Neil Krutz
City Manager
City of Sparks

Doug Thornley
City Manager
City of Reno

Emergency Medical Services Advisory Board

Eric Brown
County Manager
Washoe County

Dr. John Hardwick
Emergency Room Physician

Kevin Dick
District Health Officer
Washoe County Health District

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Joe Macaluso
Director of Risk Management
Renown

MEETING MINUTES

Date and Time of Meeting: Thursday, February 3, 2022, 9:00 a.m.

Held virtually.

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

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

The following members and staff were present:

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

Members absent: None

Ms. Spinola verified a quorum was present.

Staff present: Dania Reid, Deputy District Attorney
Nancy Diao, Epidemiology and Public Health Preparedness Division Director
Andrea Esp, Preparedness and EMS Program Manager
Anastasia Gunawan, EMS Statistician
Dawn Spinola, Administrative Secretary, Recording Secretary

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2. ***Public Comment**
Limited to three (3) minutes per person. No action may be taken.

Chair Krutz noted that a letter of public comment had been received and was available on the EMSAB website, along with the supporting materials. He asked Chief Moore if he intended to read the letter, since he was in attendance.

Charles Moore, Fire Chief for Truckee Meadows Fire, introduced himself for the record. He stated he did not want to read the letter but did want to make a brief statement. He noted he had written to the Board regarding a cardiac arrest that occurred on January 21st. The event

precluded Truckee Meadows Fire and Rescue (TMFR) from responding to a medical emergency when they were far closer to the incident than the agency that did. He felt it was unconscionable that the response agencies cannot agree to provide the citizens with the best chance of survival. He requested the Board take up the matter and offer possible solutions.

Chief Cochran, Reno Fire Department introduced himself for the record. He commented that the information was incomplete. By the time dispatch contacted their engine, advising them that TMFR was available to respond, the captain said they were close, there was no need. It was not a situation where anyone was denied or prevented from responding. His direction to the department is to ask for help if needed, at all times.

Chief Cochran went on to opine that much of this fell back on the dispatch processes, as there are two totally separate dispatch centers, dispatch platforms, and communication means contributing to a lack of information going both directions. He then noted that he, representing Reno Fire and the City of Reno, had offered to provide dispatch services to TMFR. This, in his opinion, would effectively create a regional department, where the closest and most appropriate apparatus would be dispatched. He ended by stating the offer still stands.

Chair Krutz closed the public comment period.

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3. **Consent Items** (For Possible Action)
   Matters which the Emergency Medical Services Advisory Board may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

   A. **Approval of Draft Minutes**
      August 5, 2021

   Chair Krutz noted that the minutes listed Dean Dow as the CEO of Renown, and that needed to be corrected to REMSA.

Mr. Thornley stated that with those changes so moved. Mr. Macaluso seconded the motion, which passed unanimously.

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4. ***Prehospital Medical Advisory Committee (PMAC) Update**
   Dr. John Hardwick

Dr. Hardwick explained changes had been made to protocols to increase patient safety. One was to consider placement of pads on any patient with a stemmy or malignant arrythmia. We added some language and another sedation score to help guide paramedics with a sedated patient. We added some language regarding the use of ketamine in trauma patients and patients with head trauma, to discourage its use in head trauma patients as there seem to be downstream effects on the trauma team and their ability to assess the patient and adequately determine neurosurgical outcomes. After the patients receive ketamine, it makes it more difficult. We added Toradol, which is a strong anti-inflammatory medication similar to ibuprofen, can be given IM or IV to the pain protocol so that we can hopefully limit the use of narcotics. We added Tranexamic Acid, which helps to stabilize clots in trauma patients such as hemorrhagic shock patients. It was by IV only and we changed that so they also can be given IM, which is standard of care. We recently also changed some language regarding unstable tachycardias.

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5. ***EMS Oversight Program and Performance Data Updates –** Joint Advisory Committee Activities, EMS Planning, Data Performance Reports, Franchise Agreement Updates, REMSA Exemption Requests, Mass Gatherings and Special Events Reviews.

