

John Slaughter, Chair
County Manager
Washoe County

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

Steve Driscoll
City Manager
City of Sparks

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

Sabra Newby
City Manager
City of Reno

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

Terri Ward
Administrative Director
Northern Nevada Medical
Center

1001 East Ninth Street, Reno, Nevada 89512
P.O. Box 11130, Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.3752
www.washoecounty.us/health

MEETING NOTICE AND AGENDA

**Emergency Medical Services
Advisory Board**

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

- 1. *Roll Call and Determination of Quorum**
- 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**
October 5, 2017
- 4. *Prehospital Medical Advisory Committee (PMAC) Update**
Dr. Andrew Michelson
- 5. *Program and Performance Data Updates**
Christina Conti
- 6. Presentation, discussion and possible acceptance of an update on regional EMS mutual aid agreements (MAAs), an objective of the Washoe County EMS 5-Year Strategic Plan.** (For possible action)
Brittany Dayton
- 7. Presentation, discussion, and possible acceptance of the Special Areas of Interest data reports.** (For possible action)
Heather Kerwin
- 8. Presentation and possible acceptance of an update on the Five-Year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.** (For possible action)
Christina Conti

9. Board Requests (For possible action)

A. Presentation on ALS services utilized by regional EMS response agencies.

Regional Partners

B. Presentation on October 1 Las Vegas Family Assistance Center

Christina Conti

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.

12. Adjournment

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; or they may be voted on in a block.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
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. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

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MEETING MINUTES
Emergency Medical Services
Advisory Board

Date and Time of Meeting: Thursday, October 5, 2017, 9:00 a.m.
Place of Meeting: Washoe County Health District
1001 E. Ninth Street, Building B, South Auditorium
Reno, Nevada 89512

1. Roll Call and Determination of Quorum

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

The following members and staff were present:

Members present: John Slaughter, Manager, Washoe County, Chair
Kevin Dick, District Health Officer, Vice Chair
Steve Driscoll, Manager, City of Sparks
Sabra Newby, Manager, City of Reno
Dr. Andrew Michelson, Emergency Room Physician, St. Mary's

Members absent: Terri Ward, Hospital Continuous Quality Improvement
Representative, Northern Nevada Medical Center

Ms. Spinola verified a quorum was present.

Staff present: Leslie Admirand, Deputy District Attorney
Dr. Randall Todd, Division Director, Epidemiology & Public Health
Preparedness
Brittany Dayton, Emergency Medical Services Coordinator
Heather Kerwin, EMS Statistician
Dawn Spinola, Administrative Secretary, Recording Secretary

2. Public Comment

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

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

3. 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

August 3, 2017

Vice Chair Dick moved to approve the Consent agenda. Mr. Driscoll seconded the motion which was approved unanimously.

4. Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Dr. Michelson noted the recent activities of the PMAC have been geared towards giving the members the opportunity to review, discuss and provide recommendations on the regional protocols.

Dr. Michelson stated he had not been present at the last PMAC meeting, and had no minutes due to the departure of the PMAC secretary. He indicated the reports he had heard about the meeting were positive, and that in general, the Task Force that is working on the regional protocol project is moving forward and things are going well.

5. Program and Performance Data Updates

Dr. Randall Todd for Christina Conti

Chair Slaughter announced that Ms. Conti was in Las Vegas, working with the Clark County Coroner's Office and their Family Assistance Center. She had asked if she should call in and attend the meeting via teleconference, but Chair Slaughter opined her duties in Las Vegas were more important.

Dr. Todd drew the Board's attention to an item on the first page, which discussed a grant request that had been submitted to the Nevada Governor's Council on Developmental Disabilities. He explained the amount of the grant was for \$30,000 and was to be used to develop training that will be utilized by public safety and emergency responders to increase awareness of essential resources and skills needed to work with individuals with intellectual and developmental disabilities. He noted that the report stated the division had received unofficial word of funding, and official written notification of the grant award has since been received. The award will be presented to the District Board of Health in October for approval.

6. Presentation, discussion and possible approval for distribution the Washoe County EMS Oversight Program FY17 Annual Data Report. (For possible action)

Heather Kerwin

Ms. Kerwin stated she would like to extend the Program's appreciation to the partner agencies who submitted their accomplishments and highlights for the year. She noted it was nice to stay informed about what the partners were doing region-wide.

Ms. Kerwin noted the draft report mirrored the previous year's report with the addition of the tables that were approved and requested by the work group that met regarding data. She confirmed the current version was available online.

Mr. Driscoll noted that not all of the partners provided response data. He asked if it was anticipated that all the partners would provide response data in the next cycle. Ms. Kerwin requested clarification, explaining the data had been received. She asked if he was referring to the response standards that were to be measured against. Mr. Driscoll stated that was correct. Ms. Kerwin explained Gerlach recently requested standards that they would like to be measured against. The message from Reno Fire is that they will be holding off for now. That is why Sparks and Truckee Meadows were included in the packet and the information from Gerlach is currently being analyzed and the results will be sent back to them. Mr. Driscoll stated he was just noting the absence.

Vice Chair Dick moved to approve the presentation and distribution of the report. Mr. Driscoll seconded the motion which was approved unanimously.

7. Presentation, discussion and possible approval of annual REMSA Franchise Map review recommendation. (For possible action)

Heather Kerwin for Christina Conti

Ms. Kerwin stated she had nothing to add to the staff report but would be happy to answer any questions on the methodology or results.

Mr. Driscoll pointed out that the detailed work that had been done among the partners regarding the maps, responses and coverage was very important and provided a great service to the citizens. He acknowledged that the amount of work required for the project had been substantial and thanked everyone who had participated. Chair Slaughter agreed.

Vice Chair Dick added that it had taken substantial effort to develop the initially-approved map, and opined that the process of annual review and remapping seemed to be performing well and demonstrates where the region needs to be at this time.

Mr. Driscoll moved to accept the presentation, discussion and recommendation. Ms. Newby seconded the motion which was approved unanimously.

8. Presentation, discussion and possible acceptance of an update on the regional protocol project, an objective of the Washoe County EMS 5-Year Strategic Plan. (For possible action)

Brittany Dayton

Ms. Dayton explained she would be providing an overview of the timeline and the steps taken on the project.

Ms. Dayton recognized the Task Force agencies that had devoted substantial time and effort to develop the Regional Protocols. She requested audience members Jeff Sambrano, from North Lake Tahoe Fire Protection District, Joe Kammann of Truckee Meadows Fire Protection District and Chief Nolan from Reno Fire Department stand, and thanked them for attending the meeting. She noted that several other members were not in attendance, and stated her appreciation for their support through the long process.

Ms. Dayton reviewed the PowerPoint included in the meeting packet. She noted a Formulary had been added, and the formatting of that has been updated since the meeting packet was

distributed to the Board members.

Vice Chair Dick noted that at the meeting of September 29, there had been consensus amongst the group to move forward with the Regional Protocols. Ms. Dayton stated the meeting had been held on September 20. Minor changes had been made to the protocols, based on comments received from the Medical Directors. Those changes had been sent out to the task force for final review one week prior to the meeting. Further input was received during that time, including the Formulary. The Protocols that were finalized on September 29..

Ms. Dayton explained there had been substantial discussion with the Medical Directors via PMAC regarding the protocols, so no issues are anticipated when they are asked to sign.

Mr. Driscoll asked if there were any protocols that the group has not yet completed, or if everything has been brought to conclusion satisfactorily for the Medical Directors. Ms. Dayton explained the only piece that was not yet completed was the small variations that would be required by each agency. Each agency will make their agency-specific policies and procedures document, which will be attached to the master protocols document. She added that the regional protocol portion is complete.

Vice Chair Dick noted the Regional Protocols had been envisioned from the beginning by the Tri-Data Corporation, which provided the initial study to assist in the establishment of the Emergency Medical Services Interlocal Agreement. He acknowledged the document required a substantial amount of effort and investment on the part of all of the partners. He commended everyone for working together to pull all of the information into one package, and opined it was a very impressive piece of work.

Ms. Newby moved to accept the update. Vice Chair Dick seconded the motion which was approved unanimously.

Chair Slaughter noted that the difference between where the region was prior to the Agreement and where it is today was beginning to resemble what had been envisioned.

9. Presentation and possible acceptance of an update on the Washoe County EMS 5-Year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight. (For possible action)

Brittany Dayton for Christina Conti

Ms. Dayton noted the staff report outlined objectives and strategies that are either completed or in progress, as well as the ones that require timeline revisions based on direction provided at the last EMSAB meeting. She offered to answer any questions to the best of her ability, or to confer with Ms. Conti upon her return and respond to the Board at a later date.

Mr. Driscoll explained that he and Ms. Conti had worked together and discussed the potential changes and timeline revisions of some of the objectives and strategies. That meeting took place shortly after the last EMSAB meeting, and Ms. Conti had made the changes. He opined that the changes and modifications the Board had requested had been completed satisfactorily. He stated he believed that the plan was stronger now than it was before those modifications were made.

Vice Chair Dick moved to approve the update. Mr. Driscoll seconded the motion which was approved unanimously.

Mr. Driscoll opined that although the plan had required a substantial amount of work, it was important to keep in mind that carrying out the activities outlined in the strategic plan must go forward, and not be neglected while day-to-day work was being done. He suggested the metrics,

which should be provided during regular periodic reviews, would help the region understand what was happening at any given time, and underscore the need for continued engagement by all partners. He stated he felt it was incumbent upon the Board, working with staff and the other partners, to maintain the strategic plan as a living document from this point forward.

Mr. Driscoll acknowledged that the Strategic Plan had required a substantial amount of effort, and opined the real work would be in putting the plan into motion. He requested periodic reporting, once or twice a year. A main goal of those reports would be to clarify the metrics over time, with the understanding that situations will change. With that in mind, it was important to remember that something the region focuses on in the next year might not be the focus three years from now. He emphasized the Plan would be a living document, and stated it was incumbent upon the Board, working with staff and the other partners, to keep it a living document from this point forward.

Chair Slaughter thanked everyone who has put so much effort into this.

10. Board Comment

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

Chair Slaughter noted there would eventually be an After Action Review of the events in Las Vegas, and suggested Washoe County obtain and study a copy of it to look for lessons learned and/or anything that could be used to improve the Washoe County system.

Vice Chair Dick reiterated that Christina Conti was in Las Vegas due to her experience establishing Family Assistance Center Services after the Reno Air Races tragedy. For the next meeting, he requested an item be added to the agenda for her to specifically report out on her experience in Clark County in that role, and to provide any recommendations she might have for Washoe County for preparation for Family Assistance Center Services in the future.

Dr. Michelson opined that what happened in Clark County was just an unfortunate example of the importance of being prepared for MCIs. It is not convenient to the emergency departments that participate, and it disrupts the flow of patient care. However, appreciation for the experience is always expressed during the debrief, and there is very positive feedback.

Dr. Michelson stated he did not know if enough exercises were being conducted. He opined they result in a good experience for the community, as well as for the EMS providers and emergency departments who are working together on the exercise. He opined the results of the efforts of the hospitals that received the patients in the Las Vegas incident were amazing. He suggested that if Las Vegas hospitals were conducting more practice sessions than were occurring in the Reno area, their model should possibly be considered. He concluded by stating that his emergency department was excited to continue participating in practice opportunities.

Mr. Driscoll requested a high-level overview report be presented to the Board regarding how frequently paramedic service levels are utilized, particularly the upper-level services. Additionally, he was interested in knowing how those services are changing outcomes.

11. Public Comment

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

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

October 5, 2017 Emergency Medical Services Advisory Board Minutes

Chair Slaughter closed the public comment period.

12. Adjournment

At 9:28 a.m., Mr. Driscoll moved to adjourn. Ms. Newby seconded the motion.

Respectfully submitted,



Administrative Secretary

Approved by Board in session on _____, 2017.

