

Neil Krutz  
City Manager  
City of Sparks

Doug Thornley  
City Manager  
City of Reno

# Emergency Medical Services Advisory Board

Eric Brown  
County Manager  
Washoe County

Dr. John Hardwick  
Emergency Room Physician

Kevin Dick  
District Health Officer  
Washoe County Health  
District



Joe Macaluso  
Director of Risk Management  
Renown

## MEETING MINUTES

Date and Time of Meeting: Thursday, May 5<sup>th</sup>, 2022, 9:00 a.m.

**This meeting was held virtually.**

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

Chair Krutz called the meeting to order at 9:05 a.m.

The following members and staff were present:

Members present: Neil Krutz, Chair  
Kevin Dick  
Eric Brown  
Joe Macaluso  
Dr. John Hardwick  
Doug Thornley

Members absent: None

**Ms. Spinola verified a quorum was present.**

Staff present: Dania Reid, Deputy District Attorney  
Nancy Diao, Epidemiology and Public Health Preparedness Division  
Director  
Andrea Esp, Preparedness and EMS Program Manager  
Anastasia Gunawan, EMS Statistician  
Sabrina Brasuell, EMS Coordinator  
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.

Dr. Fry expressed his thanks for the committee work being done on the catchment area maps and revisions thereof. He felt it has landed in a good place that is patient centric.

Erik Olson also expressed his appreciation for the work being done on the catchment zone area maps by the EMS consortium and Washoe County staff. opined that the map that was in place addresses their concerns and accomplishes the needs to establish a catchment for the

new hospital. He felt it was reasonable to continue to utilize the new map, while reevaluating its effectiveness at some point in the future. His interest was focused on decisions being patient centric.

**Chair Krutz closed the public comment period.**

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7. **Discussion and Possible Approval of EMSAB Revised Bylaws** (For Possible Action) – Recommendation to revise Article II, Section 1 of the Emergency Medical Services Advisory Board (EMSAB) bylaws to allow each representative of a City, County or Health District to designate an alternate to replace the representative in the representative’s absence from meetings of the EMSAB. The alternate must be a City or County Assistant Manager or Health District Division Director.

Andrea Esp

Ms. Esp introduced herself for the record and started out by explaining that the intent of the item was to align the bylaws with the Interlocal Agreement (ILA). The ILA was amended in 2018 to allow for the designation of Board alternates. The bylaws were updated in 2021, but due to administrative error, the language regarding the alternates was not included in that version. The alternates that may be designated are the City or County Assistant Manager, and for the Health District, a Division Director. The current proposed bylaws update included both the language authorizing the alternate(s), and to reduce the terms of the Chair and Vice to one year instead of two.

Mr. Macaluso asked if there was a limit set to the frequency under which a Board member might designate an alternate. Ms. Esp replied that had not been specified in either the Bylaws or the ILA.

Dr. Hardwick asked if there was a way to include language to designate an alternative for him, perhaps another PMAC member. Ms. Reid explained the ability to appoint alternates was governed by the Open Meeting Law, and the Board’s enabling authority did not allow for alternates for positions that were non-elected or non-appointed.

**Mr. Brown moved to approve. Mr. Thornley seconded the motion which passed unanimously.**

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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**

February 3<sup>rd</sup>, 2022

**Mr. Brown moved to approve the draft minutes. Mr. Thornley seconded the motion, which passed unanimously.**

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

Dr. John Hardwick

Dr. Hardwick noted the main item that was discussed was how to best utilize Ketamine and limit adverse effects. With that they are changing some language and dosing requirements and changing the format to ensure that all accepting hospitals and transporting agencies have transparency when it comes to changes and protocols, breaches in protocols or any other issues

that arise.

