

Sabra Newby, Chair
City Manager
City of Reno

Steve Driscoll, Vice Chair
City Manager
City of Sparks

Kevin Dick
District Health Officer
Washoe County Health
District

Emergency Medical Services Advisory Board

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

John Slaughter
County Manager
Washoe County

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

Joe Macaluso
Director of Risk Management
Renown

MEETING NOTICE AND AGENDA

Date and Time of Meeting: Thursday, February 7, 2019, 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 4, 2018
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 the special area of interest data report.** (For possible action)
Heather Kerwin
7. **Presentation and possible acceptance of an update on the 2016 five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.** (For possible action)
Christina Conti
8. **Presentation, discussion, possible approval of an update on the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.** (For possible action)
Brittany Dayton
9. **Presentation, discussion and possible direction on publishing the Washoe County EMS Oversight Program FY18 Annual Data Report.** (For possible action)
Heather Kerwin

10.*Board Comment

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

11.*Public Comment

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

Adjournment

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; or they may be voted on in a block.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

Date and Time of Meeting: Thursday, October 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

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
Sabra Newby, Manager, City of Reno
Joe Macaluso, Director of Risk Management, Renown
Neil Krutz for Steve Driscoll, Manager, City of Sparks
Dr. Andrew Michelson, Emergency Room Physician, St. Mary's

Members absent: None

Ms. Spinola verified a quorum was present.

Staff present: Leslie Admirand, Deputy District Attorney
Randall Todd, Division Director, EPHP
Christina Conti, Preparedness and Emergency Medical Program
Manager
Brittany Dayton, Emergency Medical Services Coordinator
Heather Kerwin, EMS Statistician
Dawn Spinola, Administrative Secretary, Recording Secretary

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. Election of Regional EMS Advisory Committee Chair and Vice Chair

Mr. Slaughter stated this was a possible action item. Ms. Newby volunteered to chair, and Mr. Dick nominated City of Reno manager Sabra Newby as chair for the EMS Advisory Board. Mr. Cruz seconded the motion, which passed unanimously.

Mr. Dick offered to continue his position as vice chair. Mr. Krutz stated that Mr. Driscoll had indicated he would be willing to serve as vice chair. Chair Newby nominated Mr. Driscoll as vice chair. Mr. Dick seconded the motion which passed unanimously.

Ms. Newby assumed the gavel and assumed leadership of the meeting.

4. 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

April 5, 2018

Mr. Slaughter moved to approve the Consent agenda. Mr. Dick seconded the motion which was approved unanimously.

5. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Dr. Michelson noted at the last meeting, PMAC had spent a considerable amount of time discussing the Physician's Orders for Life-Sustaining Treatment (POLST) form. He explained this is the form that helps EMS and the hospital providers limit the amount of resuscitation provided to people that have chosen what degree of resuscitation that they may or may not want. One major consideration is cost, which is noticeable when the POLST is not available.

Dr. Michelson stated it would not completely help the prehospital providers to increase how much they limit their transportation to the hospital, but that could happen in the future, depending on liability. A potential online form or an online cache was discussed that would be accessible by providers. It did not seem to be prohibitively expensive, the POLST representative will be getting back to PMAC about the potential cost.

Dr. Michelson noted that Stephen Shipman from the Washoe County Health District Public Health Preparedness had come to talk to PMAC about a pharmaceutical cache for incidents where large amounts of prophylaxis is needed in a short amount of time. The rates of expiration and use present a challenge to storing so much medicine, so he felt there was a lot of work to be done to actually make that real. He did not know how much hospital formularies may or may not choose to cooperate, but it might be a good idea to have those caches be part of a hospital pharmacy and have them turn over within hospital use. The topic will probably be discussed more in the future.

Dr. Michelson stated PMAC had a paramedic scholarship and were putting out four scholarships a year. They were very small but are something to the students. They are shared between the two REMSA and TMCC programs. Notifications would be going out to the two current recipients and the two whose scholarships begin in January.

Dr. Michelson explained that the Quality Improvement (QI) program has been approved
October 4, 2018 Emergency Medical Services Advisory Board Meeting Minutes

by PMAC with the current language. There had been some edits made in regards to what personnel will or will not attend if there is ever something that is discussed in that regard, like a case review.

Dr. Michelson stated he would be going to some type of an EMS conference, potentially the National Association EMS conference of Physicians in January, or a different one if someone had a recommendation. That would be brought back to PMAC before he actually went.

Mr. Macaluso stated that regarding the POLST, he appreciated the discussion about the potential electronic conversion of the POLST form, much like the advanced directive form. Currently that is in a lockbox system by which providers and anyone in the state can access it. He suggested that if there was any way for that the committee could consider that kind of an opportunity where that information is readily available, that would be very beneficial to the post-field care when the patient does arrive at the hospital. Often times, the POLST forms do not necessarily come to the hospital with the patient when EMS arrives at the house.

Mr. Macaluso then asked about the QI program document. He noted a reference that stated that the information contained or produced by the committee was confidential. He asked whether or not that was also privileged, and noted there was a substantial difference between information being confidential and privileged, protected from discovery versus just kept as private. He recommended that be researched and determined, and opined that would be an important distinction in the document.

Chair Newby asked if a motion was necessary to accept the report. Ms. Admirand replied it was a non-action item.

6. *Program and Performance Data Updates

Christina Conti

Ms. Conti stated she was available to answer questions on any of the items within the program update, but did want to bring special attention to some of the items in the report.

Ms. Conti explained that on October 1, the revisions to the Multi-Casualty Incident Plan went into effect. There were several revisions that would be of interest to this region. Specifically, one was the change in declaration that is no longer firm at 10 patients, it is now anticipated transports. That came from an EMS provider saying that there could be a huge car crash, for example, with a lot of patients, but not all of them are anticipated to be transported. Everything that happens with that declaration at the hospital level having that change is helpful.

Ms. Conti noted the biggest change in the plan is that now the region has an Alpha plan. She reminded the Board that after she and Ms. Dayton had attended the EMS Today conference a couple years ago, they reported to the Board about a presentation about mass casualties where there were more than 100 patients, or a multi-location incident. The Alpha plan has now been developed and was implemented on October 1st.

Ms. Conti went on to state that the other major plan that the EMS program administers is the Mutual Aid Evacuation Annex, which is now in its revision cycle. It will be brought to the District Board of Health at some point before the end of the fiscal year. The potential changes include looking at the evacuation forms and developing a communication section; the Mass Casualty Incident plan also has that. Additionally, staff will look at the roles of a skilled nursing facility and those other sub-acute care facilities. Ms. Dayton and Andrea Esp,

Public Health Preparedness program, have done a great job reaching out to those sub-acute care facilities. Prior to that the plan had simply included acute care hospitals and now it looks at those sub-acute care facilities and how they can assist in an evacuation or if they are the one evacuating.

Ms. Conti stated she would pause and invite Ms. Rishma Kimji up to provide the CAD-to-CAD update.

Ms. Kimji introduced herself and explained they had been working on the CAD-to-CAD project for quite a while now. She noted the project had two parts. The first part is the hardware installation. This piece of hardware allows the real-time transfer of data between Reno and REMSA. It has been configured and installed, and allows for data to seamlessly transfer between the two systems.

Ms. Kimji stated that the functionality and workflow that are required by both agencies is not correctly coded at this time. They had a demo of the functionality on the 20th of September. During that demo they found that the functionality requested by the agencies had not been correctly demonstrated, so they halted the demo and asked for a review of the requirements, which was done on the 24th. Since that time they (City of Reno) have also been in email correspondence with TriTech and Tiburon, and REMSA as well, to ensure that their requirements are correctly noted. Tiburon and TriTech are going to go back and see what code they can partly leverage to create the functionality that has been requested.

Ms. Kimji stated some incorrect assumptions had been made about the way REMSA and Reno would work together, and so the code was not correct at the time of the demo. She did not have an estimated time of completion, as the companies were still reviewing all of the requirements. She stated that when she got that information, she would notify Ms. Conti, so that she could share it with the Board.

Ms. Conti addressed the request that Chair Newby had made for a comparative analysis for the impact the system from the Burning Man event. She explained they were not successful in being able to obtain comparable data elements to have that analysis done. Staff was open to suggestions on how to meet that need.

Ms. Conti stated the Nevada Governor's Council on Developmental Disabilities grant, that they had been providing updates on, concluded on September 30. The training videos that were deliverables for that grant have been provided statewide. Staff is very proud of the products that came out. One is a shift change video that is geared more towards law enforcement partners so they can have it as part of their normal briefings. The other one is a longer video that has EMS CEU's associated with it. Ms. Dayton did purchase and distribute TIPS booklets to all regional partners, to include police.

Ms. Conti stated the final thing she wished to address was the ongoing data issue, and wanted to follow up with the Board in the interest of transparency. The EMS Oversight program is unable to meet its obligations at this time for doing an annual report or updating the heat maps. It was brought to the Board in April that the City of Reno was having difficulties providing the required data because of some personnel absences. Since that time they have had some software issues so the EMS Oversight program has not received data since the January submission. There is a domino effect for all the projects that the program does.

Ms. Conti stated that, continuing with transparency, she did ask Chairman Slaughter for some assistance to move the project to the top of the priority list, or to authorize Reno IT to

give staff CAD data that is specific for the call type utilized for reports, so that staff can continue with those projects. She had also had a discussion with Manager Newby about it.

Chair Newby stated she had a conversation with Ms. Conti as well about the shift in Reno's program and needing to get a new one. She explained it was ZOLL that they had before, that was not able to handle the level of data. Reno is in the process of switching that out. They are about 60 days away from having that up and running, and will provide all of the back data. She suggested it would be probably a bit of an avalanche of data at that point but, they were hoping that they would catch up. She distributed a memo (Exhibit A) explaining the situation, just so her colleagues on the Board are more aware. She said that if there are any other questions the Chief or Ms. Kimji could talk a little bit more about it.

Ms. Conti stated that was her update and she was available for questions

Mr. Macaluso stated he had a question about the data. It sounded like there were multiple issues that just happened and they had been unable to receive some of the data that they use for the analysis. He asked if that was what this memo addresses, the gap closure for that.

Chair Newby said that was it, exactly. The memo addresses the Reno data. Her understanding is that the Washoe County EMS Oversight program has received the data from the other jurisdictions. She acknowledged that since Reno has such a high volume of calls, just with one entity missing, it was a big hole in the report data.

Mr. Slaughter requested a reminder on Burning Man. He stated he understood the goal was to be able to attempt to quantify the impact of the event on the regional system. The specific reminder he was requesting was in regards to the approach, utilizing the comparison event.

Ms. Conti opined Manager Newby was trying to ascertain if the impact to the region is a normal impact. She invited Ms. Kerwin up to talk about the events that she reached out to and the data that she had gotten.

Ms. Newby recalled that her question was, when they last reviewed the Burning Man information, the thought was it is a huge impact to public safety in the region. Her question was, is it more impactful to this region than similar events held in other places.

Ms. Kerwin stated they had reached out to two different jurisdictions that have similar events that occur outside of a metro region. They contacted Lyon County for the Night in the Country and also the Electric Daisy Carnival (EDC) in Vegas. They spoke with staff in Clark County, and the way they gather their information and respond to those events, is set up completely different than the way that Washoe County operates during special events. The core variables that program staff might use to measure, even just basic tallies, were not available to do a comparative analysis to see if it is equal or less impactful to their region.

Chair Newby asked Mr. Slaughter if that answered his question. He stated it did and that he would talk to staff. He noted he would like to get to some point where Washoe County can point to it and say this is the impact that this event has in the region. It would be helpful in discussions with that organization to be able to say that everyone is aware that it is an impact. To be able to quantify it in some manner would be helpful while in discussions with that organization about possible assistance.

Ms. Conti explained to Manager Slaughter that the program actually does have that part because that is just to Washoe County. Since the event has concluded, staff will be starting the analysis for the impact from this past year. They could send him the methodology, to make sure that it will meet the need, and then he would have two years' worth of impact just

to Washoe County to use. She reiterated they would not have the comparison to know.

7. *Presentation to the EMS Advisory Board

- A. Washoe County planning permit trends and potential impacts on the EMS system.
Jackie Lawson & Brittany Dayton

Ms. Lawson stated that for the last two years, the EMS program has received an increased number of agency review memos from the Community Services Department (CSD) requesting input on possible impacts to EMS responses and the healthcare system. Many of these requests are for projects within the same general area and vary widely, from fewer than 100 to more than 1,000 units. The Planning and Building division sends project applications to applicable agencies, the EMS Oversight committee for one, for review and analysis. Each agency is responsible for providing comments and or conditions for the application. Relevant agency comments will be included in the staff report and agency conditions will be incorporated as conditions of approval.

Ms. Lawson said the EMS program provides input on the responding fire agency and REMSA response requirement to the area, the nearest hospital, general information regarding other healthcare resources available, and address marking recommendations for public safety agencies.

Ms. Lawson explained the EMS Interlocal Agreement tasks the EMS Oversight program with providing recommendations for long-range success of the EMS system. There could be possible impacts regarding EMS responses and the use of the healthcare systems for unincorporated areas of Washoe County, City of Reno Housing and Urban Development (HUD). The Cities of Reno and Sparks are not included in the requests. only receives

Ms. Lawson stated this was just a generalization of the requests they have had from Fiscal Year (FY) 16-17 to present, excluding the HUD developments, they are all in the unincorporated areas of Washoe County. She pointed out that some of them, including some of the areas, are quite large in their prospective units to be built.

Ms. Lawson noted that as they have recently been processing more of these requests, they came to the conclusion that there could be future impacts to EMS and healthcare and were wondering if there is an overarching agency that graphically portraying permitted housing developments, or if there was a mechanism for proactive notification or discussion as it relates to EMS system impacts. Ms. Lawson stated she would be happy to answer any questions.

Mr. Dick clarified, stating that currently the EMS Oversight program does receive plans from unincorporated Washoe County through CSD for EMS review and comment, but they do not receive plans from Reno or Sparks. Ms. Lawson replied that was correct, only for HUD developments. Mr. Dick then asked if the question was whether the Board would like EMS oversight to be involved in that review as far as assessing capacity.

Ms. Lawson answered that the question was, if anybody was looking at the whole picture for EMS, instead of pieces, as there could be impact as the things are being built out.

Mr. Dick opined there was review that occurs in Reno and Sparks within those EMS entities, and asked Chair Newby if that was correct. She stated it was. Mr. Dick then asked if REMSA was involved in that review with those EMS agencies. JW Hodge, REMSA COO stated no. Mr. Dick asked if that was something that should be occurring for overall capacity, and if there were any recommendations for the Board.

Ms. Conti stated she did not know if there was a true recommendation. She noted the permits were being tracked on Excel spreadsheets, but if they were portrayed graphically, it would display the overlaps and future impacts, providing an opportunity to be proactive. She summarized that the question was being asked because they did not know if this was already being done.

Ms. Conti went on to state that they knew that everybody does their part, they knew that the Health District Environmental Health Division has a running spreadsheet of projects that come through them for review. She reiterated the question about whether anybody was graphically depicting the upcoming permits to really see where the region will start having growth, because there are some areas in the region of the jurisdiction that could start overlapping and have the opportunities to grow. As an example, City of Sparks is putting in a development and so is City of Reno and so is Washoe County and it is all in the same 10-mile radius.

Chair Newby asked about the agency review memo slide. She noted the last bullet point comment says relevant agency comments will be included in the staff report and agency conditions will be incorporated as conditions of approval. She asked that that be expounded on.

Ms. Dayton stated that typically EMS staff does not include conditions for approval in their letter. The letter is generally providing information such as the fire agency that would be responding, REMSA's response requirement for the area, and then healthcare information. Other portions of the Health District do have conditions for approval that would go into the staff report. Responses provided by the EMS Oversight program are generally guidelines or recommendations. Regarding the address marking, we recommend just for public safety purposes that all addresses be marked on both the house and the curb so it is easier to identify should someone need to call for public safety agencies.

Chris Maples, Fire Chief of the City of Sparks, opined that the Health Department needs this information on growth that is current in Reno and Sparks and the county for future planning purposes, and there needs to be a mechanism to give that information to them. He spoke to JW from REMSA, and REMSA is only made aware of it peripherally. They do not receive any official notification of projects that have been approved in the City of Sparks. He opined that that was valid information for all of the agencies so they can all plan accordingly.

Mr. Krutz offered that the Health Department actually does receive well over 90% of the entitlement applications that are received at the City of Sparks, so in one way or another they are participating in Sparks' development process. Chief Maples acknowledged that, but suggested it sounds like there was a disconnect because the EMS Oversight program said they are not receiving it. Mr. Krutz agreed.

Chair Newby supported the opinion that most of the projects do go through the Health District for permitting in some part of their process. She asked if it was possible that maybe there could be a closer connection there. Mr. Dick acknowledged they were both correct, the Health District does see most of the projects, and he suggested that what should be done is to make sure that the workflow is adjusted to include EMS Oversight in that process so they receive those plans as well.