Andrea Esp

Ms. Esp introduced herself for the record. She noted that the Joint Advisory Committee for EMS meets bi-weekly, and her report contained information covering that they continue to work on a variety of goals and objectives. She explained that the Committee is currently looking at new system outcomes to measure how the regional EMS system is doing, while focusing on patient outcomes, and have agreed to review numerous different categories. The Committee recently drafted a letter to request patient outcome data from the State that will be signed by all of the regional EMS agencies. We do not know what the data looks like, in what format we will get it, or how we will best be able to utilize it. But we do believe this is a tremendous step forward in looking at how we can improve our system, not just from a time perspective but really a patient outcome perspective, which supports the interlocal agreement. We do look forward to coming back to the Board with a presentation on what we initially find.

Dania Reid stated this is not an action item so there would not be a necessity for a motion or any sort of approval of any kind.

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6. **Presentation, Discussion, and Possible Approval of EMSAB Revised Bylaws -** Revision to Article II, Membership, Section 1, Board Composition, the authority to designate an alternate to replace the representative. (For possible action).
   Andrea Esp

Chair Krutz announced that Item 6 had been pulled from the agenda after having a conversation with staff and Counsel.

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7. **Presentation, Discussion, and Possible Approval of the Washoe County EMS Oversight Program FY20 and FY21 Annual Report -** Washoe County 9-1-1 EMS System Structure, EMS Response Agencies and Their Jurisdictional Boundaries, Performance Data, EMS Partner Highlights, and the EMS Oversight Program's Accomplishments and Goals for FY22. (For possible action)
   Andrea Esp

Ms. Esp noted the Annual Report template has been used since 2017. The current report outlines how numerous healthcare agencies in the community have been operating and any accomplishments they have had over the last two years. We will be coming back in May and proposing a new template that will better showcase what the region looks like as far as an EMS perspective and how we are doing things more collectively. This report template currently does not allow us to expand on a different outline, so we are looking at a different way to present that information to you, to help you make a more informed decision on other actionable items in the future.

Ms. Esp pointed out that the Board would find in the report that our partners across the region over the last two years have been working very hard on COVID-related items and how that has impacted them. But with that they have accomplished things such as different community outreach programs, hiring a number of staff, doing a lot of training, and overcoming the barriers which COVID has presented them. Everything that our EMS agencies have done in the region is actually very tremendous given what we've experienced in the last two years.

Mr. Dick stated that he did appreciate the time that the EMS agencies put into the reports that they provided for the annual report, and as Andrea said, really great efforts and much appreciated what each of our agencies has done for our community with assisting throughout the COVID response. He noted he just wanted to acknowledge that.

Mr. Dick moved to accept the presentation and approved distribution of the Washoe County EMS Oversight Program FY20 and FY21 Annual Report. Mr. Brown seconded the motion, which was approved unanimously.

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8. **Presentation, Discussion and Possible Approval of the 2020 Washoe County Trauma Data Report, and Possible Permission to Disseminate -** Provides characteristics and trends for specific trauma and injuries in periods prior and during Coronavirus Disease pandemic (2017 – 2020)**.** (For possible action)
   Anastasia Gunawan

Anastasia Gunawan introduced herself for the record. She noted this year marks the seventh consecutive year that the program has utilized the Nevada Trauma Registry for understanding trauma injury patterns in Washoe County. Echoing the impact of the COVID-19 outbreak on health systems across the nation, the number of trauma injury related hospital admissions in Washoe County declined by 16% in 2020, compared to 2019. Among the cases that were reported, pedestrian and motor vehicle injuries was among the top three mechanisms of unintentional injuries across all age groups. Also in 2020, one out of five pedestrian injuries due to collision with car, truck or van did result in death. We also explored other mechanism of injuries and case fatality data on common injuries impacting our senior population. The 2020 Washoe County Trauma Data Report will be posted and available on the Health District website for public and our regional partners to view.

Mr. Dick stated he had read the report and asked if he would be correct if he thought he had interpreted that the County had a lower number of suicides as intentional injuries during 2020.

Ms. Gunawan said he was correct, and that she believed that the numbers could be due to the voluntary reporting nature of the Nevada Trauma Registry.

Mr. Dick noted that he found that interesting in relation to the reports about the results of the lockdowns and all of the COVID trauma that people were experiencing. The data in the report also indicated to him that the traumatic injuries, when factoring in race and ethnicity, were well over 70% for white individuals, which was very high. The Hispanic population only accounted for about 9%, although they make up about 25% of our population is closer to 25%. He requested she share her views on that topic.