STAFF REPORT
BOARD MEETING DATE: January 4, 2018

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

Project Updates and Meetings with Partner Agencies:

As discussed during the October EMS Advisory Board meeting, during the map revision process, several items were identified and work with regional partners was occurring. One identified area was the downtown corridor and the potential to design an alternative response for that area. To begin this project, the EMS Program Manager and EMS Statistician met on October 10 with REMSA and RFD to discuss 911 hotspots in the downtown corridor, with specific attention to the homeless shelter on Record St. Subsequent meetings have been held on November 9 and December 19 with representatives from the UNR School of Medicine, the City of Reno, and Community Health Alliance to begin developing partnerships and plans for moving forward.

The region continues to work on Objective 1.2 of the strategic plan. The focus is to implement appropriate protocols to determine service levels through the EMD process. A committee has formed, including a representative from each partner EMS agency. The low acuity/priority 3 committee has begun meeting monthly to review specific calls to consider. Non-identified Omega calls have been discussed, Skilled Nursing/Rehabilitation Center facilities as well as facilities with medical personnel (Card 33). The subcommittee is going to work on alpha calls beginning in January.

The protocols task force convened on October 13 to discuss the final steps and logistics for executing the regional protocols for eight Washoe County agencies. It was determined that the group would meet on a biannual basis to review and revise protocols. The Washoe County Regional EMS Protocols were signed by all Medical Directors on November 9 and are scheduled for training and implementation by April 1, 2018. Each agency was given an opportunity to submit agency specific polices as part of an appendix for the master protocols document. Finally, EMS Program staff is working on developing a phone application for all field providers so they can have quick access to protocols.

EMS staff participated in a functional exercise with four skilled nursing/long term care facilities in the region on October 16. One facility used the Mutual Aid Evacuation Annex (MAEA) tagging system to evacuate approximately 60 “patients” and distribute them to three receiving facilities. The exercise allowed for additional testing of our healthcare tagging system and resulted in only minor process modifications.

Subject: Program and Performance Update

Date: January 4, 2018

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The EMS Statistician attended the County's Marijuana Governance and Education Committee meetings on November 8 and December 14. These meetings are to assess information available to measure both positive and negative impacts of recreational marijuana and develop education for the community related to variety of issues. The Health District's role in attending is to provide health-related data to the committee and provide input on the materials to be used to educate the public on recreational marijuana.

The EMS Coordinator completed the first draft of the Multi-Casualty Incident (MCI) Alpha Plan and sent it to community partners on November 13 for review and input. The idea of the Alpha plan was first brought the EMS Advisory Board during the July 2016 meeting. Program staff had attended the EMS Today conference and attended a presentation on the Paris attacks on November 13, 2015. The goal of the Alpha Plan is to provide a framework for an interoperable response by pre-hospital and healthcare agencies to effectively and safely manage large-scale events and/or incidents with multiple locations.

The Reno Police Department, Victim Services Unit, held a regional training for advocates. Due to the October 1 incident, Federal partners from the Office for Victims of Crime attended and presented on emergency response from a victim service perspective. The EMS Program Manager, EMS Coordinator and Medical Examiner staff attended the training on November 16. The focus was for victim advocates and their critical response role to a disaster. This was a quality opportunity to learn other perspectives on disaster planning and response and to ensure cross discipline planning within our region.

The EMS Coordinator and EMS Statistician attended the annual EMS Chiefs luncheon at Incline Village during the annual paramedic refresher conference on November 30. This is a great opportunity to network with regional EMS leadership.

The EMS Program Manager and EMS Statistician met with REMSA staff on November 29 to discuss options for alternative transport including Uber and Lyft. Objective 1.3 within the strategic plan is to explore options for transporting non-urgent EMS callers. While this objective's goal for completion is October 7, 2021; the regions work on the low acuity/priority 3 calls coincides with the objective.

On December 6 the EMS Coordinator provided training to patient registration staff at Incline Village Community Hospital (IVCH) on WebEOC. Training included an overview of disaster response planning in Washoe County, including the Multi-Casualty Incident Plan (MCIP) and the MAEA. IVCH staff were also given a guidebook with step-by-step instructions on how to access and input information into three of the WebEOC boards if there were a Hospital Representative during a disaster in Washoe County.

The Dispatch Subcommittee held its quarterly meeting on December 13. There was quality discussion about staging protocols, FirstNet, and regional projects. The purpose of the subcommittee was discussed, to include the initial objectives of creating the subcommittee. It was determined that this group has solved the previously identified communication gaps between the three dispatch centers. Moving forward, the PSAPs will meet monthly to discuss current topics and invite REMSA and the Health District on a quarterly basis. The quarterly meeting will also begin to include incident review.

State EMS committee held its quarterly meeting on November 17. The EMS Program Manager provided an update for Washoe County. Information provided was the completion of the annual report and regional protocols. There was discussion on the regulations affiliated with radio communication and recording of land lines. The Committee deferred this topic to the individual coalitions throughout the State.

At the end of September, Program staff and regional partners attended a demonstration of a software system Open Lattice. While the software system is not able to be immediately utilized by the region, the EMS Oversight Program met with the Department of Human Services to discuss piloting the concept of super utilizers with the EMS and healthcare partners. A project summary, along with an invitation to participate, has been sent to regional EMS partners. The first meeting is scheduled for January 12. (Project summary attached)

CAD-to-CAD Update:

REMSA and City of Reno Department of Information Technology continue to work collaboratively towards the goal of testing in the 1st quarter of 2018. Weekly, except during holidays and conflicting meetings/commitments, the REMSA and Reno team have been briefly touching basis via conference call to provide updates and share encountered experiences.

On the REMSA side:

- REMSA has successfully updated to the latest version of the TriTech Inform CAD without issue.
- Map update project is completed and has been pushed out to our production CAD and is live.
- A site-to-site VPN test occurred this past week between REMSA & Reno and my understanding that was successful.
- REMSA IT is working with TriTech on the data table translation

Data Performance Reports:

Requestor	Summary of request	Date of request	Request completed
EMSAB	Inquiry of Duck Hill calls for 2017 Legislative Session and/or ongoing monitoring of area.	4/6/2017	Yes; 12/14/2017
EMSAB	Impacts of Special Event of interest	8/3/2017	Yes; 12/14/2017
Low Acuity Workgroup	Group care, memory care, and skilled nursing facility calls	9/26/2017	Yes; 10/10/2017
Gerlach Volunteer Fire Department	Gerlach Standards	9/28/2017	Yes; 12/12/2017
Low Acuity Workgroup	Card 33 facilities	12/4/2017	Yes; 6/1/2017
REMSA/Flirtey	Cardiac arrest map data	12/7/2017	IN PROCESS

Mass Gathering Applications or Events:

Subject: Program and Performance Update

Date: January 4, 2018

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There were no mass gathering/special event permits reviewed by the EMS Program this quarter.

Inquiries or Investigations:

All inquiries have concluded, with no new requests this quarter.

Other Items of Note:

On Monday, October 2, the EMS Program Manager was officially requested by the Clark County Coroner, through the Division of Emergency Management, to respond to Las Vegas to support the response efforts. Three Northern Nevada personnel responded, with the expectation of being graveyard command staff for the Family Assistance Center. Support was provided to the Coroner's office through Friday, October 6.

The EMS Coordinator completed a REMSA dispatch sit-along on October 9 and had an opportunity to listen to a variety of EMS calls and meet several communication specialists. Staff appreciates these opportunities to meet with EMS personnel and get their perspective on the EMS system.

In an effort to standardize the training EPHP receives to respond to the Regional Emergency Operations center (REOC) during a disaster, the EMS Coordinator created an EOC Handbook. This document includes basic information about ICS, EOC operations and all documents needed for the medical unit leader (MUL) position.

The EMS Coordinator attended the Fire Shows West Conference from November 6-9. This annual conference offers a range of courses and had tracks that included hazmat, command, leadership, safety and health and wellness. The conference provided an opportunity to learn more about on-scene coordination, fire/hazmat responses and the incident command system.

The EMS Statistician conducted a ride-along with SFD Station 11/12 on November 22. This serves as an opportunity to obtain first-hand witness to the processes involved in 911 calls for service.

The EMS Program Manager has been invited to join a symposium for information sharing as it relates to large scale mass casualty events. This is a partnership between the Nevada Hospital Association and the New York Hospital Association. The first of two meetings will be held on February 1 in Las Vegas. The EMS Program Manager will bring back all information to the region so that plans can be improved upon based on lessons learned by the jurisdictional event response.

Super Utilizer Workgroup Project Plan

Introduction

During the past three fiscal years, EMS system calls increased more than 26%. The growth of Washoe County and the prolonged surge of patients warrant a review of the current EMS system to ensure it is operating efficiently and effectively. During fiscal year 2015-2016, approximately 20% of calls that received an EMS response in Washoe County, with potential ambulance transport to a hospital, were categorized as non-emergency. A significant portion of the calls had a social service component. While social service programs are not accessed by use of the 911 system, this demonstrates that some citizens may be using the EMS system to access healthcare services when it is not the appropriate service for their actual needs.

The Washoe County Human Service Agency (WCHSA) is leading the effort to develop a community workgroup designed to target high users of services across systems (super utilizers) with the goal of innovative problem-solving to connect citizens to the resources they need, whether they are social or medical. WCHSA will partner with the Washoe County Health District EMS Oversight Program and regional response agencies, to identify citizen needs for services outside of the 911 system and integrate the citizen with other community services available.

Goals and Objectives

The goal of the workgroup is to pilot a program of identified super utilizers of the 911 system and integrate those citizens with the Mobile Outreach Safety Team (MOST). The goals of MOST are early and voluntary intervention to avoid costly emergency room visits and hospitalizations while also reducing law enforcement calls for service through effective crisis intervention and linkages to services.

The ultimate goal and objective of the workgroup is to transition into a community committee comprised of additional healthcare and police partners who will utilize a shared data platform to systemically identify super-utilizers and develop more effective interventions to reduce unnecessary calls for service by EMS. This transition will occur when the workgroup has successfully streamlined the agency information and developed methods to address the needs of the identified citizens.

Partner Participation

The success of this pilot program and, subsequently, the community committee, depends solely on partner participation. For the pilot project, WCHSA intends to work with EMS agencies and a single hospital. This multi-disciplinary team approach will allow the EMS Oversight Program to review submitted information and determine if the utilizers are impacting more than one agency or discipline.

Evaluation

The evaluation of this pilot program will be utilized when developing the community committee. Elements to consider evaluating would be the increase of services provided to the citizen as well as the reduction of non-emergent 911 calls for service by the citizen.

STAFF REPORT
BOARD MEETING DATE: January 4, 2018

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

SUMMARY

The Washoe County EMS 5-Year Strategic Plan Goal #2 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, 2022. 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 Board on regional EMS MAAs.

EMS Strategic Plan Goal/Objective supported: Strategy 2.3.3: Provide an update to EMS Advisory Board on all MAA/MOU process changes or additional agreements being utilized in region by January 31st annually, beginning in January 2017.

PREVIOUS ACTION

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

BACKGROUND

Objective 2.3 of the Washoe County EMS 5-Year Strategic Plan 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 is tasked with providing an update to the Board on additional agreement(s) being implemented or utilized in the region.

To achieve this objective, Program staff requested current MAAs related to EMS services from Washoe County partner agencies. Attached is a list of the MAAs the Program received and reviewed.

Subject: Regional EMS MAAs

Date: January 4, 2018

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

During the review process the Program was notified by a partner agency that the Nevada Division of Emergency Management (DEM) has a subcommittee that assesses and provides recommendations on MAAs and MOUs on a statewide basis. Program staff will connect the appropriate DEM contact to learn more about their procedure and whether the Program should do a concurrent review for Washoe County agencies, or if this is a duplicative effort.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board accept the update on regional 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."

