

**WASHOE COUNTY**  
**DISTRICT BOARD OF HEALTH**  
Denis Humphreys, OD, Chairman  
Matt Smith, Vice Chairman  
Councilwoman Julia Ratti

**A G E N D A**  
Meeting of the  
DISTRICT BOARD OF HEALTH  
Ambulance Committee  
Building B  
South Auditorium  
1001 East Ninth Street  
Reno, Nevada

**August 25, 2010**  
3:00 PM – 4:00 PM  
**NOTICE**

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ [WWW.WASHOECOUNTY.US/HEALTH](http://WWW.WASHOECOUNTY.US/HEALTH). PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

A Business Impact Statement is available at the Washoe County Health District for those items denoted with a \$.

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|---------|--|---------------|
| 3:00 PM | 1. Call to Order, Pledge of Allegiance Led by Invitation         | Dr. Humphreys |
|         | 2. Roll Call   | Ms. Smith     |
|         | 3. Public Comment (3 minute time limit per person)               | Dr. Humphreys |
|         | 4. Approval/Deletions to the Agenda for August 25, 2010 (action) | Dr. Humphreys |
|         | 5. Opening Remarks for the Ambulance Committee                   | Dr. Humphreys |

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|----|---|----------------|
| 6. | Discussions Regarding Questions from Councilwoman Ratti   | Dr. Humphreys  |
|    | 1. Distribution of SB 430 – 68 <sup>th</sup> Session (1995) Document that Recalled All County Emergency Medical Services (EMS) Regulations and Distribution of the Exemption Request Guidelines Document. | Ms. Coulombe   |
|    | 2. Segregation of Costs Charged in Other Jurisdictions from the Costs Charged to Washoe County Residents.   | Ms. Drinkwater |
|    | 3. Discussion of Medical Dispatch Protocol Cards and Priority Dispatch Process.   | Mr. Gubbels    |
| 7. | Board Comments Limited to Announcements or Issues for Future Agendas  | Dr. Humphreys  |
| 8. | Adjournment   | Dr. Humphreys  |

**NOTE:**

Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.

Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 11130, Building B, Reno, NV 89520-0027 or by calling 328-2416.

WASHOE COUNTY DISTRICT BOARD OF HEALTH  
AMBULANCE STUDY COMMITTEE  
June 23, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; and Councilwomen Ratti

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Stacey Akurosawa, Administrative Assistant; Tracie Douglas, Public Information Officer; Peg Caldwell, RN; Janet Smith, Recording Secretary; and Leslie Admirand

At 9:00 am, the called the Washoe County District Board of Health Ambulance Study Committee meeting to order, followed by the Pledge of Allegiance led by Ms. Leslie Admirand, Deputy District Attorney.

ROLL CALL

Roll call was taken and a full membership of the Ambulance Study Committee noted.

PUBLIC COMMENT

Mr. Mike Greene, Sierra Fire Protection District

Reno, Sparks, Truckee Meadows, Sierra Fire, and North Lake Tahoe Fire Protection District are all fire service agencies, "many of which are represented here today; that collectively", these agencies respond to an excess of 40,000 emergency medical response calls per year, with emergency medical incidents comprising between 65-84% of the "total annual responses." The fire agencies responders observe "the impact EMS has on the quality of life in Washoe County"; that the fire agencies "have a service case perspective on ideas to improve EMS delivery. As overseers of countywide EMS" it is the consensus of the fire service agencies that the Health District and District Board of Health "would see their input as important." The fire agencies are requesting the Board of Health "appoint a fire-based EMS service delivery committee to provide input directly to the Board; that the purpose of the Committee would be to provide fire service input on methods to improve service delivery." He is requesting the Board "act on this important recommendation as quickly as possible; that the fire service agencies are disenfranchised from the Franchise Agreement in terms of their delivery", which "they believe it is important to be part of that process."

Mr. Michael Ford, former Washoe County District Health Officer

During his tenure as the Washoe County District Health Officer, from 1981 – 1989, “all emergency medical services and REMSA came on-line; that he had a direct role in the development of the regulation for emergency medical services in the community, including the design, development and implementation of REMSA.” Should the Committee or the Board of Health require “information specific to the early years of EMS he may be able to provide that information.”

