

## Washoe County District Board of Health Special Meeting Minutes October 18, 2012

Washoe County



Bev Bayan, WIC Program Manager, CCHS  
 Teresa Long, Hazardous Materials Specialist, EHS  
 Peggy F. O'Neill, Recording Secretary  
 Leslie Admirand, Deputy District Attorney

**ABSENT:** Dr. Denis Humphreys

**STAFF:** Joseph P. Iser, District Health Officer  
 Robert Sack, Director, Environmental Health Services  
 Steve Kutz, Acting Division Director, CCHS  
 Peg Caldwell, Registered Nurse I, EPHP  
 Bev Bayan, WIC Program Manager, CCHS  
 Teresa Long, Hazardous Materials Specialist, EHS  
 Peggy F. O'Neill, Recording Secretary  
 Leslie Admirand, Deputy District Attorney

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
10:07 am 1, 2, 3	<b>Salute to the Flag; Call to Order; Pledge of Allegiance; and Roll Call</b>	The Washoe County District Board of Health convened at 10:07 a.m. in special meeting in the Commission Chambers of the Washoe County Administration Complex, 1001 East Ninth Street, Reno, Nevada. Following the Pledge of Allegiance to the flag of our Country, the Recording Secretary called the roll and the Board conducted the following business: Roll calls were also conducted for the Washoe County Board of Commissioners and the City of Reno.	There was no action taken on this item.
4.	<b>Recognition of other public bodies that may be meeting concurrently and introduction of meeting facilitator.</b>	Katy Simon, Washoe County Manager, introduced facilitator Jack Snook, President and Chief Operations Officer, Emergency Services Consulting International (ESCI). It was noted that the City of Reno and the District Board of Health (DBOH) were also in attendance.  DBOH Chairman Smith said they were here to discuss the August 2012 TriData Emergency Medical Systems Analysis Final Report and to receive recommendations from the other entities. He said the next DBOH meeting was scheduled for October 25, 2012 and any recommendations or direction would be discussed at that time.  Vice Mayor Aiazzi stated under the Open Meeting Law, the City of Reno was not required to take public comment under City of Reno Agenda Item A.5, which was Agenda Item 6 on the DBOH and County Commission agendas.	There was no action taken on this item.

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	Public Comment	<p>Washoe County Clerk called for Public Comment.</p> <p>For the City of Reno, Vice Mayor Aiazzi called for public comment. There was no response.</p> <p>For the District Board of Health, Chairman Smith called for public comment. There was no response.</p>	
6.	<p><b>Presentation, discussion, and potential direction to staff regarding the August 2012 TriData Emergency Medical Systems Analysis Final Report and recommendations contained within the Final Report, and other emergency medical systems reports and studies that may be of interest.</b></p>	<p>Jack Snook, President and Chief Operations Officer, Emergency Services Consulting International (ESCI), said the expectation for this meeting was for the policy makers to give direction, implementation strategies, timelines and priorities.</p> <p>Chairman Larkin read a letter from the Regional Emergency Medical Services Authority (REMSA). He noted that REMSA was invited to the meeting, but did not attend. The letter indicated that REMSA had concerns about the conclusions and the recommendations of the TriData Report. It also noted that REMSA retained their own consultant to evaluate the Emergency Medical System (EMS) in the community and review the TriData EMS Study report. The letter further noted that the REMSA Board directed their staff to work with their consultant to develop recommendations for an EMS systems design and improvements they believed should be implemented.</p> <p>John Slaughter, Management Services Director, conducted a PowerPoint presentation, a copy of which was placed on file for the record. The presentation included an EMS Timeline that covered: a 1986 Ambulance System Study; a 1994 Medical First Response Study; a 2009 Fire and Fire-based EMS Master Plan; a 2010 REMSA Benchmark Report; the 2010 Board of County Commissioners Direction Evaluation of EMS; the 2011 EMS Task Force; a 2012 Emergency Medical System Analysis (TriData); and, the 2012 Fitch Study (REMSA Report.)</p> <p>Mr. Slaughter said there were 38 recommendations contained within the TriData Report for moving forward regarding the EMS system in the County. He said the REMSA/Fitch Report was not complete, but would re-evaluate the EMS system including dispatch and delivery, review the TriData Report and provide recommendations to the REMSA Board for improvements to the EMS system.</p> <p>DBOH Vice Chair / Commissioner Jung thought the DBOH had received a preliminary report from REMSA. Mr. Slaughter understood that to be the Fitch Report, but the letter received from REMSA indicated that report was not complete. Commissioner/DBOH Member Jung said REMSA's report was</p>	

presented prior to the TriData Report, and she considered that to be a final report. She felt there was an inconsistency.