Attachments:

Regional EMS Mutual Aid Agreements – 2017 Review

Regional EMS Mutual Aid Agreements (MAA)
2017 Review

REMSA MAAs			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
Carson City Fire	9/24/2007	10/19/2017	Needs update
North Lake Tahoe Fire Protection District	6/6/2008	10/19/2017	Needs update
North Lyon County Fire Protection District	10/13/2010	10/19/2017	Needs update
Pyramid Lake Fire Rescue	7/7/2017	10/19/2017	New/no changes
Reno Fire Department	10/26/2016	10/19/2017	New/no changes
Sierra Emergency Medical Services Alliance	4/1/2007	10/19/2017	Needs update
Storey County Fire Department	2/4/2011	10/19/2017	Needs update
Truckee Fire Protection District	3/15/1999	10/19/2017	Needs update
Truckee Meadows Fire Protection District	6/21/2016	10/19/2017	New/no changes

Sparks Fire Department MAAs			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
Truckee Meadows Fire Protection District	8/8/2016	10/24/2017	New/no changes
Reno Fire Department	8/22/2016	10/24/2017	New/no changes
Storey County	7/11/2016	10/24/2017	New/no changes

TMFPD MAAs			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
Sierra County	7/1/2016	10/30/2017	Currently being revised

Gerlach MAAs/MOUs			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
Cederville	6/28/2016	10/19/2017	New/no changes
Eagleville	6/28/2016	10/19/2017	New/no changes
Fort Bidwell	6/28/2016	10/19/2017	New/no changes
Pyramid Lake Fire Rescue	7/15/2016	10/19/2017	New/no changes
Surprise Valley	6/28/2016	10/19/2017	New/no changes
Lovelock	7/25/2017	10/19/2017	New/no changes

North Lake Tahoe Fire Protection District			
Agreement	Date Signed	EMS Oversight Reviewed	Recommendation
LTRFCA Mutual Aid Agreement/Operational Plan	2011/2012	12/11/2017	Needs update

STAFF REPORT
BOARD MEETING DATE: January 4, 2018

TO: EMS Advisory Board Members
FROM: Heather Kerwin, MPH EMS Statistician
hkerwin@washoecounty.us
SUBJECT: Presentation, discussion, and possible acceptance of the Special Areas of Interest data reports.

SUMMARY

This report outlines two requests for information made to the EMS Oversight Program by members of the EMS Advisory Board (EMSAB). The EMSAB members requested information on one area of interest within Washoe County and one special event that has potential impacts to the Washoe County EMS system. Those results and accompanying maps are provided.

PREVIOUS ACTION

There is no previous action on this item.

BACKGROUND

During the 2017 Legislative Session, a bill was introduced that focused on the Duck Hill area of Washoe County. Subsequently, during the April 6, 2017 EMS Advisory Board meeting, the Board chair requested that area of Duck Hill remain a special area of interest for continued monitoring. A study proposal for the Duck Hill area was created and provided to the EMS Advisory Board chair. The chair approved the study proposal and staff began requesting data from all EMS partners involved in EMS responses to this area.

Results for the area of interest indicate the appropriate response mechanisms are already in place for our region. Due to the relatively few calls occurring in the area of interest, the more traditional statistical analysis, such as median response times, were not able to be performed. Moving forward, staff will bring an annual update for calls occurring in the area.

During the August 3, 2017 board meeting, a member of the EMSAB requested information for a special event to assess the impacts to the Washoe County EMS system. A study proposal for the area of interest was created and provided to the EMS Advisory Board chair. The chair approved the study proposal and staff began requesting data from all EMS partners involved in response to this area.

Subject: Areas of Interest Data Reports

Date: January 4, 2018

Page 2 of 2

Results for the event of interest demonstrate there is a statistically significant ($p < 0.01$) increase in calls both during a timeframe of one month prior to the event through the week following the event, as well as during the week-long event itself. Due to the rural location of the event and the growth in number of attendees, continued efforts aimed at injury prevention related to the event and special attention in preventing traffic accidents along the rural roadways will benefit both travelers and EMS first responders.

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board approve the presentation and accept the areas of interest data reports.

RECOMMENDATION

Staff recommends the Board move to approve the presentation and accept the areas of interest data reports.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the presentation and accept the areas of interest data reports."

Attachments:

Duck Hill Data Request Results

Duck Hill Drive Time Maps_FOCUS

Duck Hill Drive Time Maps_MAIN

Results of the Special Event of Interest

Special Event of Interest Map

Duck Hill Data Request Results

Location of Duck Hill

Duck Hill is located in Washoe County at the south end of Washoe Valley, bordering the east side of highway 580 [image below], just north of Carson City. There are 13 total addresses located within the defined area of interest. Duck Hill homes are within an 8-minute drive to the nearest hospital, Carson Tahoe Regional Medical Center. In the event of a medical emergency, phone towers connect a 911 call from that location to the Washoe County Sherriff's Office dispatch center where the call would be answered by the dispatchers for Truckee Meadows Fire Protection District (TMFPD).

BLACK BOX: Area of interest, Duck Hill within Washoe County, NV.

RED LINE: County boundary

HOSPITAL: Carson Tahoe Regional Medical Center, Carson City, NV



Drive time analysis

There were five posts or stations identified as the closest locations with emergency response units to be dispatched for response to an EMS call for service in the Duck Hill area. The five posts or stations likely to be dispatched are as follows:

1. TMFPD Station 30, Co Rd 330, New Washoe City, NV 89704
2. TMFPD Station 16, 1240 Eastlake Blvd, New Washoe City, NV 89704

3. CCFD: Station 52, 2400 East College Parkway, Carson City, NV 89706
4. CCFD: Station 51, 777 South Stewart Street, Carson City, NV 89701
5. REMSA: Closest static posting location @ corner of Wedge Parkway and Mt Rose HWY

The attached series of images created by Washoe County GIS illustrate how much time it takes for a unit from each the five locations to reach the houses in the Duck Hill area. The software utilized to create the drive time analyses are generated using predictive modeling, which takes into account distances, speed limits, turn restrictions and other road characteristics. A descriptive summary of the predicted drive times are provided below.

1. Within 5 minutes:
 - CCFD Station 52 would be closest and nearing the off ramp to access the Duck Hill addresses of interest.
2. Within 7:30 minutes:
 - TMFPD Station 30 would be nearing the off ramp.
 - CCFD Station 52 responders could potentially arrive at 12 of the 13 addresses within the defined area of interest.
3. Within 10 minutes:
 - CCFD Station 51 would be nearing the off ramp to access the Duck Hill area.
 - TMFPD Station 30 could potentially arrive at 12 of the 13 addresses.
 - CCFD Station 52 responders would potentially have arrived at all of the 13 addresses within the defined area of interest.
4. Within 15 minutes:
 - REMSA unit dispatched from the closest posting station would potentially have arrived at 5 of the 13 addresses.
 - First-tier responders from TMFPD Station 16, CCFD Station 51, TMFPD Station 30 and CCFD Station 52 would have arrived at all of the 13 addresses within the defined area of interest.

Historic Call Data

The following table provides a summary of the number of calls each agency has responded to each year and the median response time for all completed calls. For Carson City Fire Department, only 5 responses to the Duck Hill area were identified, 3 were EMS the other 2 were smoke investigations. Only EMS calls were included in the table below.

Location	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	'17	Total calls for service	Total calls arrived
CCFD Station 52	0	0	0	0	0	0	0	1	0	0	2	3	3
TMFPD Station 30	~	~	~	~	~	~	0	0	0	1	0	1	1
TMFPD Station 16	~	~	~	~	~	~	2	0	0	1	2	5	5
REMSA	~	~	~	1	2	0	2	2	1	1	1	10	6

*Too few calls to conduct statistically meaningful review of mean, median or 90th percentile response times

Call Volume

CCFD Station 52 reported 4,254 calls during calendar year 2016, this equates to 11.6 calls per day on average. CCFD Station 52 also created 2,460 electronic Patient Contact Reports¹ for 2016, this equates to 6.7 treatments per day. CCFD is also a transport agency for Carson City and Station 52 conducted 1,921 patient transports during 2016, during transports, the units are not available for dispatch until patient care is transferred.

In contrast, TMFPD Station 30 responded to .5 calls per day during calendar year 2016 while TMFPD Station 16 responded to slightly fewer than 1 call per day during calendar year 2016. Furthermore, TMFPD is not a transport agency so the crews could be available more often for dispatch as the transfer of patient care occurs on scene rather than at a hospital.

Mutual Aid Agreements

A summary of mutual aid agreements which impact the area of interest are as follows:

- Request for CCFD response will originate from REMSA dispatch. CCFD may provide EMS response to Priority 1 incidents within the REMSA franchise area along South Washoe Valley, south of the Bellevue Bridge area. Likewise, if CCFD dispatch is notified of a Priority 1 incident in this area the EMS response information will be immediately referred to REMSA dispatch.
- TMFPD must contact Carson City dispatch if they need a rescue or engine response from CCFD.

Summary Brief

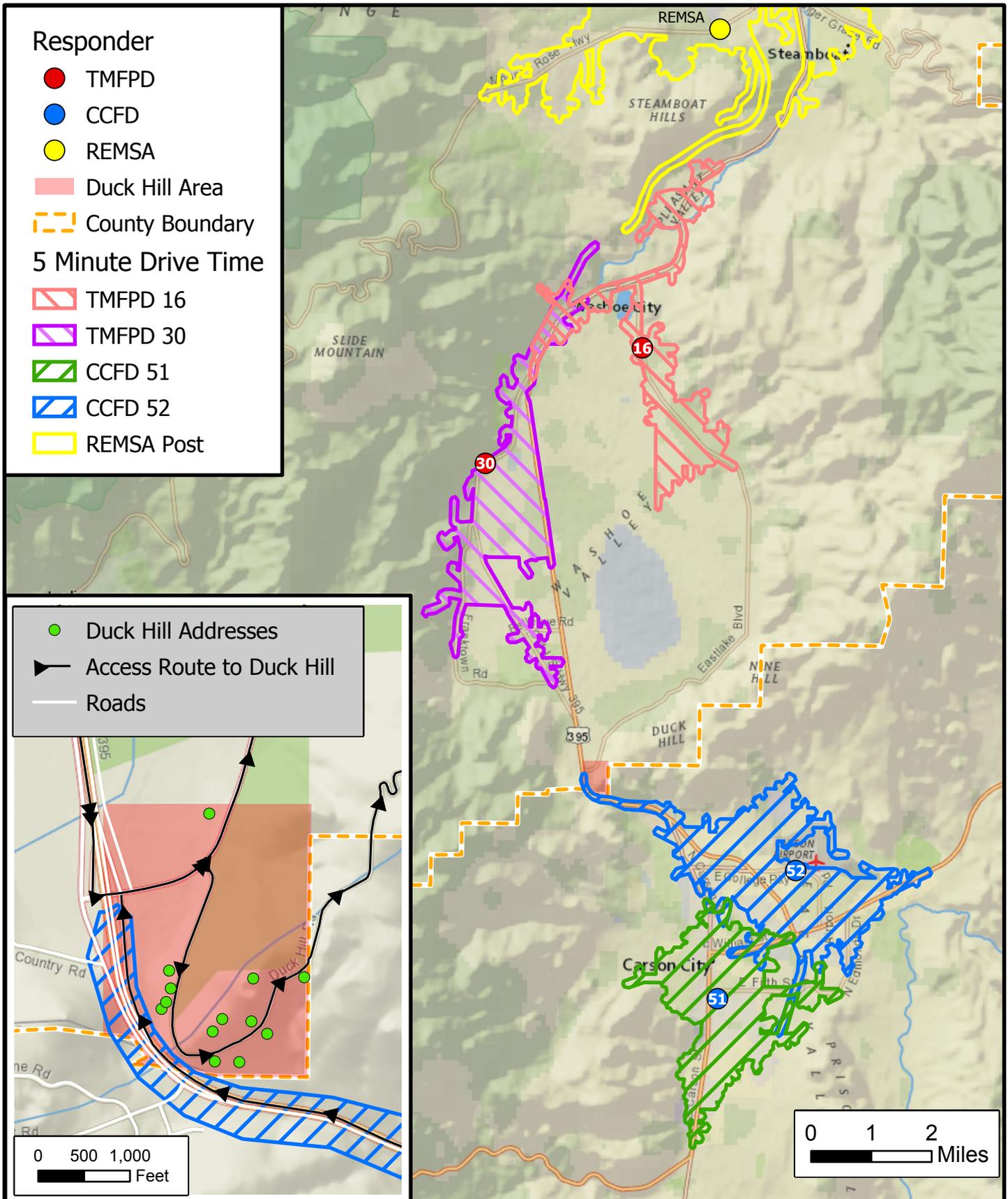
Duck Hill is located at the southern border of Washoe County and was identified as an area of interest due to Duck Hill resident's concerns related to EMS response to the neighborhood. There are four fire stations and a REMSA ambulance posting considered for the analyses; the closest Truckee Meadows Fire Protection District (TMFPD) station, Station 30, the second closest TMFPD station, Station 16, the closest Carson City Fire Department (CCFD) station, Station 52, the second closest CCFD station, Station 51, and the closest REMSA ambulance posting location. There were 13 addresses included in the area of interest. According to a drive time analysis, response units from CCFD Station 52 and TMFPD

¹ This number does not necessarily reflect non-EMS responses, nor does it account for calls that another unit is initially dispatched to that Station 52 then is dispatched to and completes.

