

Sabra Newby, Chair
City Manager
City of Reno

Neil Krutz
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

Eric Brown
County Manager
Washoe County

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

Joe Macaluso
Director of Risk Management
Renown

MEETING MINUTES

Date and Time of Meeting: Thursday, February 6, 2020, 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 Newby called the meeting to order at 9:07 a.m.

The following members and staff were present:

Members present: Sabra Newby, Chair
Eric Brown
Kevin Dick
Neil Krutz

Members absent: Dr. Andrew Michelson
Joe Macaluso

Ms. Spinola verified a quorum was present.

Staff present: Dania Reid, Deputy District Attorney
Dr. Randall Todd, EPHP Director
Heather Kerwin, Epidemiology Program Manager
Dawn Spinola, Administrative Secretary, Recording Secretary

2. *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.

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

November 7, 2019

B. Approval of November 7, 2020 EMSAB Meeting Time Change from 9:00 a.m. to 2:00 p.m.

Chair Newby noted for the record that Item 3B incorrectly displayed the date of the November meeting as November 7, 2020 and stated it should read November 5, 2020.

Mr. Krutz moved to approve the Consent agenda. Mr. Dick seconded the motion, which passed unanimously.

4. Discussion and Possible Election of EMS Advisory Committee Vice Chair (For Possible Action)

Mr. Dick nominated Manager Krutz for the Vice Chair position. Mr. Krutz expressed that he would be happy to serve.

Mr. Dick stated his nomination could be used as a motion, which was seconded by Mr. Brown and passed unanimously.

5. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Chair Newby noted that Mr. Michelson was not present but understood that Mr. Dick had his report to give.

Mr. Dick explained that Dr. Michelson had sent him some bullet points to report to the Board. The PMAC has been working on how to manage their finances. They explored some options with different financial institutions for an account. Because of the charges that were involved with those, PMAC is working with REMSA to play a fiscal management role for them for that funding and help them save some money. They have had discussions with REMSA and are planning to move forward in that direction pending approval of a vote by their members, and there is also a letter of agreement for that, which is moving forward as well.

Mr. Dick went on to say PMAC is expecting an update from members that attended the EMS conference in San Diego, that conference is in January, so they would be providing updates to the Board at the next quarterly meeting. They are working on ways to share case information in a proactive, educational manner in a neutral way that can lead to shared learning of the group and improvement in the EMS system response.

Mr. Dick explained PMAC is continuing to work on support through membership dues. As mentioned at the last meeting, they had not been collecting dues and are in a somewhat precarious financial position at this point. If they are not able to sustain the dues, they will try to work on a contingency approach to try to keep the group together. Mr. Dick's editorial note on that would be if they are not successful in maintaining a viability through their dues structure, that he would suggest that perhaps this body discuss that and come up with a resolution and a recommendation of a mechanism to keep them operational, because he felt they were an important piece of the region's EMS systems performance and improvement.

6. *Program and Performance Data Updates

Heather Kerwin

Ms. Kerwin, Epidemiological Program Manager, introduced herself and stated she would be

providing the updates on behalf of the EMS Oversight Program. There was a partner meeting on December 2nd to discuss low-acuity Priority 3 calls. There were 14 additional determinants that were added to the discussion, and nine of those were pulled out for more in-depth review into the data to determine whether or not those nine would also be added to the current low-acuity Priority 3 calls for an alternative response.

Ms. Kerwin updated the board on the current staffing situation, explaining the Program Manager position was posted, and the EMS Coordinator interviews would be conducted next week. The EMS Oversight Program Statistician has been hired and started work. Her name is Anastasia Gunawan, and she has her Master's in Public Health from the University of Nevada. Her degree specialty was in Epidemiology. While she was a student there, she did win the Sandra A. Daugherty award for Excellence in Cardiovascular Disease and Hypertension Epidemiology, and she has specialized and work experience in both qualitative and quantitative data analytics, data collection, data management, which is a very key component to this position, as well as overall statistics and population health, including project management. Ms. Kerwin asked Ms. Guanwan to stand and wave.

7. Presentation and possible approval of the 2018 Washoe County Trauma Data Report

(For possible action)

Heather Kerwin

Ms. Kerwin explained there was nothing outstanding from previous years in this report for 2018 traumatic incidents. The numbers did increase but stayed relatively within the 300-400 incidents per 100,000 population range, and 500. The rate has remained approximately the same for the last four years of data. Most of our traumatic incidents, 2 and 3 traumatic incidents are due to falls and motor vehicle accidents, so those are still the two biggest issues to work on if the region is going to see a dramatic reduction in traumatic incidents.

Ms. Kerwin reminded the Board that these trauma data do represent people who were hospitalized in Washoe County, and those hospitals then report to the State, and the State then gives us access to that data again, so this does represent people who are not Washoe County residents, they could have been travelers passing through or here for an event.

Mr. Dick moved to accept the presentation and distribution of the 2018 Washoe County Trauma Data Report, and Mr. Krutz seconded.

Ms. Reid pointed out the action was for motion and approval of the report.

Mr. Dick stated his motion was amended. Mr. Krutz indicated his second still stood and the motion passed unanimously.

8. Presentation and possible acceptance of an update of the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight. (For possible action)

Heather Kerwin

Ms. Kerwin opined that probably the most notable one on the report was the CAD-to-CAD update, which was the following agenda item, she stated she would leave that for Ms. Khimji to provide those updates. She noted that much of the work would be stalled until the program was fully staffed, but they would get the Statistician up to date where those current projects lie and she could get to work on some of them.

Mr. Brown moved to approve the update of the EMS Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight. The motion was seconded by Mr. Dick and passed unanimously.