Ms. Gunawan shared that Table 3b outlines the rate of which each of the races/ethnicities are affected. Instead of looking at it from a percentage, we looked at it over the population based on each race/ethnicity. Based on the findings from the data, the American Indians were disproportionately affected based on our population of American Indians in Washoe County. She said she believed Hispanics were number two on the list based on the impact that the trauma injury had in that population.

Mr. Dick moved to approve and provide permission to disseminate. Mr. Macaluso seconded the motion, which was approved unanimously.

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9. ***Agency Reports and Updates**

   A. ***REMSA Quarterly EMS Advisory Report, Adam Heinz**
      Data Performance Report, EMS Operations, Community Relations, Employee Engagement and Celebrations, Clinical Standards and Practices Report

Adam Heinz, Executive Director, Integrated Health Services introduced himself for the record. He indicated he would be happy to answer any questions and had a presentation that

would complement the report by providing more information (Attachment A).

Chair Krutz invited him to proceed.

Mr. Heinz started out with an organizational COVID update. Like many organizations across the County and the nation we too were seeing staffing impacts as a result of COVID. As of this minute, we have 19 members of our team that are out with COVID illness. In addition, in our community we continue to screen individuals that are calling, and this is the last seven days in which our medically trained dispatchers provide ILI screening or COVID-like-illness screening in their transports. And the impact on the 911 system is apparent, which we are also seeing in our hospitals as well and in our community.

Mr. Heinz continued, explaining relative to that is hospital offload delays, and I think the last time I was here we discussed that impact and kind of the efforts. This graph shows the number of responses REMSA Health had in January, the number of transports and then corresponding hospital offload delays. The dip in the middle of the month reflects the activity taken on the 14th of January at 8:00, when we communicated to our hospital partners that we were going to have to enact Nevada Revised Statute 450b.790 due to the increase in the number of calls and ill employees. This Statute requires the hospital to accept the transfer of patients within 30 minutes. Since then, approximately 80% of offload delays are under 30 minutes. We are continuing to work on those that are above 30 minutes. We did see an increase in the number of delays so it is important for the Board to understand that we continue to experience delays, however the length of delays is limited to 30 minutes or less. In January we did see an increase of 3% of the offloads, likely attributable to the number of people that are ill in our community. The average offload time in January prior to the 14th was approximately 24 minutes, with a maximum of up to four hours.

Mr. Heinz noted they have worked hard, and he was very proud of the work that our hospital partners have done to support these efforts, which are going well. We understand the position they are in; they too are having staffing shortages, increased volume and throughput. However, REMSA needed to ensure that EMS units were available for the next emergency.

Mr. Heinz went on to discuss the number of diversion incidents. We were struggling, from just a system perspective, because all of the hospitals were going on round robin divert, creating a lot of confusion for our crews as well as patients as to who was open and where they were going to go. And so, again through collaboration with many of our co-response partners, each week we are meeting to discuss different ways to manage this. And one of the ways is allowing one hospital to go on diversion at a time or enacting something called Code Catchment which is taking the patient to the closest emergency department. In January we saw an increase in the number of incidents of diverts.

Mr. Heinz refreshed the Board regarding patient navigation, explaining that when somebody calls 911 and they have a medical emergency and they are transferred over to REMSA Health, our medically trained dispatchers will prioritize the call, and there are three different paths they can be sent down. Approximately 60-75 no acuity or very low acuity patients a month are transferred to a Nurse Health Line for further triage and then they can help them with whatever their most appropriate care path is. Patients that require an ambulance that are complaining of very minor, first aid level type complaints can be handled by our Intermediate Life Support (ILS) division. And then the third selection is our Advanced Life Support (ALS) division, which includes our paramedics.

Mr. Heinz continued, explaining that in response to the Board's request for an update about our intermediate life support utilization in the community, during January, our ILS division responded to 603 calls, which is a little over eight percent of our total responses in the community. They transported 521 individuals, with the top five calls for service being almost half of our inter-facility transfers. The ILS division handles the majority of those. The next tier includes psychiatric behavioral emergencies, inter-facility or palliative care transfers, typically from urgent cares or doctor's offices transferring a patient to the hospital. And then falls.