Ms. Conti requested clarification regarding the idea of integrating the EMS Oversight into the workflow. She opined that what they should be talking about was simply awareness for the mapping of a Washoe County map, not that staff will start providing the EMS

component review for City of Reno and City of Sparks. She asked Mr. Dick if she was correct in that that was the direction that he was suggesting, because they could certainly work with it, could make it a strategic planning item. They could work with Environmental Health to get access to their spreadsheets to start charting the projects. She requested clarification regarding if they were being asked to have access so that they could provide input.

Chair Newby stated that was correct. She clarified with an example of a 500-unit multifamily project coming through the Accela system for review from the Health District. The information about the project should somehow get to the EMS Oversight so that they are aware of it and can incorporate that into their analysis. Ms. Conti stated they would be happy to.

Mr. Krutz asked a clarifying question, addressing the slide that Manager Newby had questioned earlier regarding relevant agency comments. He agreed it did speak to including conditions as appropriate, inferring that the Board is contemplating including an EMS set of conditions in Sparks' entitlements.

Ms. Conti stated that each jurisdiction has their own agency that would do that part. If there were conditions from the EMS perspective for unincorporated Washoe County, they were probably coming from Truckee Meadows Fire Protection District, not the EMS Oversight program. The conditions coming from the Health District have to do with Environmental Health.

Ms. Admirand added that when the plans come to the Health Department for review under NRS Chapter 278, which is the tentative map review, it specifically states that it is for sewer and water; it does not have an EMS component to it. CSD has requested that additional review from the Health Department. She felt that was where the disconnect has occurred.

Chair Newby suggested she was not necessarily considering adding a review. She felt each jurisdiction has to take that under advisement and see whether or not they wished to have a review provided. Her point was only that the information about what is planned or what is proposed in terms of growth patterns and particular developments would be available. Her understanding was that there was really two parts to this request, which was a presentation but kind of a request. Those were 1) that the Health District EMS group know where the developments are going, and the size and the location, and timing of them, and; 2) that they be able to provide input into the process. She asked if that was correct.

Ms. Conti stated she was correct on #1, but they were not asking for #2. If that was the direction of the other two jurisdictions, then they would comply accordingly. As it did not appear as though there was a central repository for that information, the EMS program would take ownership of that and work within the Health District to create that process for the region. They would work with Environmental Health to establish a trigger to EMS Oversight so that the information will get to them. They can use it to start having it overlay and inform the regional partners that they will have that map.

Chair Newby requested they all continue to work on this and then report back at the next meeting on what was developed or what was determined could be done in order to make that information sharing a little bit more seamless. Ms. Conti stated that would be perfect.

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.
Christina Conti & Brittany Dayton

Ms. Conti explained they would be splitting the update into two parts. She would provide the first one, Ms. Dayton would provide the second one. In future meetings, there would be two separate agenda items on the strategic plan.

Ms. Conti pointed out three attachments to the strategic plan update. The first one was that in the current, updated strategic plan, a banner was placed across those items that were complete or that were annual items so that it was easy to see what work has been completed over the past two years.

Ms. Conti noted there were two projects that she wanted to specifically call out and then she would be available to answer questions on any of the others. The Objective 1.2, the Low Acuity Priority 3 calls, had been quite a project. This region really pulled together, met monthly, looked at different calls available that could receive an alternate response. She noted there was a summary document in their packets. With the available data and estimates provided based on the different response modality, it is anticipated that approximately 3,500 calls will pull out of a traditional response and have an alternate response in the region. Staff is continuing to look at those low-acuity calls and taking some steps where possible.

Ms. Conti then brought up the improved Quality Improvement process, explaining that was a strategic planning item looking at how the region can start doing CQI. She pointed out that was not included in the packet, and apologized for that, so it was in front of their chairs when they entered the board room. (Exhibit B)

Ms. Conti stated that they recognize that they have a lot of projects going on right now, so staff would like to table this project until January or February. At that time the Low-Acuity Priority 3 calls will be completely concluded and the update to the Strategic Plan will be finished. That way, everyone can turn their attention to this and give it the attention it needs, since they were building it from the ground up.

Ms. Dayton stated she would be giving them a very brief update on the evaluation and revisions to the strategic plan. The current strategic plan includes a statement that it will be reviewed every two years beginning October, 2018. Staff had gotten a jump start and began work in August. The subcommittee met twice so far and started focusing on revisions of Goals 1 and 2. The next meeting will be held next week, in October, and the focus will be to finish Goal 2 and then transition into Goal 3, which is the Communications goal.

Ms. Dayton explained that so far, they have created one either new objective or new goal, to address the recurrent callers in the system. Once those updates are completed, they will bring them all to the Board. Additionally, staff will provide monthly updates as they go through the process. She offered to answer any questions.

Mr. Dick noted he would like to follow up on the progress that had been made on the low-acuity calls. One of the objectives for the EMS Oversight program was to look at the system and how the appropriate level of care could be provided. He opined it sounded like good progress had been made. Ms. Conti acknowledged that was correct. Mr. Dick added that, it seemed like there were some great efficiencies that could be gained with that approach. He asked what the timeline was and the process for moving forward with implementation of those protocols.

Ms. Conti explained that as of Monday (10/1/18), all of them had been implemented. The implementation dates were on the first page of the summary document. The Omegas

implemented first, because they were the easiest one, since there was already a process in place. The additional Omega determinants implemented February 1. The response change to Card 33 implemented on July 1, with both tiers only going to Priority 1 call, and REMSA only going to Priority 2 and 3 calls. The Alpha calls are the newest one, and took the longest because it was the biggest change for the system, and that just implemented Monday.

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

9. Approval of Revised Bylaws of the Emergency Medical Services Advisory Board to allow each representative of a City, County or Health District authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director.

Leslie Admirand

Mr. Slaughter moved to approve.

Ms. Admirand stated it was just a housekeeping issue.

Dr. Michelson seconded the motion, which passed unanimously.

10. Presentation, discussion and possible approval of annual REMSA Franchise Map review recommendation. (For Possible Action)

Christina Conti

Ms. Conti explained this was the second time that this had come before the Board. Annually, the EMS Oversight program takes a look at the calls that have come through in the region, and in partnership with GIS, they get plotted on a map to see if there is any spots that really should be looked at for a response zone change. From FY 15 to 19, always looking at that first year, the region had an increase of 28.6% of calls. Last year when the program presented this report every year was seeing a double-digit increase in call volume. However, it has slowed considerably from last year to this year, with only a 1.62% increase.

Ms. Conti went on to state that staff believes the map is still a good map, and are recommending no changes be made. However, having said that, last year staff also presented concerns with the hot spots and those high-utilized areas, recognizing that it was not possible to make a Zone A Plus, but showing that they have some real concerns in this region that maybe a more appropriate response than just the traditional would be something to look at.

Ms. Conti noted that they were aware that the current City Councils are looking at moving a downtown hotspot, the homeless shelter, and are moving forward with those initiatives. Staff recommended that some data elements are identified from the very beginning, so they can be utilized for project successes. Those data elements can be given back to the planning committee as it moves forward in a tiered approach. It could be utilized to really look at making sure we do not have a new hot spot pop up in City of Sparks. The last map shows all of the hot spots, the top 30 utilizers in Year 4, and then the top ten in call locations from Year 1 to Year 4 in the box on the side.

Ms. Conti noted she was on the agenda for the Security departments of the casinos, because they are very prevalent in the top 30. They would be discussing the casino's use of

October 4, 2018 Emergency Medical Services Advisory Board Meeting Minutes

the system, and seeing if there is some education that can be done. She stated she or Ms. Kerwin were available for questions.

Mr. Dick asked if data was available that would allow identification of how many of the calls that are received from the shelter are women and children. Ms. Conti answered no but yes. Because the program does not receive that data, they could pull out the data for those locations and send it back to the partners, and through their internal processes and chart reviews they may be able to discern that. But the program did not have that information. She turned it over to the two partners in the audience so they could talk more about that if they wished to.

Mr. Hodge from REMSA stated they do not have the information but they could pull it and provide it to the Board. Chief Cochran from City of Reno also stated they currently did not have the data split between women and children but they could pull it out.

Mr. Dick opined that if it was not a heavy lift, he thought that would be useful. Mr. Hodge replied that they will put that together and split the population by gender so it was most useful.

Mr. Slaughter noted that the 9th most frequent was the Coral Academy of Science in front of the jail, and asked if there was an explanation for that.

Ms. Kerwin explained since REMSA has been sending latitude/longitude (lat/long) data and those have been used to conduct this analysis, GIS software interfaces with lat/long and sometimes drops the location in the middle of the street, and so it will pull the closest address. With those iterations she said she believed it was West Hills, not the Coral Academy of Science. Mr. Slaughter asked if she was referring to the hospital next door and Ms. Kerwin stated that was correct. Mr. Slaughter opined that if he was the Coral Academy of Science that might concern him. Ms. Conti stated they would make that change.

Mr. Dick moved to approve the presentation. Mr. Krutz seconded the motion which was approved unanimously.

11. Presentation, discussion and possible approval for distribution the 2017 Washoe County Trauma Data Report. (For Possible Action)

Heather Kerwin

Ms. Kerwin stated that as they would see from the previous report, there were not any alarming trends. However two of three traumatic injuries result from either falls or motor vehicle accidents. In this review of our trauma data, she did make some comparative analysis to evidence-based policy recommendations, mostly surrounding motor vehicle accidents that benefit this region as the policy is lacking at the state-wide level. Those would be a primary seat belt law, where an officer could pull somebody over for nothing other than they witnessed them not wearing their seat belt. Nevada does not have that. The ignition interlocks for alcohol-related DUI first offenders is statistically significantly shown to reduce second and third DUI offenses. Bike helmets being mandated, especially for those under the age of 18, and child car seats or boosters up to the age of eight would be best practice that were identified through Trust for America's health which is a state-by-state injury prevention policy report.

Ms. Kerwin asked the Board if there were some discussion or opinions on whether or not any of the policy recommendations in the trauma data report, would be appropriate to take back to respective city councils for code modifications, or if there are other avenues for this program to assist and facilitate movement in those areas.

Mr. Dick asked if she had assessed whether these types of policy changes are able to be made at the local level. Ms. Kerwin stated she had not, and that was a good question. Some of these do currently live in NRS and it would be best if all of them were done at a statewide level. However, if something such as a bike helmet could be done through municipal code, especially for under age 18, given that the area has a public bike share program, we might see an increased ridership and increase in traumatic brain injury resulting from those, potentially would be of interest to the region.

Chair Newby stated that it would be her understanding that most of those changes would have to be at the state level. Ms. Kerwin agreed. Chair Newby said that she also believed that the Association of Pediatric Physicians recently had said that kids up to 11 years old needed to be in a booster. She remembered it was a height and weight requirement, depending on the child. Ms. Kerwin stated that was correct, and NRS required them up to six years of age, recommended by the Trust for America's Health report, modeled off American Pediatrics.

Mr. Slaughter moved to accept the presentation and distribution of the 2017 Washoe County Trauma Data Report. Mr. Macaluso seconded the motion which was approved unanimously.

12. Board Requests:

A. *City of Reno AVL Implementation Project Rishma Khimji

Ms. Kimji reminded the Board that they had been working with Reno Dispatch in regards to the Automatic Vehicle Location (AVL) calculated routing upgrade to the system. All agencies currently have AVL, what is lacking is the calculated routing piece, which is the piece that allows the automated dispatch of apparatus based on priority, location and type of call. That piece has a few bugs in it in relation to the dispatch based on location and timing. That bug has already been identified and corrected in the upcoming map distribution that we are hoping to do at the end of this month or at the beginning of November. At that time we will have the corrected, calculated routing functionality availability. At that point we will then test the calculated routing functionality in the test environment with particular call types and then move that to production. We are still on schedule to get this out and released by the end of this month or the beginning of November.

Mr. Dick noted that at the last meeting, she had reported that one of the costs to be able to move forward with this was the investment in the ZTron call boxes or something similar. He asked if their work had taken them to a point where they have more information on what that might look like. Ms. Kimji stated she did not have any additional information on the ZTron that goes along with that. It was her understanding that they are okay in terms of the functionality that they have in ZTron, it is just some configuration that may need to be done in order for the dispatching to occur correctly. They will not know the scope of that until they

get the corrected calculated routing functionality into the system, and then be able to test it with the ZTron system.

13.*Board Comment

None.

14. *Public Comment

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

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

15. Adjournment (For Possible Action)

Mr. Dick moved to adjourn the meeting at 10:58 a.m. Dr. Michelson seconded the motion which was approved unanimously.



RENO FIRE DEPARTMENT

MEMORANDUM

DATE: September 26, 2018
TO: Sabra Newby, City Manager
FROM: Steve Leighton, Operations Chief
SUBJECT: Fire Department Update on Providing Data to EMS Advisory Board

In the fall of 2016, the Reno Fire Department in conjunction with the City's IT Department updated its Zoll Fire Records Management System (RMS) from a City non-hosted environment to a Zoll hosted environment. Zoll RMS is the program that the Department uses to generate all of its response and detail statistics.

Due to the level and complexity of our data, the Zoll RMS program itself does not have the capability of generating these detailed reports and we had contracted with another outside vendor, My Fire Rules that gave us the flexibility to generate specific tailored reports, including the report that was provided to the EMS Advisory Board.

Unfortunately, in January of 2018, Zoll could no longer support the My Fire Rules vendor in the hosted environment, which meant that we could no longer provide the level of detail reporting needed for the EMS Advisory Board. At that time, we started working with Zoll in researching our alternatives for generating data that would fit our needs. Zoll provided us with three vendors that they refer agencies to that require in-depth detail reporting that they cannot provide. After meeting with these vendors, we contracted with BLD Consulting in July 2018. BLD Consulting will not only provide us with the reports we need, they will also teach various RFD staff members how to extract data from the Zoll hosted environment to satisfy specific data requests. As of this date, we are within 60 days of having our reports finalized for distribution.

As a side note, since this spring, we have been in constant communication with Heather Kerwin, Statistician, Washoe County Health District about our issues and delays in providing data and reports.

Please feel free to contact me if you have any additional questions or concerns.

Thank you.

WASHOE COUNTY

CONTINUOUS QUALITY IMPROVEMENT PROGRAM

ALS Provider, Dispatch and Hospital Reporting Guidelines

Approved by PMAC 09.19.2018

This procedural document is designed to guide continuous quality improvement (CQI) processes and provide structure for the Washoe County Quality Improvement Program. The PMAC (Prehospital Medical Advisory Committee) can choose to change or update the requirements at any time.

The primary objective of the Prehospital Medical Advisory Committee (PMAC) is to maintain and improve the high quality of prehospital care in Washoe County through the evaluation of protocols, resolving conflicts between protocols, quality assurance activities, research, and by making recommendations to the Washoe County District Board of Health, the agencies providing prehospital care and the hospitals providing emergency care.

Quality improvement begins with the idea that all members of the system want it to function effectively and efficiently and are willing to regularly examine incidents to determine how to achieve this overarching goal. The Washoe County Quality Improvement Program (WC-CQI Program) guidelines provide the structure for the regional CQI process for Washoe County, outline the criteria for patient cases to be reviewed and provide guidance for regional protocol review.

Mission

The mission of the PMAC is to be the advocate for the local community and its associated Emergency Medical Services (EMS) catchment area through continuing to augment quality and suggest evidence based recommendations to our EMS Interlocal agency agreement providers, in order to optimize emergency medical services.

The mission of the WC-CQI Program, a subcommittee of PMAC, is to assure the safety and health of Washoe County residents and visitors by setting and reviewing standards; recommending training, outreach, and education; fostering regional partnerships; and encouraging continuous quality improvement in EMS care. The WC-CQI Program intends to be an ongoing system of evaluation and recommendations that encourages system performance enhancement.

Purpose and Authority

The purpose of the regional WC-CQI Program is to create a learning environment and to provide structure and future growth of our EMS system. All actions are dedicated to the continued advancement of quality emergency medical services in Washoe County. It is a no-blame environment with the objective of identifying improvement opportunities for comprehensive changes for the benefit of future calls for service.

The authority of the WC-CQI Program lies within the 5-year EMS Strategic Plan, Objective 5.2. The EMS Strategic Plan is a requirement of the Inter Local Agreement (ILA) for Emergency Medical Services Oversight. The ILA was established by five political jurisdictions within Washoe County: City of Reno, City of Sparks, Washoe County, District Board of Health, and the Washoe County Board of Fire Commissioners. The EMS Strategic plan was originally approved October 6, 2016, with an approved revision on October 5, 2017.

