Emergency Medical Services Advisory Board

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

MEETING MINUTES

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

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

The following members and staff were present:

Members present: Sabra Newby, Chair
Neil Krutz
John Slaughter
Kevin Dick
Dr. Andrew Michelson

Members absent: Joe Macaluso

Ms. Spinola verified a quorum was present.

Staff present: Leslie Admirand, Deputy District Attorney
Randall Todd, Division Director, EPHP
Christina Conti, Preparedness and EMS Program Manager
Brittany Dayton, EMS 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.

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

Mr. Dick moved to approve the draft minutes. Dr. Michelson seconded the motion, which passed unanimously.

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4. *Prehospital Medical Advisory Committee (PMAC) Update
Dr. Andrew Michelson

Dr. Michelson stated he did not have the minutes on hand from the last meeting, however, the two hot spots right now were fees, to keep the PMAC going, mostly for its insurance and its scholarship. He pointed out that PMAC does not source any income from it, but those typically have always been paid by the agencies that are cooperating with it, the members, and currently there is a little confusion about that. There has been a recent change, this last year with secretarial position, but they will figure that out and continue discussion.

Dr. Michelson went on to say that the Physician's Orders for Life-Sustaining Treatment form (POLST), is intended to someday be available in electronic format, and is an end of life form that helps medics as well as emergency rooms to know how much or how little to do for very sick people. PMAC was hoping that an electronic form of this would be cheap. It is not. However there is enough interest that they are going to continue to look into it and so that is tabled.

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5. *Program and Performance Data Updates
Christina Conti

Ms. Conti introduced herself for the record, noting that she was available to answer questions on anything in the report and wanted to bring a few things to the Board's attention.

Ms. Conti noted there is a multi-day tabletop exercise that staff was planning for the region that will happen in May, in anticipation of the full-scale three-day FEMA-supported exercise that will be held statewide in November. Staff's intention is all the plans will be utilized, so that in November, when it is a spotlight item on the State, that they do the very best they can.

Ms. Conti reported the protocols task force continues to meet. She pointed out there had been some interest from out-of-County jurisdictions to possibly join in the protocols which would make them a little bit more than regional. The expectation would be if they did that, their medical directors would join PMAC and become part of the entire process, .

Ms. Conti introduced a web application called Right Dose, which determines the dosage of medications based on the patient's weight, thereby taking out the guesswork and potential mathematical mistakes. REMSA included that in their request to use penalty funds to buy that for the region, and the Health Officer has approved. The process moving forward is happening, so that is something that will be available to the region the future.

Ms. Conti explained that one of the reasons that Joe Macaluso was not at the meeting was that the Coalition, the healthcare partners, were doing an Alternate Care Site (ACS) exercise. She described the ACS, explaining if there was any kind of event where there was a surge of patients in their facilities and/or the facilities were not able to take patients, then they would take care of patients at an alternate location. So each of the three major hospitals had a tent set up, which was a 30-40 bed mobile facility, and they were running fictitious patients through it with the help of the Citizen's Emergency Response Team (CERT) and some of the Health District employees. Some colleagues in the healthcare system are running some operations out of there, figuring out the logistics, such as, if you are in an alternate care location how do you do lab work? How do

you get your prescription meds, because the pharmacy is not on site? She noted that if any of the Board members had an interest in going to see it to please let her know because they can coordinate a time when they could actually be toured through.

Ms. Conti provided a quick update on the data performance reports. The REMSA and Sparks Fire Department requests are now complete, so that shows everything, except for the heat map, as completed.

Ms. Conti explained the CASPER team was able to achieve 94% of the goal. Heather Kerwin had facilitated that project. Washoe County had the best completion rate in the State and they are proud of that fact. She expressed a huge congratulations to the team that worked on it, because it was a big feat.

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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

Ms. Dayton introduced herself for the record. She noted that at the last meeting, she had provided an update on the subcommittee's activities and the development of the Washoe County EMS Strategic Plan for 2019-2023. Since then, stakeholders have continued to meet monthly revising the plan, developing new goals, objectives and strategies. The final meeting was held on April 11 to review a complete draft which was attached to her staff report, along with two attachments. One reflected the request of Manager Driscoll at the last meeting to produce a redline of the goals so the Board members can see the progress and the work that was done by this committee, and then there was also the final draft for their review. She noted that Mr. Macaluso intended to review the plan, and if he has any input, Ms. Conti will be following up with the Board.