Station 30 would be able to be on scene to all 13 addresses within 10 minutes. All four fire stations would be able to be on scene within 15 minutes, while the second due-tier responders, REMSA, would be able to be on scene to five of the 13 addresses.

While drive time analyses indicate CCFD responders may be able to reach more addresses within shorter drive times, the CCFD stations respond to approximately 11.6 incidents per day, while the closest TMFPD station responds to an average of .5 calls per day. Additionally CCFD transports patients, while TMFPD typically does not. Therefore, CCFD response units are not available to respond to additional calls until patient care from the previous call is transferred to a hospital. This illustrates that when a 911 EMS call for service originates in the Duck Hill area, a TMFPD response unit from Station 30 or Station 16 would be more likely to be available for response and is the appropriate EMS response agency to dispatch first.

DRAFT



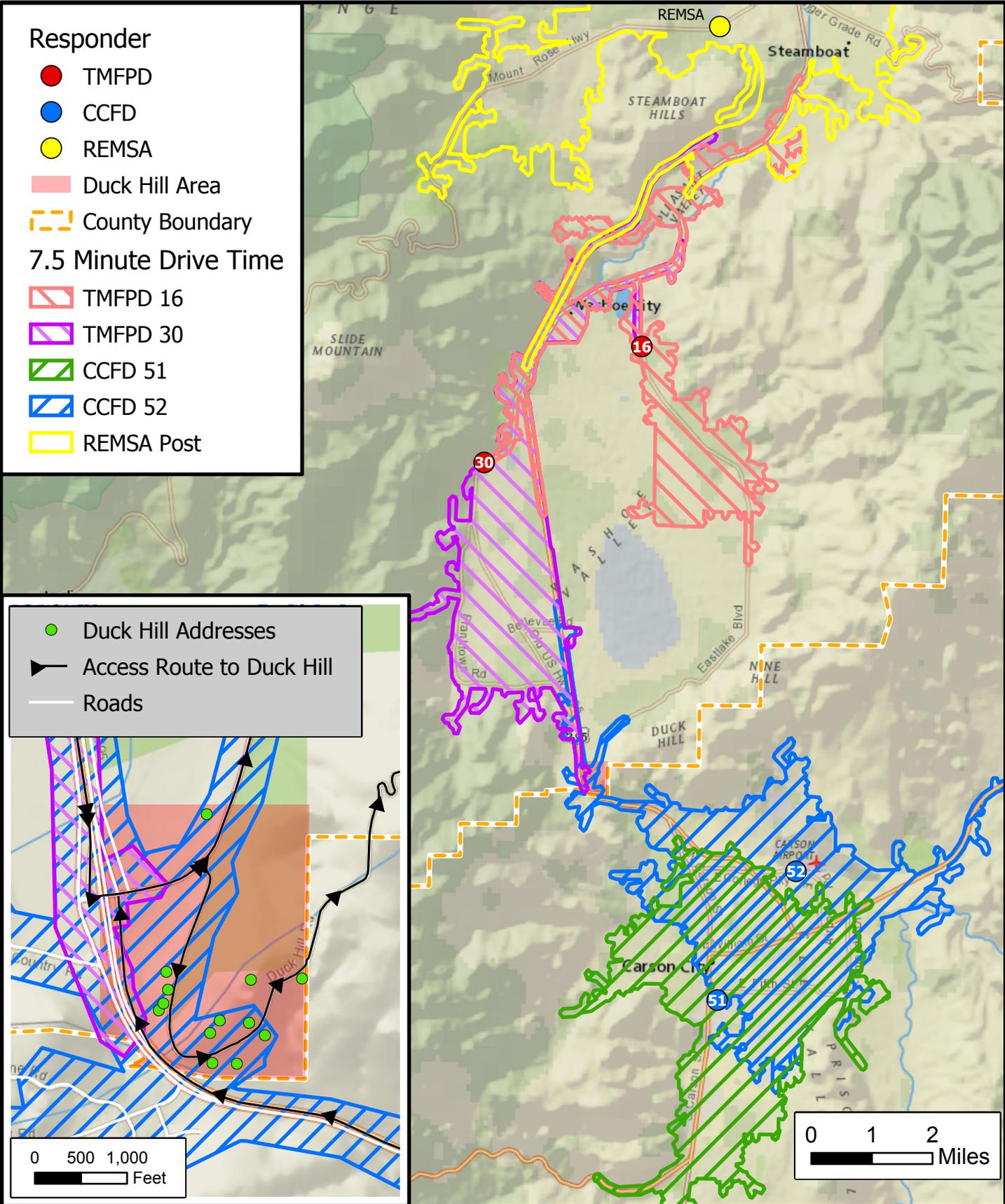
Duck Hill Drive Time Analysis

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 Content may not reflect National Geographic's current map policy. Sources: National Geographic, Esri, DeLorme, HERE, UNEP-WCMC, USGS, NASA, ESA, METI, NRCAN, GEBCO, NOAA, increment P Corp.