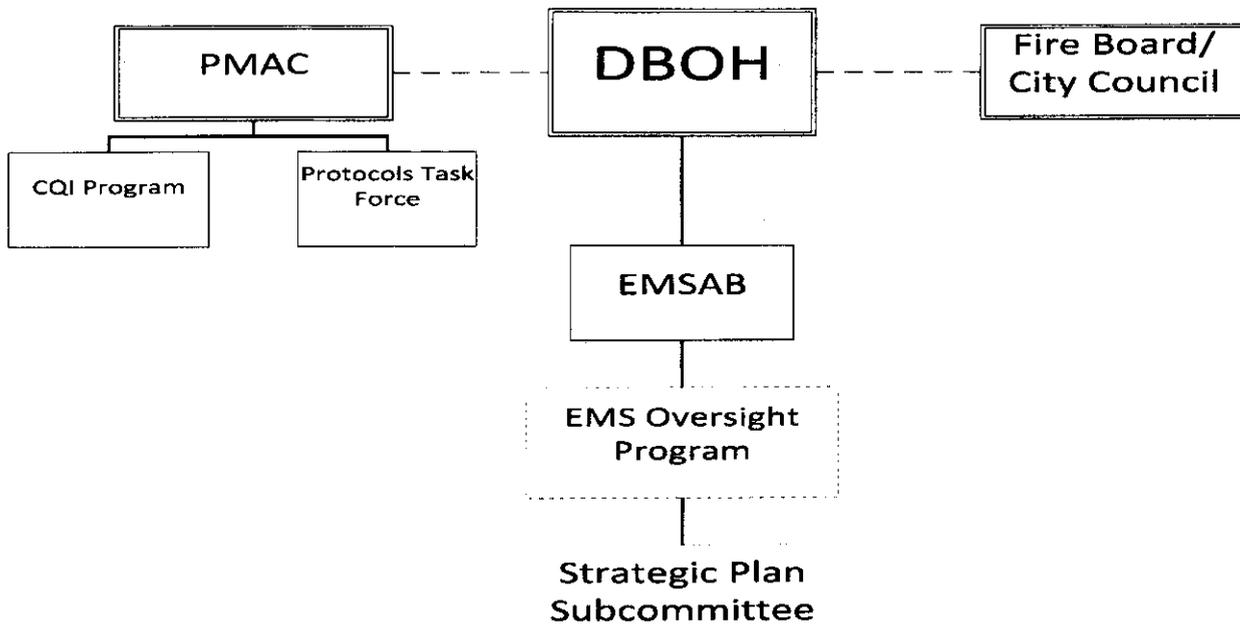
CQI Program Structure and Confidentiality

Members include individuals who are affiliated with PMAC. PMAC membership is comprised of the EMS agency Medical Directors, Emergency Department Physicians, Family Practice Physicians, and trauma Physicians. The EMS Oversight Program will provide personnel to administratively support the CQI program.

Additional participants in the CQI process might include agency personnel affiliated with fire/EMS agencies, dispatch personnel and/or hospitals. The participation of the additional personnel will be determined on a case by case basis, receiving approval from the PMAC chairman prior to the meeting. All information shared during these review meetings is confidential and cannot be used for any purpose other than the review itself. All team members, staff and case review participants will sign a confidentiality agreement annually. New participants will sign a confidentiality agreement at the beginning of the review meeting. The confidentiality agreement is attached in Appendix A of this document.

All documents affiliated with the CQI review will be provided at the meeting by the presenting agency/Medical Director, as well as, collected at the end of the meetings. All materials collected for the review will be destroyed with the exception of any data collection and the recommendations drafted through the review process. (The Washoe County EMS Oversight Program can be requested to compile and subsequently shred CQI documents.)

The CQI process will not be contained within the PMAC meeting minutes as the discussions are confidential. However, the Washoe County EMS Oversight Program will maintain the list of recommendations from the CQI process to be compiled in an annual CQI Report from PMAC to the regional EMS agencies.



Case Selection Criteria

The following components should be followed for selecting cases to present to the WC-CQI Program:

1. A regional protocol is requested to be reviewed; patient cases are utilized for research and review of protocol effectiveness.
 - a. The Medical Director or EMS agency would identify to PMAC or the Protocol Task Force the desire to review a specific protocol utilizing patient cases.
 - b. The EMS Oversight Program will coordinate with the PMAC Chair for scheduling and with the regional EMS agencies to ensure participation in the scheduled WC-CQI Program meeting.

2. The EMS agency (EMS Chief or his/her designee) identifies a case that would benefit from a regional quality review. Examples include rare patient case details or uncommon patient outcomes.
 - a. The agency would forward the information to their Medical Director for review, discussion, and/or approval to review by the WC-CQI Program.
 - b. The Medical Director will coordinate with the PMAC Chair for scheduling with the regional EMS agencies to ensure participation in the scheduled WC-CQI Program meeting.

Review Process

Patient case reviews can be presented by several different agencies within Washoe County. The following minimum details need to be included for a thoughtful discussion by PMAC and WC-CQI Program participants.

A packet should be provided for each attendee. The packet should include:

- Timeline for the call for service: PSAP through hospital arrival

- If hospital component is necessary, should include through hospital disposition
- Call summary to include relevant patient information such as age, physical capabilities, pre-existing conditions, etc.
- Applicable interventions/protocols utilized throughout call
- Patient case outcomes
- Internal agency QI information
- Reason why the case was selected for presentation to the WC-CQI Program

The patient case should be presented by either the Medical Director or the agency EMS Chief/Captain. The presenter should at no time identify the field providers affiliated with the case, rather utilizing verbiage such as “fire department staff” or “REMSA staff.” If appropriate, dispatch tapes may be considered for inclusion in presentation of the case. Since audio tapes are unable to be truly redacted, use of tapes should be minimal and audio reviewed should focus specifically on correspondence relevant to the CQI topic.

Improvement Recommendations

PMAC and WC-CQI Program participants will discuss the case and have the opportunity to question the presenter about the case. The presenter should identify areas for review, as identified through agency QI. Potentially, the presenter will have identified trends to discuss with the WC-CQI Program and PMAC.

The WC-CQI process could include recommendations of the following:

- Future data to be measured to validate and quantify the identified problem
- Analysis of data and symptoms of the problem to attempt to determine the root cause
- Recommendation of a plan of action through education, or protocol revision

Reevaluation

The outcome for each reviewed item will be reevaluated at the next WC-CQI meeting to determine if the solution was appropriate.

Meeting Schedule

Initially, the meetings will occur biannually, on the same dates as the currently scheduled PMAC meetings. The items to be reviewed will be presented and discussed among the WC-CQI members. Meetings may occur more frequently, if the determination is made that further review is necessary.

In addition, the team may meet once per year to review the overall findings and recommendations for inclusion in the annual report or to handle other non-review specific business. WC-CQI meetings are not subject to Nevada Open Meeting Law; however, meetings may be open to the public at the discretion of the team.

Annual Report

Annually, PMAC will create a report of the activities of the WC-CQI Program including the number of cases reviewed, team membership, and any findings or recommendations generated from the reviews. This report will be compiled by the PMAC Chair and the EMS Oversight Program and reviewed by members of the program.

The report will then be sent to the regional EMS agency Chiefs for review. In addition, PMAC may send recommendations for improvement to the EMS Advisory Board for review and possible action. Recommendations to Chiefs and EMS Advisory Board could include an update of regional protocols, inclusion of items in the strategic plan, training and educational recommendations, etc.

Appendix A: Confidentiality Agreement

Staff Report
Board Meeting Date: February 7, 2019

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

Meetings with Partner Agencies:

October 18th was the third Thursday in October and therefore identified as ShakeOut International Day. In preparation for statewide exercise participation, EMS program staff went to Incline Village Community Hospital to train staff on the WebEOC Mass Casualty incident boards. This board was going to be utilized as part of the hospital response to the exercise scenario.

EMS Program staff participated in webinars focused on helping victims of mass violence and terrorism. The focus on the webinars was from incident through recovery, looking at family assistance, resiliency centers and memorials.

The EMS Program Manager has begun attending the Nevada Resilience Commission monthly meetings. The Commission has been created to have a more efficient emergency management planning process, absorbing several existing statewide committees. The purpose of attendance is to remain informed of the State's intention to create a State Disaster Identification Coordination Committee. The Commission meets monthly.

The EMS Program helped facilitate the development of a regional advocate emergency response annex. The annex outlines family reunification processes, advocate agencies and notification of an incident. The annex will be affiliated with the Regional Active Assailant response plan, developed by the local law enforcement agencies and is currently under revision.

EMS Program staff facilitated the ED Consortium meeting on November 1st. The EMS Program's efforts to have representation from Fire, EMS, law enforcement and healthcare facilities have been successful, as more than 24 personnel from 12 agencies attended the meeting. The quarterly meetings provide an opportunity to discuss and address current topics/issues that affect all agencies and give them the opportunity to share what is going on in their facilities or the community.

The EMS Coordinator partnered with Quad-County Public Health Preparedness and East Fork Fire Protection District to develop a Regional Multi-Casualty Incident Tabletop Exercise focusing on on-scene coordination for fire/EMS. The scenario premise was there was major

Subject: Program and Performance Updates

Date: February 7, 2019

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incident that occurred in Washoe County and mutual aid was not available from partner agencies due to other system demands. The exercise was held on November 2nd and had representation from Fire, EMS and hospitals from five counties.

The EMS Coordinator attended the Complex Coordinated Terrorism Attack Tabletop Exercise at Nevada Division of Emergency Management (Division) on November 29th. The all-day exercise scenario included multiple terror attacks in both northern and southern Nevada. The Division held the exercise to discuss their support role in this type of incident. The purpose was to assess whether the newly developed complex Coordinated Terrorist Attack Appendix addressed planning, response and recovery operations as needed by local agencies. The Appendix will be utilized during the November 2019 multi-day statewide exercise.

The EMS Coordinator continues to work with sub-acute care facilities on the Mutual Aid Evacuation Annex (MAEA) and their possible roles and responsibilities. On December 6th, a tabletop exercise was held at Hearstone that tested the staff's ability to respond to a major earthquake. More than 12 facility staff members attended to discuss their internal response plans and how the patients would be evacuated. Additionally, on December 10th Sierra Ridge Health and Wellness Suites became the tenth non-acute care member of the MAEA.

A Texas A&M Engineering Extension Service (TEEX) Pediatric Disaster Response Training was held on December 12th and 13th, organized by the EMS Coordinator. This course addressed pediatric emergency planning and medical response considerations for agencies at the local level. The training was provided to 35 first responders, healthcare employees, emergency managers and public health personnel to help prepare our community to respond to pediatric disasters.

The protocols task force held their quarterly meeting on December 20th. The group identified several small revisions to the protocols and these changes became effective January 9th when all agency Medical Directors had approved and signed the protocols. Subsequently, the protocol app was updated. As items are identified for future consideration, they are brought to the attention of the EMS Program and added to the agenda for the next quarterly meeting, currently scheduled for March.

On January 3rd, healthcare partners met to review the current proposed revisions to the Mutual Aid Evacuation Annex (MAEA). The partners accepted all changes and provided some additional suggestions for improvement. Most revisions focus on communications and enhancing evacuation processes. The revisions will be presented to the District Board of Health (DBOH) by June 2019 for possible approval.

On January 8th the EMS Oversight Program hosted John Hammond, from Clark County Health District EMS Program. Mr. Hammond came to spend the day with the EMS program to discuss common initiatives and best practices. Mr. Hammond also went on a tour of the REMSA facilities.

The EMS Program Manager and City of Reno Fire Chief met on January 23rd to discuss data and jurisdictional measurements for the annual report.

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The EMS Oversight Program continues to facilitate the update of the EMS Strategic plan. The subcommittee meets on a monthly basis to review and revise the plan. The next meeting is scheduled for February 5th.

EMS Program staff held several calls with Truckee Meadows Regional Planning Authority (TMRPA) regarding their regional mapping system. As a follow-up from the October EMSAB, the EMS Program was reviewing how development was tracked within the region to allow for a proactive approach for planning within the EMS system rather than reactive. What was learned was TMRPA has a mapping system that outlines current development, proposed development and future opportunities for growth. TMRPA was unable to attend the January EMSAB but has been asked to come present the map and answer any questions at the May EMSAB.

CAD to CAD Update:

The City of Reno and REMSA have provided updated specs for the design of the program. Tiburon, aka Central Square, are developing a new project timeline based on the new specs, which include what events and data will trigger a CAD-2-CAD call as well as jurisdictional boundaries. Tiburon PM will reach out by Feb 1 with updates from Tiburon engineering. Any additional updates will be provided at the meeting.

Opioid Community Initiatives:

EMS Program staff met with Reno Police Department staff regarding an opioid grant they received to utilize data to interface with people who have experienced an overdose. The meeting resulted in EMS staff producing two data requests and recommending alternative organizations to connect with in order to better reach the populations of interest.

EMS Program staff attended a meeting hosted by the previous Attorney General staff regarding jurisdictional usage of ODMAPS, an online system that tracks suspected drug overdoses. The purpose of this meeting was to discuss which agencies were reporting and the personnel that would be a Level I and Level II users. The first responder partners agreed further discussion would need to take place prior to making any decisions related to inputting suspect overdose data into this platform. There is a BDR being tracked related to the reporting of suspected overdoses by first responders, this BDR is closely tied to this encouragement from the AGs office to utilize ODMAPS.

A follow up local meeting between Sparks Fire Department, Reno Fire Department, Truckee Meadows Fire Protection District, REMSA, and the EMS Program was held to discuss ODMAPS, the related BDR, and next steps moving forward. The result of this meeting was to reach out to the state Department of Health and Human Services (DHHS) to inquire if state staff are able to pull ePCR data from the reporting platform NEMESIS, in order to populate ODMAPS. DHHS is working on this and will follow up with those in attendance at the local meeting to confirm if data that is already reported to the state can be used for this purpose.

EMS Program staff met with WCHD Chronic Disease staff to discuss language and possible ideas for an opioid grant proposal, ideas included partnering with various agencies already working on this issue and enhancing county-wide efforts to utilize ODMAPS.

Data Performance Reports:

Requestor	Summary of request	Date of request	Request completed
EMSAB	Heat map data update	Ongoing	No; Pending RFD data
EMSAB	Special Event of Interest-Annual Update	10/4/2018	Yes; 12/27/2018
REMSA	Transport destination	10/16/2018	Yes; 10/18/2018
SFD	REMSA calls within SFD jurisdiction	12/27/2018	No; In process
Reno Police Department	REMSA calls for PD and stage	11/29/2018	Yes; 12/27/2018
Reno Police Department	Overdose and opioid overdose baseline data	11/29/2018	Yes; 1/22/2019
TMFPD	Annual Report Performance Metrics	1/10/2019	Yes; 1/15/2019

Inquiries or Investigations:

The EMS Oversight Program facilitated the development of a notification system with the Washoe County Epidemiology Program and regional Fire first responders. This process was developed after there was a patient with an infectious disease that post-exposure prophylaxis is recommended. The notification process was developed in collaboration with the four EMS agencies, three area hospitals and the Medical Examiner’s Office.

Other Items of Note:

EMS Program staff attended the FireShows West Conference from November 5-8 through LEPC grant funds. Over the four days, staff attended several sessions that focused on HazMat, MCI response, operations and Fire/EMS leadership.

EMS Program staff virtually attended the NFPA 3000 course on Active Shooter incidents. The course reviews preparedness, planning and response to active assailant incidences. The content will be utilized to help enhance the MCI during the FY20 update.

The EMS Office Support Specialist did a sit-along with Reno Dispatch on January 14th.

The EMS Coordinator presented the annual REMSA Franchise Compliance Report to the DBOH on January 24th and it was unanimously approved to find REMSA in compliance with the requirements of the franchise.

Legislative Information Relating to EMS:

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

- BDR 40-3, Establishes provisions governing payment for the provision of emergency services and care to patients. Assemblywoman Carlton
- BDR 58-47, Revises provisions governing emergency 911 service. Assemblyman Ellison

- BDR R-155, Creates the Western Regional Fire and Emergency Response Commission. Senator Kieckhefer
- BDR 274, Establishes a program that includes a helpline to provide peer support for emergency workers and other first responders. Assemblywoman Cohen
- BDR 354, Revises provisions relating to emergency response plans. Division of Emergency Management of the Department of Public Safety
- BDR 40-555, Revises provisions governing certain medical facilities. Assemblywoman Neal
- BDR 4-556 Revises provisions governing certain medical facilities. Assemblyman Sprinkle
- AB4, Authorizes cities to create a district for a city fire department. Committee on Government Affairs
- AB 38, Requires certain persons to report actual and suspected drug overdoses. Committee on Health and Human Services
- AB 48, Revises provisions relating to the requirements to levy taxes to support certain fire districts. Committee on Government Affairs
- AB 66, Provides for establishment of crisis stabilization centers in certain counties. Committee on Health and Human Services
- AB 71, Makes various changes concerning expenditures related to disasters and emergencies. Committee on Government Affairs
- AB 85, Revises provisions governing mental health. Committee on Health and Human Services.
- SB 12, Revises provisions governing telephone systems used for reporting emergencies. Committee on Government Affairs.
- SB 15, Provides for the establishment of incident management assistance teams. Committee on Government Affairs
- SB 35, Creates the Nevada Resilience Advisory Commission. Committee on Government Affairs
- SB 68, Provides for the expedited granting of certain provisional registrations to volunteer providers of health or veterinary services during an emergency declaration. Committee on Government Affairs.