Dr. Harold Cohen, Project Manager, TriData Division, System Planning Corporation, conducted a PowerPoint presentation on the TriData Emergency Medical Services System Analysis, a copy of which was placed on file for the record. The presentation included the overview of the Project, EMS critical issues, and the possibilities and future directions for the County. He reviewed the major challenges, the County's EMS System, EMS Dispatch, Information and Data Systems, the First Response System, the Franchise Contract, EMS Finances, future direction for the County, System Design, and EMS Care Delivery and System Priorities. He remarked that the paramount issue was for the Dispatch and Information System to be resolved. As noted in the presentation, Dr. Cohen explained that the system as a whole could not be reviewed because the data could not be matched.

DBOH Member Ratti asked for more information on the Dispatch and Information System and, if virtual consolidation was a recommendation. Dr. Cohen indicated there were two ways to consolidate the 9-1-1 System and the Information System. He said there could be a County-wide 9-1-1 system and one dispatch center. He explained that virtual consolidation occurred when all the entities could see what the other entities were doing, such as a universal status board with a calculation of information that could be viewed by all.

DBOH Chairman Smith commented that REMSA was ready, willing, and able to link up, and they are prepared to tie-in; however, REMSA is waiting for an upgrade of the County's system.

Vice Mayor Aiuzzi asked if the contract between REMSA and the Health Department was reviewed. Dr. Cohen replied that the TriData Report was very specific and reviewed each topic in the Franchise Agreement. Vice Mayor Aiuzzi asked if the Health Department could change the response times with the current contract or was that solely up to REMSA. Dr. Cohen indicated that would be difficult for the Health Department. In previous reports, Vice Mayor Aiuzzi said it was stated that dispatch was measured differently at REMSA because their times began when the ambulances rolled, but the City's response time began when the call came into dispatch. He asked if that was correct. Dr. Cohen stated that was correct. He said REMSA's obligation began when their ambulances rolled because in order to respond, they had to be notified that an emergency was present. He said a virtual consolidation would notify all the entities of who was responding and from where. Vice Mayor Aiuzzi remarked when the City's dispatch sent the call to REMSA the call was not logged in until

an ambulance was dispatched. Dr. Cohen believed some login occurred when the Dispatchers began to speak to the caller, but nothing before that time. Vice Mayor Aiazzi questioned if the response times submitted by REMSA to the Health Department were based on login times after the ambulances rolled. Dr. Cohen replied he was just as curious, but did not have the data to answer that question.

Councilmember Sferazza said questions about the duplication of services had already been asked. She inquired if other jurisdictions reviewed within the State had Fire Departments provide the transport mechanism for EMS. Dr. Cohen explained that extensive assessment was concluded throughout the Country. He said some jurisdictions want a piece of their equipment at every emergency, while others considered sending certain services only when needed. By using commercially available medical priority dispatch programs, and what skill levels were needed or available, they could decide when crews had to be sent or to just send an ambulance. He noted that took commitment and the power to enforce those mechanisms; however, in this system each dispatch component had some modifications, which could be evidenced-based versus politically-based. Councilmember Sferazza said the presentation indicated there was a cost associated on EMS calls in Washoe County. She felt there was a duplication of billing since citizens already paid for fire services in their property taxes, but some ratepayers also paid for transport. She asked if that duplication was reviewed in the analysis. Dr. Cohen explained that transport was not reviewed or when the Reno Fire Department took over that function. The history of ambulance services throughout the Country contained many communities that took on the 9-1-1 System in order to guarantee that routine non-emergency services would be provided. Dr. Cohen said the first responder system allowed fewer ambulances on the street, which REMSA felt was more efficient. If a third of the ratepayers were not paying their bills, Councilmember Sferazza asked if that would be the same collection rate for REMSA. Dr. Cohen stated that was correct. He said the remaining ratepayers would pay for that service since approximately 60 percent of the payers either had Medicare and Medicaid. Dr. Cohen said it was recommended that the transport agencies continue to provide EMS transport, but also review the first responder agencies continuing to do what they did. It was suggested, if REMSA provided continuing education and training for all the EMS providers that would even things without having to enter into another economic battle between citizens and private concerns.

Councilmember Sferazza questioned the statement that the data could not be matched. Dr. Cohen replied the data could not be matched because there were not unique incident numbers.

In response to a concern from Vice Mayor Aiazzi, Leslie Admirand, Deputy District Attorney, explained that pursuant to the Franchise Agreement, the map and the grids were mutually agreed upon between REMSA and the DBOH. However, the Health Officer had the authority to present revisions to the times and grids to the DBOH for approval when there was an analysis of operational and response times. Vice Mayor Aiazzi stated that REMSA had to agree to any changes. Ms. Admirand disagreed stating that was not part of the Franchise Agreement. The Franchise Agreement states, "The specific map grids and assigned response time limits may be adjusted by the District Health Officer after periodic analysis and operational and response data. The District Health Officer shall present such revisions to the DBOH as a consent agenda item." DBOH Chairman Smith stated there was a trigger where the Health Officer could approach REMSA if calls were numerous in a certain area and a change was being considered to those response times.