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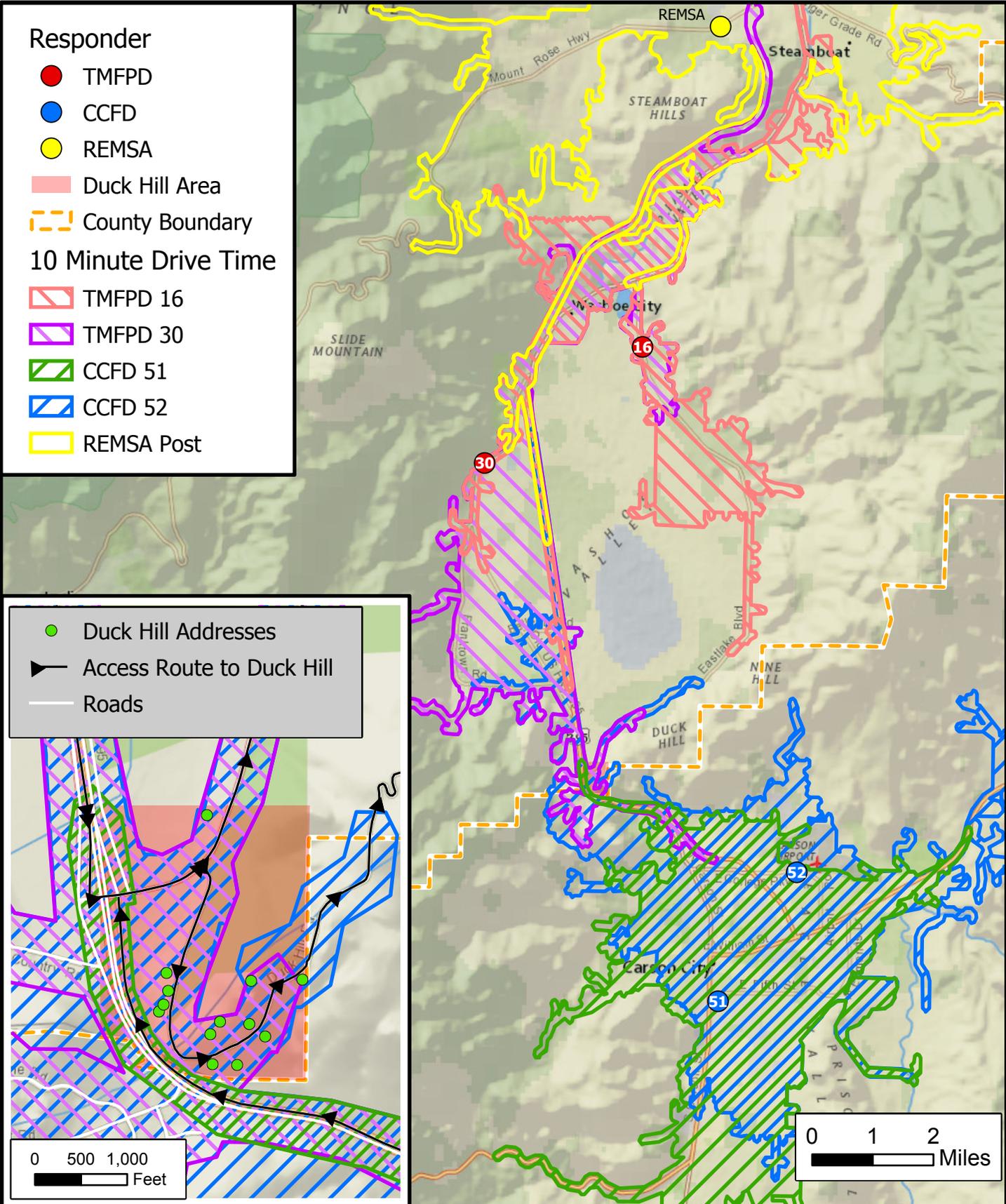
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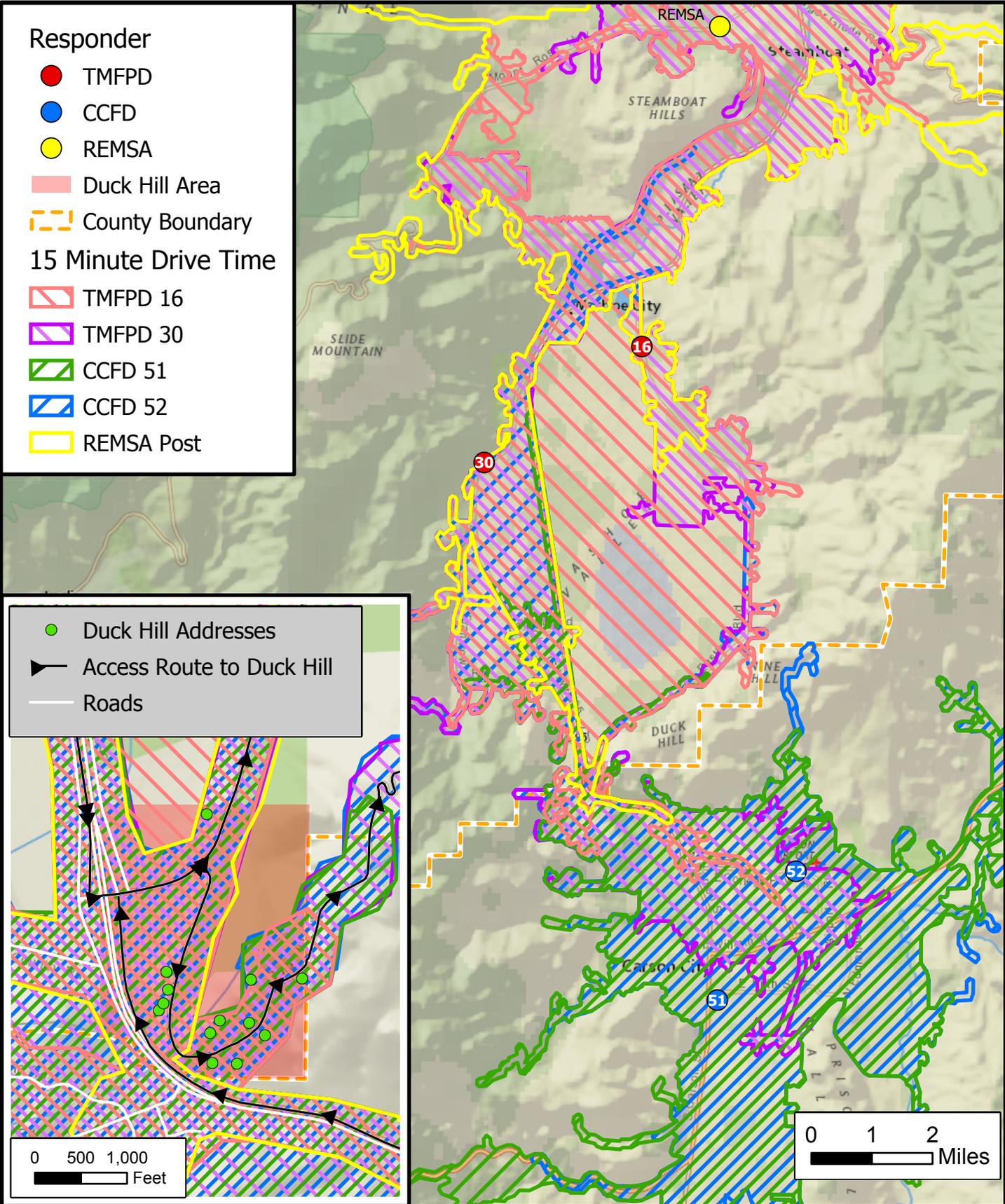
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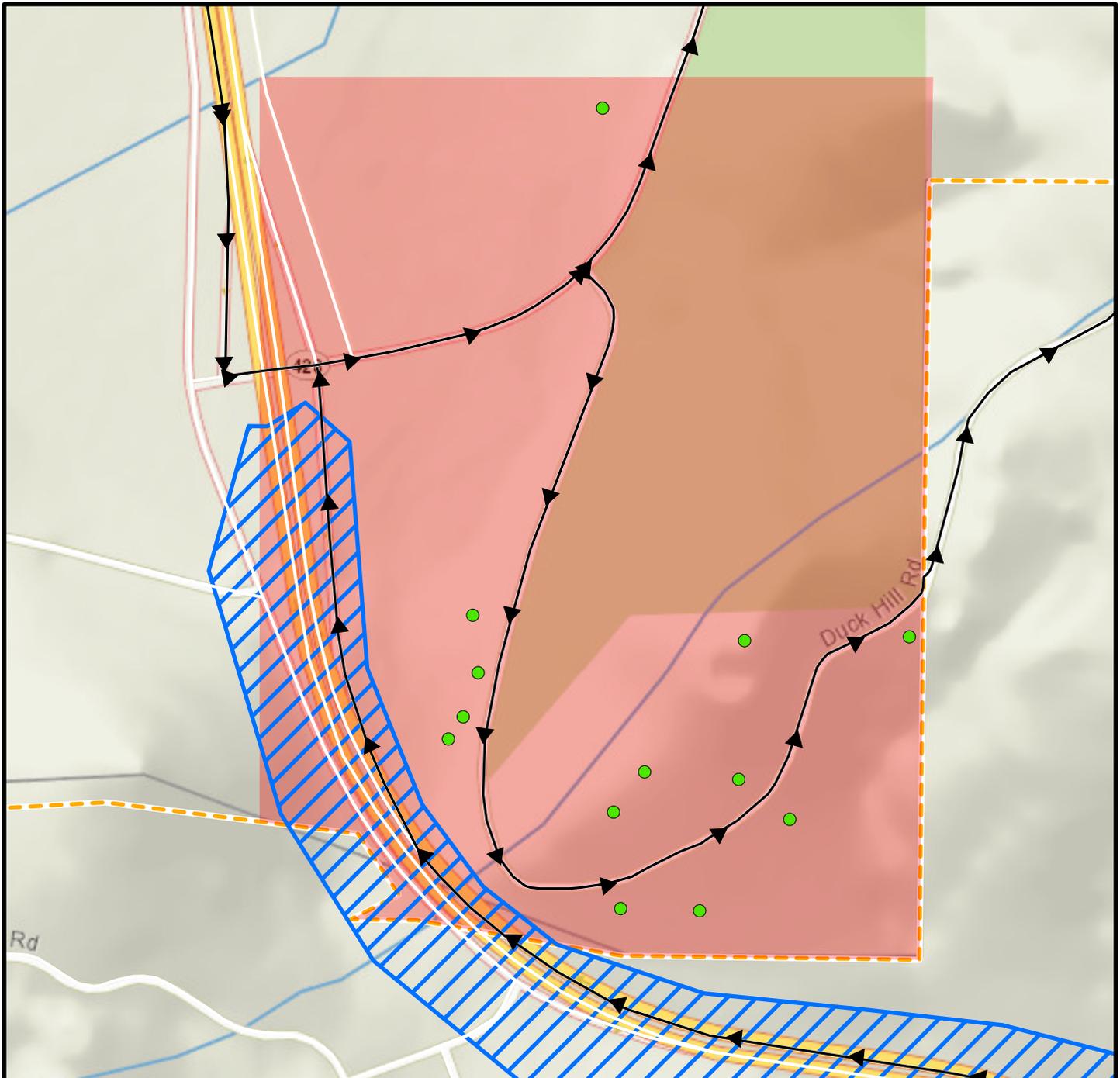
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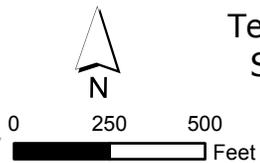




5 Minute Drive Time	Red Shaded Area	Duck Hill Area
TMFPD 16	Green Dots	Duck Hill Addresses
TMFPD 30	Black Arrows	Access Route to Duck Hill
CCFD 51	White Lines	Roads
CCFD 52	Blue Hatched Area	
REMSA Post	Yellow Dashed Area	

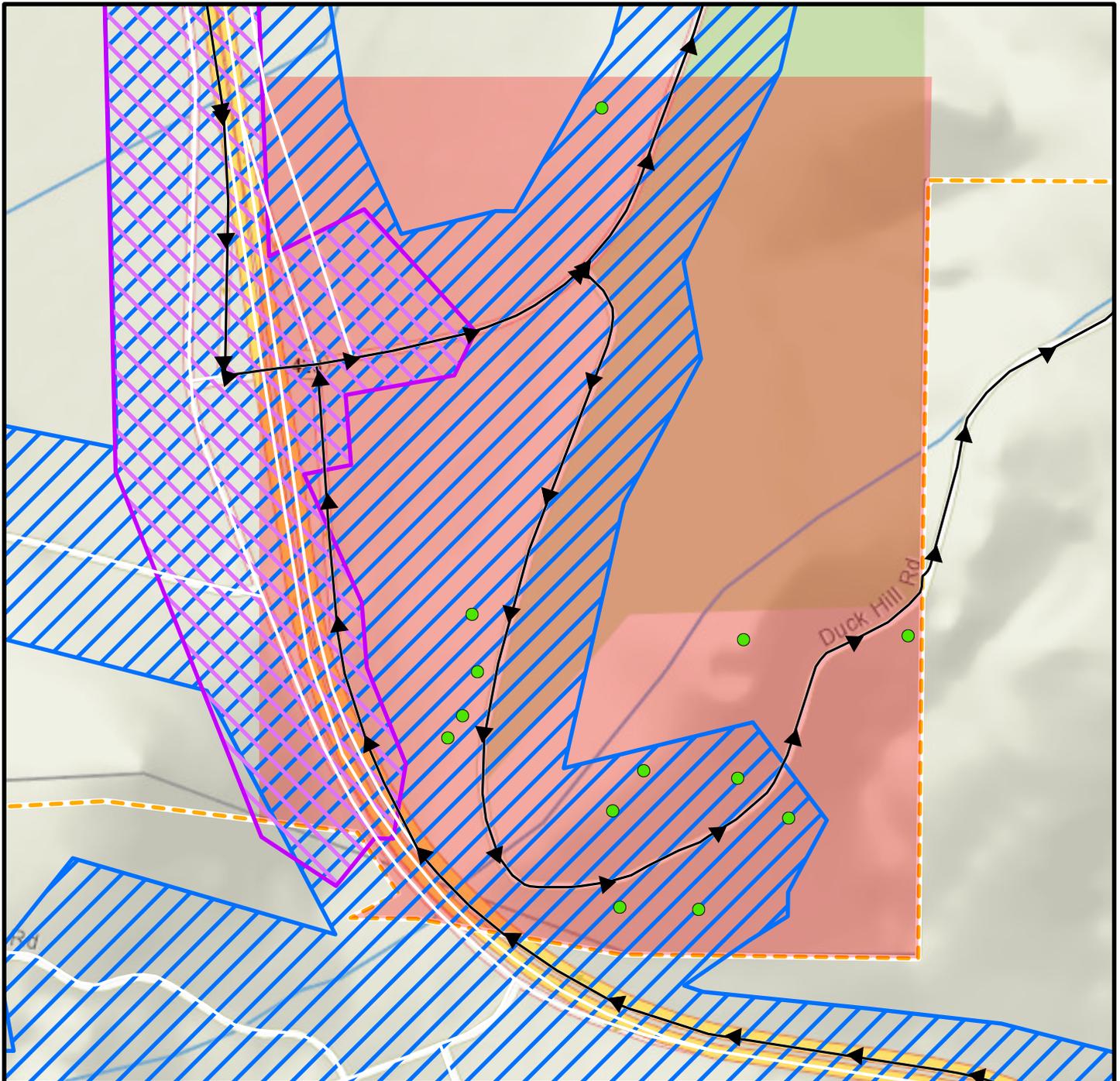
Duck Hill Drive Time Analysis

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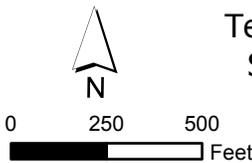




7.5 Minute Drive Time	■ Duck Hill Area	— Roads
▨ TMFPD 16	● Duck Hill Addresses	
▨ TMFPD 30	➤ Access Route to Duck Hill	
▨ CCFD 51		
▨ CCFD 52		
▨ REMSA Post		