Ms. Dayton noted that as shown on Page 19, the process is going to be looking a little bit different starting in 2022 with the new strategic plan. Staff would be completely starting over, doing the SWOT analysis and rewriting the whole plan rather than revising the existing one.

Ms. Dayton said she would be happy to answer any questions, and noted that some of the subcommittee members are in the audience, so if the Board had any specific questions about objectives she might invite them up to speak.

Mr. Dick stated he had some things that he wanted to discuss, starting with Goal 3, but did not want to jump ahead if other people have things that they wanted to discuss. Chair Newby invited him to proceed. Mr. Dick read Goal 3, Chapter 3.1, which discussed enhancing radio communication systems within Washoe County by June 30, 2023. He pointed out the target date of Strategy 3.1.1 fell after 800 MHz Joint Operating Committee determination obtain clarification from the District Board of Health (DBOH) regarding Amended and Restated Franchise, Section 5.1, by December, 2020. He expressed that he has been troubled by this, as it was in the previous Strategic Plan and has not been done to date, and the franchise agreement Section 5.1 is language that was negotiated between REMSA and the DBOH. He invited Manager Slaughter to please weigh in if he disagreed with what Mr. Dick was saying, as they had both been part of those negotiations. The intent of that language was that REMSA improve the 800 MHz communications, and provide more of them, and Mr. Dick believed that they have done that. But it was not that they were compelled to go entirely to 800 MHz. The discussion that was around that was that, as technology progresses, the region should be engaged in discussions, and looking

at how to bring compatibility forward to increase compatibility as time progresses and when to make those investments.

Mr. Dick opined it seemed that process was captured under the following strategies, under Objective 3.1, and he did not know what benefit would come from trying to get clarification from the Board on the language that's agreed to between REMSA and the DBOH. He felt this way particularly because he thought the DBOH would rely on him and/or some input from other people that were there in those discussions, since they were not present themselves.

Ms. Dayton asked Mr. Dick if he would suggest removing that strategy from the strategic plan. He replied that he would suggest removing that and focusing on those discussions and the determination of how to move forward as technology progresses to enhance compatibility into the future.

Chair Newby asked if the Board would need to take a motion in order to edit the document prior to presentation to the DBOH. Deputy Admirand stated they would. Chair Newby suggested they proceed with discussion of any other edits and then incorporate them all at one time.

Mr. Dick noted he wished to discuss Objective 3.2, which established a CAD-to-CAD interface between the three Public Safety Answering Points (PSAPs) and REMSA with the REMSA dispatch center after the goal of December 20, 2022. He expressed concern with the delay in and the pushback on the timeline of that CAD-to-CAD connection.

Mr. Dick noted that as the negotiations were in progress with the REMSA franchise agreement and with the Interlocal agreement, there were two paths that they had to choose between. One was a consolidation of dispatch, and the other was a CAD-to-CAD connection of dispatch. The decision was made as a region to do the CAD-to-CAD connection. It was anticipated that this was something that could be accomplished, and in fact, with the previous strategic plan, the goal was to have the CAD-to-CAD in place with primary PSAP by December of 2017.

Mr. Dick stated he did not understand why the region was not farther along with this, because there are communities across the country that are using CAD-to-CAD systems to coordinate between dispatch centers. He opined it did not seem reasonable to be pushing this that far back. He noted that he was aware of a working group that was previously engaging a number of partners throughout the community on the CAD-to-CAD connection, and then the direction changed, looking at just Reno connecting with REMSA, and that seems to have stalled this out at this point. He wondered aloud what was holding this up, whether the region should go back to that previous approach of the partners working together to accomplish this. He stated he was seeking some input about what was holding things up at this point, and suggested that perhaps REMSA could provide an update from their perspective, and possibly other regional partners as well.

Ms. Dayton noted this was an item that had been discussed at length with the subcommittee. She was aware that there had been some challenges with the selected contractor, and would invite the other agencies up to provide additional details.

Adam Heinz, Director of Clinical Communications, REMSA, stated that they too were frustrated with the lack of progress. On the 25th of April REMSA received an email from the contractor that they recently had to redo the scope of work, so there was a misunderstanding not on REMSA's side, but the contractor had a misunderstanding of exactly what they were looking for. It was necessary to essentially start over. The contractor then provided the new scope of work. Regular meetings have been held, to include City of Reno staff, discussing all sides of the

issues. He had received an email two weeks previously suggesting that there will be a testing environment the first of August.

