levels for low acuity calls by February 7, 2019.

**Strategy 1.1.4.** Analyze, interpret and report data elements to EMS Advisory Board and partner agencies biannually beginning July 1, 2019.

**Objective 1.2.** Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.

**Strategy 1.2.1.** Continue research on alternative transportation options utilized across the United States by October 31, 2020.

**Strategy 1.2.2.** If applicable, develop processes to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician's office criteria) by August 31, 2021.

**Strategy 1.2.3.** If applicable, obtain approval by the EMS Advisory Board of standardized procedures for patients to receive funded alternative transportation to obtain medical care by November 4, 2021.

## Goal #2

Improve pre-hospital EMS performance by \_\_\_\_\_ by December 31, 2022.

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| <p><b>Objective 2.1.</b> Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.</p> | <p><b>Strategy 2.1.1.</b> Complete a regional assessment to identify and understand existing AVL capabilities to dispatch the closest EMS responder by June 30, 2021.</p> <p><b>Strategy 2.1.2.</b> Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021.</p> <p><b>Strategy 2.1.3.</b> Develop regional dispatching process that will utilize the AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.</p> <p><b>Strategy 2.1.4.</b> Purchase and install additional AVL equipment to increase capabilities in region by December 31, 2022.</p> |
| <p><b>Objective 2.2.</b> Establish ambulance franchise response map review methodology by September 30, 2016.</p>  | <p><b>Strategy 2.2.1.</b> Develop standardized methodology for the annual review of the ambulance franchise response map by June 30, 2016.</p> <p><b>Strategy 2.2.2.</b> Develop standardized methodology for the five and ten year review for the ambulance franchise response map by September 30, 2016.</p> <p><b>Strategy 2.2.3.</b> Approval by the EMS Advisory Board of the standardized methodology for the annual, five and ten year reviews by October 6, 2016.</p> <p><b>Strategy 2.2.4</b> Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board, beginning October 6, 2017.</p>                          |
| <p><b>Objective 2.3.</b> Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31<sup>st</sup> annually.</p>     | <p><b>Strategy 2.3.1.</b> Identification of operational opportunities by WC EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County by June 30th annually.</p> <p><b>Strategy 2.3.2.</b> Enter into or modify MAAs/MOUs with partner agencies as necessarily by December 31<sup>st</sup> annually.</p> <p><b>Strategy 2.3.3.</b> Provide an update to EMS Advisory Board on all MA/MOU process changes or additional agreements being utilized in region by January 31<sup>st</sup> annually, beginning in January 2017.</p>  |

- **Possible new objective – community paramedicine**

## Goal #2

Improve pre-hospital EMS performance by \_\_\_\_\_ by December 31, 2022.

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| <p><del><b>Objective 2.2.</b> Establish ambulance franchise response map review methodology by September 30, 2016.</del></p>                                 | <p><del><b>Strategy 2.2.1.</b> Develop standardized methodology for the annual review of the ambulance franchise response map by June 30, 2016.</del></p> <p><del><b>Strategy 2.2.2.</b> Develop standardized methodology for the five and ten year review for the ambulance franchise response map by September 30, 2016.</del></p> <p><del><b>Strategy 2.2.3.</b> Approval by the EMS Advisory Board of the standardized methodology for the annual, five and ten year reviews by October 6, 2016.</del></p> <p><del><b>Strategy 2.2.4</b> Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board, beginning October 6, 2017.</del></p> |
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## Goal #2

Improve pre-hospital EMS performance through use of technology, collaborative training and monitoring of national trends by February 1, 2023.

~~Advances in training; monitoring national EMS trends; system wide integration of AVL~~

**Objective 2.1.** Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.

**Strategy 2.1.1.** Verify and revise the regional assessment to update existing AVL capabilities, equipment and recognize other potential factors for dispatching the closest EMS responder by June 30, 2020.

**Strategy 2.1.2.** Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021.

**Strategy 2.1.3.** Develop regional dispatching process that will utilize the AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.

Strategy 2.1.4 Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 2023.

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~~Strategy 2.2.4~~ Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board, beginning October 6, 2017.

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| <p><b>Objective 2.2.</b> Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31<sup>st</sup> annually.</p> | <p><b>Strategy 2.3.1.</b> Identification of operational opportunities by WC EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County <u>annually</u>.</p> <p><b>Strategy 2.3.2.</b> <u>Deliver EMS Oversight Program with</u> MAAs/MOUs with partner agencies as necessary by December 31, <u>annually</u>.</p> <p><b>Strategy 2.3.3.</b> Provide an <u>annual</u> update to EMS Advisory Board on all MA/MOU process changes, <u>additional agreements and provide any recommendations</u>, by <u>February 28</u>, <u>annually</u>.</p> |
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- Objective 2.3. Monitor national trends and plan for response, specifically active assailant, by December 31, 2019.
- Identify regional workgroup and integrate to monitor and identify current national trends relating to active assailant response by February 28, 2019.
  - Participate in regional response plan reviews and updates, as requested biennially or after a national or international incident, beginning March 2019.
  - Conduct regional assessment of regional response equipment (protective, medical and supportive) maintained by EMS and law enforcement agencies by March 31, 2019.

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## Goal #2

Improve pre-hospital EMS performance through use of technology, collaborative training, and monitoring national trends by February 1, 2023.

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**Strategy 2.1.3.** Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.

**Strategy 2.1.4.** Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 2023.

**Objective 2.2.** Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31<sup>st</sup> annually.

**Strategy 2.2.1.** Identification of operational opportunities by Washoe County EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County annually.

**Strategy 2.2.2.** Deliver EMS Oversight Program with MAAs/MOUs with partner agencies as necessary by December 31, annually.

**Strategy 2.2.3.** Provide an annual update to EMS Advisory Board on all MAA/MOU process changes, additional agreements and any recommendations by February 28 annually.

**Objective 2.3.** Monitor national trends and plan for response, specifically active assailant, by December 31, 2019.

**Strategy 2.3.1.** Identify regional workgroup and integrate to monitor and identify current national trends relating to active assailant response by February 28, 2019.

**Strategy 2.3.2.** Participate in regional response plan reviews and updates, as requested biennially, or after a national or international incident, beginning March 2019.

**Strategy 2.3.3.** Conduct assessment of regional response equipment (protective, medical and supportive) maintained by EMS and law enforcement agencies by March 31, 2019.

## Goal #2

Improve pre-hospital EMS performance by \_\_\_\_\_ by December 31, 2022.  
Advances in training; data utilization; community paramedicine; access healthcare; monitoring national EMS trends; public expectation of services; best practice of tiered system; system wide integration of AVL

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**Objective 2.1.** Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.

**Strategy 2.1.1.** Complete a regional assessment to identify and understand existing AVL capabilities to dispatch the closest EMS responder by June 30, 2021.

**Strategy 2.1.2.** Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021.

**Strategy 2.1.3.** Develop regional dispatching process that will utilize the AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.

**Strategy 2.1.4.** Purchase and install additional AVL equipment to increase capabilities in region by December 31, 2022.

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| <p><b>Objective 2.3.</b> Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31<sup>st</sup> annually.</p> | <p><b>Strategy 2.3.1.</b> Identification of operational opportunities by WC EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County by June 30th annually.</p> <p><b>Strategy 2.3.2.</b> <del>Deliver EMS Oversight Program with</del> MAAs/MOUs with partner agencies as necessary by December 31, annually.</p> <p><b>Strategy 2.3.3.</b> Provide an <u>annual</u> update to EMS Advisory Board on all MA/MOU process changes, additional agreements <u>and provide any recommendations</u> by <u>February 28</u> annually.</p> |
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### Goal #3

Improve communications between EMS partners \_\_\_\_\_ by June 30, 2021.

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| <p><b>Objective 3.1.</b> Enhance radio communication systems within Washoe County by June 30, 2021.</p>   | <p><b>Strategy 3.1.1.</b> REMSA will ensure interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System by December 31, 2016.</p> <p><b>Strategy 3.1.2.</b> Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by June 30, 2017.</p> <p><b>Strategy 3.1.3.</b> 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, 2018.</p> <p><b>Strategy 3.1.4.</b> REMSA and regional public safety partners will develop a plan to upgrade system based on jurisdictional analysis, in alignment with WCRCS target date of June 30, 2021.</p> |
| <p><b>Objective 3.2.</b> Establish a CAD-to-CAD (computer aided dispatch) interface between the primary PSAP and REMSA dispatch center by December 31, 2017.</p>                      | <p><b>Strategy 3.2.1.</b> Create a regional workgroup to design the elements of the CAD-to-CAD interface increasing interoperability between dispatch centers by January 31, 2016.</p> <p><b>Strategy 3.2.2.</b> Complete configuration process that includes development of the data exchange overview document and implementation by December 31, 2017.</p> <p><b>Strategy 3.2.3.</b> Provide process updates to EMS Advisory Board quarterly, beginning April 7, 2016.</p>   |
| <p><b>Objective 3.3.</b> Establish a two-way interface to provide visualization of AVL for all EMS vehicles for the primary PSAPs and REMSA dispatch center by December 31, 2017.</p> | <p><b>Strategy 3.3.1.</b> Complete a regional assessment to identify and understand AVL existing capabilities by December 31, 2016.</p> <p><b>Strategy 3.3.2.</b> Develop regional process that will utilize the AVL technology to visualize EMS vehicles in both the primary PSAPs and REMSA dispatch center by December 31, 2017.</p> <p><b>Strategy 3.3.3.</b> If applicable, purchase and install additional AVL equipment to increase capabilities in region by December 31, 2017.</p>   |

### Goal #3

Improve communications between EMS partners \_\_\_\_\_ by June 30, 2021.