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5. **\*EMS Oversight Program and Performance Data Updates** (For Possible Action) – Joint Advisory Committee Activities, EMS Planning, Data Performance Reports, Franchise Agreement Updates, REMSA Exemption Requests, Mass Gatherings and Special Events Reviews, Trauma Data Report and Boundary Drops

Andrea Esp

Ms. Esp explained the current strategic plan changes are being led by Dennis Nolan and the LCB. They are focusing on the legal protection for all agencies when in the process of Quality Assurance or Quality Improvement review. The current statute allows for this protection for medical facilities but not EMS. Once language to correct this is developed, an entity will be sought to sponsor a bill to take it to the next Legislative session.

Ms. Esp went on to explain that the EMS Oversight Program staff (Program) was working in conjunction with the Joint Advisory Committee (JAC), made up of regional EMS partners, on a more patient-centric data initiative to better understand patient outcomes. A request has been submitted to State EMS to access their databases. The current focus was on stroke victims. Additionally, the Program and the JAC are collaborating with the Nevada Health Information Exchange to gain access and knowledge of available EPCR indicators recommended by ESO EMS best practices. Partners in the region are trying to determine how best to obtain and utilize data to look at patient outcome. As the data is obtained and the JAC analyzes it, the information will be brought back to the Board.

Ms. Esp noted the Program was working to organize a meeting with the different jurisdictions and State EMS regarding better communication, consistency, permit approval, and enforcement of EMS guidelines for mass gatherings. Currently these processes are inconsistent across the agencies.

Mr. Macaluso thanked Ms. Esp for the report regarding privilege protection for quality improvement data. He indicated that in 2005, Federal laws addressing the Patient Safety Quality Improvement Act, which relate to Federal protection for hospitals. He suggested there was substantial amounts of information available on the topic and that they should consider reviewing that prior to looking into changing State law.

Chief Dennis Nolan noted he had that discussion yesterday with the Legislative Council Bureau, and they agreed there were some opportunities to align with the PSO. The model of the current Federal legislation will make it easier, but some legislation will require adjustments due to the different statutes that would be affected.

Dr. Hardwick opined it was great that this was being addressed, as it was important to be able to have transparent discussion. He noted that one of the metrics selected was Ketamine administration and recommended that accurate Ketamine dosing for pediatric patients should be considered.

**Mr. Brown moved to approve the report. Mr. Macaluso seconded the motion, which passed unanimously.**

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6. **Presentation and Discussion of Possible Updates to the EMS Oversight Program Annual Report Outline, to Include Overdose Metrics** (For Possible Action)

Andrea Esp

May 5, 2022 Emergency Medical Services Advisory Board Meeting Minutes

Ms. Esp noted that the request to add overdoses to the report metrics was being requested at this time due to the fact the data was now available for the Program's use. They were working to acquire data on Ketamine administration, stroke, and other data elements that would be useful to the Board and those were items the Program would like to report on in the future. Those would be selected by the JAC. The Program would also like to remove the programmatic reports for EMS agencies that are not part of the ILA.

Dr. Fry opined the PMP could ideally be retooled to potentially include overdose data on prescription medications as a preventative tool, and that there may be a way to work with the State Board of Pharmacy on the topic.

**Mr. Dick moved to approve the updates to the annual report to include overdose metrics. Mr. Brown seconded the motion, which passed unanimously.**

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**8. Presentation, Discussion, and Request to the Board to Advise Staff Regarding Process for Further Updates to the EMS Catchment Zone Map (For Possible Action) – Updated due to addition of new area hospital, Northern Nevada Sierra Medical Center.**

Andrea Esp

Ms. Esp explained the Program was requesting guidance on the catchment zone process. She noted the map provided unbiased guidance for EMS transport in the event a patient could not articulate or had no preference as to which hospital they go to. It was believed that a previous map had been developed at the time Renown South Meadows opened, but there was no indication as to the methodology used to create it. Northern Nevada Medical Center's free-standing ED opened in 2020 and was integrated into the map, and at that time the EMS community determined that a formal process needed to be developed to guide the creation of the catchment map for the region.