Mr. Heinz stated he was hopeful that they can remain on that track. He reiterated that there had been many documented conversations, about their frustration, and the expectation of the public, and he was hopeful that they can continue on that path for the first of August.

Rishma Khimji, City of Reno elaborated on what was mentioned by REMSA, stating there have been multiple documents and meetings between REMSA, Reno and the vendors that are a part of the project. Reno has gone through the scope of work the second time and have provided additional details that needed to be part of the CAD-to-CAD. On the business function side, staff believes they have it right. They know the workflows that they would like to implement in the CAD-to-CAD.

Ms. Khimji went on to explain that some of the issues with the CAD-to-CAD were not on the business side; they were on the technology side. Two disparate systems were being asking to talk in real time, using a mainframe architecture. That type of real-time communication between the two systems, along with the multiple dispatchers and call takers adding in data, flowing those back and forth, was the complicated technical side, which is why TriTech, Tiburon, Central Square, now that they are called, is having a third party called EDC come in and build an appliance that will allow that real-time transfer of data.

Ms. Khimji noted they also had to be leery of the fact that the data has to come to each side of the house in that real time, so they do not want that three-, ten-, fifteen-second lag that they sometimes see between applications when they speak to each other, because this has to be done in real time. If there is information being relayed about a patient or about an apparatus being sent to that location, what is the status of that apparatus, there is a lot of pieces of information that are transferring back and forth. Now having confirmation of the business workflows and all of the details that they need with that, and having that confirmed between Reno dispatch and REMSA, the technology part of it can begin to be developed in a much more real-time fashion. It was her anticipation that they will be testing in August. They had relayed to Central Square and the third party EDC that this is a high-profile project, not just for the region, but that it was on the radars of all of the County and City managers, mayors, councils, this is a public project that needs to be completed. As they get closer they will have touchpoints with the different vendors to make sure that they are able to hit that August first date. If not, Reno needs to know why, because there is a liability issue here as well. They want the CAD-to-CAD to work because they understand that it will enhance services. They will be having those continuous touchpoints just to make sure that they hit that August first deadline, and if they do not, what are the issues that are causing us not to hit that, and then hopefully at that time they evaluate what our other options are.

Mr. Dick stated that he appreciated that they are communicating the importance of this to the vendor. He had heard last time that there was a scope of work problem and now they were on the second scope of work revision, so he is hopeful that they are finally there. He emphasized that when those discussions had occurred five years ago that there was a very large sense of urgency around the need to get the CAD-to-CAD established, and he would like to, five years later, have a more of an enhanced sense of urgency of the need for that. He expected to have reports on progress at the quarterly meetings, and encouraged the group to try to surpass the timeline that was in the strategic plan, to have this operational as soon as possible, but recognizing that it has to function properly before completely committing to the launch.

Ms. Khimji stated that was correct, and opined that was the goal of this second round of the business process review and the scope of work. There were some lessons learned from the first

part, as REMSA mentioned, there was a miscommunication of needs and what that functionality looked like. The contractor provided a product, Reno did a demo and a test of it, and they found where the missing pieces were. This second round has allowed them to look at what were those gaps, what were the lessons learned, apply the right logic to that so that they can then have a workflow that works for both agencies. This second scope of work, although it has made the timeline longer, has allowed them to really drill down to the specific workflows that were not present or provided for, or communicated the first time around. There may be multiple iterations, but that is sometimes the only way to get it right when there are two different systems in place with multiple workflows.

Mr. Dick stated he appreciated that and that his other recommendation would be to ensure that as they were working through this phase between the City of Reno and REMSA that they make sure that they are engaging with the other partners in that process as well, so that they can see how this works and how it is being approached and be engaged so that they are in a better position once the first step is set up with the primary PSAP to be able to expand out into the region effectively. Ms. Khimji said that was noted and absolutely will do so.

Dr. Michelson brought up Strategy 4.1.1, stating that certainly PMAC can look at unified protocols and how all of the medical directors maybe have comments or not on that to maybe bring back for our next quarterly. He wondered if the language might be changed to also include the Board to evaluate or for those medical directors to evaluate once CAD-to-CAD is working. On that same note, if there are specifics other than the protocols that the Board may have interest for PMAC to review prior to the next EMSAB, he invited that feedback.