CAD to CAD; First Net; P25 communications; Communication advances –consumer (Uber/Lyft); Leverage communication technologies; modernize response map; one dispatch center.

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| <p><b>Objective 3.1.</b> Enhance radio communication systems within Washoe County by June 30, 2021.</p> <p><a href="#">Harris P25 Contract signed 9/27 November 2018</a><br/> <a href="#">Begins detail design process – April 30, 2019.</a><br/> <a href="#">Changes for WC not until 2021.</a></p> | <p><b>Strategy 3.1.2.</b> Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by _____.</p> <p><b>Strategy 3.1.1.</b> REMSA will <u>maintain</u> interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System <u>through WCRCS P25 upgrade system roll out.</u></p> <p><b>Strategy 3.1.3.</b> 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<del>2019</del>.</p> <p><b>Strategy 3.1.4.</b> REMSA and regional public safety partners will develop a plan to upgrade system based on jurisdictional analysis, in alignment with WCRCS target date of June 30, 2021.</p> |
| <p><b>Objective 3.2.</b> Establish a CAD-to-CAD (computer aided dispatch) interface between the primary PSAP and REMSA dispatch center by _____.</p>   | <p><b>Strategy 3.2.1.</b> Create a regional workgroup to design the elements of the CAD-to-CAD interface increasing interoperability between dispatch centers by _____.</p> <p><b>Strategy 3.2.2.</b> Complete configuration process that includes development of the data exchange overview document and implementation by _____.</p> <p><b>Strategy 3.2.3.</b> Provide process updates to EMS Advisory Board quarterly, beginning April 7, 2016.</p>  |

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| <p><b>Objective 3.3.</b> Establish a two-way interface to provide visualization of AVL for all EMS vehicles for the primary PSAPs and REMSA dispatch center by _____.</p> | <p><b>Strategy 3.3.1.</b> Complete a regional assessment to identify and understand AVL existing capabilities by _____.</p> <p><b>Strategy 3.3.2.</b> Develop regional process that will utilize the AVL technology to visualize EMS vehicles in both the primary PSAPs and REMSA dispatch center by _____.</p> <p><b>Strategy 3.3.3.</b> If applicable, purchase and install additional AVL equipment to increase capabilities in region by _____.</p> |
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### Goal #3

Improve communications between EMS partners \_\_\_\_\_ by June 30, 2021.

CAD to CAD; First Net; P25 communications; Communication advances –consumer (Uber/Lyft); Leverage communication technologies; modernize response map; one dispatch center.

**Objective 3.1.** Enhance radio communication systems within Washoe County by June 30, 2021.

Harris P25  
Contract signed 9/27  
Kick off meeting,  
November 2018  
Begins detail design  
process – April 30, 2019.  
Changes for WC not until  
2021.

**Strategy 3.1.2.** Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by \_\_\_\_\_.

**Strategy 3.1.1.** 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 system, coordinating with contractor and WCRCS, by June 30, 2020.

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**Objective 3.2.** Establish a CAD-to-CAD (computer aided dispatch) interface between the City of Reno PSAP and REMSA dispatch center by \_\_\_\_\_.

**Strategy 3.2.2.** Implement configuration process regarding data exchange by \_\_\_\_\_.

**Strategy 3.2.3.** Provide process updates to EMS Advisory Board quarterly, beginning April 7, 2016.

\*put in something about TMFPD/SFD in with goal dates

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**Deleted: Objective 3.3.** Establish a two-way interface to provide visualization of AVL for all EMS vehicles for the primary PSAPs and REMSA dispatch center by \_\_\_\_\_.

**Deleted: Strategy 3.3.1.** Complete a regional assessment to identify and understand AVL existing capabilities by \_\_\_\_\_.

**Strategy 3.3.2.** Develop regional process that will utilize the AVL technology to visualize EMS vehicles in both the primary PSAPs and REMSA dispatch center by \_\_\_\_\_.

**Strategy 3.3.3.** If applicable, purchase and install additional AVL equipment to increase capabilities in region by \_\_\_\_\_.

### Goal #3

Improve communications between EMS partners \_\_\_\_\_ by June 30, 2021.

CAD to CAD; First Net; P25 communications; Communication advances –consumer (Uber/Lyft); Leverage communication technologies; modernize response map; one dispatch center.

**Objective 3.1.** Enhance radio communication systems within Washoe County by June 30, 2021.

[Harris P25 Contract signed 9/27](#)  
[Kick off meeting, November 2018](#)  
[Begins detail design process – April 30, 2019.](#)  
[Changes for WC not until 2021.](#)

**Strategy 3.1.1.** Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by \_\_\_\_\_.

**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 system, coordinating with contractor and WCRCS, by June 30, 2020.

**Objective 3.2.** Establish a CAD-to-CAD (computer aided dispatch) interface between the City of Reno PSAP and REMSA dispatch center by \_\_\_\_\_.

**Strategy 3.2.1.** Implement configuration process regarding data exchange by \_\_\_\_\_.

**Strategy 3.2.2.** Provide process updates to EMS Advisory Board quarterly, beginning April 7, 2016.

\*put in something about TMFPD/SFD in with goal dates

### Goal #3

Improve communications between EMS partners through advances in communication technologies by June 30, 2021.

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**Objective 3.1.** Enhance radio communication systems within Washoe County by June 30, 2021.

**Strategy 3.1.1.** After JOC determination, obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by December 2019.

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**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 system, coordinating with contractor and WCRCS, by June 30, 2020.

**Objective 3.2.** Establish a CAD-to-CAD (computer aided dispatch) interface between the three PSAPs and REMSA dispatch center by December 2021.

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

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

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**Strategy 3.2.3.** Begin work on dispatch policies, processes, procedures and training on CAD-to-CAD by April 2019.

**Strategy 3.2.4.** The additional PSAPs will implement CAD-to-CAD by December 2021.

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Possible Objective 3.3 – Uber/Lyft included in disaster preparedness.

### Goal #3

Improve communications between EMS partners through advances in communication technologies by June 30, 2021.

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**Objective 3.1.** Enhance radio communication systems within Washoe County by June 30, 2021.

**Strategy 3.1.1.** After JOC determination, obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by December 2019.

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**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 system, coordinating with contractor and WCRCS, by June 30, 2020.

**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.

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

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**Strategy 3.2.3.** Begin work on dispatch policies, processes, procedures and training on CAD-to-CAD by October April 2020. **Strategy 3.2.4.** The additional PSAPs will implement CAD-to-CAD by December 2022.

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### Goal #3

Improve communications between EMS partners through advances in communication technologies by June 30, 2021.

**Objective 3.1.** Enhance radio communication systems within Washoe County by June 30, 2021.

**Strategy 3.1.1.** After JOC determination, obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by December 2019.

**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 system, coordinating with contractor and WCRCS, by June 30, 2020.

**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.** City of Reno to implement configuration process regarding data exchange by December 2019.

**Strategy 3.2.3.** Begin work on dispatch 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 #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 -**

Improve continuity of care \_\_\_\_\_ by \_\_\_\_\_.

EPCR, Advances in training, shared training efforts, and upgrading facility training

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| <p><b>Objective 4.1.</b> Develop a process to improve the flow of patient information throughout the prehospital setting by December 31, 2018.</p> | <p><b>Strategy 4.1.1.</b> Identify the electronic patient care reporting (ePCR) software being utilized or purchased for use in the region by June 30, 2016.</p> <p><b>Strategy 4.1.2.</b> Evaluate how to transfer information between the ePCR from the fire response unit to the REMSA response unit by December 31, 2016.</p> <p><b>Strategy 4.1.3.</b> Evaluate existing processes for transferring all prehospital care information to hospital personnel and implement process improvement by June 30, 2018.</p> <p><b>Strategy 4.1.4.</b> Create and conduct training on regional policy, to include pertinent information required for seamless transfer of patient care from agency to agency by December 31, 2018.</p>   |
| <p><b>Objective 4.2.</b> Produce an annual report on EMS system performance that includes hospital outcome data by <u>January 31, 2021</u>.</p>    | <p><b>Strategy 4.2.1.</b> Collaborate with <u>the ED Consortium</u> on data available for submission to the EMS Oversight Program for cardiac, stroke and stemi patients by <u>February 7, 2020</u>.</p> <p><b>Strategy 4.2.2.</b> Pilot the annual report with hospital outcome data with one regional hospital by <u>April 2020</u>.</p> <p><b>Strategy 4.2.3.</b> Draft for distribution an annual report with relevant regional hospital partner data included by June 30, <u>2020</u>.</p> <p><b>Strategy 4.2.4.</b> Review annual report with ePCR implementation and determine enhancements available for hospital outcome data by October 31, <u>2020</u>.</p> <p><b>Strategy 4.2.5.</b> Draft for distribution of an annual report with enhanced data included by <u>January 31, 2021</u>.</p> |

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### Goal #4

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

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**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 #4 -**

Improve continuity of care \_\_\_\_\_ by \_\_\_\_\_.

EPCR, Advances in training, shared training efforts, and upgrading facility training

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**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.

Additional objectives?

### Goal #4

Design an enhanced EMS response system through improved continuity of care by December 31, ~~2018~~.

**Deleted:** effective regional protocols and quality assurance

**Deleted:** 2018

**Objective 4.1.** Establish a regional process that continuously examines performance of the EMS system by **December 31, 2018**.

**Strategy 4.1.1.** Create a regional team, including PMAC representation, which would work to improve the system through examination of system performance by **December 31, 2018**.

**Strategy 4.1.2.** Determine team goals and identify initial performance measures to be utilized to continuously improve processes by **December 31, 2018**.