Staff Report
Board Meeting Date: February 7, 2019

TO: EMS Advisory Board Members
FROM: Heather Kerwin EMS Statistician
hkerwin@washoecounty.us
SUBJECT: Presentation, discussion, and possible acceptance of the special area of interest data report

SUMMARY

This report outlines a reoccurring request for information made to the EMS Oversight Program by members of the EMS Advisory Board (EMSAB). The EMSAB members requested information on a special event that has potential impacts to the Washoe County EMS system. Those results are provided in the attached document.

PREVIOUS ACTION

The previous report on this special event of interest was approved during the January 2018 EMSAB meeting. Staff will bring annual updates to the EMSAB moving forward.

BACKGROUND

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.

For the second consecutive year, the 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.

The 2018 event demonstrated a decrease in number of EMS calls for service during the month leading up to the event, as well as the week of the event compared to the 2017 event. There was also a decrease in the number of airport rendezvous REMSA reported during the 2018 event of interest compared to both the 2016 and 2017 events.

Due to the rural location of the event and the 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

Subject: Special Interest Area and Event Data Results

Date: February 7, 2019

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There is no additional fiscal impact to the FY19 budget should the Board approve the presentation and accept the data report.

RECOMMENDATION

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

POSSIBLE MOTION

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

Attachments:

2018 Results of Special Event of Interest

Impacts of the Special Event of Interest

The annual event of interest occurred over nine days starting in late August and ending in early September 2018, having taken place in the Black Rock Desert. While the actual event is located just east of the Washoe County border in Pershing County, upwards of 70,000 attendees travel to the remote location on Washoe County roadways to attend the event.

There was a 66 percent increase in the number of 911 calls to areas of interest during the month leading up to the event through the week after the 2018 event ended and a 70 percent increase during the weeklong event. Additionally, there was a 60 percent increase in the number of EMS air transports from the event to the Reno Tahoe International Airport, where REMSA then transported those patients to area hospitals.

EMS Program staff recommends the continuation of efforts aimed at preventing 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 and up to Pershing County as well as 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 155 calls occurred over FY18 (July 2017-June 2018) within the areas of interest. An additional 58 calls occurred during August and September of 2018, also within the areas of interest. Combined, all 213 calls were included for analyses.

Additionally, data from 2016 and 2017 are included in the tables for trend purposes. The original analysis was conducted after the 2017 event and utilized retrospective data from the 2016 event through the 2017 event, those comparison time periods are included as well.

Month of the Event

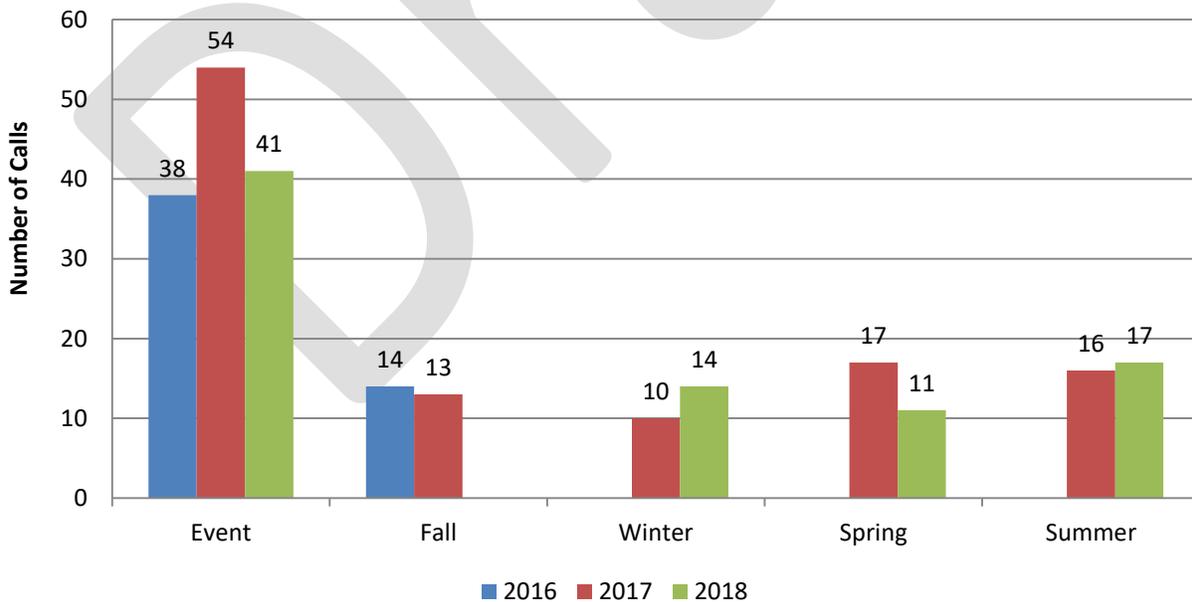
Due to the unique nature of the event, the initial timeframe for analyses included the full month before the event through the week after the event. This timeframe is referred to as the Time Period of Interest, or TPOI. The 2018 event was analyzed and

compared to four control time periods. The control time periods were selected as comparisons as they are equivalent in length of time and occur 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 2018 event with four control periods of equal length for comparison.

Time Period Description	Start Date	End Date	Total Days	Total Calls
2016 First time period of interest, month before the event to the week after the event	8/1/2016	9/12/2016	42	38
2016 Fall comparison time period	10/1/2016	11/12/2016	42	14
2017 Winter comparison time period	1/1/2017	2/12/2017	42	10
2017 Spring comparison time period	3/1/2017	4/12/2017	42	17
2017 Early summer comparison time period	5/1/2017	6/12/2017	42	16
2017 Second time period of interest, month before the event to the week after the event	8/1/2017	9/11/2017	42	54
2017 Fall comparison time period	10/1/2017	11/9/2017	39	13
2018 Winter comparison time period	1/1/2018	2/9/2018	39	14
2108 Spring comparison time period	3/1/2018	4/9/2018	39	11
2018 Early summer comparison time period	5/1/2018	6/9/2018	39	17
2018 Third time period of interest, month before the event to the week after the event	8/1/2018	9/9/2018	39	41

Figure 1: Number of Calls Occuring in Areas of Interest During 2016, 2017, and 2018 Events*, Compared to Equivalent Time Frames in Other Seasons



*Event includes the month prior to the event through the week after the event ends.

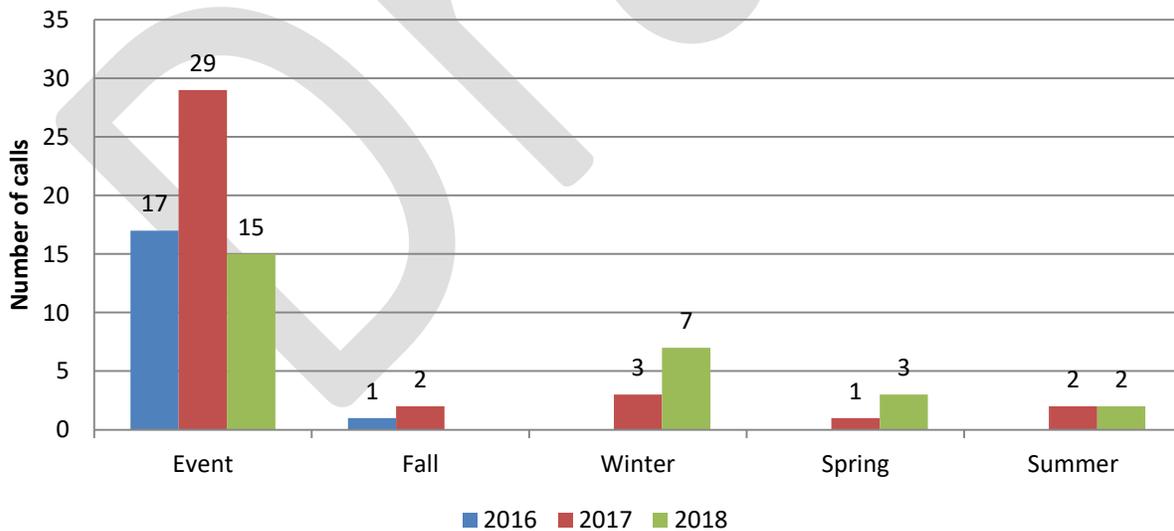
Week of the Event

The duration of the 2018 event, nine days, was considered as a secondary timeframe, embedded within the initial TPOIs. Control periods equivalent to the event duration were also selected and results are provided in Table 2. Calls for service during 2016 and 2017 are also provided in the table to assess for trends.

Table 2: Shows the week of the event itself. The 2017 event opened a day earlier than the 2016 event, while the 2018 event opened two days earlier than 2016 to allow for ingress of traffic. Four control time periods equivalent in duration to the 2018 event were selected for comparison.

Time Period Description	Start Date	End Date	Total Days	Total Calls
2016 event of interest	8/29/2016	9/5/2016	7	17
2017 event of interest, event opened a day earlier than 2016 event to allow for ingress of traffic	8/27/2017	9/4/2017	8	29
2017 Fall comparison event duration	10/25/2017	11/3/2017	9	2
2018 Winter comparison event duration	1/25/2018	2/3/2018	9	7
2018 Spring comparison event duration	3/25/2018	4/3/2018	9	3
2018 Early summer comparison event duration	5/25/2018	6/3/2018	9	2
2018 event of interest, event opened a day earlier than 2017 event to allow for ingress of traffic	8/25/2018	9/3/2018	9	15

Figure 2: Number of Calls Occuring in Areas of Interest During 2016, 2017, and 2018 Events, Compared to Equivalent Time Frames in Other Seasons



*2018 event duration 9 days; 2017 event duration 8 days; 2016 event duration 7 days

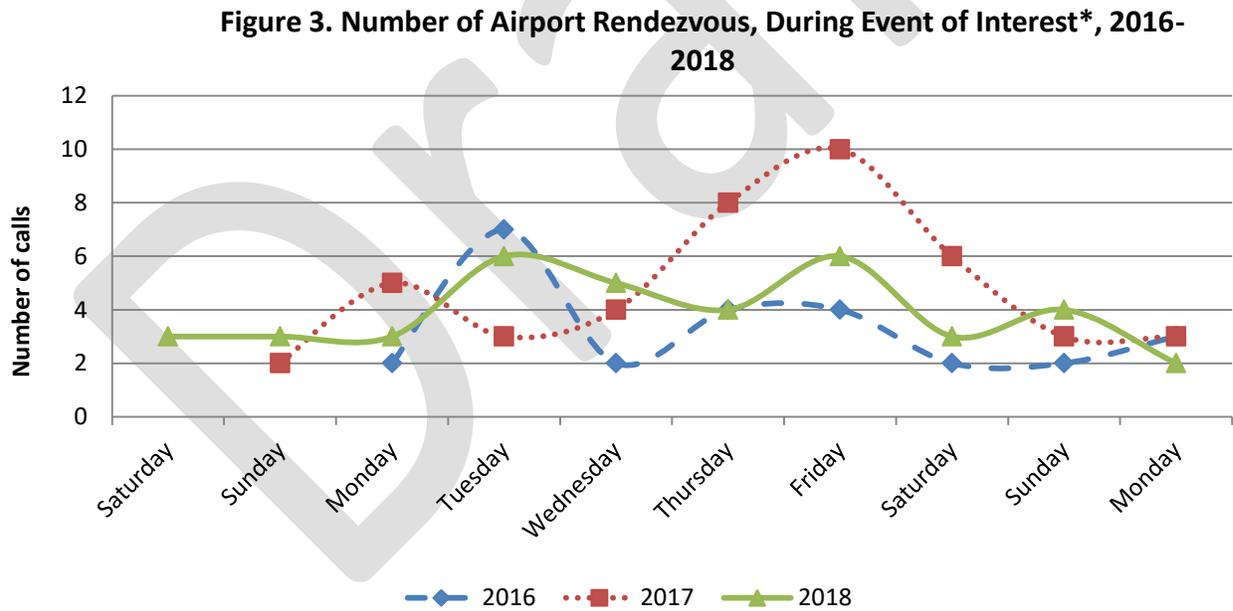
REMSA Transports

During the event, a patient that requires immediate transport to a hospital is typically flown from the event to the Reno-Tahoe International Airport, where REMSA meets the aircraft and transports the patient to a local hospital. These calls are illustrated in Table 3.

Table 3: Number of airport rendezvous REMSA reported during the week of the event in 2016, 2017, and 2018 with four weeklong control periods for comparison.

Time Period Description	Total Airport Rendezvous	Event Related	% Related
2016 Event of interest	48	26	54%
2017 Event of interest	69	44	64%
2017 Fall comparison event duration	14	~	~
2018 Winter comparison event duration	14	~	~
2018 Spring comparison event duration	14	~	~
2018 Early summer comparison event duration	17	~	~
2018 Event of interest	37	Unknown	Unknown

Figure 3 illustrates the number of REMSA calls for service during each day of the events for 2016, 2017, and 2018.



*2018 event duration 9 days; 2017 event duration 8 days; 2016 event duration 7 days

Staff Report

Board Meeting Date: February 7, 2019

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 2016 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 of the objectives outlined within 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 present 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.

Year 3 (2019) has no new initiatives added, only the continuation of objectives begun in previous years.

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)
- **Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls.** (Objective 1.2)

Completed Objectives with Associated Project Updates:

- **Determine data elements required for process verification of Omega Protocols.** (Objective 1.1, Strategy 1.1.4)
 - Omega review will be included in the mid-year data report, tentatively scheduled for EMSAB in May.
- **Promote the EMS Oversight Program through regional education of the strategic plan’s goals and initiative.** (Objective 6.2– annual item)
 - All ILA signatories have been presented to. Next presentations will be scheduled upon the approval of the 2018 Annual Report.
- **Increase depth of resources able to respond to EMS calls for service in Washoe County.** (Objective 2.3 – annual item)

- Review of regional EMS mutual aid agreements will be presented at the EMSAB in May.
- **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)
 - EMSAB received a review and recommendation at the October 4, 2018 meeting.
 - The District Board of Health approved the recommendation of no changes at the October 28, 2018 meeting.
- **Develop a regional set of protocols for the delivery of prehospital patient care.** (Objective 5.1).
 - An approved revised set of regional protocols went into effect January 9, 2019.

In Progress Objectives:

- **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 have been working with Tiburan to develop a new project timeline.
- **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)
 - This item was associated with the CAD-to-CAD project between the City of Reno and REMSA dispatch centers.
- **Evaluate how to transfer information between ePCR from the fire response unit to the REMSA unit.** (Objective 4.1, Strategy 4.1.2)
 - EMS Program staff are not associated with this project and do not have an update to provide to the EMSAB.
- **Pilot the annual report with hospital outcome data with one regional hospital.** (Objective 4.2, Strategy 4.2.2)
 - The ED Consortium worked on this strategic planning objective and the updated timeline is contained within the draft strategic plan revision.
- **Establish a regional process that continuously examines performance of the EMS system.** (Objective 5.2)
 - EMS Program staff is going to ask regional partner participation to begin when the Strategic plan review and revision is completed. It is anticipated this will begin in August 2019.

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 2016 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 2016 five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.”

Staff Report
Board Meeting Date: February 7, 2019

TO: EMS Advisory Board
FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us
SUBJECT: Presentation, discussion, possible approval of an update on the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

SUMMARY

This agenda item is for discussion and possible approval of an update on the Washoe County EMS Strategic Plan (2019-2023).

PREVIOUS ACTION

On June 4, 2015, the EMS Advisory Board approved the development of the five year strategic plan.

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

During the EMS Advisory Board on April 7, 2016 and July 7, 2016 the Board approved updates on the development of the five year strategic plan.

On October 6, 2016 the EMS Advisory Board approved the EMS Strategic Plan and during the District Board of Health (DBOH) meeting on October 27, 2016, the DBOH moved to accept the presentation and the five-year EMS Strategic Plan.

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

BACKGROUND

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

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

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

The review process began in August 2018 with an assessment of the current EMS Strategic Plan and discussions on future ideas for improving the EMS system. The stakeholders meet on a monthly basis to revise the plan and develop new goals, objectives and strategies. Below is a brief summary of the goals and associated objectives recommended to be included in the plan revision:

- Goal #1 – Enhanced utilization of EMS resources
 - Objective 1.1. Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019.
 - Objective 1.2. Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.
- Goal #2 – Improve pre-hospital EMS performance
 - Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.
 - Objective 2.2. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.
 - Objective 2.3. Monitor national trends and plan for response, specifically active assailant, by December 31, 2019.
- Goal #3 – Improve communications (*update in progress*)
 - Objective 3.2. Establish a CAD-to-CAD (computer aided dispatch) interface between the three PSAPs and REMSA dispatch center by December 2022.