Ms. Esp pointed out the addition of the new Sierra Medical Center required that a new map be created in the interim while the process and methodology discussions continued. The interim map was compiled utilizing drive time data, which does not include traffic, construction or topography, and therefore does not represent real time. Another factor that fed into that was availability – the nearest hospital may not have bed space so the patient may need to be taken somewhere farther away. She reiterated that they were requesting guidance from the Board as to how to proceed with developing the map, as there had not been a consensus among the agencies in the region on that topic.

Mr. Macaluso opined the map should take patient care and safety into consideration, to avoid secondary transports. He asked what metrics were available to either help establish or evaluate the map's efficiency and efficacy.

Ms. Esp replied they were working with the free-standing ED, which had been on the previous map, to obtain and analyze data regarding secondary transport. A meeting was scheduled for June 2<sup>nd</sup> for the regional partners to gather together and discuss how the map was working for everyone, along with any issues they had or changes they would like to see. Further discussion would occur regarding the use of code catchment, which allows the hospitals to better predict their patient load and not become overwhelmed. It is an alternative to selecting to be on Divert status.

Aaron Abbott, Executive Director of REMSA, clarified that the catchment map only applies to patients that do not have a preference or do not require specialty care. REMSA only

transports patients to the free-standing ED according to protocol and have a very low likelihood of requiring repatriation to a larger hospital.

Ms. Esp noted that the original map that was put out for vote did include the free-standing ED, designated patients from Sun Valley be transported to St. Mary's and designated patients from the South end of Washoe Valley be taken to Carson Tahoe. After some discussion those areas were revised or removed and it was agreed they should be brought to EMSAB for guidance. Other possible changes and concerns were discussed as well, including the fact that only approximately eight percent of patients were affected by catchments.

Dr. Hardwick pointed out partners in the South had already created the precedent for freestanding facilities, and did not have catchments. He opined that was mainly due to concern of repatriation. He reiterated his objection to the first map that included Northern Nevada's freestanding ED, indicating it was important to develop a system that was not designed to fail. With the potential of future pandemics, the freestanding ERs, and the ones that were coming into the area, could be over-utilized and cause a backlog of patients requiring repatriation.

Mr. Dick noted he had requested that Ms. Esp bring the item to the Board due to the lack of consensus and some of the issues that had been raised during the meeting were also raised to him directly. In particular, issues surrounding the matter of the difference in transport time being only a few seconds, ER capacity, repatriation, process of the creation of the map itself, and the authority of the entity making the decisions. With that, he felt it was appropriate for the EMSAB to have input into how the map is developed and provide a recommendation to the DBOH for them to take action with their authority to approve.

Mr. Dick went on to state there was consensus on the catchment area for the new hospital, but the boundaries on the rest of the map had not been updated in approximately 19 years, so he did not feel it was urgent to proceed without first obtaining guidance from EMSAB and authority from the DBOH.

Adam Heinz, Executive Director of REMSA Health, requested the Board consider including hospitals outside of the County, as the main focus was about safety and accessing the closest, most appropriate facility. He noted the proximity of Carson-Tahoe, in particular, to the south end of Washoe Valley.

Mr. Macaluso asked Mr. Dick if he was requesting the appointment of an official task force, adoption of the current map, or perhaps assistance from an official sanctioned body, as Health staff had taken on the lion's share of the work and encountered some frustrations.

Mr. Dick noted that that the interim map was acceptable for the time being, the discussion was regarding the approach while developing further modifications. He suggested they ask Ms. Esp's opinion as to whether she felt that further discussion with a designated group could lead to consensus in the future.

Ms. Esp requested the opportunity to continue discussions with any interested parties in the community. If consensus was not reached, two maps could be brought back to the Board, with their selection being presented to DBOH for final approval.

Mr. Macaluso asked Ms. Esp if she felt the group was comprised of the right people.

Ms. Esp responded that it was made up of EMS agencies inside and outside of Washoe County's jurisdiction, with the request to invite any other members of their agency who was not included on the original email, but that only one vote from each agency would be counted. She noted there was only one agency that had concerns and wanted to see changes made.