**Strategy 4.1.3.** Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by **January 2019**.

**Strategy 4.1.4.** Present information from the quarterly meeting to the appropriate entity, beginning **April 2019**.

**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.

New objective - possible reword to show continued work on protocols?

Objective 5.1. Develop a regional set of protocols for the delivery of prehospital patient care by April 1, 2018.

Strategy 5.1.2. Coordinate with PMAC to develop regional protocols based on national standards and recent clinical studies, by September 30, 2017, amend as needed with a minimum annual review.

Strategy 5.1.3. Presentation to the EMS Advisory Board of the regional protocols and conflict resolution procedure for prehospital care by October 2017.

Strategy 5.1.4. Create and conduct training on regional protocols for prehospital care by February 28, 2018.

**- Goal #5 -**

Design an enhanced EMS response system through effective regional protocols and quality assurance by December 31, 2018.

System-wide integration of AVL, efficient resource management, creating a cooperating regional system, regionalization

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| <p><b>Objective 5.2.</b> Establish a regional process that continuously examines performance of the EMS system by December 31, 2018.</p> | <p><b>Strategy 5.2.1.</b> Create a regional team, including PMAC representation, which would work to improve the system through examination of system performance by December 31, 2018.</p> <p><b>Strategy 5.2.2.</b> Determine team goals and identify initial performance measures to be utilized to continuously improve processes by December 31, 2018.</p> <p><b>Strategy 5.2.3.</b> Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by January 2019.</p> <p><b>Strategy 5.2.4.</b> Present information from the quarterly meeting to the appropriate entity, beginning April 2019.</p> |

**Deleted: Objective 5.1.** Develop a regional set of protocols for the delivery of prehospital patient care by April 1, 2018. ¶

**Deleted: Strategy 5.1.1.** Review current protocols for each regional agency to determine differences and opportunities for improvement by October 31, 2016. ¶

**Strategy 5.1.2.** Coordinate with PMAC<sup>1</sup> to develop regional protocols based on national standards and recent clinical studies, by September 30, 2017, amend as needed with a minimum annual review. ¶

**Strategy 5.1.3.** Presentation to the EMS Advisory Board of the regional protocols and conflict resolution procedure for prehospital care by October 2017. ¶

**Strategy 5.1.4.** Create and conduct training on regional protocols for prehospital care by February 28, 2018.¶

**- Goal #5 -**

Design an enhanced EMS response system through improved continuity of care by December 31, ↓

**Deleted:** effective regional protocols and quality assurance

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System-wide integration of AVL, efficient resource management, creating a cooperating regional system, regionalization

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\*possible reword to show continued work on protocols

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**Deleted: Strategy 5.1.1.** Review current protocols for each regional agency to determine differences and opportunities for improvement by October 31, 2016. ¶

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**Strategy 5.1.2.** Coordinate with PMAC<sup>1</sup> to develop regional protocols based on national standards and recent clinical studies, by September 30, 2017, amend as needed with a minimum annual review. ¶

¶  
**Strategy 5.1.3.** Presentation to the EMS Advisory Board of the regional protocols and conflict resolution procedure for prehospital care by October 2017. ¶

¶  
**Strategy 5.1.4.** Create and conduct training on regional protocols for prehospital care by February 28, 2018.¶

**Objective 5.2.** Establish a regional process that continuously examines performance of the EMS system by December 31, 2018.

**Strategy 5.2.1.** Create a regional team, including PMAC representation, which would work to improve the system through examination of system performance by December 31, 2018.

**Strategy 5.2.2.** Determine team goals and identify initial performance measures to be utilized to continuously improve processes by December 31, 2018.

**Strategy 5.2.3.** Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by January 2019.

**Strategy 5.2.4.** Present information from the quarterly meeting to the appropriate entity, beginning April 2019.

## Goal #

Community paramedicine, alternate response for super utilizers, Open Lattice, MOST, etc.

**Objective** \_\_\_\_\_. Develop a process to identify the recurrent callers in the community by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Research HIPAA limitations for data sharing amongst first-responder and healthcare agencies.

**Strategy** \_\_\_\_\_. Develop the process and/or variables for defining and identifying recurrent callers in the community by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Create a community committee/workgroup to review possible recurrent callers that could be eligible for the recurrent caller program by \_\_\_\_\_.

**Objective** \_\_\_\_\_. Establish a program to provide recurrent callers with other resource options by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Complete an assessment of social, health and other community services that are available for recurrent callers by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Establish a Countywide program for providing recurrent callers with resources/options other than 911 by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Analyze impact annually and report to the EMS Advisory Board, beginning \_\_\_\_\_.

### Goal #

Community paramedicine, alternate response for super utilizers, Open Lattice, MOST, etc.

**Objective** \_\_\_\_\_. Develop a process to identify and report the recurrent callers in the community by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Research HIPAA limitations for data sharing amongst first-responder and healthcare agencies.

**Strategy** \_\_\_\_\_. Develop the process and/or variables for defining and identifying recurrent callers in the community by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Identify the community partner to report recurrent caller information for follow-up by

**Deleted:** Create a community committee/workgroup to review possible recurrent callers that could be eligible for the recurrent caller program by \_\_\_\_\_.

**Objective** \_\_\_\_\_. Establish a program to provide recurrent callers with other resource options by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Complete an assessment of social, health and other community services that are available for recurrent callers by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Establish a Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911 by \_\_\_\_\_.

**Strategy** \_\_\_\_\_. Determine data elements required for committee/workgroup program verification by

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**Strategy** \_\_\_\_\_. Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning \_\_\_\_\_.



## Goal #

Community paramedicine, alternate response for super utilizers, Open Lattice, MOST, Help Office – WCSO, etc.

**Objective** \_\_\_\_\_. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.

**Strategy** \_\_\_\_\_. Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.

**Strategy** \_\_\_\_\_. Identify the community partner to report recurrent caller information for follow-up by July 31, 2019

**Strategy** \_\_\_\_\_. Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system, by December 31, 2019.

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**Objective** \_\_\_\_\_. Participate in community workgroup to provide recurrent callers with other resource options by November 30, 2021.

**Strategy** \_\_\_\_\_. Obtain information regarding social, health and other community services that are available for recurrent callers by March 31, 2019.

**Strategy** \_\_\_\_\_. Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911 by December 31, 2020.

**Strategy** \_\_\_\_\_. Determine data elements required for committee/workgroup program verification by June 30, 2021

**Strategy** \_\_\_\_\_. Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 2021.

**Goal #** \_\_\_\_\_ by November 2021.

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Community paramedicine, alternate response for super utilizers, Open Lattice, MOST, [Help Office – WCSO](#), etc.

**Objective** \_\_\_\_\_. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.

**Strategy** \_\_\_\_\_. Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.

**Strategy** \_\_\_\_\_. Identify the community partner to report recurrent caller information for follow-up by July 31, 2019.

**Strategy** \_\_\_\_\_. Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system by December 31, 2019.

**Objective** \_\_\_\_\_. Participate in community workgroup to provide recurrent callers with other resource options by November 30, 2021.

**Strategy** \_\_\_\_\_. Obtain information regarding social, health and other community services that are available for recurrent callers by March 31, 2019.

**Strategy** \_\_\_\_\_. Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911 by December 31, 2020.

**Strategy** \_\_\_\_\_. Determine data elements required for committee/workgroup program verification by June 30, 2021.

**Strategy** \_\_\_\_\_. Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 2021.

## Goal # 5

Identify recurrent callers through partnership with community programs by November 2021.

**Objective 5.1.** Develop a process to identify and report the recurrent callers in the community by December 31, 2019.

**Strategy 5.1.1.** Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.

**Strategy 5.1.2.** Identify the community partner to report recurrent caller information for follow-up by July 31, 2019.

**Strategy 5.1.3.** Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system by December 31, 2019.

**Objective 5.2.** Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system by November 30, 2021.

**Strategy 5.2.1.** Obtain information regarding social, health and other community services that are available for recurrent callers by March 31, 2019.

**Strategy 5.2.2.** Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911 by December 31, 2020.

**Strategy 5.2.3.** Determine data elements required for committee/workgroup program verification by June 30, 2021.

**Strategy 5.2.4.** Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 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 2021.</p>   | <p><b>Strategy 6.1.1.</b> Create a Gantt chart for the regional partners with the details of the goals by October 31, 2016.</p> <p><b>Strategy 6.1.2.</b> Develop 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, beginning January 2017.</p> |
| <p><b>Objective 6.2.</b> Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiatives by January 31, 2017.</p> | <p><b>Strategy 6.2.1.</b> Create a reporting structure for the signatories of the Inter-Local Agreement and ambulance franchisee Board to receive updates on the status of the regional EMS system, biannually, beginning January 2017.</p>  |

New objectives (year 4 update of plan)

- New SWOT analysis
- Annual report
- Process to work with EHS about planned developments in Washoe

## 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>  |
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| <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> |

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Washoe County EMS  
Strategic Plan  
2019-2023

FINAL DRAFT



**Public Health**  
Prevent. Promote. Protect.

The Washoe County Emergency Medical Services (EMS) Five-Year Strategic Plan was created with EMS Advisory Board support, and developed and/or reviewed by the following agencies:

**Stakeholder Organizations and County Departments**

Airport Authority Fire Department  
Gerlach Volunteer Fire Department  
North Lake Tahoe Fire Protection District  
Pyramid Lake Fire Rescue  
REMSA  
Reno Dispatch  
Reno Fire Department  
Sparks Dispatch  
Sparks Fire Department  
Truckee Meadows Fire Protection District  
Washoe County Communications  
Washoe County EMS Oversight Program  
Washoe County Shared Communication System