Mr. Michael Schwartz, Battalion Chief, North Lake Tahoe Fire Protection District

He is the Emergency Services Medical Chief for North Lake Tahoe Fire Protection District (NLTFPD); that he would “reiterate what Chief Greene covered. EMS and fire services are good shepherds together; that there is a tremendous responsibility overseeing Emergency Medical Services for Washoe County; that narrow-sided to focus on the Franchise Ambulance service; that what [the District Board] does will affect them.” NLTFPD is a participating agency in the entire system “in addition to being the oldest transporting agency in Washoe County.” He would request the Board obtain “input from the fire service; that it is very important we become a full system to definitely deliver the best patient care. It would be a narrow-focus not to include the prospectus from all the stakeholders – hospitals, fire services, and other outlying agencies.”

Ms. Bonnie Drinkwater, Attorney, representing REMSA

She is REMSA's legal counsel; that she is present to answer any questions the Board members may have.

Bob Ackerman, resident of Galena Forest Estates

He is present, “not to against REMSA, but for the fire districts to be able to transport patients, to render medical assistance, and transport patients as they may need to the appropriate medical facility.”

Mr. Steven Perez, Arrow Creek Fire Liaison

He had thirty-five (35) years in the fire service and five (5) years as an EMT (Emergency Medical Services Technician) in San Jose with four (4) years of service as the Director in the Scotts Valley Fire Protection District; that “the first thing they did was provide paramedic service to Scotts Valley. There were all the same issues of extended responses with ambulances coming from the City of

Santa Cruz to the Scotts Valley, which was twenty-five to thirty (30) minutes. The only thing that brings about change in fire service is if a catastrophe occurs either through the loss of life or property in order to achieve change. The most innovative change he has seen in the fire service in thirty-five (35) years is bringing paramedics into the fire service. REMSA has far too much political clout in this region; that REMSA sets the rules, established most, if not all of the criteria, is first in line of the EMS Dispatch system and controls the dispatch times of other agencies is mind boggling. He knows of no other region or area where this would be permitted"; that "this system of delayed response, most of the time, is to the person who would be first arriving on-scene; that this is the only jurisdiction he is aware of where this happens. This is about expectations – what does the caller expect when he dials 911, you don't expect to have a delayed response from the first arriving rig if it can save someone's life. 911 is the first response type on the largest number of EMS calls and the first on-scene to provide BLS (Basic Life Support) care to all the victims; that REMSA should receive the call and triage the call, they cannot put out fires, they can cancel it, they can knock it down to a 2 or they can continue at a Code 3 response with an update so we know what they are relying on." That with REMSA being the first dispatched for the Mt. Rose and Somerset areas "you have extend the arrival time of the first responders by at least two (2) to four (4) minutes with a longer response time"; that "they wrote the response times so they meet the criteria they wrote; that this is a great deficit to the public. REMSA will say that this only affects a small number of calls but there are those who will die because of that delay. If only one thing changes from these meetings it must be that fire is first dispatched on all EMS calls."

Andy Flock, Fire Chief City of Sparks

Offered his services "to do whatever is needed to improve upon the service level they can provide to the citizens. He had the pleasure of listening to Dr. Anderson's Strategic Plan as it came forward to the District Board of Health"; that "a goal was 'to ensure the health and public safety of the citizens of this community' and he subscribes to that"; that "the all the District Board need to subscribe to that. That responsibility does not limit [the Board] to the oversight of strictly REMSA; that the systems in-place one is very synergistic with the other; that when the system was originally designed that system was designed dependent upon fire department services to make the system work." He reiterated that "he is offering up his services as the Fire Chief to do whatever is possible to improve performance services within this community."

APPROVAL/DELETIONS – AGENDA – JUNE 23, 2010

Chairman Humphreys advised that item 7. Review and Overview of REMSA by the Washoe County Health District's Emergency Medical Services (EMS) Staff, including: 6., which should indicate "Section 9" rather than Section 8.

**MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the agenda of the District**

**Board of Health's Ambulance Committee meeting of June 23, 2010, be approved as presented.  
Motion carried unanimously.**

#### OPENING REMARKS – AMBULANCE COMMITTEE

##### Chairman Humphreys

The purpose of the District Board of Health's Ambulance Committee meeting is for the Committee members to obtain "a full understanding of REMSA and the REMSA Franchise Agreement." He would commend Staff on the Committee packets presented; that he would direct Staff to maintain "this packet of information to orient new Board members in the future; that orientation to REMSA system is critical to any new Board member." During today's meeting he would ensure "a full understanding of the [Board of Health's] oversight responsibilities of REMSA; that he understands there is a two-tiered system in the community for emergency medical services and response"; however, "during this meeting on what the District Board of Health's oversight responsibilities are." The Committee can provide additional information to "the entire Board of Health as necessary." There were questions presented at the last Board of Health meeting, which will be attempted to be answered. Legal counsel will assist the Committee members in the understanding of what the "what the [District Board's] legal oversight responsibilities are to ensure the Committee remains within framework of responsibilities as issues are addressed in the emergency medical system being discussed today."