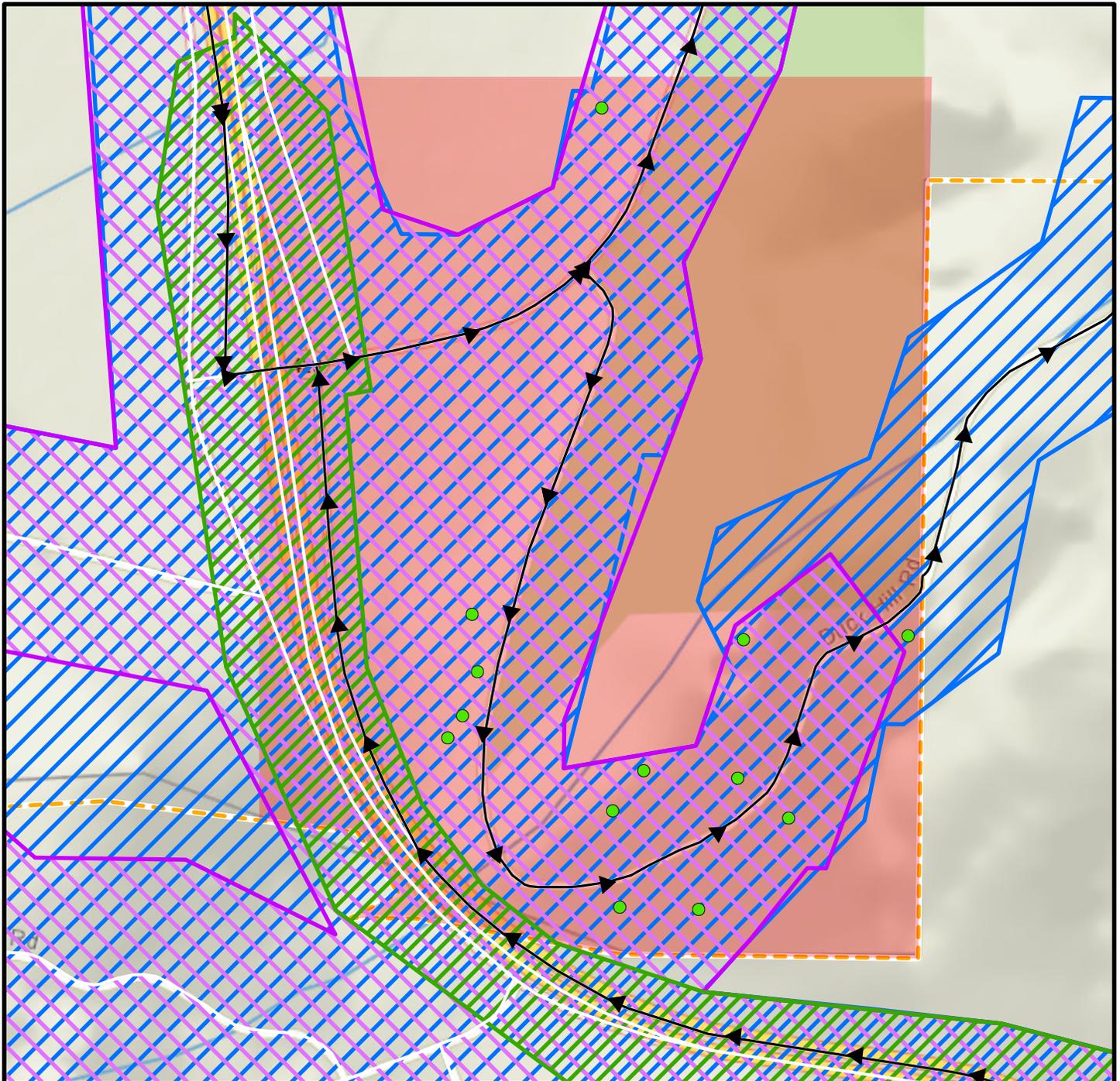
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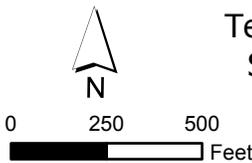




- 10 Minute Drive Time
- TMFPPD 16
- TMFPPD 30
- CCFD 51
- CCFD 52
- REMSA Post
- Duck Hill Area
- Duck Hill Addresses
- Access Route to Duck Hill
- Roads

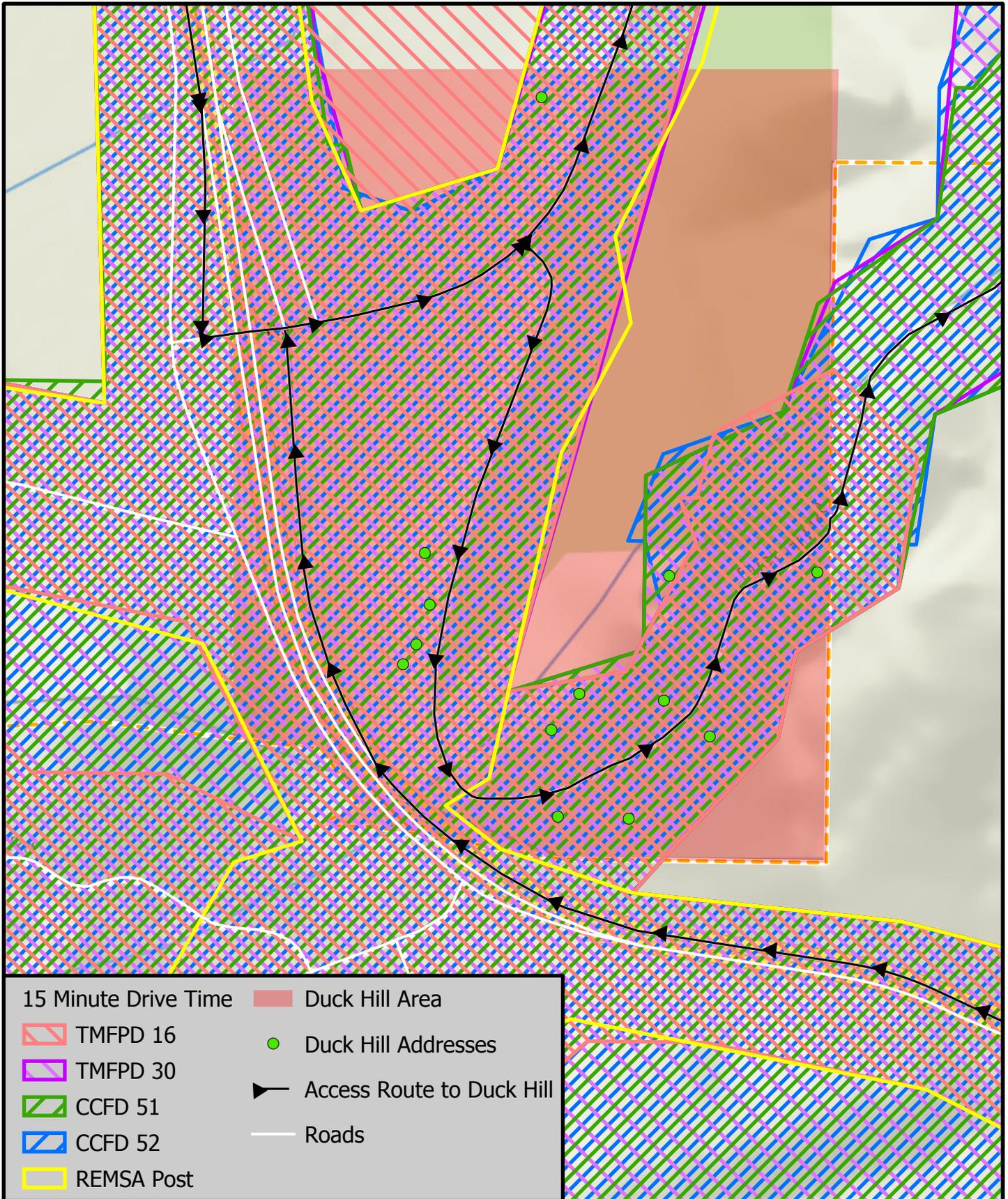
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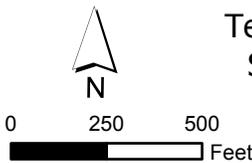
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Duck Hill Drive Time Analysis

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Technology Services GIS



Impacts of the Special Event of Interest

The annual event of interest occurs over seven days starting in late August ending early September, taking place in the Black Rock Desert. While the actual event is located just east of the Washoe County border in Pershing County, upwards of 60,000 attendees travel to the remote location on Washoe County roadways to attend the event. The impacts to Washoe County EMS first responders include a statistically significant ($p < 0.01$) increase in the number of 911 EMS calls during the event as well as the month leading up to the event through the week after the event. There is also a large increase in the number of EMS air transports from the event to the Reno Tahoe International Airport, where REMSA then transports those patients to area hospitals. EMS Program staff recommends continuation of efforts aimed at preventing both traffic-related injuries and fatalities en route to the event, as well as injuries resulting from the event itself.

Areas of Interest

The areas of interest included roadways and highways extending from the northern border of Washoe County to the event entrance up to Pershing County and highways from the metropolitan region of Reno-Sparks. See attached map for visual representation of the areas of interest and call locations.

Time Periods of Interest

A total of 142 calls occurred over FY17 (July 2016-June 2017) within the areas of interest. An additional 70 calls occurred during August and September of 2017, also within the area of interest. Combined, all 212 calls were considered for analyses.

Due to the unique nature of the event, the initial timeframe for analyses included the full month before the event through the week after the event. This timeframe is referred to as the Time Period of Interest, or TPOI. Both the 2016 and the 2017 events were included in the following analyses as well as four “control” time periods. The control time periods were selected as comparisons as they are equivalent in length of time and occur within FY17 during each of the four seasons. No major special events took place during the control periods.

Table 1: Shows the month prior to the event of interest, the event of interest, and the week after the event combined for both 2016 and again in 2017 with four control periods of equal length for comparison.

Time Periods	Description	Start Date	End date	Total days	Total calls
TPOI CY2016	First time period of interest, month before the event to the week after the event	8/1/2016	9/12/2016	42	38
CTP4	Fall comparison time period	10/1/2016	11/12/2016	42	14
CTP1	Winter comparison time period	1/1/2017	2/12/2017	42	10
CTP2	Spring comparison time period	3/1/2017	4/12/2017	42	17
CTP3	Early summer comparison time period	5/1/2017	6/12/2017	42	16
TPOI CY2017	Second time period of interest, month before the event to the week after the event	8/1/2017	9/11/2017	42	54

The duration of the event, one week, was considered as a secondary timeframe, embedded within the initial TPOs. Control periods equivalent to the event duration were also selected [CE] and results are provided in Table 2.

Table 2: Shows the week of the event itself, the 2017 event opened a day earlier to allow for ingress of traffic. Four control time periods equivalent in duration were selected for comparison.

Time Periods	Description	Start Date	End date	Total days	Total calls
2016 Event	First event of interest	8/29/2016	9/5/2016	7	17
CE4	Fall comparison event duration	10/29/2016	11/5/2016	7	1
CE1	Winter comparison event duration	1/29/2017	2/5/2017	7	3
CE2	Spring comparison event duration	3/29/2017	4/5/2017	7	1
CE3	Early summer comparison event duration	5/29/2017	6/5/2017	7	2
2017 Event	Second event of interest, event opened a day earlier than previous years to allow for ingress of traffic	8/27/2017	9/4/2017	8	29

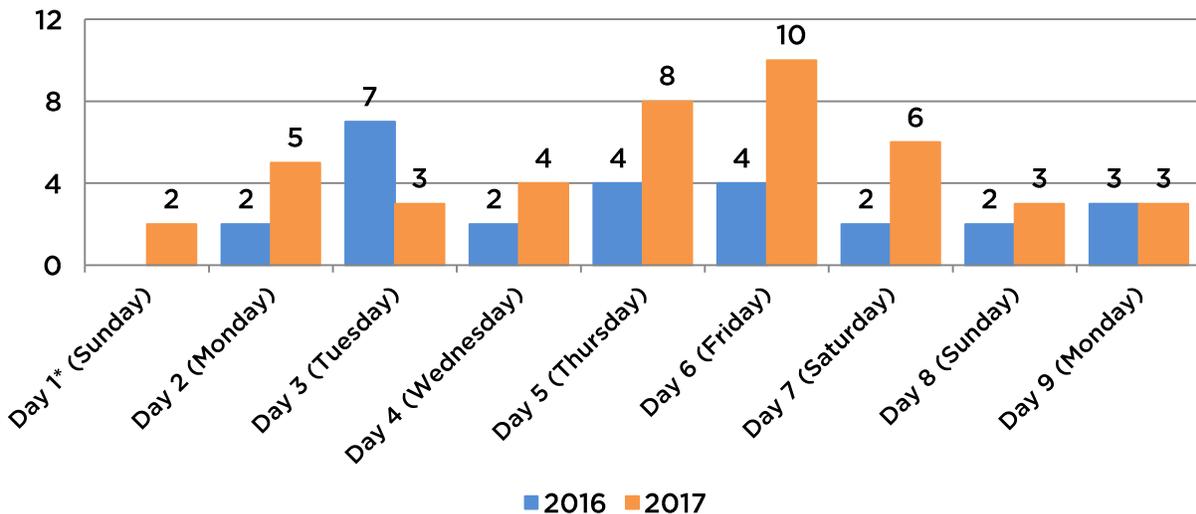
During the event, anyone requiring transport to a hospital are typically flown into Reno-Tahoe International Airport, where REMSA meets the aircraft and transports the patient to a local hospital. These are illustrated in Table 3.