**Approved By**

District Board of Health  
EMS Advisory Board

**Distributed To**

Incline Village Community Hospital  
Northern Nevada Medical Center  
Renown Regional Medical Center  
Saint Mary's Regional Medical Center  
Stakeholder Organizations and County Departments  
Veterans Affairs Sierra Nevada Health Care System

**Table of Contents**

Strategic Plan at a Glance..... 4

Executive Summary ..... 5

Emergency Medical Services Mission, Vision and Values..... 6

Emergency Medical Services Authority..... 7

Strategic Plan Process, Objectives and Implementation..... 11

Goal #1 ..... 12

Goal #2..... 13

Goal #3..... 15

Goal #4..... 16

Goal #5..... 17

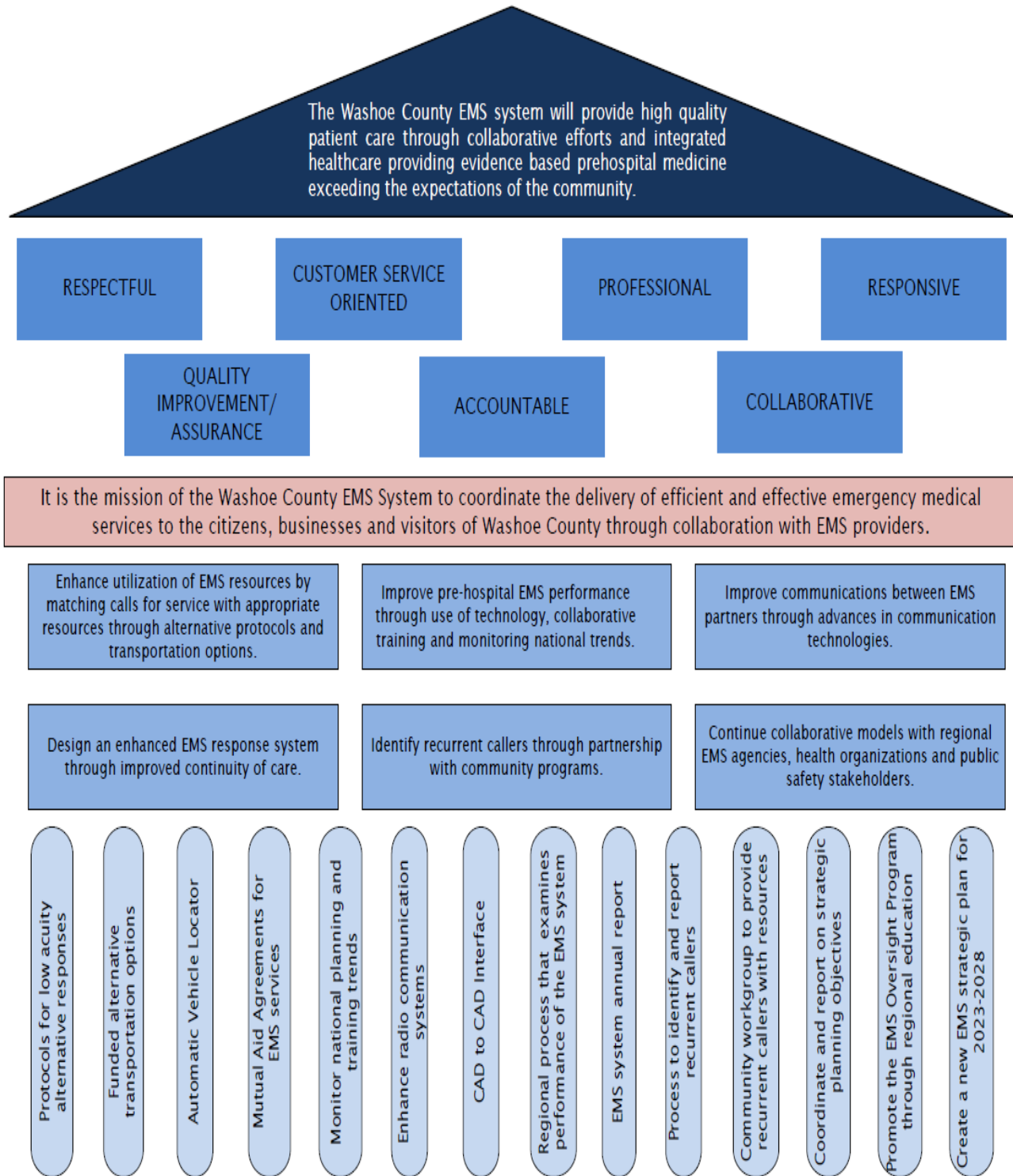
Goal #6..... 18

Strategic Plan Evaluation and Update ..... 19

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## Strategic Plan at a Glance



## Executive Summary

Washoe County is the second largest EMS region in the state of Nevada. It is 6,551 square miles in size and has approximately 433,000 residents. Washoe County is diverse geographically in its mountainous, urban, suburban, rural and wilderness/frontier terrain.

There are many EMS system stakeholder organizations including police and fire agencies, dispatch centers, healthcare organizations, and a contracted ambulance provider. The current ambulance contractor provides service to Washoe County; excluding the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District.

The best EMS systems are based on collaborations among the diverse organizations that comprise the EMS system. When these organization's strengths are emphasized by system-wide integration and a culture of trust, the EMS system can more effectively capitalize on new opportunities and mitigate threats to the system. The planning process for Washoe County was supported by and involved EMS stakeholder leadership.

The initial Washoe County EMS Five-Year Strategic Plan was created between August 2015 and October 2016 to guide the future direction of the Washoe County EMS System. The assessment process evaluated the strengths and weaknesses, as well as the opportunities and threats facing the EMS system from national, regional and local influences. The information obtained through the analysis created goals to optimize the structure, processes, and outcomes of the EMS Strategic Plan, focusing on: 1) maintaining or improving clinical care and patient satisfaction; and 2) improving operational efficiency and collaboration across the region.

The strategic planning process was collaborative and included consensus building processes within the region and provided periodic updates to the EMS Advisory Board and District Board of Health. The results of this process were the EMS System's Mission, Vision, Values, Goals and Objectives. The first iteration of the EMS Strategic Plan was approved by the EMS Advisory Board on October 6, 2016, and approved by the District Board of Health on October 27, 2016.

In August 2018, the stakeholders reconvened to conduct an assessment of the current EMS Strategic Plan and discuss additional ideas for improving the EMS system. The stakeholders then met on a monthly basis to revise the plan and develop new goals, objectives and strategies. The Washoe County EMS Strategic Plan (2019-2023) was approved by the EMS Advisory Board on \_\_\_\_\_, 2019, and approved by the District Board of Health on \_\_\_\_\_, 2019.

The six goals within Washoe County EMS Strategic Plan are most relevant to the EMS

system's ability to adapt to the changing healthcare environment, specifically focusing on pre-hospital care. Three goals within the strategic plan focus on improvements related to clinical care and matching resources with patient needs. The remaining three goals focus on improving operational efficiencies within the county, both internally and externally through collaboration. These include proposed changes to existing processes that will positively impact the EMS System in its entirety.

## Emergency Medical Services Mission, Vision and Values

### Mission Statement

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

### Vision

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

### Values of the Washoe County EMS System

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

## Emergency Medical Services Authority

Washoe County is comprised of three political jurisdictions, the City of Reno, City of Sparks and unincorporated Washoe County. In addition to the political bodies and their operational policy decisions, the State Division of Public and Behavioral Health also oversees EMS licensing and certifications within Washoe County.

There are multiple regulations that impact how the EMS system operates in Washoe County. At the State level, Nevada Revised Statute 450B is the overarching legislation that identifies minimum requirements for EMS services. In addition, the Nevada Administrative Code includes codified regulations for EMS personnel and agencies.

At the local government level, by the authority established through Nevada Revised Statute (NRS 439.370 et seq.) and the 1986 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health (DBOH). Through this authority, the DBOH established an exclusive ambulance franchise in August 1986 in Washoe County, excluding Gerlach and the North Lake Tahoe Fire Protection District. This Franchise was awarded to the Regional Emergency Medical Services Authority (REMSA) in May 1987. Through a regional process, the agreement was amended, restated and approved by the DBOH in May 2014. As part of the regional process, one recommendation for improvement of the delivery of patient care and outcomes and the delivery of emergency medical services, was the creation of a Regional Emergency Medical Oversight Program through an Inter Local Agreement (ILA).

The ILA was fully executed in August 2014, and is an agreement between five political jurisdictions; City of Sparks<sup>1</sup>, City of Reno<sup>2</sup>, Washoe County Board of County Commissioners<sup>3</sup>, District Board of Health<sup>4</sup>, and Truckee Meadows Board of Fire Commissioners<sup>5</sup>. The ILA establishes an Emergency Medical Services Advisory Board (EMS Advisory Board).

The EMS Advisory Board is comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)

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<sup>1</sup> Referred to as "SPARKS" within the ILA

<sup>2</sup> Referred to as "RENO" within the ILA

<sup>3</sup> Referred to as "WASHOE" within the ILA

<sup>4</sup> Referred to as "DISTRICT" within the ILA

<sup>5</sup> Referred to as "FIRE" within the ILA

f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

The purpose of the EMS Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program and to discuss issues related to regional emergency medical services. The function of the EMS Advisory Board is to thoroughly discuss changes within the regional EMS system prior to making recommendations to the respective Board(s), of the five signatories, and placing items on an agenda for possible approval and implementation.

Additionally, the EMS Advisory Board can make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by the Managers of the City of Reno, City of Sparks and Washoe County, striving to have a uniform system maintained for the region whenever possible.