The Board has had discussions regarding the hiring of a new EMS Coordinator "in the near future; that this Committee will serve as a good bridge between the Board and that new EMS Coordinator."

#### ORIENTATION TO THE REMSA FRANCHISE

##### Ms. Leslie Admirand, Deputy District Attorney

Advised that Board members have been provided with a copy of the "Report and Recommendations of the Ambulance System Study Committee", dated June 1986 (a copy of which was placed on file for the record). The second page delineates the participants of the Study Committee, which developed recommendations "as to how ambulance services should be provided in the County. This was a precursor to the information of Tab 5 the Franchise Agreement being

organized and executed by the parties; that the Franchise Agreement has been amended approximately fifteen (15) times since then."

The Board members have been provided with a copy of the current "Amended and Restated Franchise Agreement: Organizational, Performance and Operational Criteria for the Regional Emergency Medical Services Authority" (a copy of which was placed on file for the record). Each individual Section of the Franchise Agreement was reviewed in detail.

REVIEW/OVERVIEW – REMSA BY THE WASHOE COUNTY HEALTH DISTRICT'S EMERGENCY MEDICAL SERVICES (EMS) STAFF

Ms. Eileen Coulombe, Administrative Health Services Officer

Presented a brief overview of the various materials contained within each Tab in the Committee members' packet:

Tab 1 is the "*History of the Regional Emergency Medical Services Authority*" "by time and specific actions."

Tab 2 delineates the Report and recommendations of the Ambulance System Study Committee of June 1986.

Tab 3 is the *Nevada Revised Statute* (NRS) 244.187 and NRS 268.081 delineates the authority for the "Displacement or limitation of competition" by the County Commissioners or a governing body.

Tab 4 is a copy of the Interlocal Agreement among Washoe County, and the Cities of Reno and Sparks concerning the Washoe County Health District.

Tab 5 is a copy of the most current "Amended and Restated Franchise Agreement for the Regional Emergency Medical Services Authority".

The last EMS Program update was presented to the Board in December 18, 2003. After her presentation of an overview the Registered Nurse (RN) in the EMS Program will provide an overview of the "actual functions of the oversight of the dispatching" activities providing the Committee with "what actually occurs in those activities." She will then provide an overview the Health District's "Annual Compliance Process" of REMSA's compliance with the Franchise Agreement.

- The History of Regional Emergency Medical Services Authority

Ms. Coulombe

Advised that Tab 1 delineates the history of the Regional Emergency Medical Services Authority (REMSA), from 1981 through 2009, listing REMSA's community service; the accreditations obtained; the Market Studies performed; the education and training offered by REMSA; and the various awards and recognitions REMSA has earned. REMSA is the first EMS system in North America to obtain all three (3) industry accreditations; that currently only three (3) EMS systems in North America have obtained accreditations from these distinguished organizations.

- Report and Recommendations of the Ambulance System Study Committee, June 1986

Ms. Coulombe

In January 1986, a Committee comprised of appointees of the Washoe County District Board of Health and by the Managers of the three (3) governing entities (Reno, Sparks and Washoe County), to thoroughly review the ambulance system structure in Washoe County. The Committee was charged with identifying the strengths and weaknesses of the existing system and developing recommendations to be presented to the District Board of Health, the City Councils and the Board of County Commissioners.

In 1985 the State Legislature through AB588 empowered Washoe County and the Cities of Reno and Sparks with the authority to "displace or limit competition for ambulance services by establishing an operational franchise." There is documentation regarding how EMS was provided in Washoe County prior to the development of the Ambulance Study Committee.

The results of the Ambulance Study Committee was to establish an ambulance service with greater performance, efficiencies, rapid response, operational control, and to improve the system of pre-hospital patient care and economic stability. In 1986 the three (3) governing entities amended the

Interlocal Agreement to delegate to the District Board of Health the statutory authority to displace the competition for ambulance service. Oversight authority is delegated by the District Board of Health to the District Health Officer and Staff to monitor and report REMSA's compliance to the requirements and conditions of the Franchise Agreement, which is reported to the District Board of Health.