Table 3: Shows the number of airport rendezvous REMSA ran during the week of the event in 2016 and again in 2017, with four week-long control periods for comparison.

Time Periods	Description	Total Airport Rendezvous	Event Related	% Related
Event 2016	First event of interest	48	26	54%
CE4	Fall comparison event duration	32	~	~
CE1	Winter comparison event duration	14	~	~
CE2	Spring comparison event duration	20	~	~
CE3	Early summer comparison event duration	11	~	~
Event 2017	Second event of interest	69	44	64%

The following figure illustrates the number of REMSA calls for service during each day of the event.

Number of Calls per Day, Event of Interest, 2016 & 2017



*2017 event began a day earlier.

Item 7e

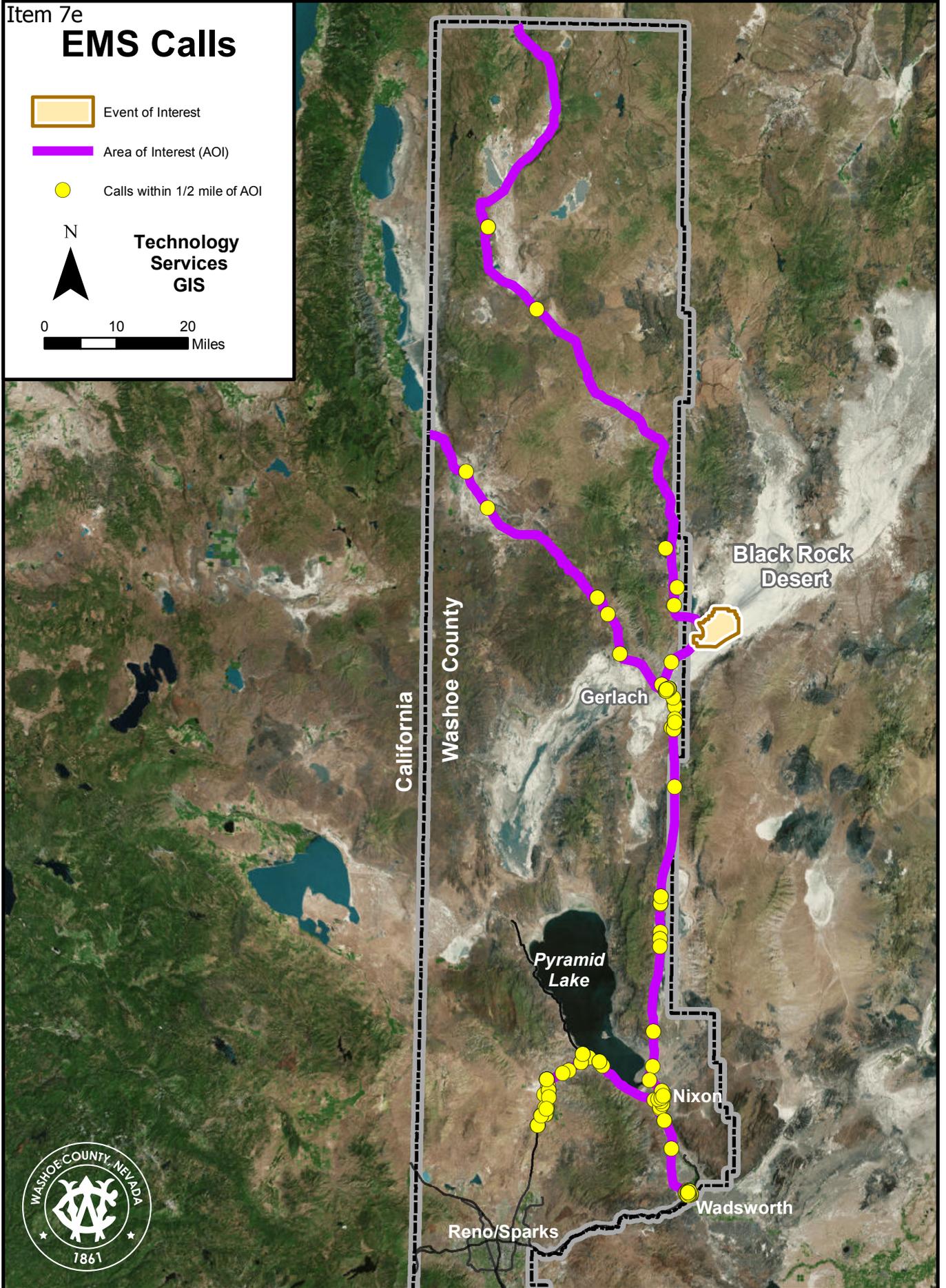
EMS Calls

-  Event of Interest
-  Area of Interest (AOI)
-  Calls within 1/2 mile of AOI



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STAFF REPORT
BOARD MEETING DATE: January 4, 2018

TO: EMS Advisory Board Members
FROM: Christina Conti, EMS Oversight Program Manager
 775-326-6042, cconti@washoecounty.us
SUBJECT: Presentation and possible acceptance of an update on the Five-Year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

SUMMARY

The purpose of this agenda item is to discuss the progress on the implementation of the five-year emergency medical services Strategic Plan, as required in the Inter Local Agreement for Emergency Medical Services Oversight.

PREVIOUS ACTION

During the EMS Advisory Board on October 6, 2016, the Board approved the presentation and recommended staff present the five-year strategic plan to the District Board of Health.

During the District Board of Health meeting on October 27, 2016, the Board moved to accept the presentation and the five-year Strategic Plan to the District Board of Health.

BACKGROUND

The EMS Oversight Program was created through an Inter Local 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 specifically outlined for the EMS Oversight Program. One of the items explicitly tasked 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 regional partners to develop a five-year regional strategic plan. The stakeholders participating in the developing of plan included representatives from each jurisdiction and REMSA from dispatch and operations, as well as a regional communications representative. Over the course of 11 months the workgroup identified the components that would be included in the strategic plan.

The first meetings were used to review the SWOT analysis and to identify goals for the region. Subsequent meetings reviewed the individual goals and the objectives within. To ensure the process was efficient, each meeting had an identified objective to accomplish. All items drafted by the EMS Oversight Program remained in red and turned to black once the group has discussed and reached consensus on the draft.

The final document of the strategic plan shows the efforts of the region in creating a path forward to improve the EMS system within Washoe County. The EMS Oversight Program, as part of the strategic plan Objective 6.1, will provide quarterly reports to the EMS Advisory Board on the progress of the various projects outlined within the plan.

Year 1 (2017) had twelve objectives or strategies completed.

Year 2 (2018) includes several more objectives or strategies to be completed in conjunction with the ongoing items from Year 1.

Completed “One Time” Objectives:

- **Establish ambulance franchisee response map review methodology.** (Objective 2.2, Strategy 2.2.2)
- **Coordinate and report on strategic planning objectives quarterly.** (Objective 6.1)
- **Create a Gantt chart for the regional partners with the details of the goals.** (Objective 6.1, Strategy 6.1.2)
- **Coordinate with PMAC to develop regional protocols based on national standards and recent clinical studies.** (Objective 5.1, Strategy 5.1.2)
- **Jurisdictional fire response measurement identified and review defined jurisdictional measurement with EMS Oversight Program.** (Objective 2.4, Strategies 2.4.1 & 2.4.2)
 - The EMS Oversight Program received information for the performance standards for both Gerlach/Empire and rural response areas.
 - The City of Reno approved a master plan document that includes a target level of service for the Fire Department. While the identified response times are not performance measure standards, the approved response times for urban and suburban areas are what the City of Reno strives for.

Completed Objectives with Associated Project Updates:

- **Determine data elements required for process verification of Omega Protocols.** (Objective 1.1, Strategy 1.1.4)
 - The EMS Advisory Board approved the Omega process verification submitted by REMSA during the March 2017 meeting. REMSA will be providing the analysis on an annual basis.
 - The independent process verification by the EMS Oversight Program has been challenging. Program staff queried jurisdictional partners to determine use of Omega process and if there are any issues. Email replies indicate there are no issues; however, concerns are periodically raised. The Program would like direction from the Board on whether continued independent review is necessary.

- **Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiative.** (Objective 6.2– annual item)
 - The EMS Oversight Program Manager was unable to meet with the regional Councils/Boards a second time during the calendar year. Presentations to the various Councils/Boards will occur during January and early February.
- **Increase depth of resources able to respond to EMS calls for service in Washoe County.** (Objective 2.3 – annual item)
 - The mutual aid agreements for regional partners will be reviewed annually, with any revisions done by December annually. This item will be on the January EMSAB agendas for review, discussion and possible approval.
- **Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board.** (Objective 2.2, Strategy 2.2.4 – annual item)
 - The annual review of the franchise map was well received by the region and the methodology will be utilized for future years. The next review will be presented to the EMSAB in October 2018.
- **Develop a regional set of protocols for the delivery of prehospital patient care.** (Objective 5.1).
 - The regional protocols were completed and received all Medical Director signatures. Agencies submitted specific policies to be included as an appendix to the protocols document. The EMS Oversight Program is working with Acid Remap LLC to upload the protocols on an application accessible on a mobile device. This will be available at no-cost to the regional EMS providers.

In Progress Objectives:

- **Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls.** (Objective 1.2)
 - Monthly meetings have continued on this initiative. The EMS Oversight Program Manager reconfirmed jurisdictional commitment to the project. With the possible change in response to low acuity calls, the entire region should be in agreement to ensure continuity of care across the region.
- **Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1.** (Objective 3.1, Strategy 3.1.2)
 - EMS Oversight Program has been tasked with this item from District Health Officer.
- **Establish a CAD-to-CAD interface between the primary PSAP and REMSA dispatch center.** (Objective 3.2)
 - The City of Reno and REMSA participate in weekly meetings with the contractors to ensure the interface project is moving forward and will meet the anticipated Winter/Spring deadline.

- **Establish a two-way interface to provide visualization of AVL for all EMS vehicles for the primary PSAP and REMSA dispatch center.** (Objective 3.3)
 - The EMS Oversight Program surveyed regional response agencies on existing AVL capabilities as outlined in strategy 3.3.1 (The survey results are attached).
 - Additionally, the EMS Program Manager and TMFPD met to discuss AVL utilization, as requested by the Board of Fire Commissioners.
 - Finally, this item was associated with the CAD-to-CAD project between the City of Reno and REMSA dispatch centers.
 - During the December 5 Truckee Meadows Fire Protection District Board of Fire Commissioners meeting, Board members were requesting information regarding regional utilization of Automatic Vehicle Locators (AVL). The EMS Program Manager met with the TMFPD Chief and his staff to discuss the Board comments and the Program's current work on strategic planning items related to AVL dispatching and usage. The EMS Program Manager drafted a project outline for TMFPD to consider, capitalizing on the partnership between TMFPD and the City of Sparks Fire Department. (The draft document is attached)

- **Evaluate how to transfer information between ePCR from the fire response unit to the REMSA unit.** (Objective 4.1, Strategy 4.1.2)
 - The ePCR units have not been reported to be operating without error as of yet. The EMS Oversight Program conducted a survey to assess the current use of ePCR to determine if the software was similar. This will assist in planning for data sharing. (The survey results are attached)

- **Pilot the annual report with hospital outcome data with one regional hospital.** (Objective 4.2, Strategy 4.2.2)
 - The EMS Oversight Program continues to work with Northern Nevada Medical Center to pilot how the data could be matched and utilized.
 - The EMS Program Manager spoke with representatives from Renown to possibly partner with them.
 - To date neither hospital has sent viable data to the Program for matching and possible analysis.