The ILA also established the Regional Emergency Medical Services Oversight Program (Program). The purpose of the Program is to provide oversight of all emergency medical services provided by the EMS personnel within the signatory jurisdictions, as well as REMSA. Additionally, the Program is expected to achieve the duties outlined within the ILA. The program consists of a Program Manager, Program Coordinator and Statistician. The eight duties specifically detailed within the ILA are:

1. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services;
2. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
3. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
4. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS, WASHOE, FIRE and REMSA;
5. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map;

6. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT to be analyzed and evaluated for potential recommendations regarding EMS response services in order to optimize the performance of system resources;
7. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA, covering the preceding fiscal year (July 1<sup>st</sup> to June 30<sup>th</sup>), containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise;
8. Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform, including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.

The ILA also outlines the duties of the signatories, which support the expectation that the strategic planning objectives will be achieved. Those duties are:

- a. Providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services, for review, study and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) - to - CAD two-way interface with REMSA, which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates;
- d. Working cooperatively with DISTRICT to provide input to the development of the Five Year Strategic Plan and to ensure consistent two-way communication and coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future, as technologies, equipment, systems, and protocols evolve;

- e. Participating on the Regional Emergency Medical Services Advisory Board;
- f. Striving to implement recommendations of DISTRICT, or submitting those recommendations to their governing bodies for consideration and possible action, if determined necessary and appropriate by the respective managers; and
- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation, or for consideration and possible action by the District Board of Health, if determined necessary and appropriate by the District Health Officer.

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## Strategic Plan Process, Objectives and Implementation

Washoe County has a two tiered system response to emergency medical calls. When an individual dials 9-1-1, the call routes through one of three Public Safety Answering Points (PSAPs): Reno, Sparks or Washoe County. Jurisdictional fire departments are dispatched to a medical call by PSAP personnel. If appropriate, the caller is then transferred to REMSA's communications center for Emergency Medical Dispatch (EMD). EMD allows REMSA dispatch to prioritize the caller's chief complaint, to dispatch appropriate resources, and provide pre-arrival instruction to the caller.

There are several agencies and organizations involved in the response to an emergency medical call. The EMS Advisory Board recognizes the need to provide optimal emergency care under the varied conditions throughout Washoe County. Therefore, the EMS Advisory Board strives to influence the coordination of all stakeholders, as it develops and sustains a system to ensure appropriate and adequate emergency medical services. With this in mind, the Five-Year EMS strategic plan was constructed.

To ensure the objectives of the entire region were considered, the EMS Working Group convened and participated in a SWOT analysis. The SWOT analysis looks at the strengths (internal), weaknesses (internal), opportunities (external), and threats (external) for the regional EMS system. Representatives from both dispatch and operations for the EMS agencies provided input and feedback on the development of the strategic plan. The EMS Oversight Program met frequently with the representatives to review the goals, objectives, and strategies, while discussing realistic timelines for implementation. These meetings were an integral part of the process to ensure the regional planning goals mirrored the jurisdictional strategic planning goals of the individual EMS agencies. This culminated in the development of a regional strategic plan for the EMS Advisory Board's consideration.

The Washoe County EMS strategic plan includes goals, objectives and strategies. The six goals of the strategic plan are broad statements, to identify future achievements of the Washoe County EMS system. Each goal includes objectives designed to measure progress towards the attainment of the goal. The strategies for each goal describe a major approach or method for attaining the objectives.

Additionally, the strategic plan outlines the method to achieve effective and efficient solutions to system-wide challenges. The strategic plan calls for maximum collaboration, to achieve the objectives and strategies within the five year planning period (2019-2023). Through continued collaboration, the strategic plan can be updated to capitalize on new opportunities or to mitigate threats to the system. This process will ensure key stakeholders remain involved in regional emergency medical services planning activities.



## Goal #1

Enhance utilization of EMS resources by matching calls for service with appropriate resources through alternative protocols and transportation options by November 4, 2021.

**Objective 1.1.** Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019.

**Strategy 1.1.1.** Develop regional Standard Operating Procedures to address responses to low acuity calls by January 1, 2019.

**Strategy 1.1.2.** Determine data elements required for process verification by January 30, 2019.

**Strategy 1.1.3.** Presentation to the EMS Advisory Board about service levels for low acuity calls by February 7, 2019.

**Strategy 1.1.4.** Analyze, interpret and report data elements to EMS Advisory Board and partner agencies biannually, beginning July 1, 2019.

**Objective 1.2.** Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.

**Strategy 1.2.1.** Continue research on alternative transportation options utilized across the United States, by October 31, 2020.

**Strategy 1.2.2.** If applicable, develop processes to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician's office criteria), by August 31, 2021.

**Strategy 1.2.3.** If applicable, obtain approval by the EMS Advisory Board for standardized procedures for patients to receive funded alternative transportation to obtain medical care, by November 4, 2021.

## Goal #2

Improve pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 1, 2023.

### **Objective 2.1.**

Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by February 2023.

**Strategy 2.1.1.** Verify and revise the regional assessment to update existing AVL capabilities equipment and recognize other potential factors for dispatching the closest EMS responder by June 30, 2020.

**Strategy 2.1.2.** Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board, by December 31, 2021.

**Strategy 2.1.3.** Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.

**Strategy 2.1.4.** Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 2023.

**Objective 2.2.** Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31<sup>st</sup> annually.

**Strategy 2.2.1.** Identification of operational opportunities by Washoe County EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County annually.

**Strategy 2.2.2.** Deliver EMS Oversight Program agency MAAs/MOUs with partner agencies as necessary by December 31, annually.

**Strategy 2.2.3.** Provide an annual update to EMS Advisory Board on all MAA/MOU process changes, additional agreements and any recommendations by February 28 annually.

## Goal #2 (continued)

Improve pre-hospital EMS performance through use of technology, collaborative training, and monitoring national trends by February 1, 2023.

**Objective 2.3.** Monitor national trends and plan for response, specifically active assailant, by December 31, 2020.

**Strategy 2.3.1.** Identify regional workgroup and integrate to monitor and identify current national trends relating to active assailant response by February 28, 2020.

**Strategy 2.3.2.** Conduct assessment of regional response equipment (protective, medical and supportive) maintained by EMS and law enforcement agencies by March 31, 2020.

**Strategy 2.3.3.** Participate in regional response plan reviews and updates, as requested biennially, or after a national or international incident, beginning April 2020.

### 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 800 MHz Joint Operating Committee 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 (WCRCS) during the 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 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 Pre-hospital Medical Advisory Committee (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 an annual report with enhanced data included by January 31, 2021.

## Goal #5

Identify recurrent callers through partnership with community programs by November 2021.

**Objective 5.1.** Develop a process to identify and report the recurrent callers in the community by December 31, 2019.

**Strategy 5.1.1.** Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.

**Strategy 5.1.2.** Identify the community partner(s) to report recurrent caller information for follow-up by July 31, 2019.

**Strategy 5.1.3.** Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system by December 31, 2019.

**Objective 5.2.** Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system, by November 30, 2021.

**Strategy 5.2.1.** Obtain information regarding social, health and other community services that are available for recurrent callers, by March 31, 2019.

**Strategy 5.2.2.** Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911, by December 31, 2020.

**Strategy 5.2.3.** Determine data elements required for committee/workgroup program verification by June 30, 2021.

**Strategy 5.2.4.** Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 2021.

## Goal #6

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

|  |   |
|--|---|
| <p><b>Objective 6.1.</b><br/>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> |

## Strategic Plan Evaluation and Update

In an effort to ensure the successful implementation of the strategies and objectives of the EMS Advisory Board strategic plan, the EMS Oversight Program will develop a Gantt chart. The chart will be distributed to the regional partners upon approval of the strategic plan by the District Board of Health. The chart will be reviewed semi-annually to ensure all projected timelines remain achievable. Progress on the strategic planning strategies and objectives will be included in the “Program and Performance Data Update” staff report at the EMS Advisory Board meeting.

In 2022, the stakeholders should conduct a SWOT analysis and develop a Washoe County EMS Strategic Plan for 2023-2028. Upon completion, the EMS Oversight Program will bring a new 5-year strategic plan to the EMS Advisory Board for review, input and approval.

DRAFT



EMS Oversight Program, [EMSProgram@washoecounty.us](mailto:EMSProgram@washoecounty.us)



**Staff Report**  
**Board Meeting Date: May 2, 2019**

**TO:** EMS Advisory Board Members  
**FROM:** Heather Kerwin, EMS Statistician  
775-326-6041, [hkerwin@washoecounty.us](mailto:hkerwin@washoecounty.us)  
**SUBJECT:** Presentation and possible acceptance of the mid-year EMS data report.

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**SUMMARY**

The EMS Oversight Program Statistician is providing a mid-year report for Fiscal Year 2019, utilizing the agreed upon template in addition to jurisdictional standards and measurements.

**PREVIOUS ACTION**

During the January 2017 EMSAB meeting, the EMS Advisory Board unanimously approved a motion to accept the proposed template for data.

The EMSAB accepted the presented mid-year EMS data report for Fiscal Year 18 on April 5, 2018.

**BACKGROUND**

In order to determine how to best measure the six topics identified by the jurisdictional fire Chiefs (below), the EMS Statistician coordinated and facilitated four regional EMS data workgroup meetings with representatives from each of the fire jurisdictions and REMSA. The EMS data workgroup was created to determine how to measure the six topics and provide input on the future quarterly data reports.