In July 1995 the State Legislature approved and adopted SB 430 eliminating the authority of the District Board of Health to regulate EMS and ambulance service personnel. NRS 450.B.077 defines the "Health Authority, in a County in which the population is less than 400,000, which includes Washoe County, as the State Health Division. In a County in which the population is 400,000 or more the District Board of Health" retains the authority regarding EMS and ambulance service personnel.

Ms. Ratti

"The oversight by the State clarifies some issues for her"; that she would appreciate more information regarding the State's involvement; that her question has been "is there is appropriate oversight for this field"; that she would further question if the State is regulating "any portion of ambulance services." She would request that those issues, which aren't addressed today or aren't completely answered today be continued for future meetings.

Chairman Humphreys

He directed Staff to continue any issues which aren't completely addressed today to future agendas; and those items which will require additional information. Some of the issues may require "detailed summations."

Ms. Ratti

An understanding these issues better "will provide her with a greater comfort level that there is a system of Regulations beyond the District Board of Health." She would question if the Health District "is doing anything to prepare for the possible changes" related to the 400,000 population trigger established by the State Legislature.

In response to Ms. Ratti

Dr. Mary Anderson, District Health Officer, advised that the State Demographer indicates the 400,000 population trigger is based upon the 2000 census and not Washoe County's current population; therefore, it will be necessary for the 2010 census data to be published, as NRS stipulates "that that is the number" utilized to define the 400,000 population trigger. The 400,000 population trigger is utilized "in lieu of identifying a specific entity; therefore, that number triggers many, many different aspects of NRS"; therefore, "historically the Legislature changes that population trigger to basically isolate Clark County as the over 400,000, 500,000 or 600,000, picking a new number during a Legislative Session, thus boxing it in again. There is a possibility certain issues could be singled out." When the census number becomes known and the Legislative Session occurs it is anticipated that the population trigger will be revised to a greater number. Any issues which are not affected by a change in the population trigger will have to be addressed after the Legislative Session. Since the 1995 Legislative action (eliminating the authority of the District Board of Health specific to ambulance personnel), she would question if there aren't specific District Board of Health Regulations Governing Emergency Medical Services.

Ms. Coulombe

Advised she is taking notes to ensure that the Committee members' questions are answered. The certification and licensure of EMS personnel within Washoe County is within the purview of the State Health Division. Provided a brief overview of her work experience in the field of public health during the past thirty-two (32) years of planning, directing and administration of public health programs. The District Health Officer, legal counsel, and she as the Administrative Health Services Officer are involved in the Health District's EMS Program; that EMS Staff in the Program report directly to her. As the Board is aware the EMS Coordinator position is in recruitment; that this individual will report to her; that Ms. Peg Caldwell, RN is the Registered Nurse in the EMS Program; that the Committee members have been provided with a copy of a brief summary of Ms. Caldwell's experience, which denotes "an extensive background in emergency nursing, training and management. Ms. Caldwell's primary function is reviewing REMSA's Franchise compliance, which includes auditing and analyzing documentation; that she is responsible for dispatch compliance. The dispatch system, which Ms. Caldwell monitors for compliance, is an internationally accepted system.

The function of Administration is "to have professional management of programs, accountability; that Staff addresses standards and systems, formal processes, independent verification; that "a key component is the independent verification of all documentation."

She reviewed the implementation of a process for the how the annual compliance review for the Franchise Agreement was conducted through a mutually agreed upon compliance checklist; that REMSA provides all documentation in "a timely manner." She reviewed the requirements of compliance for the Franchise Agreement, advising the language of compliance is very specific.