Subject: Update on EMS Strategic Plan (2019-2023)

Date: February 7, 2019

Page 3 of 3

- Goal #4 – Enhanced EMS system through improved continuity of care (*update in progress*)
 - Objective 4.2. Produce an annual report on EMS system performance that includes hospital outcome data by January 31, 2021.
- Goal #5 – Identify recurrent callers of the EMS system
 - Objective 5.1. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.
 - Objective 5.2. Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system by November 30, 2021.

Attached are the completed goals (1, 2 and 5), objectives and strategies of the Washoe County EMS Strategic Plan (2019-2023). The next meeting is scheduled for Tuesday, February 5th and will continue to work on goals 3, 4 and 6.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board to approve the presentation and update on the Washoe County EMS Strategic Plan (2019-2023).

POSSIBLE MOTION

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

“Move to approve the presentation and update on the Washoe County EMS Strategic Plan (2019-2023) a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.”

ATTACHMENTS: Final Drafts of Goals 1, 2 and 5

Goal #1

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

<p>Objective 1.1. Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019.</p>	<p>Strategy 1.1.1. Develop regional Standard Operating Procedures to address responses to low acuity calls by January 1, 2019.</p> <p>Strategy 1.1.2. Determine data elements required for process verification by January 30, 2019.</p> <p>Strategy 1.1.3. Presentation to the EMS Advisory Board about service levels for low acuity calls by February 7, 2019.</p> <p>Strategy 1.1.4. Analyze, interpret and report data elements to EMS Advisory Board and partner agencies biannually beginning July 1, 2019.</p>
<p>Objective 1.2. Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.</p>	<p>Strategy 1.2.1. Continue research on alternative transportation options utilized across the United States by October 31, 2020.</p> <p>Strategy 1.2.2. If applicable, develop processes to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician's office criteria) by August 31, 2021.</p> <p>Strategy 1.2.3. If applicable, obtain approval by the EMS Advisory Board of standardized procedures for patients to receive funded alternative transportation to obtain medical care by November 4, 2021.</p>

Goal #2	
<p>Improve pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 1, 2023.</p>	
<p>Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.</p>	<p>Strategy 2.1.1. Verify and revise the regional assessment to update existing AVL capabilities, equipment and recognize other potential factors for dispatching the closest EMS responder by June 30, 2020.</p> <p>Strategy 2.1.2. Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021.</p> <p>Strategy 2.1.3. Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.</p> <p>Strategy 2.1.4. Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 2023.</p>
<p>Objective 2.2. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.</p>	<p>Strategy 2.2.1. Identification of operational opportunities by Washoe County EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County annually.</p> <p>Strategy 2.2.2. Deliver EMS Oversight Program with MAAs/MOUs with partner agencies as necessary by December 31, annually.</p> <p>Strategy 2.2.3. Provide an annual update to EMS Advisory Board on all MAA/MOU process changes, additional agreements and any recommendations by February 28 annually.</p>
<p>Objective 2.3. Monitor national trends and plan for response, specifically active assailant, by December 31, 2019.</p>	<p>Strategy 2.3.1. Identify regional workgroup and integrate to monitor and identify current national trends relating to active assailant response by February 28, 2019.</p> <p>Strategy 2.3.2. Conduct assessment of regional response equipment (protective, medical and supportive) maintained by EMS and law enforcement agencies by March 31, 2019.</p> <p>Strategy 2.3.3. Participate in regional response plan reviews and updates, as requested biennially, or after a national or international incident, beginning April 2019.</p>

Goal # 5

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

<p>Objective 5.1. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.</p>	<p>Strategy 5.1.1. Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.</p> <p>Strategy 5.1.2. Identify the community partner to report recurrent caller information for follow-up by July 31, 2019.</p> <p>Strategy 5.1.3. Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system by December 31, 2019.</p>
<p>Objective 5.2. Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system by November 30, 2021.</p>	<p>Strategy 5.2.1. Obtain information regarding social, health and other community services that are available for recurrent callers by March 31, 2019.</p> <p>Strategy 5.2.2. Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911 by December 31, 2020.</p> <p>Strategy 5.2.3. Determine data elements required for committee/workgroup program verification by June 30, 2021.</p> <p>Strategy 5.2.4. Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 2021.</p>

Staff Report
Board Meeting Date: February 7, 2019

TO: Regional Emergency Medical Services Advisory Board

FROM: Heather Kerwin, EMS Statistician
hkerwin@washoecounty.us

SUBJECT: Presentation, discussion and possible direction on publishing the Washoe County EMS Oversight Program FY18 Annual Data Report.

SUMMARY

The purpose of this agenda item is to present for discussion and possible direction on publishing the EMS Oversight Program's FY18 Annual Data Report. The FY18 Annual Data Report serves as an educational and informational resource highlighting the work performed and achievements of the entire region as it relates to Emergency Medical Services (EMS). The FY18 Annual Data Report is designed to ensure understanding of how the EMS system is designed to work in our community.

PREVIOUS ACTION

The previous EMS Program Annual Report for FY17 was approved on October 5, 2017 and utilized all calls matched and used in the quarterly report analyses for FY16.

BACKGROUND

The Interlocal Agreement for Emergency Medical Services Oversight outlines duties of the EMS Oversight Program stating "the Program shall provide oversight of all Emergency Medical Services provided by RENO (City of Reno), SPARKS (City of Sparks), WASHOE (Washoe County), FIRE (Truckee Meadows Fire Protection District) and REMSA and shall ... Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA covering the preceding fiscal year, containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency... ."

The FY18 Annual Data Report is being presented and highlights regional achievements utilizing the template agreed upon by the data workgroup representatives during winter of 2016. This template was approved by the EMSAB in the January 2017 meeting.

The FY18 Annual Data Report is intended to be utilized as an educational and informational resource for our community to discuss EMS system performance more effectively. It serves as a document for the EMS Advisory Board on the status of the EMS system, the achievements from all the partner agencies and meets the obligations of the Interlocal Agreement.

Due to the lack of complete EMS data for the entirety of FY18, there are three county-wide analyses that cannot be completed. Therefore, staff is providing three options for the EMS Advisory Board to consider on the possible direction for publication: 1) Publish the annual report as is; 2) Publish with the incomplete county-wide tables removed; or 3) Wait to publish until after all the data is received.

FISCAL IMPACT

There is no additional fiscal impact should the Advisory Board approve the presentation and provide direction on publishing the Washoe County EMS Oversight Program FY18 Annual Data Report.

RECOMMENDATION

Staff recommends the Board approve the presentation and provide direction on publishing the Washoe County EMS Oversight Program FY18 Annual Data Report.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the presentation and direct staff to publish the Washoe County EMS Oversight Program FY18 Annual Data report [with changes discussed by the Board]."

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

EMS Oversight Program FY18 Annual Report

February 2019



Public Health
Prevent. Promote. Protect.

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Washoe County EMS Oversight Program

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When to call 9-1-1

- ✓ Life threatening medical emergencies such as heart attack, stroke, or cardiac arrest.
- ✓ Crimes in progress.
- ✓ A serious crime that just occurred.
- ✓ Suspicious activity occurring.
- ✓ Any fire - if you know the location!

When NOT to call 9-1-1

- ✗ Medical emergencies that do NOT require emergency department care.
- ✗ For information or directions.
- ✗ Earthquakes or power outages.
- ✗ Crimes when you have NO suspect information.
- ✗ Crimes that occurred hours or days before.
- ✗ Noise disturbances or parties.
- ✗ Lost or injured pets.
- ✗ Complaints against neighbors or businesses.

BUT **NOT** AN EMERGENCY

Don't let non-emergencies
compete with real ones.

**KNOW THE
DIFFERENCE**

**THINK
BEFORE YOU
DIAL⁹¹¹**

Introduction

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County EMS system from July 1, 2017 through June 30, 2018 (FY18). The report contains seven major sections highlighting the EMS system within Washoe County, these sections include how the Washoe County 9-1-1 EMS system is set up, the EMS response agencies and their jurisdictional boundaries, performance data, as well as EMS partner highlights, the EMS Oversight Program's accomplishments, and goals for FY19.



Washoe County is home to 439,220 residents

There were more than 70,887 EMS-related calls during FY18

There are approximately 8 EMS-related calls every hour in Washoe County, 24 hours a day

EMS Public Service Announcement



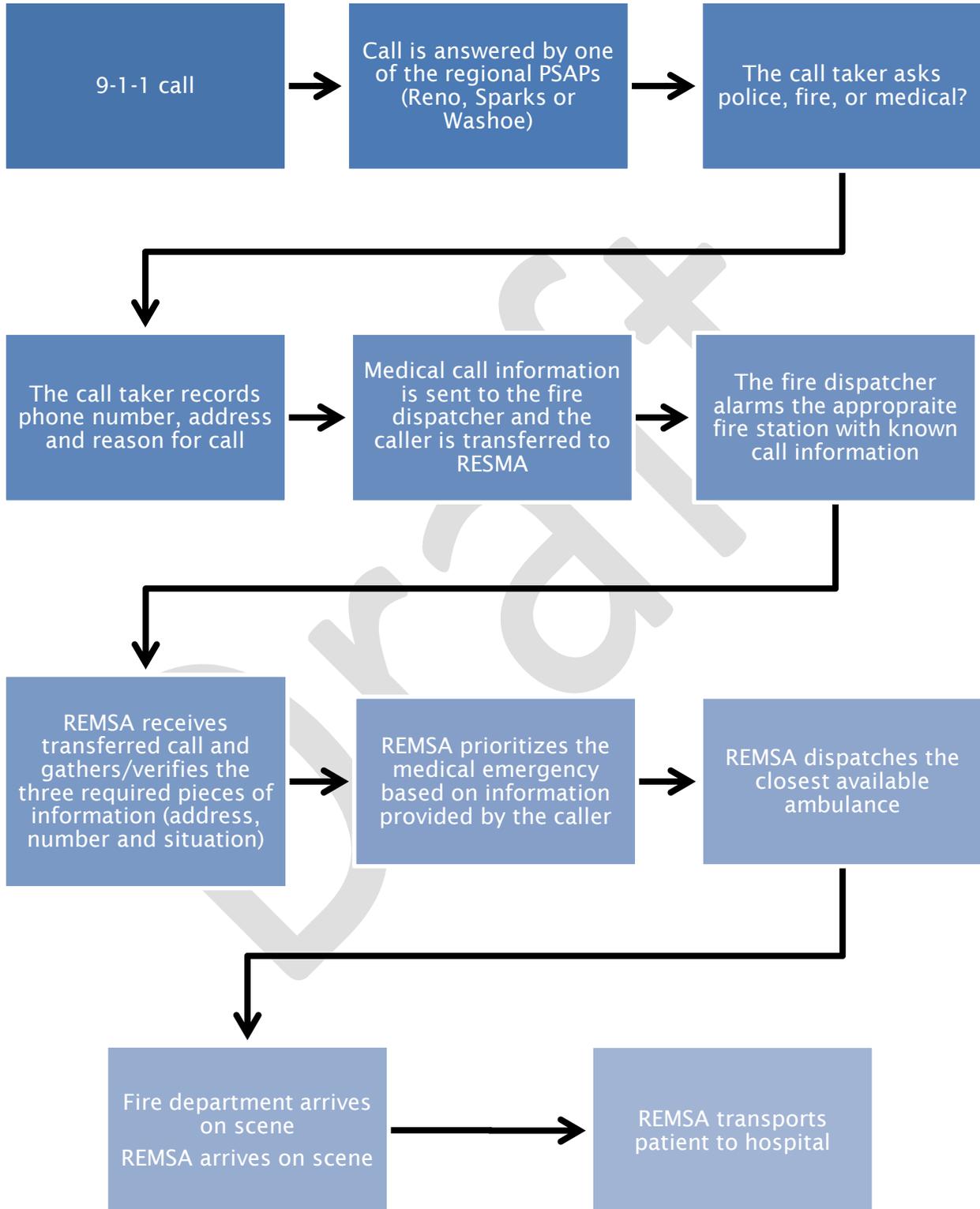
Washoe County's 9-1-1 and EMS System

Washoe County has a two-tiered response system to emergency medical calls. A 9-1-1 call is received at a Public Safety Answering Point (PSAP), to determine if a caller is requesting police, medical or fire response. If medical is requested or needed, the caller is transferred to REMSA dispatch for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is dispatched first to a medical EMS incident in their jurisdiction, since fire stations are located within neighborhoods throughout the region. While fire is being dispatched, the caller is questioned by REMSA through a structured EMD process to determine the call priority and dispatch the closest ambulance. The performance of the EMS system within Washoe County is dependent on all parties working together.

Figure 1 illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning, dispatch of fire, transferring the 9-1-1 call to REMSA, REMSA dispatching an ambulance, EMS (Fire and REMSA) responders arriving on scene, and REMSA transporting the patient to a hospital.

Figure 1: 9-1-1 Call Routing in Washoe County



Washoe County EMS Partner Agencies

The EMS system within Washoe County is comprised of multiple partner agencies. These agencies work together daily to ensure the EMS needs of the community are met. The EMS partner agencies include:

- City of Reno¹
- City of Reno Fire Department
- Reno Public Safety Dispatch
- City of Sparks¹
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- Mount Rose Ski Patrol
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire Rescue
- Reno-Tahoe Airport Authority Fire Department
- REMSA
- Truckee Meadows Fire Protection District¹
- Washoe County¹
- Washoe County Health District¹
- Washoe County Sheriff's Office

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities (Figure 2), while Truckee Meadows Fire Protection District's jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 3). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay, and surrounding communities. The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. Pyramid Lake Fire Rescue's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

¹ Signatory of the ILA for EMS Oversight.

Washoe County citizens also are served by the following volunteer fire agencies: EMS coverage north of the Rural Fire Boundary is covered by Gerlach Volunteer Ambulance and Fire Department, their jurisdiction includes the towns of Gerlach, Empire, and surrounding rural region. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire Protection District.

The private ambulance company, REMSA, is responsible for the transport of patients within their designated Franchise response area. REMSA's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute Tribal Lands, east to Wadsworth and west to the border of California (Figure 3). The most up-to-date Franchise map was approved in October of 2017 without changes.