Dr. Hardwick opined there would be difficulties in coming to a consensus. He felt the interim map was the most intuitive since it represented only a matter of a few seconds in between the two hospitals, and did not inundate just one of them in the event of a code catchment situation. Also, it was essentially a continuation of the prior map, which decreased confusion for EMS providers. He suggested that in an effort to move the decision forward, perhaps reaching out to the heads of each of the agencies to be sure they are satisfied.

At 9:59 a.m. Ms. Spinola noted for the record that Mr. Thornley had left the meeting and J.W. Hodge was now representing the City of Reno.

Dr. Hardwick went on to say that he felt it was important to follow State precedent when it came to the free-standing EDs. He stated the hospitals should be included in the discussion, and noted the freestanding EDs were very clearly not hospitals, so should not be included in the catchment.

Chair Krutz summarized, stating the Board wanted a patient-centric approach. First, they would stay with the current map while continuing the conversation with the partner agencies.

**Mr. Dick moved to approve as stated. Mr. Macaluso seconded the motion, which was approved unanimously.**

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## 9. \*City of Reno & REMSA CAD to CAD Implementation Project Update

Cody Shadle

Mr. Shadle reviewed the information contained in Exhibit A, emphasizing that the maps were on different platforms and the systems were unable to separate out HIPAA-protected information during dispatch, which allowed anyone in the system to hear that. They are currently working to locate a new CAD system that will work as intended, seamlessly connecting the region's EMS providers.

Mr. Abbott suggested, now that REMSA was utilizing GIS data from the County, it would be worth taking another look at premise location identification originally tested against the system base layer that had been established by a different vendor. He asked if the firefighters were qualified to receive the HIPAA information, and Mr. Shadle replied that some were. For those that were not, they could be requested to sign disclosures. He pointed out that would only work as long as the CAD-to-CAD remained a closed system.

Mr. Abbott went on to note that one of the major drivers of the need for the CAD-to-CAD system was the lack of ability for REMSA to provide the details about the call back to the firefighters, which would be useful when allocating necessary resources. He felt that information should be able to be fed into the communications systems in the fire apparatus.

Mr. Shadle further explained there was no way to protect the HIPAA portion of a dispatch, so that would mean that some calls would have to be excluded and information provided in a vacuum, with limited data being provided.

Mr. Abbott noted that he had previously been employed by a company that was one of 16 that were all on a CAD-to-CAD system and it worked beautifully. He requested REMSA be included during the selection process for the new CAD system, and requested support from the Board for that.

Mr. Dick stated he thought it was unfortunate and frustrating that they were only now being told that the system would not work, six years into the process, and also that it was noted as a

viable approach by the Tri-Data report. He agreed with Mr. Abbott that a one-way communication back to fire would solve a significant issue and save costs on fire responses.

Dr. Hardwick opined there was only one way forward, and that was to get all agencies on a single platform. If one agency changed their individual one, that new one might no longer communicate with the others, which would put the situation right back to the current one.

Mr. Shadle explained that they were looking for a system that builds agency configuration as a priority, as well as having significant security permissions built in so that data sharing can be specific and granular enough to limit and parse out protected information.

Mr. Hodge opined that everyone was on the same page regarding the need for a regional system. He acknowledged the amount of work that would be required to locate a new system and wanted to be sure there was a return on investment as it would significantly impact Reno's processes. He opined that more fixes and patches would introduce more potential for human error, and that the City of Reno did not find the value of continuing to work on the current system due to the risks.

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**10. Discussion and Possible Changes to the Agency Reports Format (For Possible Action) –**

Created a universal Agency Report to provide for uniform presentation of useful and relevant EMS data to the EMSAB.

Sabrina Brasuell

Ms. Brasuell explained the new format was designed to provide a uniform presentation of information that would make it easier for the Board members to locate certain items and make them more accessible. She noted the JAC may recommend different data points be added in the future, but the structure and formatting would remain the same.