Ms. Peg Caldwell, RN, EMS Program

She is responsible for auditing the ambulance transport calls received by REMSA; that every month there are 1400-1500 transport calls; therefore, Staff utilizes a software program, which randomly selects a total of 70 calls from the four priority levels. It is necessary to review a specific number of these calls to achieve a 99.9% accuracy rate; therefore, Staff audits 70 Priority 1 calls, which are the only responses for which there is an actual time limit; that she audits 12 Priority 2s; 12 Priority 3s; and 12 Card 33 calls; that Card 33 calls are transports from within the system (i.e., from one hospital to another facility or urgent care facility to a hospital). The 70 calls are randomly chosen from which she will review 64; that 70 calls are selected in the event a call may be inaudible there are other calls available for review. She utilizes one system to "pull the actual run sheet and one system to listen to the call from the time it is received, to all of the questions asked the caller by the EMS Dispatchers, who utilize the Medical Priority Dispatch System cards (an internationally recognized and accepted system for medical dispatch), to the arrival time on-scene; that she monitors the start time(s), from when the call is received (and three (3) initial questions are answered: 1) the address; 2) the telephone number; and 3) the chief complaint), to the end time which is when the unit arrives on-scene." The run sheets provide her with the information as to patient location, the timed response zone, the Medical Priority Dispatch System card(s) utilized to assist the caller and to determine the priority of the response. The Emergency Medical Dispatchers adhere to these cards "exactly as the cards are written; that she utilizes the cards to review the run sheets." At the REMSA EMS Medical Dispatch Center one (1) Medical Dispatcher will be "taking the call and obtaining the information in conjunction with another Dispatcher who will be dispatching the closest available unit. The individual dispatching the unit is relaying all of the patient information being received to the Paramedics in the unit being dispatched. The "critical number is the on-scene one; that a unit is considered on-scene when is contacts Dispatch, identifying the unit number and specifying they are on-scene." She documents the calls which she monitored; that should she have questions regarding specific calls she notes those calls and provides a list of the calls and her questions to REMSA, as REMSA is required to conduct a follow-up on any call for which Staff has a question. The REMSA Communication Supervisor will review every call for which there is a question or concern and provide her with a report addressing the concerns of the call review.

In response to Ms. Ratti

Regarding the questions that are asked by Dispatch when a call is received, Ms. Caldwell provided a brief overview of the Medical Priority Dispatch System cards.

Regarding Ms. Caldwell conducting the "quality assurance reviews" as required in Section 20 of the Ambulance Franchise Agreement, Ms. Coulombe advised that Ms. Caldwell conducts the call monitoring to determine REMSA's mandated compliance response time rate of "...90% for all presumptively life threatening calls..." as stipulated in Section 9.

Dr. Mary Anderson, District Health Officer

She recently accompanied Ms. Caldwell to REMSA's Dispatch Center and participated in the review/monitoring process; that she "observed the specificity with which the audits of the calls is conducted; how each of the items on the Protocol cards have to be followed to ensure everything is appropriately prioritized. It is a very regimented process; that there is a very specific method [Staff] utilizes to ensure the verification of the response times."

In response to Ms. Ratti

Regarding the percentage of Ms. Caldwell's time is expended for conducting the audits, Ms. Coulombe advised that 100% of Ms. Caldwell's time is expended on conducting and verifying the monitoring of calls to determine compliance with Section 9; that Ms. Caldwell is a part-time employee.

- Review of the Annual Compliance Process Utilized by Staff

Ms. Coulombe

Presented a detailed review of the process Staff utilizes to conduct the required annual compliance audit of the Franchise Agreement, advising that Staff utilizes "a checklist to prepare a draft report, which is reviewed by her and Dr. Anderson." After the initial draft report is prepared and reviewed by her and Dr. Anderson it is presented to and reviewed by the REMSA Working Group; that the REMSA Working Group is comprised of representatives of the Health District; REMSA, the Health Department's and REMSA's legal counsel and the REMSA Governing Board. After the review by the REMSA Working Group, the Annual Compliance Report is presented to the Board of Health for consideration and acceptance; that the Annual Compliance Report for July 1, 2008 through June

30, 2009, was accepted by the District Board of Health at the May 27, 2010 meeting. The REMSA Working Group has been meeting since September 11, 2001, to discuss a variety of issues.

- Response to Questions from Councilwoman Ratti

Ms. Coulombe

In regard to Ms. Ratti's question at the May 27, 2010 meeting regarding clarification as to compliance with Section 2 of the Franchise Agreement, specific to "The REMSA Board shall meet at least once each calendar month..."; that although monthly meetings were scheduled there were months in which the meeting was canceled; therefore, Staff should have determined that REMSA was "substantially in compliance with the Franchise Agreement."

In regard to Ms. Ratti's question specific to "All Sections and Staff's flexibility to interpret compliance"; that in regard to the requirement of Section 2, Staff did apply flexibility regarding compliance to the scheduled monthly meetings. That as the meetings had been scheduled monthly, although some were subsequently canceled Staff did indicate a finding of "compliance"; that in the future Staff will not apply such flexibility.

In regard to Ms. Ratti's request for clarification regarding Section 3, Staff acknowledged REMSA was in compliance with Sections 3. and 5. of the Franchise Agreement specific to completing a competitive bidding process or a market survey for the continuation of a sole ground ambulance service within the time specified. "This condition had been met; therefore, it was not a compliance issue.