Draft

Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District

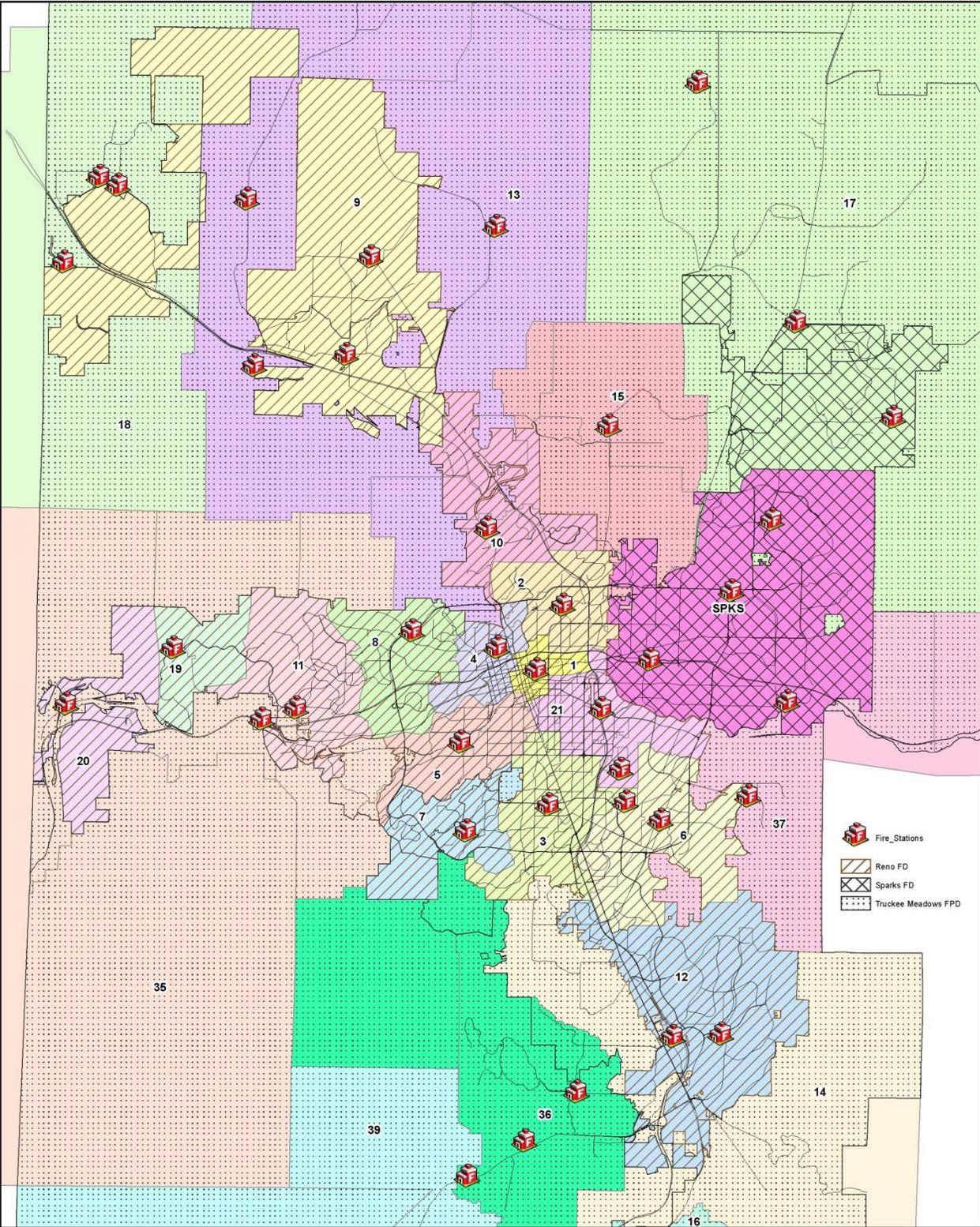
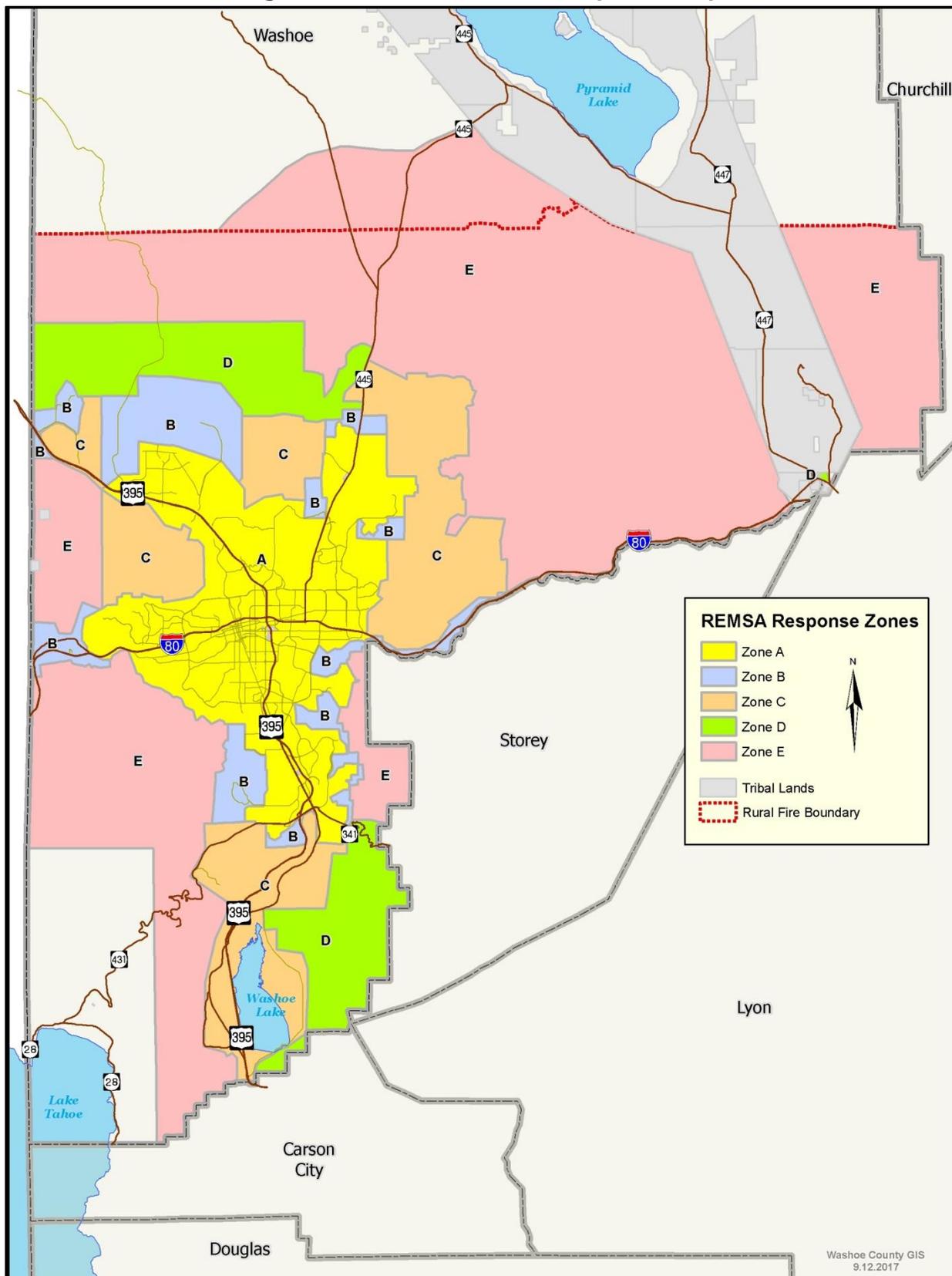


Figure 3: REMSA Franchise Response Map



Partner Agency EMS Highlights & Accomplishments FY18

Partner agencies provided their EMS related highlights for FY18, which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented.

City of Sparks Fire Department Highlights for FY18

Paramedic Level Services

FY18 was the first full year that Sparks Fire Department (SFD) provided paramedic level services to residents and visitors of the City of Sparks. These services were available from Fire Stations 4 and 5 in the northern portion of the city. On May 6, 2018, paramedic services were expanded to include Engine 21 at Station 2. To date, patient care opportunities and feedback have been very positive.

New Hires

SFD filled two vacant positions with firefighter/paramedics, bringing the total number of paramedics in the department to 21. These paramedics are in addition to the 52 advanced EMTs currently in the department.

Trainings

Training and education of the department's EMS providers continues to be facilitated by the SFD Training Division through in-service skills training, online and classroom education, and by attending paramedic refreshers hosted by either the North Lake Tahoe Fire Protection District or REMSA. Additional training was achieved through multi-agency scenario-based training with REMSA.

SFD personnel also trained with members of the Sparks Police Department to staff Rescue Task Forces (RTFs) as a preparedness measure for a hostile medical event.

Implemented Washoe County's first Regional EMS Protocols

SFD participated in the development of regional EMS protocols. Ultimately, these new protocols, which were implemented by SFD in March, allow our employees to administer additional medications and utilize advanced procedures to improve patient outcomes.

Supplies and Equipment

With the expansion of paramedic level care at SFD and the introduction of the new protocols, additional equipment and supplies were needed. This included the procurement of four Zoll X-Series Cardiac Monitors/Defibrillators through an Assistance to Firefighters Grant. With common cardiac monitors being used by

regional partners, SFD is also participating in the sharing of cardiac data to provide for a better continuum of patient care.

During FY18, SFD also implemented a new electronic patient care reporting (ePCR) system. This system improved patient care documentation and resulted in a more consistent and constructive QA/QI process. As the ePCR program continues to be refined, we anticipate our ability to collect and better analyze patient data will continue to enhance SFD's EMS program.

SFD providers deployed on many wildland fire incidents throughout the west as Medical Unit Leaders.

Lastly, SFD has attended/participated in several regional committees including:

- Inter-Hospital Coordinating Council
- Low Acuity Work Group
- Emergency Department Consortium
- Regional Protocol Committee
- Northern Nevada EMS Chiefs Group
- Nevada State EMS Committee
- Washoe County MCI Plan Review and Update

In summary, the SFD continues to increase the level of EMS care provided to the citizens and visitors to the city while working collaboratively with our regional partners.

Truckee Meadows Fire Protection District Highlights for FY18

Implemented Washoe County's first Regional EMS Protocols

The TMFPD has worked diligently with all of the region's prehospital responders and the Washoe County Health District staff for over a year to design and implement joint Advanced Life Support EMS Protocols. This project will result in a higher level of medical care being provided to the citizens of Washoe County, as well as ensure consistency amongst providers until arrival at the hospital.

New Hires

The District has filled 14 new positions with State Certified Firefighter/Paramedics. All of these new recruits have completed the regional Fire Academy and made it to the line as part of our new training and development program.

82 Certified Paramedics now on staff

In a continual process of providing the most highly trained employees possible to the citizens of the Truckee Meadows Fire Protection District, the current count of State of Nevada certified Paramedics has increased to 82 personnel in various ranks throughout the district. The ability to have paramedics serving in

multiple positions in a station has greatly increased the training and mentorship capabilities within the TMFPD.

Deputy Chief positions filled

The TMFPD has increased its Administrative Staff with the additions of Scott Gorgon as Deputy Chief of Operations, and Lisa Beaver as Deputy Chief of Prevention.

Construction of new Fire Station

The district has completed construction of Station 33, at 470 Foothill Road. This Station houses the TMFPD Hazardous Response equipment, as well as a Battalion Chief to manage the South Battalion. The personnel assigned staff an Advanced Life Support Type-1 engine and a Type-3 brush engine for complete all-risk response capabilities.

Implemented a Fireline Paramedic Program

To expand our high level EMS service to the wildland firefighting realm, TMFPD has developed 19 Fireline Paramedics to provide Advanced Life Support medical care on the front lines of wildfires across the country, as well as here in Washoe County.

Increased Active Shooter / Hostile Threat Response Training

To prepare for the unfortunate increase in hostile events across the country, the TMFPD has trained its Firefighter/Paramedics in Tactical Emergency Casualty Care (TECC). This training has helped streamline the treatment of those suffering from life threatening injuries that would normally die on scene before responders could treat them. The addition of specially trained personnel coupled with the ballistic equipment and rapid trauma kits on every engine will give allow TMFPD to provide the most efficient care in these dangerous situations.

REMSA & Care Flight Highlights for FY18

REMSA Ground Operations

Field Ops

In early 2018, REMSA invested more than \$1 million in new Zoll X series monitors which are lighter weight and feature the latest technology such as continuous, See Thru CPR. In May, an additional capital investment of \$830,000 was made to outfit all ground ambulances with new Stryker gurneys which feature an enhanced cot locking mechanism and multi-point safety belts. The organization hired 31 paramedics, 33 AEMTs, promoted a paramedic to the role of a full-time supervisor and promoted two logistics technicians to the roles of Logistics Supervisors.

TEMS

In May, Tactical Emergency Medical Services Paramedics, Avery Baldwin and Cody Clifford placed fourth at the National Tactical Medic Competition in Charlotte, NC. Throughout the year, the TEMS team responded to 60 callouts/requests for services, participated in 127 SWAT trainings and added three medics to the team.

Wildland Fire

In early June 2018, REMSA launched a Wildland Fire Team. Ten Paramedics and AEMTs were trained and are considered fire line qualified to assist on fires across the country. Five requests for service for a total of 38 days on assignment.

Search and Rescue

Throughout the year, the Search and Rescue team responded to 125 callouts and participated in 102 trainings. In addition, they added two medics to the team.

Special Events

REMSA provides cost-effective medical and emergency coverage for special events of all sizes. Throughout the year, REMSA crews covered more than 650 events across the region, including major attractions such as Hot August Nights, Reno Rodeo, National Championship Air Races, Great Reno Balloon Races, Street Vibrations and the Nugget Rib Cook-off. In addition to these hallmark events, the special events team attends community walks and races, sporting events at the University of Nevada, Reno, safety expos and K-12 school events.

Emergency Management

REMSA remains an active participant in regional emergency preparedness. REMSA has a representative who serves on the following groups, coalitions and subcommittees: Local Emergency Planning Committee (plus the finance subcommittee), the Traffic Incident Management Coalition (plus the steering committee), the Inter Hospital Coordinating Council (finance subcommittee member and chair). Throughout the year, REMSA was involved in 16 table top exercises, two healthcare trainings and two full scale drills. Additionally, REMSA submitted for and was awarded a \$103,000 grant from the State of Nevada Department of Behavioral and Public Health to refurbish and update the Disaster Medical Facility tents that we store and maintain.

Safety

Safety remains a key cornerstone of REMSA's values; several efficiencies and updates were made to the safety program this year. Upon hire, new employees will participate in the full Emergency Vehicle Operations Course (EVOC); current employees will participate in an annual refresher regarding subject matter relevant to current trends. Six EVOC instructors were trained. The following plans were written, formalized, presented for training and made available to all employees on the organization's Intranet: Respiratory Protection, Emergency Action, Fire Prevention, Spill Prevention/Control/Countermeasures for a Tier 1 qualified agency. Safety Data Sheets were moved to an electronic repository and can be accessed by all employees 24/7 via a link on the Intranet or by scanning a QR code from their smartphone. Regular facility safety inspections were

implemented and conducted. Seventeen Business Office employees were trained on the revised Emergency Action Plan and fire extinguisher operation. Finally, a Health and Safety page was created on Google Sites. Forms for reporting vehicle accidents, and root cause analysis of accidents, injuries, and other concerns are accessible by supervisors. This will enable us to gather data to see where we need to make improvements to decrease accidents and injuries.

Fleet

REMSA welcomed seven new or refurbished ambulances and one new supervisor vehicle into its fleet.

Community Health

Nurse Health Line

One full time registered nurse and one full time call taker were hired and more than 27,200 calls were managed through the NHL. In addition, the Business Development department executed contracts with five rural hospital communities including (Tonopah, Eureka County, South Lyon Medical Center, Mount Grant General Hospital and Humboldt General Hospital), as well as with Community Health Alliance to offer the Nurse Health Line to pediatric patients/callers in Washoe County

Ace Re-Accreditation

In March 2018, the REMSA Nurse Health Line was the first ECNS Accredited Center of Excellence to receive re-accreditation, valid through 2021. ACE Accreditation demonstrates REMSA's commitment to evidence-based protocols and a standard of clinical excellence. REMSA remains the first in the world to have an ACE accredited EMS and Nurse Health Line co-located communications center.

Jeff Pierce, RN Selected as ECN of the Year

Jeff Pierce, RN joined REMSA's Nurse Health Line team in 2016. His vast clinical experience, professionalism, collaboration, and commitment to recommending a safe and appropriate level of care to callers using the Nurse Health Line, earned him a nomination from his colleague, Debra Aschenbrenner. Debra had this to say in Jeff's nomination form: "Jeff always shows concern for the caller. He conducts calls in a consistent, calm and supportive manner. Jeff is a leader on our team, demonstrates a commitment to the standards of our program and represents the Nurse Health Line to our callers in the best possible manner. Jeff shows, every day, his compassion for the caller in need." Jeff was honored at the 2018 Navigator conference with the Bill Boehly Award for Emergency Communication Nurse of the Year.

Community Paramedics

Throughout the year, 206 patients were enrolled and a total of 807 patient visits were completed. An additional 64 Workplace Medical Solutions visits were made (contracted partner). Nine Community Paramedics graduated from the class in March. One of the program's long-time paramedics was awarded the One Team Award during EMS Week. One new contract was executed.

Care Flight

In early calendar year 2018, Care Flight transitioned its aviation vendor from Air Methods to Med-Trans Corporation and took delivery of its first helicopter under the Med-Trans contract - the new helicopter had an updated blue and silver paint scheme. New cardiac monitors were purchased for all bases including four rotor wing, one fixed wing, one ground critical care unit and two rapid response vehicles. In addition, Care Flight hired four flight nurses, three flight paramedics and two critical care transport technicians. The team conducted 14 safety landing zone training classes to public safety agencies across the region.

Care Flight Ground - Plumas, CA

Care Flight Ground continues to expand including the coverage for two wildland fires, the purchase of a new ambulance to cover out-of-town transports, the negotiation of a contract for emergency room staffing at Plumas District Hospital, the acquisition of three Zoll Series X monitors and upgraded ambulance stretchers. In addition, community involvement continues to be a cornerstone of this program's strengths including conducting 205 home wellness visits, providing CPR certification to 134 individuals, the development of a sentimental journey program for terminal patients' last wishes, the completion of a grant project on disaster management for the county's Public Health department, the donation of seven AEDs to Quincy - four to the sheriff's department, two to private businesses and one to a charter school.

Education/Outreach

New Staff/ Personnel Changes

REMSA Education hired an Education Support Specialist to provide administrative support across the department. The department's EMT/AEMT coordinator attended and successfully completed paramedic school while maintaining his full time position.

EMS Programs

Throughout the year, REMSA Education graduated 15 paramedic program students, 24 AEMT students, 17 EMT students and 38 EMR students. In addition, 28 EMT/AEMTs completed the EMT refresher and 33 Paramedics completed the paramedic refresher.

Bleeding Control Courses

More than 160 community members were trained in Bleeding Control and 200 bleeding control kits were provided across the community.