Chair Newby asked Dr. Michelson if he had any particular language that he would like suggest for 4.1.1. Dr. Michelson suggested it be more of a continuous re-evaluation on an annual basis until the Board feels that the strategic plan has been met.

Mr. Dick commented on Goal 5, stating he felt this was an important goal to identify some of the recurrent callers that are straining the systems. He was aware of some work that was done with the innovation grant, the other agencies had done work, and he felt this one is a way of figuring out how to share that information on what those callers are. He noted another project that was going on, and it was tied in with the WCHD Community Health Improvement Plan, that has to do with better coordinating care through different organization and case managers, etc., that are available within the community, and the Health District is looking to move forward with a free software called Good Grid that allows for sharing information, warm handoffs, that sort of stuff, through this internet-based platform. He suggested there was an opportunity as EMS moves forward under this goal, to connect with other partners in the community and work through that to connect these people with other sources of care and case management that might be able to help keep them out of the system more effectively.

Ms. Dayton thanked him for presenting that information. She explained that was one of the things they wanted to look at, is what work is currently being done to address some of these issues, and try to solidify getting individuals the help they actually need, rather than just using the 9-1-1 system.

Ms. Dayton followed up on Dr. Michelson's comment, noting that at a previous PMAC meeting, Objective 4.1 was discussed through the regional CQI process, and that was the process that PMAC approved moving forward.

Chair Newby requested a motion, perhaps incorporating the change in 3.1.1, which is deletion and then moving up all of the other strategies in the numbering system, and then a change on Strategy 4.1.1 to reflect continual re-evaluation until the strategic plan has been met.

Mr. Dick moved to accept the strategic plan with those changes noted, and also, as part of that motion, inviting the EMS Oversight Group to bring back any revisions on the timeline under Objective 3.2 if those are able to be accomplished to expedite that during future meetings. Mr. Slaughter seconded the motion which passed unanimously.

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7. Presentation and possible acceptance of the mid-year EMS data report. (For Possible Action)
Heather Kerwin

Heather Kerwin, EMS Oversight Program Statistician, noted there were a few things that she wanted to call to their attention. It had been a year since they have seen the mid-year glance, however, staff has received all of Reno Fire's data and she and the team are working to get that data matched, aligned and analyzed. She pointed out that if the Board members compared the 2018 mid-year report to the 2019 mid-year report, they would notice that there is a decrease, when they are looking at the jurisdictional performance measures, across almost every jurisdiction and every category, in terms of the proportion of calls that are meeting that set standard. It appears as though there are actually fewer calls being analyzed, particularly in one jurisdiction. Because of the calls that they limit within those performance metric standards, they're limiting to Priority 1 or Priority 1 and 2 calls only. She opined that when they want to look at the true impact to the EMS system it was important to evaluate all call priorities because they see a decline in those times when there are units out on the street responding to other, lower acuity calls, but those are not necessarily being reflected within this data report.

Ms. Kerwin stated that one of the things she would like to bring to the Board's attention is that she did know that there are two fire partners that are going through some major projects and examining the finer details station by station, and the entire performance across their agencies. Once those studies or projects have come to completion, in late summer or late fall, she would request to connect with agencies and do what has been done in the past and form a group to brainstorm about ideas of how to present the data in a more meaningful way, and then bring back a draft template to the Board for approval, hopefully within the next meeting or two.

Mr. Dick asked if the Board needed to provide that direction, and Chair Newby they were only agendized for a presentation and acceptance of the report.

Dr. Michelson noted it was interesting that the Nurse Health Line had a sharp decline in calls returned to 9-1-1 in the flu season of the winter. He wondered if that had been looked at at all as it would be expected to be the high time. Obviously though overall at 26.4% it was clearly working, he wondered if there was any comment by REMSA personnel or someone to the effect of the1.4% in December.

Mr. Heinz noted that was something that REMSA was looking at, and that their data person believed that there was a little bit of an anomaly. When they look at the vast majority of people that get returned to 9-1-1, it was not because of acuity, it was because they are requesting an ambulance. The process now is they are identifying through an EMD process whether they are calling because they have the flu or a rash, or their leg hurts, and identifying them as low acuity, 9-1-1 will send them to the nurse, and the nurse will begin interrogation. Right now the caller has the ability to opt out, so they can say no, I want an ambulance. A high percentage of the patients being repatriated back to 9-1-1 are patients that are specifically requesting an ambulance, and it has nothing to do with their clinical acuity. Referring back to his comment about the anomaly, he clarified that he believes that the 1%, compared to earlier, is actually low. He opined it would probably be more likely it is around 40%, because they do not only quantitative review, but also a

qualitative review, and when they listen to all of those patients that are going back to 9-1-1, they state I just want an ambulance, that's why I called 9-1-1.