The following topics were identified by EMS leadership as important to measure:

1. Response Times
2. Patient Outcomes
3. Dispatch/Prioritization of Calls
4. Transport Times
5. Quality of Patient Care in the field
6. Prevention and Community Interventions

Subject: Mid-year EMS Data Report

Date: May 2, 2019

Page 2 of 2

The EMS Advisory Board approved a new template for data and made recommendation to reduce the number of EMS data reports per year from four to two. The mid-year review provides a snapshot illustrating regional EMS system performance and jurisdictional performance measurements. The four regional tables are 1) number and percent matched per REMSA priority; 2) travel time for fire from en route to arrival on scene as median, mean and 90<sup>th</sup> percentile; 3) travel time for REMSA from en route to arrival on scene median, mean and 90<sup>th</sup> percentile; 4) patient perspective from time of initial call to first arriving unit per REMSA priority. The jurisdictional tables and graphs help evaluate performance relative to the standards adhered to by each fire jurisdiction. . Additionally the EMS Advisory Board also approved the inclusion of performance measurement relative to first tier response standards. Due to the data not being received in time, all regional charts have not been able to be completed. Additionally, based on data requests received over the past several months, the statistician would like to include the arrival chart for reference.

### **FISCAL IMPACT**

There is no additional fiscal impact should the EMS Advisory Board move to accept the mid-year EMS data report.

### **RECOMMENDATION**

Staff recommends the Board accept the update regarding the mid-year EMS data report.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the update regarding the mid-year EMS data report".

Attachments:

Mid-Year EMS Data Report

Nurse Health Line Omega Report

## Washoe County Health District EMS Oversight Program Mid-Year Data Report

The regional tables depict analyses approved by the EMS Advisory Board on January 2017. The jurisdictional tables and figures reflect performance relative to the standards and measures adhered to by local fire departments. Regional and jurisdictional performance measure analyses include 911 EMS data for Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, and REMSA.

**NOTE:** Jurisdictional performance analyses are not comparable across the various jurisdictions due to different performance measures being utilized across Washoe County.

- Regional Tables; Table 1- Table 5
- Reno Fire Department
- Sparks Fire Department Jurisdictional Performance; Table 6 & Figure 1
- Truckee Meadows Fire Protection District Jurisdictional Performance; Table 7, Figure 2, Table 8, & Figure 3

### REMSA Call Priority

- Priority 0: Priority Zero, or an unknown priority, occurs when the emergency medical dispatching (EMD) questioning process has begun however either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

**Table 1:** Total number of fire calls that matched to REMSA calls, by REMSA call priority.

Unable to perform due to delay in data received.

**Table 2:** Travel time for fire (time from when fire agency goes en route to fire agency arrival on scene) median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

Unable to perform due to delay in data received.

**Table 3:** Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

Unable to perform due to delay in data received.

**Table 4:** How long a patient is waiting from the initial 911 call to the first arriving unit on scene.

Unable to perform due to delay in data received.

**Table 5:** Jurisdiction arrival on scene by REMSA priority.

Unable to perform due to delay in data received.

### Reno Fire Department

The City of Reno's Master Plan, approved December 13, 2017, provides definitions that can be utilized to assess performance relative to the identified measures, although the document states these are not performance standards.

The first definition is identified as a performance measure to gauge and measure progress toward the guiding principles and goals of the Master plan<sup>1</sup>. The identified definition is to maintain or decrease the fire service average response time of 6 minutes 0 seconds.

**Travel Time:** Fire En Route → Fire Arrival

Unable to perform due to delay in data received.

Additionally, the concurrency management system ensures new development does not decrease existing levels of service targets. Specific to the Reno Fire Department it states that fire stations should be distributed throughout the city and its sphere of influence (SOI) to provide adequate fire protection for the entire city and to provide any one area of the city with an adequate response time. While these are not performance measurement standards, the City of Reno strives for response times as follows<sup>2</sup>:

*Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.*

*Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.*

Unable to perform due to lack of the designation "urban" or "suburban" and delay in data received.

### Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The following SFD analyses only include those Sparks Fire Department calls designated as a Priority 1 per the responding captain.

City of Sparks has not conducted a Standards of Cover study and uses the National Fire Protection Association (NFPA) standards for response time. The NFPA creates and maintains private copyrighted standards and codes for usage and adoption by local governments.

**Per NFPA 1710 4.1.2.1 (2016 Edition)** *A fire department shall establish the following "240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident." for 90 percent of incidents.*<sup>3</sup>

<sup>1</sup> REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

<sup>2</sup> REIMAGINE RENO. (2017). The City of Reno Master Plan, page 183. Reno, NV.

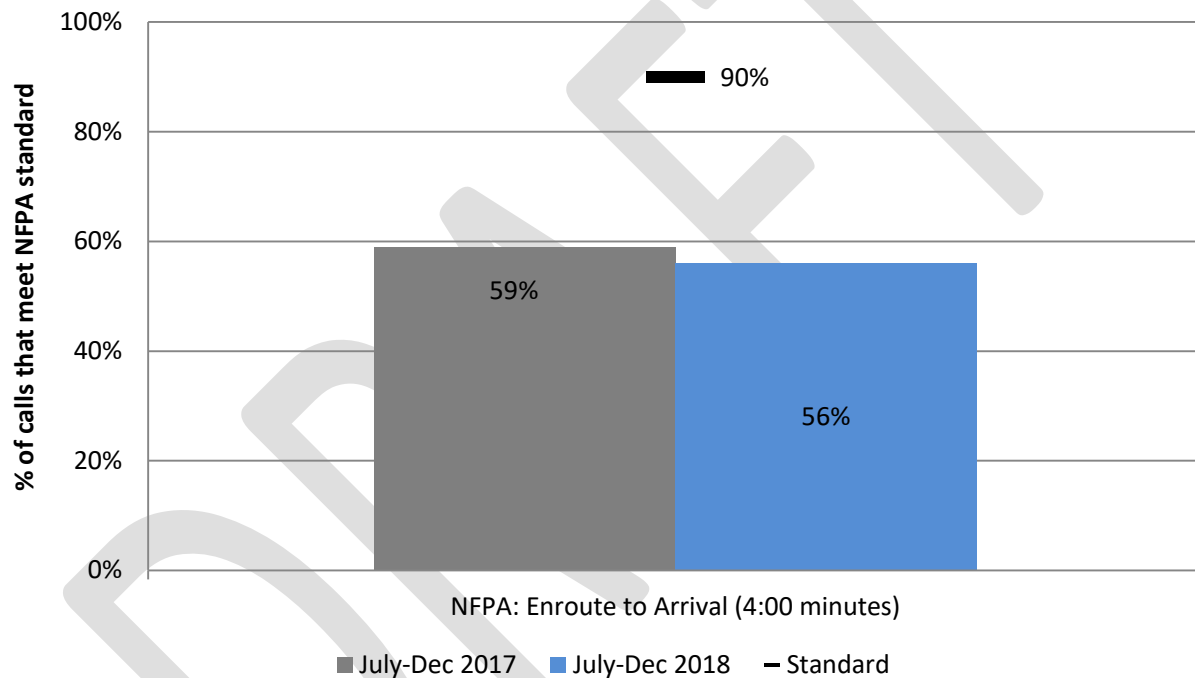
<sup>3</sup> NFPA 1710 Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments. 2016 Edition, page 6. Quincy, MA.

In Table 5, SFD travel time performance per NFPA Standards is displayed. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene. Only SFD designated Priority 1 calls were used for this analysis.

**Table 5: SFD Travel Time Performance per NFPA Standards, July-December 2018**

| Variables                        | Standard                              | Expected | Calls Used | Met Standard |     | Median Time | Average Time |
|----------------------------------|---------------------------------------|----------|------------|--------------|-----|-------------|--------------|
|                                  |                                       | %        | #          | #            | %   |             |              |
| NFPA: Fire<br>Enroute to Arrival | 240 seconds or less<br>(4:00 minutes) | 90%      | 2,604      | 1,470        | 56% | 0:03:46     | 0:04:25      |

**Fig. 1: SFD Travel Time Performance per NFPA Standard, Priority 1 Calls Only, July-December 2017 and July-December 2018**



### Truckee Meadows Fire Protection District

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is provided below.

### Regional Standards of Cover Response Time Recommendations<sup>4</sup>

**Turnout Time:** Fire Dispatch → Fire En route

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

**Travel Time:** PSAP Created → Fire Arrival on Scene

#### **First-Due Service Tier One**

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

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

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

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

In table 6, TMFPD performance per Regional Standards of Cover Tier One is displayed. All TMFPD EMS-related calls that matched to REMSA and were categorized as a Priority 0, Priority 1, or Priority 2 through REMSA's EMD process were analyzed. Unmatched TMFPD calls, or matched REMSA Priority 3 and Priority 9 calls were excluded from the jurisdictional analyses.