9. Board Requests:

A. *City of Reno and REMSA CAD-to-CAD Implementation Project Update

Rishma Khimji

Ms. Khimji, Director of Technology for the City of Reno introduced herself and explained that the CAD-to-CAD project was still being worked on. They were supposed to go live January 21st. However, during some testing conducted in December, they found some functional issues and went back to Tiburon and TriTech, who have since resolved that issue. Two additional functional testings since then have uncovered a couple of other functional issues. It sounds bad but is a good thing, because it is important to make sure they can get past the workflows and that the functionality does work in the test environment.

Ms. Khimji pointed out that was creating a roadblock at this point, so Reno has let Tiburon and TriTech know that the functionality needs to be worked on again. In the meantime, they are also looking at what workflow workarounds they can put into the system to avoid changing code, maybe they can change the way they do business with their partners at REMSA. March has been selected as a new go-live month. A date has not yet been specified because they want to be sure they can get through this roadblock of issues to then go into a go-live strategy. It is not where they were hoping to be at this time, but they are definitely continuing to move forward, and should have a better update in the next few days as they work through the functionality with REMSA and Reno dispatch.

Mr. Dick reminded everyone of the importance of the CAD-to-CAD for the community, and as the region went through the negotiations of the franchise agreement with REMSA, there was a lot of discussion about how the region communicates and conducts its EMD process. What was agreed to was that the agencies would move forward with CAD-to-CAD to establish connectivity between the CAD systems to improve that communication, as has been done in numerous other communities with their CAD systems. He pointed out it had been five years and still was not implemented, which was frustrating.

Mr. Dick noted that the Reno City Council would be holding a special meeting next Monday, to include a discussion of EMD in the dispatch, and also a discussion of CAD-to-CAD. He reiterated that was what was put forward as the regional solution for communications and was pleased to see it would be discussed. He pointed out that during the franchise agreement negotiations, the region did identify that REMSA would continue to provide the EMD services. He expressed that he was hopeful that as a region all agencies could continue to focus on the CAD-to-CAD implementation and achieve that.

Mr. Krutz asked if the vendors being responsive to the hurdles that were being encountered and acknowledged that had caused frustration in the past. Ms. Khimji replied that they had been. She reiterated this was a workflow issue, which was functional. She opined they had not anticipated this issue in the testing, so it was nice to know that the testing was catching them. Now was a matter of negotiating if it is this a workflow issue or is this an actual technical code issue, and they are trying to work through all of those scenarios. It is a roadblock and they cannot go live until they figure out how to resolve a call times issue. That is what they are working on now in collaboration with REMSA from the City of Reno side, and with our vendor, to make sure that we have either an appropriate workaround in place or a functional solution. They are talking

to other regions that have also faced this issue to see what they have done.

Chair Newby noted that it had been stated that the current roadblock was one of call times. She requested elaboration and asked if that was the only roadblock, or if there were several.

Ms. Khimji explained that call times can be broken up into a couple of functional issues. The point of the issue is that when there are calls between Reno and REMSA, and Reno has fire apparatus assigned to the call and REMSA has units assigned to the call, call times are determined by last unit on the call. If it is a fire call, the report to INFERS is when the last fire apparatus has left. That closes the fire part of the call. When REMSA leaves, they mark their unit off scene and that closes the REMSA side of the call. However, because this is a joint call, just because fire has left, fire cannot close out the call if REMSA is still on scene. The reverse is also true. That changes the call times. It is important to make sure that there is not an issue in place, because a lot of these call time numbers are provided to Federal agencies for review, and also locally to the EMS Board, and so the times cannot be distorted. Therefore, they want to figure out how they can segregate the call times so that the call for that responding agency can close without closing the shared call.

Chair Newby reiterated her question regarding whether there were other issues. Ms. Khimji said that was the biggest one, but there were a couple of fallout issues from the call time when they mark closed on a call on a shared call.

Chair Newby requested to hear from REMSA about their experience in the testing process. Adam Heinz, Executive Director for REMSA introduced himself. He started by noting the substantial amount of work and collaboration that had been done by the City of Reno. This last couple of months REMSA had seen actual functionality that had not previously existed, so there was hope and obviously some progress. He expressed a significant concern from REMSA's perspective which was that during the functionality, they learned that if there was a call that was generated from another agency, and it comes to REMSA but they do not necessarily immediately recognize that that it is a new call, and it gets assigned to an apparatus, it could leave that pending status. This would require, which is what Ms. Khimji was speaking of, is an investigation into if there is a safe way that REMSA could, through a workaround or through workflow, ensure that they do not miss that call. Until they are extremely confident that they have a solution, it was a no-go until that is fixed, whether that be on the back side of the programming or humans do it. His preference would be a technological solution. That had been communicated during the last call and he was hopeful that the problem could be resolved.

Chair Newby asked if he had found the vendor to be responsive in his interactions with them. Mr. Heinz said yes, there has been a lot of communication both on the Reno and REMSA side, as well as both the intermediary and Central Square, and he found them, more recently, to be extremely responsive.

10.*Board Comment

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

Mr. Dick requested a briefing on the operational administrative analysis of the Reno Fire Department that was conducted by the Center for Public Safety Management that would be discussed at the Reno City Council's Monday meeting. He had reviewed a copy of the report and noted there were numerous good recommendations regarding Reno Fire. For the EMSAB briefing they should focus on what was related to EMS within that report so that the Board can be appraised of what is included within it.

Chair Newby stated they could provide a briefing on the items that relate to EMS, and pointed out the City Council, in their duties, are the overseers of the Reno Fire department.

Chair Newby requested another update on CAD-to-CAD be on the next agenda. She opined it was important to keep that front of mind so that Board members can report out on it and get regular updates.

11. *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.

Adjournment

Chair Newby adjourned the meeting at 9:29 a.m.