Mr. Heinz explained they have been discussing, internally, the public awareness campaign that was recently put out that said utilize 9-1-1 appropriately. He suggested it was important to continue to push those efforts, not only through the jurisdictional partners but also the healthcare partners. Then as a region, determine if the system wants to get to the point where they say, and there are some places that do this, you are not getting an ambulance. They will provide logistics and transportation via a cab or Uber or a bus token, but for the low-acuity complaints we have really got to reserve those assets for emergencies. He offered, if it would be to the Board's pleasure, REMSA could potentially drill down and maybe agendize a presentation that looks at that. He remembered they had done that a couple years ago, looking specifically at where some of these people are falling as far as going back to 9-1-1 and the utilization, and some of those challenges.

Dr. Michelson said if he understood what was being said correctly, then more of interest might be July, as to why so many want an ambulance. Mr. Heinz agreed. Dr. Michelson went on to suggest that to address that, he felt October, November and December were low, so looking at October, he thought that is when they began to introduce Alpha determinants, so they had a set number of Omega determinants, the lowest level of, essentially acuity, they are almost called no acuity, calls. In October more determinants that were eligible were added to go over to the nurse, and he believed that that section, in that quarter, was under reported as the number of people that were repatriated to 9-1-1. He suggested that if they reviewed similarly to April '18 and then come back to February, that was probably more likened to what is baseline or normal. He felt there was an anomaly in those months. He opined they could drill down to that and they could either provide an additional presentation on it or they can look at some of those things. In addition, the number of these calls are low, so any call is going to affect it. Sometimes there were 35 calls in 13, so it is not really significant, at times.

Mr. Krutz moved to approve the report. Mr. Slaughter seconded the motion which was approved unanimously.

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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

Ms. Dayton started with a discussion of Goal 2 of the current Washoe County EMS Strategic Plan, which is for years 2017-2021, which is to improve pre-hospital EMS performance. One of the items of this goal is to review Mutual Aid agreements that include EMS services in Washoe County. She noted that a chart of all of the agreements that were submitted to the program was attached to her staff report. The program found that the majority of the agreements were recently updated. However, as noted in her previous review, staff continues to recommend that agencies establish an internal process to review these agreements when a new fire chief or CEO retires, or to set up some regular internal review. She pointed out that on the chart there were a few select agreements that had not been reviewed for quite a long time.

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

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9. Board Requests:

A. ***Update on Washoe County planning permit trends and potential impacts on the EMS System.**
Heather Kerwin

Ms. Kerwin noted the item was requested a couple meetings ago, but Truckee Meadows Regional Planning Agency (TMRPA) staff are not able to make this meeting and the EMS Oversight Program staff did not want to hold up this item any longer, so they wanted to bring to the Board's attention the resources that are available within the community.

Ms. Kerwin provided a recap, stating that on October 2018, staff provided a presentation from the program about the permit reviews that they do and the five line items that the EMS Oversight Program does provide input on, and those would be limited to the responding fire agency. Among those five are the jurisdiction that you fall into, the time requirements per the REMSA franchise, the nearest hospital, so we provided some mileage and the location, some general information regarding other healthcare resources, and then some recommendations for address marking so it is clear to first responders when they do arrive on scene. Per legal counsel provided during the October meeting, we were also reminded that under NRS Chapter 278, it states that the review for the Health Department is for sewer and water, and that does not necessarily have an EMS component to it, so it is the Community Services department that asks the EMS Program to provide those additional review categories from an EMS oversight standpoint. Our understanding of the request to our program from the EMSAB was to research where the developments are going on, because we know we have a lot of rapid development happening in our region across the jurisdictions, size, location and the timing of them, and then what can be done in order to make that information sharing more equitable and more impactful for our multiple partner agencies.

Ms. Kerwin explained staff reached out to the TMRPA and they do have a map that is publicly available. It shows planned unit developments in alignment with the tentative map boundaries. She noted she would be showing them the map shortly. It shows the number of units, multiple layers crossing over that indicate the number of units that are approved for those planned unit developments within those tentative map boundaries, and those numbers of units are set and approved by planning commissions and/or city councils or the Board of County Commissioners. That is where that information is from, it is formed from parcel-level data, but the individual parcels are not shown on the map itself. Staff did also reach out to County planning staff, and have explored all options that are publicly available.