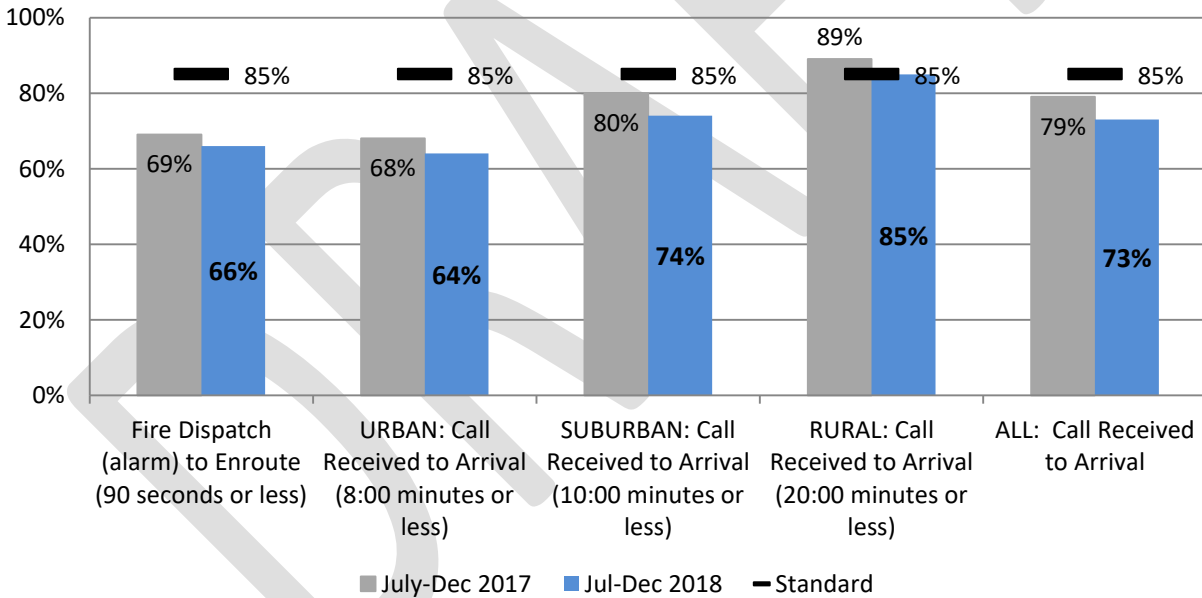
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<sup>4</sup> Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

**Table 6: TMFPD Performance Relative to Standards of Cover, REMSA Priority 1 and Priority 2 calls only, July-December 2018**

| Measurement  | Standard              | Expected | Calls Used | Met Standard |     | Median Time | Average Time |
|--|-----------------------|----------|------------|--------------|-----|-------------|--------------|
|  |                       | %        | #          | #            | %   |             |              |
| Fire Dispatch to Enroute   | 90 seconds or less    | 85%      | 2,639      | 1,745        | 66% | 01:13       | 01:29        |
| <b>Response time measured from call received to arrival time.</b>  |                       |          |            |              |     |             |              |
| URBAN: Call Received to Arrival  | 8:00 minutes or less  | 85%      | 390        | 248          | 64% | 08:13       | 11:00        |
| SUBURBAN: Call Received to Arrival   | 10:00 minutes or less | 85%      | 1,930      | 1,419        | 74% | 09:15       | 13:14        |
| RURAL: Call Received to Arrival  | 20:00 minutes or less | 85%      | 331        | 280          | 85% | 07:43       | 09:40        |
| *ALL: Call Received to Arrival   | Depends on density    | 85%      | 2,651      | 1,947        | 73% | 08:03       | 10:42        |
| *All calls include calls occurring in the frontier which do not have a performance metric and are not included in the rows above the "All" row |                       |          |            |              |     |             |              |

**Figure 2: TMFPD Performance Relative to Standards of Cover Standards, July-December 2017 and July-December 2018**



Additionally, Truckee Meadows Fire Protection District evaluates response times in close alignment with NFPA standards, measuring response time from time of dispatch to the time of arrival. This allows for independent measuring of the call processing time, which is handled by fire dispatchers.

In table 7, the number and percentage of TMFPD EMS calls for service during July to December 2018 that meet performance measures as measured from time of dispatch to time of arrival are displayed. All TMFPD EMS-related calls that matched to REMSA and were categorized as a Priority 0, Priority 1, or

Priority 2 through REMSA’s EMD process were analyzed. Unmatched TMFPD calls, or matched REMSA Priority 3 and Priority 9 calls were excluded from the jurisdictional analyses.

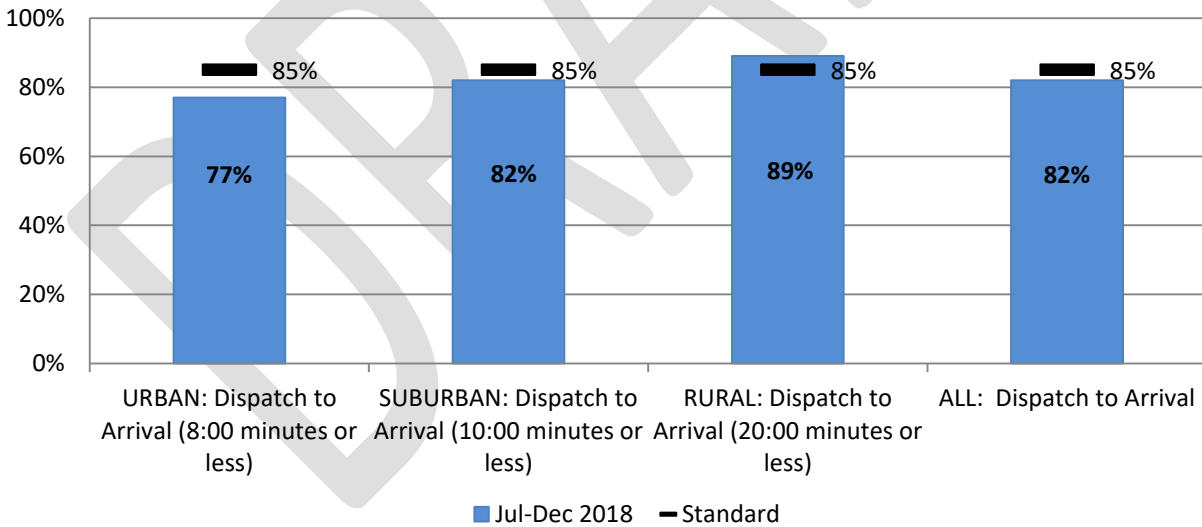
**Table 7: Truckee Meadows Fire Protection District Performance, REMSA Priority 1 and Priority 2 calls only, July-December 2018**

| Measurement   | Standard              | Expected | Calls Used | Met Standard |     | Median Time | Average Time |
|---|-----------------------|----------|------------|--------------|-----|-------------|--------------|
|   |                       | %        | #          | #            | %   |             |              |
| <b>Response time measured from dispatch time to arrival time.</b> |                       |          |            |              |     |             |              |
| URBAN: Dispatch to Arrival  | 8:00 minutes or less  | 85%      | 390        | 301          | 77% | 06:55       | 08:06        |
| *SUBURBAN: Dispatch to Arrival                                    | 10:00 minutes or less | 85%      | 1,929      | 1,587        | 82% | 07:41       | 09:23        |
| RURAL: Dispatch to Arrival  | 20:00 minutes or less | 85%      | 331        | 294          | 89% | 06:23       | 07:17        |
| **ALL: Dispatch to Arrival  | depends on density    | 85%      | 2,650      | 2,182        | 82% | 06:43       | 07:53        |

\*One call in a Suburban area was missing a dispatch time, therefore one fewer call was able to be measured for this category compared to Table 6

\*\*Total all calls include calls occurring in the frontier which do not have a performance metric and are not included in the rows above the "All"

**Figure 3: TMFPD Response Performance Measured from Dispatch to Arrival, July-December 2018**



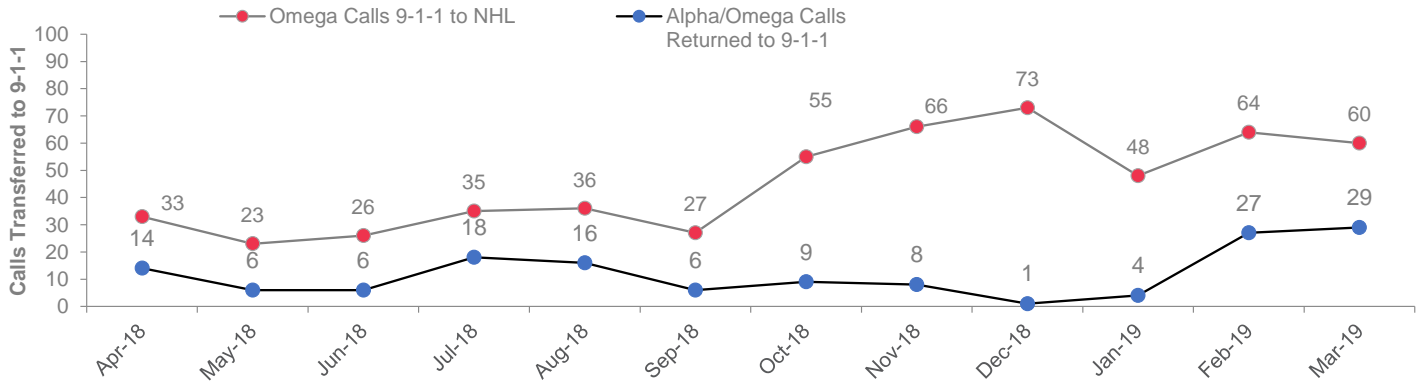




# Nurse Health Line Alpha and Omega Call Report

04/01/2017 - 03/31/2018

**Alpha and Omega Calls Transferred to the Nurse Health Line and Calls Returned to 911**



|              | Total 911 Calls | Alpha/Omega Calls 9-1-1 to NHL | % of Total 911 Calls | Alpha/Omega Calls Returned to 9-1-1 | % of Alpha/Omega Calls Returned to 911 |
|--------------|-----------------|--------------------------------|----------------------|-------------------------------------|--|
| Apr-18       | 7,017           | 33                             | 0.5%                 | 14                                  | 42.4%                                  |
| May-18       | 7,488           | 23                             | 0.3%                 | 6                                   | 26.1%                                  |
| Jun-18       | 7,638           | 26                             | 0.3%                 | 6                                   | 23.1%                                  |
| Jul-18       | 7,763           | 35                             | 0.5%                 | 18                                  | 51.4%                                  |
| Aug-18       | 8,091           | 36                             | 0.4%                 | 16                                  | 44.4%                                  |
| Sep-18       | 7,485           | 27                             | 0.4%                 | 6                                   | 22.2%                                  |
| Oct-18       | 7,582           | 55                             | 0.7%                 | 9                                   | 16.4%                                  |
| Nov-18       | 7,396           | 66                             | 0.9%                 | 8                                   | 12.1%                                  |
| Dec-18       | 7,623           | 73                             | 1.0%                 | 1                                   | 1.4%                                   |
| Jan-19       | 7,610           | 48                             | 0.6%                 | 4                                   | 8.3%                                   |
| Feb-19       | 6,954           | 64                             | 0.9%                 | 27                                  | 42.2%                                  |
| Mar-19       | 7,816           | 60                             | 0.8%                 | 29                                  | 48.3%                                  |
| <b>Total</b> | <b>90,463</b>   | <b>546</b>                     | <b>0.6%</b>          | <b>144</b>                          | <b>26.4%</b>                           |

\* Note: Approved Alpha Determinants were included starting in October 2018

**Staff Report**  
**Board Meeting Date: May 2, 2019**

**TO:** EMS Advisory Board  
**FROM:** Brittany Dayton, EMS Coordinator  
 775-326-6043, [bdayton@washoecounty.us](mailto:bdayton@washoecounty.us)  
**SUBJECT:** Presentation, discussion and possible acceptance of an update on EMS mutual aid agreements (MAAs), an objective of the Washoe County EMS 5-Year Strategic Plan.