DBOH Member Ratti felt that was different information than she received previously and thought there was an automatic trigger with annexation. Ms. Admirand explained that would be a trigger for the Health Officer to review and should be an automatic trigger pursuant to the Franchise Agreement. She said when the eight minutes was annexed it would be brought to the attention of the District Health Officer and to the DBOH, but allow for other operational response times and data to be used in order to adjust the map and response times.

DBOH Member Gustin commented that Dr. Cohen stated "this was a pretty good system," and asked how he would rank the system between one and 10. Dr. Cohen replied that he would rank the medical-care-to-patient-care at a nine or a 10; however, he would rank the system efficiency at a five or a six. DBOH Member Gustin said it was also stated there was no need for a drastic change, but the number one priority recommended was the governance model and transparency. He asked if there were more issues that could be added. Dr. Cohen answered when it came to the ability on what control the County had over who practiced EMS in the County, sustainability of volunteer first responder issues all needed to be reviewed, but were not the most critical. He reiterated that the most critical issue was the system oversight and where that was moving in the future.

In regard to the region's topography, DBOH Member Hess said Washoe County was larger than many east coast states, which allowed for many governmental and geographical subdivisions. Although it would benefit to have a uniformed system, he did not see that occurring and asked if there were any other suggestions for the northern or middle parts of the County. Dr. Cohen replied the overall continuation of the system was that there was a system in and of itself.

TIME /  
ITEM

SUBJECT / AGENDA

DISCUSSION

ACTION

He noted a consistency would be achieved with an oversight agency to state the goal and the benchmarks. If those were met there would be a consensus developed that could find those to be acceptable.

DBOH Member / Commissioner Jung said when response times and contracts were reviewed across the County it was typical for time exclusions to include weather, construction, or time of day when meeting performance standards. Dr. Cohen explained that different jurisdictions and different contracts stated different things; however, in the County it was not what was excluded, but who made the decision to exclude. DBOH Member / Commissioner Jung asked who presently made that decision. Dr. Cohen replied that REMSA self-reported and the EMS Coordinator or a representative at the DBOH made a final decision based on the presented evidence. DBOH Member / Commissioner Jung asked if that was the nature of the Franchise Agreement. Dr. Cohen stated that was how he currently viewed the nature of the Franchise Agreement.

DBOH Member Ratti said there was a strong statement in the Fitch Report that said Fire Services were not effective in EMS and asked for Dr. Cohen's opinion on that statement. Dr. Cohen replied to exclude one organization over another was not factually-based and was impractical to exclude any essential part of the healthcare system. DBOH Member Ratti remarked that data was not available and until the data was available to analyze the current system, how could that be compared to the proposed system for efficiency. Dr. Cohen indicated that the data was there; however, it had not been presented.

Vice Mayor Alazzi questioned why a minute should be trimmed off dispatch time when the Fitch Report said one to two minutes did not matter for most medical calls. Dr. Cohen agreed that a minute may not matter for most medical calls; however, a minute or two could allow medical care to arrive faster and with enough people on scene to start care. He stated that the citizens had to have faith and confidence in their EMS system.

Councilmember Hascheff said the Fitch Report touched best practices and failures as part of the systemic issue. In order to improve the system, he asked if it was a matter of adopting the best practices in order to achieve a simple solution for an improved system. Dr. Cohen was unsure if EMS was at a point where there were best practices because of the many systems. He said one of the philosophical objections to the over-reliance of best practices was those tended to become sealants and once those practices were reached, progress slowed. Councilmember Hascheff asked what the direction should be for an improved EMS System. Dr. Cohen stated there needed to be an EMS Oversight System and information availability.

Dr. Iser, District Health Officer, stated he believed the following three issues summarized the report: (1) fixing dispatch; (2) renegotiating the Franchise Agreement with REMSA; and, (3) having an EMS Oversight Authority. He asked both Dr. Cohen and Mr. Snook individually if they agree with this summary and whether they also agreed that the other recommendations within the TriData report fell into one of these three categories. Both Dr. Cohen and Mr. Snook individually agreed. He asked where that Oversight Authority should reside. Dr. Cohen felt the Authority should reside with the agency that was willing to put forth the commitment, time, and funds to be that overseer, but it would also take each entity honestly stating who the best group would be.

In response to the call for public comment, Cathy Brandhorst voiced her opinion on the current system.