CPR/Community Classes

REMSA's Education department remains committed to training a CPR-ready community. This year's figures include: 1,212 CPR full course students, 1,460 CPR recertification students, 303 Heartsaver CPR AED students, 705 Heartsaver CPR & First Aid Students, 10 Hands-Only CPR education events and a full calendar of community activities during CPR Week in June. In addition, the Community Classes taught 135 Kid Care students.

Classes for Medical Professionals

In addition to educating community members, REMSA offers a full curriculum for healthcare professionals as well. Full course and recertifications this year included: 390 ACLS Full Course Students, 528 ACLS Recert Students, 40 ITLS Full Course Students, 33 ITLS Recert Students, 219 PALS Full Course Students, 258 PALS Recert Students, 15 PHTLS Full Course Students, 22 PHTLS Recert Students.

Cribs For Kids

This grant-funded outreach program which focuses on safe sleep, participated in 18 community events, held 15 train-the-trainer classes with a total of 172 people in attendance and distributed more than 605 cribs.

Point of impact

This grant-funded outreach program which focuses on car seat installation safety held two Child Passenger Safety Technician classes with 15 students taught, attended 12 education and outreach events, conducted 13 community-wide checkpoints and inspected 464 seats.

Pedestrian Safety

This grand-funded outreach program launched this year as part of a coalition. Tactical efforts included attending seven events where related education items were distributed including Pedestrian Safety Tip sheets, *Clifford the Big Red Dog Takes a Walk* books and reflective stickers.

Center for Clinical Communications

PulsePoint Respond App

REMSA launched PulsePoint Respond - a smartphone app which alerts CPR-certified or hands-only CPR trained citizens that someone within a quarter mile, in a public place, is having a cardiac emergency and may require CPR. REMSA's launch of the app allows for all of Washoe County - including Reno, Sparks and the unincorporated areas to be covered. The PulsePoint app works through the REMSA Clinical Communications Center. While the app is notifying citizens of the cardiac emergency, REMSA paramedics are simultaneously dispatched to the medical emergency. The app also directs citizen rescuers to the exact location of the closest publicly accessible AED.

CAD-to-CAD Project

Efforts between Reno and REMSA continue to move toward having an integrated Computer Aided Dispatching technology that will allow for seamless and near real-time sharing of information between agencies. This project will also create efficient communication between agencies and share response information with the fire service and REMSA field providers.

Omega / Alpha / Low Acuity / Non-Urgent Task Force

REMSA and its regional partners continue to collaborate to reduce full responses to no or low acuity medical calls for service. This approach provides innovative pathways for community members to access health care through REMSA's Nurse Health Line. An additional set of Omega and Alpha determinants have been

approved to be safely routed to a registered nurse for alternative care options, including access to transportation.

Mobile Dispatching

REMSA Clinical Communications deployed its mobile dispatching infrastructure to different events, including New Years Eve, Santa Pub Crawl, University of Nevada Football games, Hot August Nights and Rib Cook Off. Having a mobile presence allows dispatchers to be stationed at or near the event, and dedicate resources to supporting the units in the field. In addition, this model provides an intimate understanding of the dynamics and challenges units in the field, covering the venue, may encounter. This allows for tailored dispatching services.

Hospice Registry

Infinity Hospice and REMSA Emergency Medical Dispatch (EMD) partnered to bring 911 EMD Registry to Hospice Patients (Washoe County only).

Community Relations

Digital Media

Throughout 2017-2018, REMSA committed resources to strengthening and amplifying its digital presence including launching a YouTube channel, claiming its Yelp and Google My Business pages for REMSA and Care Flight, optimizing its REMSA and Care Flight LinkedIn pages and creating more robust content for the website through safety, health and wellness articles and videos. Additionally, the website is now viewable in more than 100 different languages.

Media Relations

REMSA continues to build and maintain strong, balanced relationships with the local media. Throughout the year, key coverage included: ongoing interest in REMSA's partnership with flu precautions, winter wellness (frostbite, hypothermia, etc.), opioid epidemic, CPR awareness and education, bleeding control, summer safety (hot cars, water safety, first aid), back to school, career and technical education and training, NPR's Next Gen radio program ridealong, ride-sharing versus ambulance transport and air quality health guidelines during wildland fire season.

Partnerships

WCHD for "Not An Emergency Campaign"

REMSA and the Washoe County Health District partnered to curb the misuse of the 9-1-1 system. The campaign rolled out locally and included a Facebook campaign, TV spots on KRNV and RTC bus interior and tail ads. The advertisements directed the public to visit a webpage with educational information about when to use 9-1-1 and when to seek alternative services.

Flirtey - Delivering AEDs via Drone

In October, REMSA and Flirtey, partnered to launch the first drone delivery program in the United States. When REMSA's 9-1-1 communications center receives a cardiac arrest call, in addition to dispatching an ambulance, a Flirtey drone, carrying an AED will also be dispatched to the scene of the emergency.

Donor Network West - Donate Life Month Kick-Off Event

In April, REMSA and Donor Network West partnered to kick-off National Donate Life month in recognition of organ and tissue donation. Part of the celebration included recognizing Kyle Cobb, AEMT for his work on a call in 2011. The patient, a three-day-old infant, became the state's youngest organ donor. The patient's mother met Kyle for the first time since the day of the call. The event received coverage in the Reno Gazette-Journal and on all three local television stations.

Tours

Throughout the year, REMSA welcomes various Girl Scout troops as well as members of the FAA and other AED drone delivery project partners, political candidates and leaders from other high performance EMS systems and air ambulance providers across the country.

Employee Initiatives

EMS Week

REMSA hosted EMS Week celebrations across its organization recognizing the hard work of EMS providers and staff throughout the year. In addition to emotional and physical health and wellness events offered throughout the week, REMSA hosted an awards event that drew elected officials, community influencers and members of the District Board of Health. REMSA also coordinated a video series that was featured on social media which highlighted departments across the organization. Finally, an editorial submission to the Reno Gazette-Journal, co-authored by its CEO and the chiefs of the three other Washoe County fire agencies celebrating the contributions of first responders and prehospital providers across the region.

Conducted Annual Employee Engagement Survey

In August, REMSA launched an employee survey. It ran for two weeks and evaluated categories including communications, retention, value and leadership. More than 80% of the full time workforce participated.

Gerlach Volunteer Fire & EMS Department Highlights for FY18

The Gerlach Combination Fire Department (GFD) is a unique fire station operated by Washoe County. The fire department serves the areas north of Township 22, generally from Pyramid Lake to the Oregon border covering an area nearly 5,400 square miles. GFD is charged with providing fire and emergency medical services 24/7 to the surrounding areas, and is primarily focused on the Empire and Gerlach communities. The GFD has four fire trucks and two ambulances.

Two fire protection officers, (FPO) who hold advanced emergency medical technician certificates, staff the station full time and provide oversight to six part-time firefighters, and seven volunteer firefighters. The part-time and volunteer personnel,

with administrative oversight from Truckee Meadows Fire Protection District, are trained for emergency medical services (EMS), and structure and wildland fires. While the station exists to serve Washoe County, the department is busy during the Burning Man season as burners and visitors make their way in out and out of the County. In addition to fire suppression, the GFD fire and rescue crews respond to automobile accidents and other life safety emergencies and can transport patients. The Bureau of Land Management has a seasonal station close by, and both work together during the summer fire season.

One volunteer and two intermittent employees completed the Pyramid Lake Advanced EMT class and are awaiting their NREMT testing completion.

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EMS Performance Analyses

EMS-related calls are reported by REMSA and three fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District (unincorporated Washoe County). The reported EMS-related fire calls are matched to REMSA calls for service to allow for an evaluation of system performance on EMS incident response, from the initial 9-1-1 call through each agency arriving on scene. This allows EMS partners to better assess opportunities for improvement.

The analyses presented in this section are representative of the EMS calls for service during July 1, 2017-June 30, 2018. The number used in each analysis is dependent on the time stamp validity for variables used in each table.

Table 1 - Total number and percent of Fire calls matched to REMSA calls by REMSA priority.

Unable to conduct due to lack of complete data.

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

Unable to conduct due to lack of complete data.

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

Table 3: REMSA Travel Time: En Route to Arrival		
Median	Mean	90th Percentile
05:52	06:56	11:29
Used N = 51,796		

Table 4 - Median time a patient is waiting from the initial call to the first arriving unit on scene by REMSA priority.

Unable to conduct due to lack of complete data

Jurisdictional Performance

As outlined within the Inter-Local Agreement for EMS Oversight, the EMS Program is tasked with “Monitoring the response and performance of each agency providing EMS in the region.”

The Washoe County EMS Five-Year Strategic Plan includes Objective 2.4 “Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements, by March 31, 2017.” In accordance with this objective, each fire jurisdiction has defined standards to measure performance. Those performance metrics are presented within this section.

Gerlach Volunteer Ambulance & Fire Department

Due to the rural and frontier nature of the communities of Gerlach and Empire, the following jurisdictional response and travel time standards were identified accordingly.

Table 5 – Time intervals for PSAP to dispatch, dispatch to en route, and en route to arrival were measured and performance is illustrated below.

Table 5: Gerlach Volunteer Ambulance and Fire Department Performance, FY18						
Variables	Standard	Expected	Calls Used	Met Standard		Median Time
		%	#	#	%	
PSAP to Fire Dispatch	60 seconds or less	80%	83	49	59%	0:00:54
PSAP to Fire Dispatch	106 seconds or less	95%	83	69	83%	0:00:54
TURNOUT TIMES						
Fire Dispatch to Enroute, All Calls	2 minutes day/5 minutes night	90%	67	56	84%	01:16
Fire Dispatch to Enroute, Day Calls	2 minutes or less	90%	34	28	82%	00:46
Fire Dispatch to Enroute, Night Calls	5 minutes or less	90%	33	28	85%	01:36
RESPONSE & TRAVEL TIMES						
All Gerlach/Empire Calls	~	90%	58	55	95%	3:06
All Gerlach/Empire, Day Calls	~	90%	29	28	97%	1:39
All Gerlach/Empire, Night Calls	~	90%	29	27	93%	5:46
Gerlach Proper, All Calls	10 minutes day/15 minutes night	90%	50	47	94%	2:32
Gerlach Proper, Day Calls	10 minutes or less	90%	24	23	96%	1:31
Gerlach Proper, Night Calls	15 minutes or less	90%	26	24	92%	5:36
Empire Proper, All Calls	20 minutes day/25 minutes night	90%	8	8	100%	6:55
Empire Proper, Day Calls	20 minutes or less	90%	5	5	100%	6:31
Empire Proper, Night Calls	25 minutes or less	90%	3	3	100%	8:44
Outside of Gerlach/Empire	~	~	9	~	~	0:36:44

Figure 4 illustrates the proportion of EMS calls that met call transfer and turnout times, while Figure 5 illustrates the proportion of EMS calls that met the travel time standards, and delineates calls by day and night.

Figure 4: Percent of Calls Meeting Call Transfer and Turnout Time Standards, Gerlach Fire, FY17 & FY18

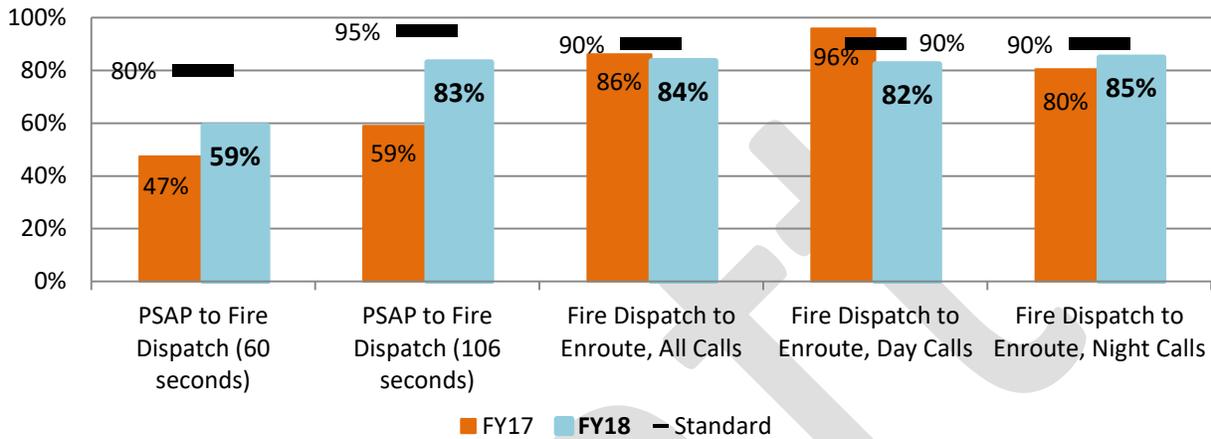
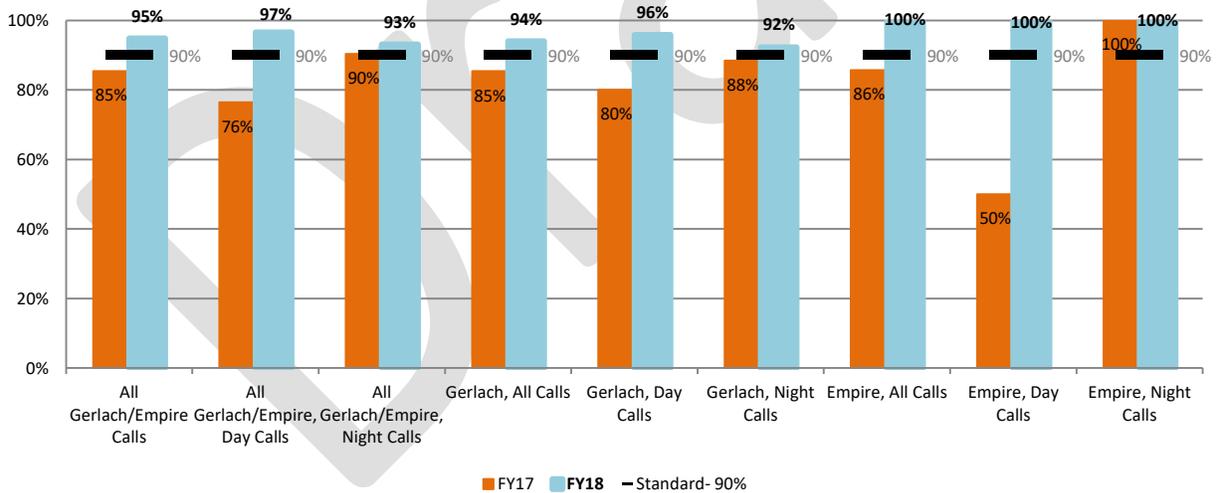


Figure 5: Percent of Calls Meeting Travel Time Standard All Calls by Day and Night, Gerlach and Empire, FY17 & FY18



Reno Fire Department

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 listed below for urban and suburban areas are what the City of Reno strives for.

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

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

Sparks Fire Department

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

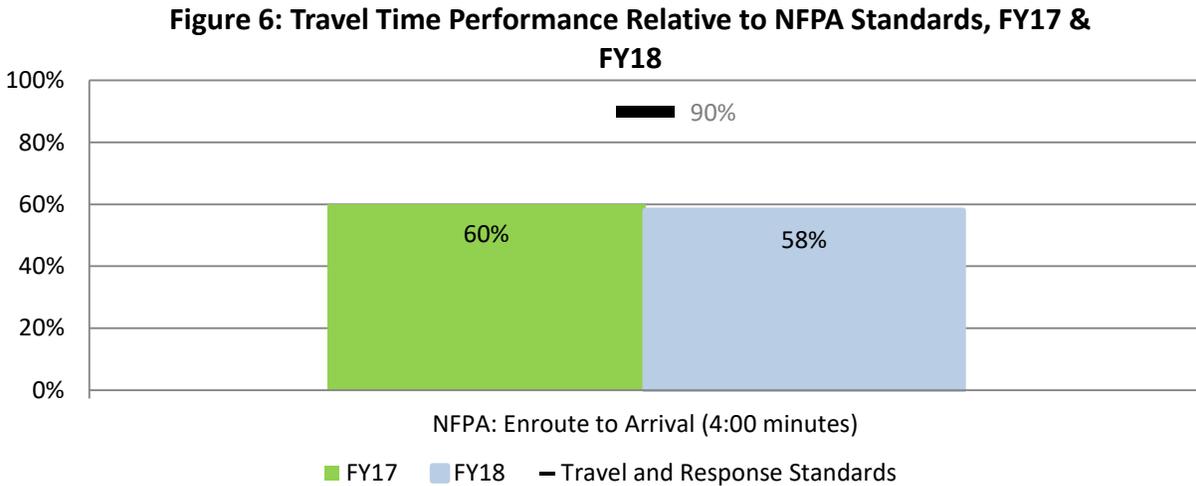
The National Fire Protection Association (NFPA) creates and maintains private copyrighted standards and codes for usage and adoption by local governments. In lieu of a jurisdiction standard of cover, the City of Sparks utilizes NFPA as a benchmark for performance.