Mr. Heinz went on to explain that on the 12th of January, in collaboration and communication with our co-response partners and the District Board of Health, we expanded ILS response outside the McCarran loop and have had no issues. For the month of January, we have had five ALS rendezvous requests which is less than one percent of the number of responses. All patient transport is reviewed by our clinical standards team, and none of those patients were in any kind of extremis, many times it was either for sedation for a behavioral patient or pain management.

Mr. Heinz noted that an alternative destination continues to be an option for patients when a paramedic ambulance gets on scene. If somebody can go to the urgent care, we want to try and navigate them that direction to reduce the load on our emergency departments. We would like to see more patients go this way and we are working on education for our community to understand that option. It is limited by the accepted payer, hours of operation, and patient consent. In January we took 14 patients to different alternative destinations for various things, with detox being the number one.

Mr. Heinz updated the Board of the status of a new innovation previously introduced, Assess and Refer. The intention of this is for those patients that have very low acuity, minor, first aid level type complaints, to allow the paramedics to assess them, provide a good understanding of what their complaint is, and for these clinical presentations, advise the patient that they do not necessarily need an ambulance. They can be seen at a clinic or they can be seen by a Telehealth responder. The patient is provided with some collateral that helps them navigate the suggestion, so we do not just leave them there. In addition, we know that transportation is a barrier and so for those patients that do not have transportation, REMSA Health will work to arrange that transportation for them to the clinic or pharmacy or wherever they need to go to seek this help. We just started on the 19th of January and since then we have done 10 assess and refers, two of which were for body aches or influenza-type illness or complaints, one urinary tract infection complaint, five limb pain issues or injuries to the limb, one vertigo complaint and one GI complaint. All of these fell within the approved protocol. We did respond to one patient five times and transported him twice. That patient has been referred over to our community health paramedics to try and work to help solve some of their medical complaints.

Mr. Heinz noted that one of the most important things is the need for us to continue to support and promote and make sure that our community is involved with this, so we are working very hard to educate the public. We are doing that through media and social media channels. Councilman Dahir shares some of the changes that are happening with the 911 call with his constituents, which we appreciate. A mailer goes out to frequent utilizers, we are educating our employees, and talking with policy makers and decision makers to help them better understand what we are doing, how they can help and what we can do to help them. We also work closely with our co-response partners in the JAC at our bi-weekly meetings.

Mr. Heinz closed with stating he was hopeful that in 2022 that the general public would learn to understand our efforts to try safely navigate them. And just because they may not get an ambulance or they may not go to the ER doesn't mean that they are receiving sub-optimal care. I'll leave you with this short video that we have begun to share on our social media and different outlets in both English and Spanish.

[Mr. Heinz presented the following video: https://www.remsahealth.com/choose-the-right-care/about/]

Dr. Hardwick stated he agreed with the program, and thinks it is fantastic. He noted vertigo had been triaged to this assess and refer, which is not necessarily explicitly on the Google presentations that were approved for this. Now obviously this is not necessarily my business, your agency can assess and refer what it wants, but I just worry about a little indication creep for the program. Because things like vertigo can obviously be pretty nuanced presentations. So I'm just wondering how that vertigo ended up in that assess and refer pathway.

Mr. Heinz replied that all of the cases in which do not meet protocol receive feedback. One hundred percent of these cases reviewed are paired to the current existing protocol. For that particular case, it was outside protocol. However, based on the documentation and notes, and you are correct, there can be some very severe and significant things in which that may be a clinical presentation that is not benign. For this particular patient there was a history of vertigo and they did not necessarily want to go to the hospital. But you are exactly correct and we have the mechanisms in place to ensure that we are providing that feedback as quickly as possible so we reduce the chance that we are navigating somebody inappropriately.

Dr. Hardwick agreed that made sense, and thanked Mr. Heinz.

B. ***City of Sparks Fire Department EMSAB Reports, November 2021 and February 2022, Chief Jim Reid**
Data Performance Report, EMS Operations Report

Chief Reid began by stating they stayed right around 1,000 calls per month. COVID wise, we are getting hit pretty good, but we are able to keep all of our engines staffed and have not needed to brown anything out. On the good news, we are going to be hiring at the end of the month and three of those personnel are already fully qualified as paramedics, so we should see them sitting on the fire engines hopefully by the beginning of May. We are knee deep in recertification for about half of our department right now, I think those are due in about March, so we will get there. And then I just want to say thanks to Adam and REMSA for those 911 emergency visits what is appropriate, and I think we need to keep the pressure there to keep our people available for the really important calls that need the 911 and the emergency room visit.