Vice Mayor Aiuzzi agreed with Dr. Iser's summarization, but was unsure how to renegotiate the Franchise Agreement. He said for the past 15 years REMSA had been difficult in presenting information. He felt the only way to renegotiate the Franchise Agreement would be to disband the Health Department and then reinstitute the Department, forcing the renegotiation of a new contract. He said the position was there was a contract that always met the standards. He said a way had to be found, along with a political will since it was the opinion of REMSA that the hospitals were in charge. He felt the authority should rest with the Health Department as long as they had the ability to keep control of their provider.

Dr. Iser said wherever the authority lies, it would have authority over the REMSA, Fire EMS, and EMS Dispatch. Dr. Cohen agreed. Commissioner Bretermitz agreed with Vice Mayor Aiuzzi. He said the premise was if the DBOH were conceptually that authority, they would make the decision as to whether or not they chose to be a leader, make that commitment and have the entities support that concept.

Chairman Larkin commented that there was a general dissatisfaction with the administration of the EMS system, but not with the DBOH or the Health Officer; however, there was room for improvement. He recommended future Boards consider analyzing the County-wide approach with virtual consolidation of the system and renegotiating the Franchise Agreement with REMSA. He noted that REMSA had been less than forthcoming in their willingness to integrate that communication system because there was no incentive for them to integrate that system. He said an interesting proposal was suggested to disband the DBOH, which was not a threat, but a real possibility that could occur within the next 30 to 60 days.

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Chairman Larkin disclosed that he sat on the Northern Nevada Medical Center Board.</p> <p><b>11:45 a.m.</b> Chairman Larkin left the meeting.</p> <p>DBOH Member Ratti commented this had been a challenging issue because of dissatisfaction with some of the components and the way the system was governed. She had been frustrated with the ability to implement her belief in good governance because the DBOH did not have the tools to do so. She explained that the DBOH needed reinforcements for a long-term goal of building a County-wide EMS Oversight System, but encouraged the DBOH to take that role even though funding would be an issue. DBOH Member Ratti stated there were three short-term issues to achieve, which were emphasizing that the Franchise Agreement needed to be renegotiated, data collection and the common data standards be reviewed and in place, and, possible virtual consolidation. She questioned if REMSA could be asked, in a unified voice, to come to the table and renegotiate the Franchise Agreement. She suggested the elected officials put forward a motion to their respective bodies requesting REMSA to participate in a collaborative environment and renegotiate the Franchise Agreement, and then direct the City Managers and County Manager to participate in that renegotiation and to simultaneously discuss data collection.</p> <p>Commissioner Bretermitz suggested the DBOH take official action to formulate a statement for their willingness and a list where the other entities could help them as suggested by DBOH Member Ratti.</p> <p><b>11:50 a.m.</b> Commissioner Humke left the meeting.</p> <p>Councilmember Sferazza moved "to place on the City's agenda a discussion and possible direction to (1) fix dispatch; (2) open up the REMSA Franchise Agreement; and (3) grant authority for the Health Board to oversee the EMS system in the region." Councilmember Hascheff seconded the motion.</p> <p>On the call for the question for the City of Reno, the motion passed.</p> <p>Councilmember Sferazza further moved to send a notice to the DBOH for the other entities to be involved in the Franchise Agreement negotiations. The seconder agreed.</p> <p>On call for the question for the City of Reno, the motion passed.</p>	



TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Commissioner Jung made the same motion for Washoe County. Commissioner Breternitz said he would second the motion. He supported the concept, and requested specific areas from the DBOH in terms of where they needed assistance from the other entities are included in the motion. Commissioner Jung amended the motion to include Commissioner Breternitz's suggestion. On call for the question, the motion passed on a 3 to 2 vote with Chairman Larkin and Commissioner Humke absent.</p> <p>Dr. Iser noted for the record that several of Dr. Cohen's recommendation would require legislative action and it will take all of the region's governing bodies to join together to facilitate changes within the legislature.</p> <p>Dr. Iser further stated that as to references of disbanding the Health District that would have dire consequences for each of the jurisdictions. The other complicating factor is the significant budget deficit that the Health District is facing in FY14.</p> <p><b>11:59 a.m.</b> Commissioner Breternitz left the meeting.</p> <p><b>12:00 p.m.</b> It was noted that the Board of County Commissioners no longer had a quorum present.</p>	
7.	<b>Public Comment</b>	Chairman Smith called for Public Comment. No public comment was presented for the DBOH.	
8.	<b>Motion to Adjourn</b>	There being no further business to come before the Board, the meeting was adjourned.	<p>Councilwoman Ratti moved, seconded by Dr. Hess, that the meeting be adjourned.</p> <p><b>MOTION CARRIED</b> The meeting was adjourned at 12:05 p.m.</p>

*Joseph P. Iser*  
 JOSEPH P. ISER, MD, DrPH, MSc  
 DISTRICT HEALTH OFFICER

*Peggy F. O'Neill*  
 PEGGY F. O'NEILL,  
 RECORDING SECRETARY