Ms. Kerwin displayed the TMRPA map, and explained the links are available in the presentation as well. Hovering over any link in the map shows what that planned unit development name is, how many units are allowed within that, and how many are built to date. The explanation she received from TMRPA is that an area might have permissions for certain units of housing, but it could sit open for five, ten, fifteen years without any units being built on it, or an area could be approved and then within a matter of months, units could start being built.

Ms. Kerwin went on to explain it was not necessarily a map that would be directly helpful for planning response within the next two to five years. The City of Reno has a similar option. These are the plans and projects under review and/or development. It has a bit different application, but clicking on any of the projects can provide more detail and the document from developers or third-party agencies that outline what the project is and give some more detail to it.

Ms. Kerwin reminded the Board that the publicly available heat map that the program produces has not yet been updated, but is on the to-do list. That does show what the real call data look like. Staff conducts the annual hot spot review to see where those new areas might be producing a higher call volume. Those are the two processes that they take on annually to try and figure out if the region does have adequate resources and where those calls might land.

Ms. Kerwin explained to the Board that staff believes that there are some tools in the region that can be utilized across the jurisdictions and by planners, and that the two processes that are undertaken, being the heat map and the hot spot review, done in conjunction with that franchise map, would help to serve what staff currently thinks might help the EMS partners.

10.*Board Comment

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

Chair Newby stated she wanted to take a moment because this is the last EMSAB for a couple of the folks. She suggested Mr. Slaughter thought that he was probably going to get away and asked Ms. Conti to present to Mr. Slaughter.

Ms. Conti stated Manager Slaughter have been a part of this committee since the very beginning, he was part of the group that created the brain child for our program and this committee, and then were the first Chair for several years, help mentoring what this looked like. We wanted to say thank you for everything that you have done in your service on the committee, and have provided you with a frame that says thank you for your years of service, because we really appreciate you. We can take a picture of us and put it in, if you want, but we really appreciate all you have done.

Mr. Slaughter stated he just wanted to say thank you to everyone. Five years ago he didn't believe we really knew what we were creating. We started a point of, a lot of contention, we just didn't know where we were going to be at this point in time. He thinks that we can all say that this has been very successful. Have we completed everything? No, but we are on a very good path. So he would like to say to his fellow Board members, thank you for your dedication to the Board, to the EMS system, he thinks we are making a difference, so thank you for that. And he would say to our fire chiefs, and to Mr. Dow, thank you for your leadership. If you think about the people assembled in this room, this is the pinnacle of leadership of EMS in our region, and us coming together to make a difference is extremely important for our community. And finally to Ms. Kerwin, Ms. Dayton, Ms. Conti, thank you for your dedication. You are doing this every day. He talks about it all the time, the option that we have to make an impact every day, and you guys certainly are an example of that, so thank you for your work.

Chair Newby thanked Mr. Slaughter, for his leadership and all of his work in pioneering this effort, and asked Mr. Krutz to announce the next short-timer.

Mr. Krutz explained that, in Sparks, they are about to lose the Fire Chief to retirement. Chris Maples' last day is going to be Friday, June 7. And in the years that he has worked alongside Chris, he has enjoyed his passion for the service that he provides the city in doing the best he can with the resources at his disposal to take care of our citizens, our visitors, our businesses, and will miss working with him.

Ms. Conti stated Chief, we have appreciated working with you on all of the regional projects and the direction that you have given and the input that you have provided. We have really

enjoyed your editing skills, and it has become part of our life's mission to receive something back with no edits. So we wanted to tell you to please enjoy your next chapter, whatever key this might hold we will leave to you. Chief Maples replied thank you very much. He has enjoyed my time here. He thinks that the work that we are trying to do is very worthwhile and he encourages all of us to continue that, because the ultimate goal here is to improve the level of EMS service that we provide to the citizens of our community. So with that, thank you very much.

Chair Newby noted Steve Driscoll was still listed on the agenda as the Vice Chair, and pointed out he was no longer with the City of Sparks. She was unsure about how to address that, but suggested that be added to the next agenda.

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11. *Public Comment

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

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

Adjournment

Chair Newby adjourned the meeting at 9:54 a.m.