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**SUMMARY**

Goal 2 of the Washoe County EMS 5-Year Strategic Plan (2017-2021) is to improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 21, 2021. An element of this goal is an annual review of mutual aid agreements and/or memorandum of understandings (MOUs) that include EMS services for Washoe County.

The purpose of this agenda item is to provide an update to the EMS Advisory Board (Board) on EMS MAAs/MOUs.

**PREVIOUS ACTION**

On October 6, 2016 , the Board approved the Washoe County EMS 5-Year Strategic Plan and recommended presentation to the District Board of Health (DBOH).

The Board accepted a presentation and update on MAAs at the January 4, 2018 meeting.

**BACKGROUND**

Objective 2.3 of the Washoe County EMS 5-Year Strategic Plan (2017-2021) is to increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually. The strategies included in this objective involve an annual review of MAAs with the ability to identify operational opportunities. Partner agencies have the ability to enter into or modify agreements as needed throughout the year and the EMS Oversight Program (Program) is tasked with providing an update to the Board on agreement(s) being implemented or utilized.

To achieve this objective, Program staff requested current MAAs related to EMS services from Washoe County partner agencies. For this review, staff also asked that Chiefs [send any appropriate data related to frequency of use, any issues with requesting mutual aid, and/or any reimbursement concerns](#). When the Chiefs submitted agreements, no agency identified any operational issues with requesting mutual aid, or any reimbursement concerns.

Subject: EMS Mutual Aid  
Date: May 2, 2019  
Page 2 of 2

The Program found the majority of MAAs were recently updated. However, some MAAs were signed by leadership that is no longer in their position. Therefore, the Program continues to recommend that agencies establish an internal process to review MAAs when a new Fire Chief or Chief Executive Officer is hired or set a regular internal review schedule.

Attached is a list of the MAAs the Program received and reviewed.

### **FISCAL IMPACT**

There is no additional fiscal impact to the budget should the Board accept the update on EMS mutual aid agreements.

### **RECOMMENDATION**

Staff recommends the Board accept the update on EMS mutual aid agreements.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the update on regional EMS mutual aid agreements, an objective of the Washoe County EMS 5-Year Strategic Plan."

Attachment:

EMS Mutual Aid, Auto Aid and Cooperative Agreements – 2019 Review

**EMS Mutual Aid, Auto Aid and Cooperative Agreements***Agreement submitted for 2019 review*

| <b>Gerlach</b>            |             |                        |                |
|---------------------------|-------------|------------------------|----------------|
| Agreement                 | Date Signed | EMS Oversight Reviewed | Recommendation |
| Cederville                | 6/28/2016   | 2/20/2019              | N/A            |
| Eagleville                | 6/28/2016   | 2/20/2019              | N/A            |
| Fort Bidwell              | 6/28/2016   | 2/20/2019              | N/A            |
| Surprise Valley           | 6/28/2016   | 2/20/2019              | N/A            |
| Pyramid Lake Paiute Tribe | 7/15/2016   | 2/20/2019              | N/A            |
| Pershing County Fire      | 7/25/2017   | 2/20/2019              | N/A            |

| <b>North Lake Tahoe Fire Protection District</b> |             |                        |                |
|--|-------------|------------------------|----------------|
| Agreement  | Date Signed | EMS Oversight Reviewed | Recommendation |
| Lake Tahoe Regional Fire Chiefs Agreement        | 2012        | 2/20/2019              | Needs update   |
| REMSA  | 6/6/2008    | 2/20/2019              | Needs update   |

| <b>REMSA</b>                               |             |                        |                |
|--|-------------|------------------------|----------------|
| Agreement                                  | Date Signed | EMS Oversight Reviewed | Recommendation |
| Carson City Fire                           | 9/24/2007   | 2/20/2019              | Needs update   |
| Mt. Rose ALS Program                       | 10/27/2016  | 2/20/2019              | N/A            |
| North Lake Tahoe Fire Protection District  | 6/6/2008    | 2/20/2019              | Needs update   |
| North Lyon County Fire Protection District | 10/13/2010  | 2/20/2019              | Needs update   |
| Pyramid Lake Paiute Tribe                  | 7/7/2017    | 2/20/2019              | N/A            |
| Reno Fire Department                       | 10/26/2016  | 2/20/2019              | N/A            |
| Sierra Emergency Medical Services Alliance | 4/1/2007    | 2/20/2019              | Needs update   |
| Storey County Fire Department              | 2/4/2011    | 2/20/2019              | Needs update   |
| Truckee Fire Protection District           | 3/15/1999   | 2/20/2019              | Needs update   |
| Truckee Meadows Fire Protection District   | 6/21/2016   | 2/20/2019              | N/A            |

| <b>Reno Fire Department</b>              |             |                        |                |
|--|-------------|------------------------|----------------|
| Agreement                                | Date Signed | EMS Oversight Reviewed | Recommendation |
| Sparks Fire Department                   | 8/22/2016   | 2/20/2019              | N/A            |
| REMSA                                    | 10/26/2016  | 2/20/2019              | N/A            |
| Truckee Meadows Fire Protection District | 11/2/2016   | 2/20/2019              | N/A            |

| <b>TMFPD</b>                                    |             |                        |                |
|---|-------------|------------------------|----------------|
| Agreement                                       | Date Signed | EMS Oversight Reviewed | Recommendation |
| North Lake Tahoe Fire Protection District       | 8/28/2012   | 2/20/2019              | Needs Update   |
| Pyramid Lake Paiute Tribe                       | 5/22/2018   | 2/20/2019              | N/A            |
| Regional Hazardous Materials Response Agreement | 4/13/2016   | 2/20/2019              | N/A            |
| Reno Fire Department                            | 11/2/2016   | 2/20/2019              | N/A            |
| REMSA   | 6/21/2016   | 2/20/2019              | N/A            |
| Sparks Fire Department - Cooperative Agreement  | 8/8/2016    | 2/20/2019              | N/A            |
| Sparks Fire Department - Enhanced Auto Aid      | 2/26/2018   | 2/20/2019              | N/A            |

# Update on Washoe County planning permit trends and potential impacts on the EMS system

Heather Kerwin, MPH, CPH

May 2<sup>nd</sup>, 2019

# Review of October 2018 Presentation

- WCHD EMS Oversight Program conducts agency review memos from Community Services Department for development in unincorporated Washoe County
- EMS Oversight provides input on
  1. Responding fire agency
  2. REMSA response requirement to the area
  3. The nearest hospital
  4. General information regarding other healthcare resources available
  5. Recommendations for the address marking so first responders can clearly note the physical location



# Review of October 2018 Presentation Continued

- Per Legal Counsel during October meeting
  - Health Department provides review under NRS Chapter 278, which is the tentative map review. NRS specifically states that it is for sewer and water.
  - NRS does not have an EMS component to it. CSD requests the additional review from the Health Department.



# Requests to Staff from EMSAB

1) Research to know where the developments are going, and the size and the location, and timing of them, and;

2) What can be done in order to make that information sharing for impact to EMS more seamless?





# Truckee Meadows Regional Planning Agency (TMRPA)

- Available public maps that show the Planned Unit Development (PUD) and Tentative Map (TM) boundaries
  - Data is derived from parcel-level data that are then aggregated up to the TMs and PUDs
- The number of units approved by TM and PUD geography is a set number from an applicant/developer.
  - The number of units is approved at Planning Commission and/or City Council/Board of County Commissioner levels

# Existing Development Maps

1. [TMRPA map](#)

- URL

<https://tmrpa.maps.arcgis.com/apps/webappviewer/index.html?id=c53907558247444f9ac63980344a288d>

2. City of Reno [Current Planning/Engineering Cases and Projects map](#)

- URL

<https://www.reno.gov/government/departments/community-development-department/building-planning-and-engineering-division/current-planning-engineering-cases-and-projects>



# EMS Oversight Annually Provides

- 1) [Heat map](#) that is publically available
- 2) Hotspots identified when conducting the REMSA Franchise map review



# Conclusions from Research

- *Research to know where the developments are going, and the size and the location, and timing of them*
  - Staff believes the tools exist for the region to utilize as it relates to tracking developments for the entire franchise area
- *What can be done in order to make that information sharing for impact to EMS more seamless?*
  - Staff believe at this time the EMS franchise map review will continue to be reactive to 911 system usage