- **Establish a regional process that continuously examines performance of the EMS system.** (Objective 5.2)
 - The EMS Oversight Program has informally spoken with regional partners about a regional quality assurance committee. To date, it has only been a discussion point. The EMS Program Manager will be bringing the concept to the PMAC, as that is an appropriate venue for quality improvement discussions for pre-hospital items.
 - Additionally, the Dispatch Subcommittee would like to begin incorporating call reviews into their quarterly meetings.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board to approve the update on the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

POSSIBLE MOTION

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

“Move to approve the update on the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.”

Item 8a

	All response vehicles have AVL installed?	AVL log lat/long for onscene time?	AVL viewable by dispatch center?	Dispatched using AVL?	Monitored using AVL?
Gerlach	No	n/a	n/a	n/a	n/a
NLTFPD	No	n/a	n/a	n/a	n/a
REMSA	Yes	Yes	Yes	Yes	Yes
RFD	Yes	Yes/No - does not relate back for onscene time	Yes	No	Yes
RTAFD	No	n/a	n/a	n/a	n/a
SFD	Yes	Unknown	Yes	No	No
TMFPD	Yes	Unknown	Yes	No	Unknown

Automatic Vehicle Locator Project

Background

The EMS Oversight Program was created through an Inter Local Agreement (ILA) signed by the City of Reno (RENO), City of Sparks (SPARKS), Washoe County (WASHOE), Truckee Meadows Fire Protection District (TMFPD), and the Washoe County Health District. Within the ILA there are eight duties specifically outlined for the EMS Oversight Program, one of them being the creation and maintenance of a Five-Year Strategic Plan.

The purpose of the strategic plan, as written, is 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 TMFPD.

On August 31, 2015 the EMS Advisory Board (EMSAB) conducted a SWOT (strengths, weaknesses, opportunities and threat) analysis. The region, comprised of diverse stakeholders, participated in the SWOT analysis as a way to provide a current summarized view of EMS in the region. After the SWOT analysis, a workgroup was formed and eleven months later a strategic plan was presented to the EMS Advisory Board. The Board approved the strategic plan on October 6, 2016. Additionally, the District Board of Health approved the plan on October 27, 2016.

Contained within the approved strategic plan are two objectives that directly relate to regional usage of automatic vehicle locators (AVL) for EMS agencies.

- 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.
- Objective 2.1: Implement regional usage of AVL technology to dispatch closest available unit.

The EMS Oversight Program took initial steps to address these objectives by conducting an EMS survey to assess and understand the current AVL technology used in the region. The survey results will be presented to the EMSAB on January 4, 2018. The next strategy outlined within the strategic plan to achieve the objectives is developing of a regional process to utilize AVL within the dispatch centers.

A CAD-to-CAD interface is currently being developed, which will link REMSA dispatch and the RENO PSAP. Per the REMSA contract the EMS Oversight Program has reviewed, AVL is an included component of the interface.

Another component of the strategic plan is to obtain approval from the individual Councils/Boards to utilize AVL to dispatch the closest available unit to EMS calls. While this is

not yet a region-wide effort, TMFPD and SPARKS have begun to develop a pilot project to use AVL to dispatch the closest unit regardless of agency for the Spanish Springs area.

The EMS Oversight Program would like to offer support for TMFPD and SPARKS for this pilot project. . Support activities may include, not limited to, data, analytics, and mapping.

Proposed GIS Data Analysis

This project requires Council/Board approval including discussion on jurisdictional boundaries and response to EMS calls. Therefore, the EMS Oversight Program would like to employ the same philosophy utilized for SB 185 during the 2015 Legislative Session and partnering with GIS. GIS could utilize software to create a drive time analyses using predictive modeling, which takes into account distances, speed limits, turn restrictions and other road characteristics. The EMS Oversight Program is proposing to send all fire EMS Priority 1 and Priority 2 calls for service for a specified period of time. GIS would then produce maps showing fire stations and response times within 4 minutes, 6 minutes and 8 minutes. This would allow the partners and subsequently the Councils/Boards to visually see the overlap of response areas as well as the possible areas within the region that have longer response times due to station locations.

The analysis would be presented to the EMSAB for input and recommendation regarding presentation to other Councils/Board for discussion. This analysis would not be intended to provide a recommendation, but provide the data for each jurisdiction to utilize while continuing discussions and planning for AVL dispatching.

Barriers to AVL

The identified barriers to the use of AVL within the region include the political components of a boundary drop. The concept of a boundary drop is that the jurisdictional boundaries do not apply; it instead recognizes that the closest unit to the call is dispatched. This could include a unit that is driving through town for training or patient transport being the closest unit.

Financial barriers could include technological needs including software or upgrades to ensure cross-jurisdictional compatibility. Based on a survey conducted by the EMS Oversight Program, all regional partner agencies have AVL capabilities on their response vehicles. However, the technology to dispatch the unit, as opposed to a static station has not been employed in our region. Additionally, SPARKS PSAP is not co-located with WASHOE or RENO. While the CAD system is the same, SPARKS operates as the regional back-up PSAP and may have a different server which might have additional costs affiliated.

Item 8c

Assessment Area	RFD	SFD	TMFPD	REMSA	RTAA	Gerlach	Pyramid	NLTFPD
Currently use ePCR [YES]	Yes	Dec-17	Nov-17	YES			YES	YES
Software vendor	Zoll	Zoll	Zoll	Zoll RescueNet ePCR locally-based, not web-based			Image Trend	Zoll
Vendor version	UNKN/Most current version	6.2.2.3	6.2	6.3			UNKN	6.2.2.49
Automatic updates	NO	NO	NO	YES			YES	NO
Why not automatically updated	Consideration of potential impacts to RMS and the cost	Potential compatibility issues; updates done at IT discretion	State has to be able to receive ePCR through Intermedix					Cost, bugs, configuration issues, and most updates are for NEMSIS versions that are required reporting for each state
Currently use ePCR [NO]						X		
Plans to begin						YES		
When						When TMFPD begins		
Vendor version						Zoll		

STAFF REPORT
BOARD MEETING DATE: January 4, 2018

TO: EMS Advisory Board Members
FROM: Christina Conti, EMS Program Manager
 775-326-6042, cconti@washoecounty.us
SUBJECT: Presentation(s), discussion and possible action on Board requested items. (For possible action)

SUMMARY

As part of the EMS Advisory Board quarterly agendas, board comment proves an opportunity for Board members to request specific items. This agenda item provides an avenue for staff to present the requested information.

PREVIOUS ACTION

There is no previous action on this item.

BACKGROUND

As part of the EMS Advisory Board quarterly agendas, board comment proves an opportunity for Board members to request specific items. Examples of this could be incident action reviews, process updates, and/or implementation of jurisdictional policies. This agenda item could also include specific updates from projects affiliated with the strategic planning initiatives.

FISCAL IMPACT

There is no additional fiscal impact to the FY18 budget should the Board approve the presentation(s).

RECOMMENDATION

Staff recommends the Board accept the presentation(s) and/or discuss the item and request further action.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the presentation(s) [with further action as discussed and requested by the Board.]"

ROUTE 91 EMERGENCY RESPONSE

Christina Conti
Preparedness
& EMS
Oversight
Program
Manager

EMERGENCY PLANNING BACKGROUND

- Washoe County District Attorney's Office
 - Victim Services Program Manager
- Department of Emergency Management Homeland Security
 - Mass Fatality Initiative
 - Family Assistance Center Planning – Clark County 2010
- Washoe County Health District Public Health Preparedness Program
 - Mass Fatality Planning
 - Family Assistance Center Annex 2012
- Washoe County Health District EMS Oversight Program Manager
 - Family Service Center Annex 2016
 - Family Assistance Center Annex Update 2017

TRAINING AND EXERCISE BACKGROUND

- Family Assistance Center (FAC) training for Clark County planning initiatives
- Clark County FAC exercise 2010
- Unified Victim Identification System (UVIS) training – Washoe and Clark Counties
- National Transportation Safety Board (NTSB) trainings
- Incident Command System (ICS) trainings

REAL WORLD FAC EXPERIENCE

- **Reno Air Race Association Incident**
 - FAC Incident Commander/Manager
 - 3 operational days
 - No Washoe County plan developed at the time
- **Seattle Duck Boat Incident**
 - Remote resource, recommended by NTSB, for FAC operational response
 - Remote resource for long term needs planning

ROUTE 91 INCIDENT RESPONSE

Monday, October 2, 2017

- **7:30am:** Contacted by Carson City Deputy Emergency Manager Stacey Belt to determine availability
- **9:50am:** Clark County Coroner John Fudenberg requested assistance for night shift command staff
- **10:09am:** City of Las Vegas Emergency Manager Carolyn Levering submitted official request to Division of Emergency Management and the Office of Homeland Security
- **2:14pm:** The official resource order was completed and sent to Washoe County Emergency Manager Aaron Kenneston
 - 3 personnel (Christina Conti, Stacey Belt & Lori Fralick) to work night shift at the Family Assistance Center. Assisting where needed, family notification and information
- **4:40pm:** Flight to Las Vegas
- **6:30pm:** Arrived at Family Assistance Center

1ST SHIFT (MONDAY-TUESDAY)

- **6:30pm Monday (10/2) thru 3pm Tuesday (10/3)**
 - **Night FAC Manager**
 - **Main Request:**
 - Obtain Patient lists for hospitals
 - **Created infrastructure for the FAC**
 - Developed intake forms
 - Set up Volunteer Reception Center
 - Set up Family Quiet Rooms
 - **Reconciled hospital patient list with Coroner information/FAC family information**
 - **Daytime Deputy FAC Manager**
 - Created ICS structure

2ND SHIFT (WEDNESDAY 10/4)

- Deputy FAC Manager
 - Support Coroner staff
 - Call Center Operations
 - Return phone calls – UVIS reconciliation
 - Supply Requests
 - Identify and set up rooms for Thursday
 - Vital Statistics
 - Mortuary Services

- Evening - Set up the rooms for the transition to FAC resource
 - Command Room
 - Supported Clark County Fire Department in creating ICS structure

3RD SHIFT (THURSDAY 10/5)

- Family Information Center (FIC) Manager
 - Clark County Coroner's Office operations
 - Objective- separate families from those retrieving property.
 - Vital Statistics and Mortuary were co-located at FIC
 - Operational by 11am for announcement
 - Designed and set up operations
 - No formal plan for this support resource
 - Obtained supplies
 - Created tracking sheet
 - Set up 7 rooms for families to utilize

4TH SHIFT (FRIDAY 10/6)

- **Coroner's Office Support Staff**
 - FIC operational until 1pm
 - FBI meeting on transition of families
 - FBI warrant for information related to families
 - Copied all relevant records for decedents
 - Copied all records from FAC interactions
 - Created two mirror copies of documents for 54 decedents

LESSONS LEARNED FOR WASHOE COUNTY

- **Pre-created intake forms for families**
 - This allows for immediate implementation of family tracking and needs determination
- **Second shift command team**
 - Washoe County only has one shift trained for FAC command
 - During Air Races, Clark County Coroner provided night shift support, but need depth of resources locally
- **Update Job Action Sheets**
 - Good resource, but could be updated for more flexibility and scalable for specific incidents
- **Call Center Operation Integration**

REGIONAL RESPONSE PLANS FOR LARGE SCALE EMERGENCIES- WASHOE COUNTY

- **Multi-Casualty Incident Plan (Health District Plan)**
 - 10 or more patients
 - Governs Washoe County response, including healthcare component
 - Triage, treatment and transport tagging system
 - Initial patient destination information
- **Mass Fatality Plan (Medical Examiner Plan)**
 - 10 or more decedents
 - Northern Nevada Disaster Victim Recovery Team integration
 - Family Assistance Center Annex
- **Regional Active Assailant Plan (Law Enforcement Plan)**
 - Victim Advocate Annex
- ***In Development* MCI Alpha Plan (Health District Plan)**
 - Multiple location mass casualty incident response information

QUESTIONS?

“What we did was perfect – would we try different things next time, yes. But, what we did was perfect.”

-Mental Health Volunteer 2011 Air Race Incident