Per NFPA 1710 4.1.2.1 A fire department shall establish the following “240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident.”

Table 6 – SFD travel time performance per NFPA Standards. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene. **Only SFD Priority 1 calls were used for this analysis.**

Table 6: Sparks Fire Department Travel Time Performance, SFD Priority 1 Calls, FY18							
Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
NFPA: Fire Enroute to Arrival	240 seconds or less (4:00 minutes)	90%	5,437	3,148	58%	3:44	4:17
Only Sparks Fire Department Priority 1 EMS related calls were used in the above analyses							

Figure 6 illustrates the same information as Table 6 and compares FY17 performance to FY18 in graph form.



Truckee Meadows Fire Protection District

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

Regional Standards of Cover Response Time Recommendations

Turnout Time: Fire Dispatch → Fire En route

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

Travel Time: PSAP Created → Fire Arrival on Scene

First-Due Service Tier One

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

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

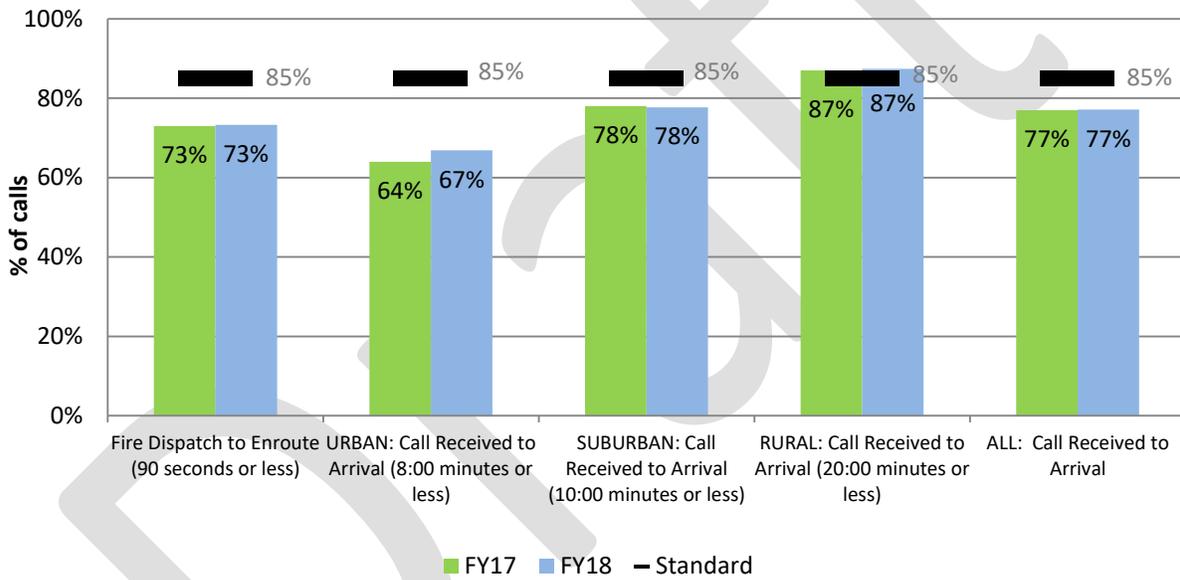
Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.

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

Table 7 – TMFPD performance per Regional Standards of Cover Tier One. Only REMSA priority 1 and 2 calls were used for this analysis.

TMFPD Performance Relative to Standards of Cover, REMSA Priority 1 and Priority 2 calls only, FY18							
Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire Dispatch to Enroute	90 seconds or less	85%	5,574	4,086	73%	1:02	1:07
URBAN: Call Received to Arrival	8:00 minutes or less	85%	849	568	67%	6:43	9:14
SUBURBAN: Call Received to Arrival	10:00 minutes or less	85%	4,135	3,213	78%	7:30	9:06
RURAL: Call Received to Arrival	20:00 minutes or less	85%	627	548	87%	11:46	13:12
ALL: Call Received to Arrival	depends on density	85%	5,611	4,329	77%	4:43	9:38

Figure 7: Performance Relative to Standards of Cover Standards, TMFPD, FY17 & FY18



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

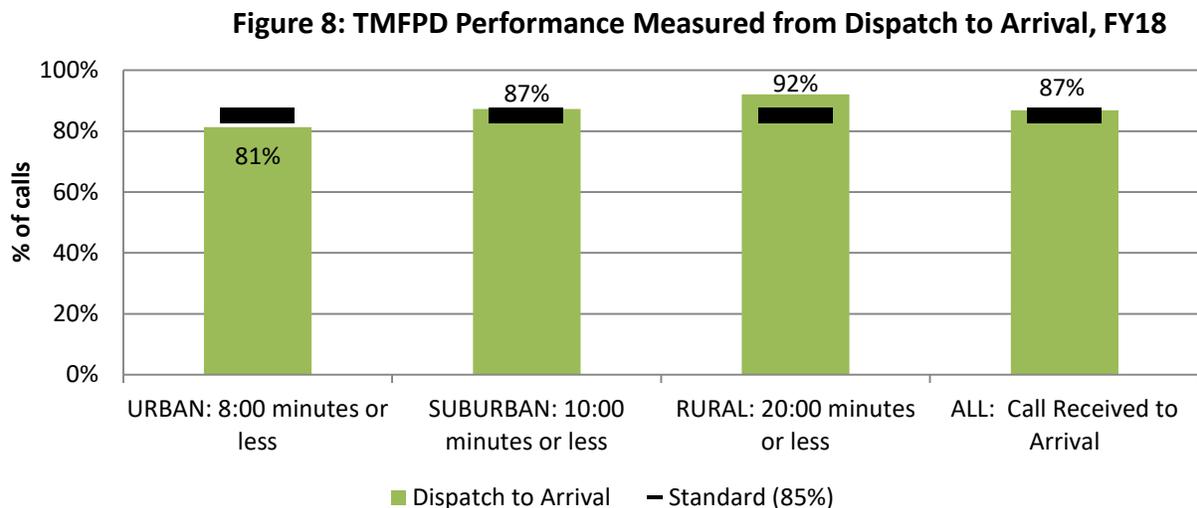
Table 8 - Number and percentage of TMFPD EMS calls for service during FY18 that meet performance measures as measured from time of dispatch to time of arrival. These are only inclusive of calls that matched to REMSA and were categorized as a Priority 1 or Priority 2 through REMSA’s EMD process.

Table 8: Truckee Meadows Fire Protection District Performance, REMSA Priority 1 and Priority 2 calls only, FY18

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire Dispatch to Enroute	90 seconds or less	85%	5,574	4,086	73%	1:02	1:07
URBAN: Dispatch to Arrival	8:00 minutes or less	85%	828	673	81%	5:22	6:02
SUBURBAN: Dispatch to Arrival	10:00 minutes or less	85%	4,047	3,530	87%	6:12	6:46
RURAL: Dispatch to Arrival	20:00 minutes or less	85%	610	562	92%	10:04	11:18
ALL: Dispatch to Arrival	depends on density	85%	5,485	4,765	87%	6:23	7:13

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

Figure 8 illustrates the proportion of TMFPD EMS calls that met the performance standard when measured from dispatch to arrival on scene.



Special Area of Interest - Duck Hill

Duck Hill is located in Washoe County at the south end of Washoe Valley, bordering the east side of highway 580, 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).

Table 9 provides a summary of the number of calls each agency has responded to each year. Only EMS calls were included in the table below, there were too few calls to conduct statistically meaningful review of mean, median or 90th percentile response times.

Table 9: Number of EMS Calls for Service, Carson City Fire District, Truckee Meadows Fire Protection District, and REMSA, 2010-2017

Location	'10	'11	'12	'13	'14	'15	'16	'17	January- June 30, 2018	Total calls for service	Total calls arrived
CCFD Station 51	~	~	~	~	~	~	~	2	0	2	Unknown
CCFD Station 52	0	0	0	0	1	0	0	2	0	3	3
TMFPD Station 30	~	~	~	0	0	0	1	1	0	2	2
TMFPD Station 16	~	~	~	2	0	0	1	2	0	5	5
REMSA	1	2	0	2	2	1	1	1	2	12	7
~calls not available											

About the Washoe County EMS Oversight Program

On August 26, 2014 an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno, City of Sparks, Washoe County Board of Commissioners, Washoe County Health District, and Truckee Meadows Board of Fire Commissioners. The ILA created the EMS Oversight Program, the purpose of which is to provide oversight of all emergency medical services provided by Reno, Sparks, Washoe, Fire, and Regional Emergency Medical Services Authority (REMSA).

The Program is staffed with the equivalent of 3 full-time employees; a full-time Program Manager, a full-time Program Coordinator, a part-time Program Statistician, and a part-time Office Support Specialist. A summary of the eight duties of the Program, and seven duties of the signatory partners, as designated per the ILA, are provided on the following page.

The Program is tasked with the following:

1. Monitoring the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommending regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations
5. Collaboration with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identification on sub-regions to be analyzed and evaluated for recommendations regarding EMS response
7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency
8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

The signatory partners are tasked with the following:

1. Provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation and continued improvement of EMS
3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface²
4. Work cooperatively with the EMS Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems and protocols evolve
5. Participate in the EMS Advisory board
6. Strive to implement recommendations of the EMS Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submitting recommendations regarding the EMS system to the EMS Program for implementation or consideration and possible action by the District Board of Health

The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

- a. City Manager, Reno

² CAD-to-CAD is a two-way interface with allows for call-related information to be transferred between all agencies involved with an incident to have access to live updates and incident status information.

- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)³
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)²

The EMSAB was established to provide a concurrent review of topics within the EMS system. The purpose of the EMSAB is to review reports, evaluations and recommendations of the Program, discuss issues related to regional emergency medical services and make recommendations to respective jurisdictional boards and councils.

EMS Oversight Program Accomplishments FY18

EMS Strategic Plan Objectives

Objective 1.2 Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls

Beginning in July 2017, a subcommittee began working on processes to determine service levels to low acuity Priority 3 calls. Calls reviewed included Omega determinants, Skilled Nursing and Urgent Care Facilities and Alpha determinants. Additional Omega determinants were activated in February 2018. An alternate response process will be implemented for Skilled Nursing/Urgent Care facilities on July 1, 2018.

Objective 2.4 Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements.

By the January 2018 EMS Advisory Board meeting, all agencies affiliated with the Inter-Local Agreement had identified response measurements.

Objective 5.1 Develop a regional set of protocols for the delivery of prehospital patient care.

In January 2018, the Washoe County EMS Protocols went into effect. This was the culmination of over a year of work with EMS partners, in reviewing all agencies' protocols already in place and creating one set for eight agencies to use. The first review of the protocols began in April 2018 and the revisions were

³ DBOH is the Washoe County District Board of Health; the governing board which oversees health-related issues within Washoe County.

approved by the Medical Directors in June 2018 with an effective date of July 1, 2018. The protocol committee will continue to meet on a quarterly basis to discuss possible revisions based on field crew experiences, data/trends and/or national studies.

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

A Washoe County EMS Continuous Quality Improvement process has been drafted and was submitted to PMAC on June 13, 2018 for recommendations and approval. The mission of the Quality Improvement process is to assure the safety and health of Washoe County residents and visitors by setting and reviewing standards, recommending training, outreach, and education; fostering regional partnerships; and encouraging continuous quality improvement in EMS care. The object is to reviews are to improve the process for first responders when an unusual or accidental situation occurs.

Additional Accomplishments

Re-establishment of the Emergency Department Consortium

The EMS Program made a concerted effort during the fiscal year to re-establish the Emergency Department (ED) Consortium. The ED Consortium has achieved active membership from Fire, EMS, acute care hospitals, mental/behavioral health hospitals, Naphcare and law enforcement agencies. The purpose of the ED Consortium is to discuss any topic that relates to the emergency departments within Washoe County.

The goal is to have the ED Consortium act as a venue for new procedures/policies and provide the environment for improvement planning with the ED as the focal point, but recognizing that all partners are impacted.

Statewide Training Developed for First Responders

Through a grant from the Nevada Governor's Council of Developmental Disabilities (NGCDD) the EMS Program worked in conjunction with the following partners to developed two training videos that include information for first responders about individuals with intellectual and/or developmental disabilities (I/DD):

- Nevada Center for Excellence in Disabilities
- Northern Nevada Center for Independent Living
- JUSTin Hope Foundation
- Nevada Aging and Disability Services Division
- CASAT at the University of Nevada, Reno
- REMSA Education and Training
- NGCDD Councilmembers

The videos provide basic information about a variety of disabilities, and strategies to use when responding to calls involving individuals with I/DD. One video is 11-minutes and designed for shift change trainings, while the second video is 30-minutes and includes a continuing education unit (CEU) for Fire/EMS personnel.

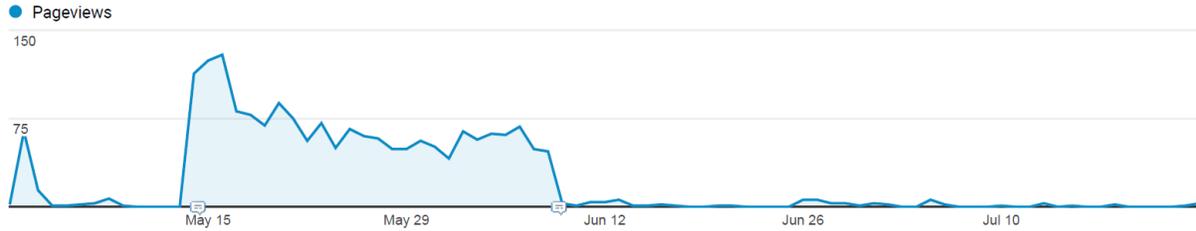
PSA for 911 Education

The EMS Program continued these efforts with a targeted marketing campaign to re-educate residents and visitors on the appropriate times to dial 911. The campaign included marketing images with the tag line “certainly a problem, but not an emergency” and a call to action to visit thinkbeforeyoudial.com for non-emergency numbers. The campaign images were posted in English and Spanish on social media, RTC interior and exterior advertisement space, and Channel 4 5-second commercials. REMSA provided in-kind support for the project by assisting with the media purchasing process through their vendor. The Program hopes to continue the messaging through the next fiscal year.

Table 10: Facebook Campaign Data

Table 10: Facebook Campaign Data Snapshot, May 14-June 8, 2018					
Campaign	Ad Sets/Groups	Impressions	Link Clicks	CTR	
<i>Facebook (May 14-June 8, 2018)</i>	<i>All</i>	<i>211,934</i>	<i>2,608</i>	<i>1.37%</i>	
WCHD BNAE Traffic	Ad in Spanish	77,335	562	0.73%	
WCHD BNAE Traffic	Ad in English	87,513	995	1.14%	
WCHD BNAE Traffic	Video	47,086	1,051	2.23%	

Figure 9: Page Views for ThinkBeforeYouDial.com



thinkbeforeyoudial.com

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Inclusion of Additional Facilities in the Mutual Aid Evacuation Annex (MAEA)

For multiple years the EMS and Public Health Preparedness Programs have worked together to introduce the MAEA to skilled nursing, memory care and long term care facilities in Washoe County. At the end of FY18, ten of these facilities in Washoe County are members of the MAEA and are now more active members in emergency planning and preparedness. By these facilities becoming MAEA members, Washoe County has a more robust and inclusive response plan should a healthcare facility need to evacuate patients during a qualified disaster.

Multi-Causality Incident Plan (MCIP) and the Alpha MCIP

During any declared multi-casualty incident (MCI) in Washoe County, the MCIP is activated and followed by first responders and healthcare facilities. The fiscal year 2017-2018 revision process focused on refining plan details and enhancing specific plan sections to be more robust. Some revisions include the establishment of MCI levels, a change to the MCI declaration trigger and the addition of a section focused on patient considerations (burn patients, pediatrics and individuals with access and functional needs).

In addition, the EMS Program facilitated the development of a new plan for large-scale multi-location MCIs, called the Alpha MCIP. In 2016 EMS Program staff attended the EMS Today conference and heard a presentation on the Paris terror attacks that occurred in November 2015. The presenter described their “Alpha/Red Plan” which was specifically for multi-location incidents and included alternate response strategies and strategically placed medical equipment throughout the city. After the conference the Program worked with Fire, EMS, law enforcement and hospitals to create a specific plan for large-scale MCIs or incidents that occur in multiple locations in the county. The plan allows for additional resources to activate in an emergency of this size, which is defined as 100 or more patients, or an MCI involving multiple locations.

EMS Oversight Program Goals for FY19

The EMS Oversight Program is aiming to work with regional partners to achieve the following goals within the next fiscal year.

1. Improve the continuity of care processes relating to information flow.
2. Continue the development of QI program.
3. Revise the 5-year EMS Strategic Plan.
4. Continue the Public Service Announcement for appropriate uses of 9-1-1.