**Mr. Dick moved to approve the new format. Mr. Macaluso seconded the motion.**

Chair Krutz asked if the motion allowed the freedom for the JAC to continue to work on the specific data points. Ms. Brasuell explained she would be working with the JAC to define definitions and come back to the Board to be sure they were appropriate.

**Mr. Dick clarified that his motion included approval of the form and also for Ms. Brasuell to pursue the work she described and come back to the Board.**

**The motion carried unanimously.**

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**11. Presentation of the Washoe County Special Trauma Report 2018 – 2020, and Possible Permission to Disseminate (For Possible Action)**

Anastasia Gunawan

Ms. Gunawan, EMS Statistician, noted the Trauma and Injury Prevention survey provided to regional hospitals and EMS partners the previous December indicated the injuries due to unintentional, homicide, suicide and motor vehicle accidents were the most relevant. The EMS Oversight Program staff combined this information with supporting information from the Nevada Trauma registry to create the Special Trauma Report. The same process will be repeated every three years. The Report provides evidence-based injury information so that Washoe County can plan for sustainable medical response and patient care. It would be distributed to partner agencies upon approval of the Board.

**Mr. Dick moved to approve dissemination of the report. Mr. Hodge seconded the motion, which was approved unanimously.**

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## 12. \*Agency Reports and Updates

### A. \*REMSA EMSAB Report, May 5<sup>th</sup>, 2022, Adam Heinz

Data Performance Report, EMS Operations Report

Mr. Heinz noted that EMS Week ran from May 15 through May 21, and the theme was Rising to the Challenge. It provided a great opportunity to recognize the great work that their men and women did every day. They would be holding an awards ceremony and everyone was invited. He brought up their Choose the Right Care campaign, designed to educate the public on the proper utilization of the emergency system, with the goal of reducing utilization for unnecessary EMS responses.

Mr. Heinz thanked the EMS Oversight team and the response partners for the meeting of April 13, which was to discuss the things in which REMSA believes are the future and initiatives that all can support in enhancing the EMS and first response system. He explained they would continue and the progress would be shared with the Board. He then noted that REMSA is intending to present a request for a rate increase at the May 26, 2022 DBOH meeting. A portion of that report will include some verbiage that supports the idea of EMS and Fire regionalization.

Mr. Heinz went on to note that hospital offload delays have not been an issue over the past three months, and they wanted the Board to know that they were very appreciative of the work the hospitals have done to accept patients.

Mr. Dick reminded the audience that REMSA has been operating under Directive 11 of the Emergency Declaration in providing a tiered response, and that discussions were occurring regarding potential modifications to the Franchise Agreement. He acknowledged that the Directive would most likely expire soon and expressed his hope that the issue of the tiered response would be heard by the DBOH sometime in the very near future to come to a resolution on the issue.

### B. \*City of Sparks Fire Department EMSAB Report, May 5<sup>th</sup>, 2022, Chief Jim Reid

Data Performance Report, EMS Operations Report

Chief Reid pointed out that his report included information regarding their current hiring process.

### C. \*Truckee Meadows Fire and Rescue EMSAB Report, May 5<sup>th</sup>, 2022, Chief Joe Kammann

Data Performance Report, EMS Operations Report

Chief Kamman noted they had three ambulances being utilized for response as well as thirty-three probationary personnel. TMFR is partnering with Truckee Meadows Community College to offer a combined paramedic program, and six employees were currently attending.

### D. \*Reno Fire Department EMSAB Report, May 5<sup>th</sup>, 2022, Reno Fire Department Staff Representative

Data Performance Report, EMS Operations Report

Chief Nolan offered to answer any questions about his report.



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13. **\*Board Comment**

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

None.

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14. **\*Public Comment**

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

Mr. Abbott referred back to the CAD-to-CAD item and opined the region needed direction and leadership on the topic, and there needed to be some movement.

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**Adjournment**

Chair Krutz adjourned the meeting at 11:02 a.m.