C. ***Truckee Meadows Fire and Rescue (TMFR) Advisory Board Updates, November 2021 and February 2022, Chief Joe Kammann**
Incident Response Data, COVID-19 News, EMS Operations Report

Good morning everyone, this is Alex Kukulis, Deputy Fire Chief filling in for Chief Kamman, as you mentioned he is unavailable this morning. He did update me that he sent in our report, so I will just let that speak for itself and if anyone needs to look at that please see that. A few other things though to mention, we just finished our academy, we have 15 new

firefighters and paramedics hitting the floor here in the next coming weeks, it will fill us to full strength, for now, as we continue to grow.

Mr. Kukulis went on to report they had added an additional ambulance, a medic unit, in Spanish Springs, Medic 46, the third ambulance that we now have in full-time service, which has been a great addition to our system, and I think helps the system as a whole, as it relieves REMSA of having to have primary responsibility out in those outlying areas, allowing them to concentrate their resources in the core more. Looking at the stats, it continues to be busier and busier, but I think our medic units, for the month of January ran 438 responses and 242 transports, so that has helped relieve the system a little bit during that busy month.

Mr. Kukulis finished with an update on our dispatch transition. As previously mentioned, we switched over to REMSA Dispatch on December 15, who is now also dispatching for Truckee Meadows. I believe it's going very well, still have some refinements to do. Our goal is to have those remaining projects 100% completed by the end of February. At that point in time we will be able to start leveraging some of our ability to know the location of REMSA ambulances as well as our own, as well as the instant priorities so that we can start reducing some of those unnecessary duplicate responses between our two agencies on those lower-acuity incidents. We are excited to start leveraging that technology and the ability to work together.

D. ***Reno Fire Department EMS Advisory Board Updates, November 2021 and February 2022, Reno Fire Department Staff Representative**
Data Performance Report, COVID-19 Update, EMS Operations Report

Chief Dave Cochran apologized for the delay, and that we too are adding people to our roster. We have an academy of 21 in play now, 24 more will be starting at the end of this month, and we are working with our regional partners to facilitate their staffing as well. There will be one Sparks person in our academy to get them trained up, as well as an individual from airport Fire.

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10. ***Board Comment**
Limited to announcements or issues for future agendas. No action may be taken.

Mr. Dick suggested that we have an item on a future agenda to talk about a specific amendment to the Interlocal Agreement that would allow for alternates for the EMSAB when the designated members are not available, similar to the item that we pulled. That change to the ILA would allow us to move forward with a Bylaws change, so I would recommend we look into that s a recommendation from the advisory board. Another item that would be useful for discussion would be our dispatch systems. I know there has been some work going on and anticipate an update in the future on CAD-to-CAD, but I believe it would be beneficial for the EMSAB to have a presentation and discussion of what other options might look like. I know that one that there have been some meetings on has been a dispatch platform that everybody could be on the same platform for dispatch and I think it would be useful for the EMSAB to have some discussion around that as well.

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11. ***Public Comment**

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

Chair Krutz opened the public comment period.

Charles Moore, Fire Chief of Truckee Meadows Fire, introduced himself for the record. I would urge the Board to agenda for a future meeting the discussion of boundary drops, which I think would also tie into Mr. Dick's request for dispatch. And I think it is important for the Board to understand what is and what is not working. The City of Sparks and TMFR have established boundary drops and closest-unit dispatching, even though we are on disparate CAD systems and disparate dispatch systems, and it is working very well. I want to bring certain facts to the Board's attention and under public comment is probably not the best venue for that, but I would look forward to some future agenda item if you so determine.

Dennis Nolan stated I'm sorry, I had sat through the entire meeting, and the signal disconnected just as we were getting into agency reports and all I was going to comment on, and I know Chief Cochran's on as well, but I was available to answer any questions regarding our quarterly report.

Adjournment

Chair Krutz adjourned the meeting at 9:44 a.m.