In regard to Ms. Ratti's request to clarify Section 5., regarding a competitive bidding process or conducting a market survey, REMSA has been in compliance through having an independent market study completed in 2010, with the previous one being completed in 2003; that the next market study will be performed in 2017.

In regard to Ms. Ratti's request to clarify Section 6., regarding all transports requiring the presence of an individual trained at the ALS (Advanced Life Support) level. This is a "non-issue" as all transports conducted by REMSA are staffed at the Advanced Life Support (ALS) level.

In regard to Ms. Ratti's request to clarify Section 9., regarding the response times and zones; that the response times are established and determined by specified map grids; that should REMSA fail to comply with the established response times with the various zones, a per minute penalty is assessed. That Priority 1 responses are "all lights and sirens" within the established zones of an eight (8) minute response; a 15 minute response; a 20 minute response and a best effort response. REMSA is obligated to respond to all of these zones in compliance with the specific time response; that should a response fail to comply with the time response required a penalty is assessed. REMSA may apply in writing to the District Health Officer requesting an exemption to the penalty; however, a request for an exemption is "not automatically approved"; that the request is reviewed by Staff and should the District Health Officer determine the request is not justified it is denied. Staff has provided a list of why an exemption request may be approved. The authority for the District Health Officer to grant exemptions is delineated in Section 10.

Ms. Bonnie Drinkwater, Attorney, representing REMSA

To provide a perspective she would advise that 206 exemptions were granted to REMSA in 2009, from in excess of 52,000 calls received.

Read Section 10 into the record, advising the Health Department is notified annually as to the amount in the penalty fund, which is maintained as a separate restricted account.

Chairman Humphreys

There has been discussion regarding the various timed response zones; however, Ms. Caldwell indicated the response is based upon the call priority; that the review is of time zones to determine compliance; however, the response is based upon the call priority.

In response to Chairman Humphreys

Ms. Coulombe advised that if a call is determined to be life-threatening (Priority 1) the unit is dispatched lights and sirens and the unit must comply with the required response time; that the response zones are utilized to determine compliance and whether a penalty will be assessed.

In response to Ms. Ratti

Regarding the "Priority 1 standard and there being different times for each of those", Chairman Humphreys advised that the response is determined by priority; that a Priority 1 is a lights and sirens response regardless of the time response zone; however, during Staff's review of the calls to determine compliance the response time zones are documented.

Chairman Humphreys

Thanked Staff for presenting an overview of the REMSA system providing clarification of "what the Board members need to know in regard to the Board's review and responsibilities in regard to REMSA. Several issues have been discussed, including information requests, item requests and issues for further discussion; that those items will be listed on the agenda for the next meeting."

Ms. Coulombe

Thanked the Board for the opportunity to provide an overview of the REMSA Franchise; that in preparing for the Ambulance Study Committee meeting, she has developed a manual for orientation of new Board members specific to the Franchise Agreement.

BOARD COMMENT

Ms. Ratti

She had anticipated an item on the agenda which would have provided the Board members with the opportunity to discuss what the Committee members anticipate will be achieved through this process "so that the Committee is moving toward something." In reviewing the Board's oversight of the Franchise Agreement she would anticipate "there may or may not be recommendations to come out of that." She would question "how the Committee would get to the point of recommendations."

In response to Ms. Ratti

Chairman Humphreys stated it is important to be aware that any recommendations of the Committee would have to be presented to the District Board of Health for discussion and consideration. There are issues including annexation and response time zones are not within the

purview of the Committee's responsibility; however, those issues could be referred to the REMSA Working Group for review.

Ms. Ratti

Through this process, she believes there will be some potential recommendations. She has eight (8) issues for discussion by the Committee; that it is not necessary for Staff to attempt to address all items during one (1) Committee meeting. The items can be discussed during the various upcoming meetings of the Committee.

She would request a more in-depth discussion regarding the response times, including how the Board is receiving information specific to the "non 8 minute response time zones, the 15 and 20 minutes zones, and where that information is provided to ensure compliance." She would request a discussion regarding a Franchise fee. She would request an in-depth discussion regarding Section 30., specific to the provisions for a "successor and the liability that poses to the County and other jurisdictions."

Chairman Humphreys

Ms. Admirand has addressed that issue; however, should Ms. Ratti request further discussion that will be agendaized.

Ms. Ratti

She would request an "in-depth discussion regarding the cost-control process and how the Board of Health, through the Franchise Agreement, is confident there are appropriate cost-control mechanisms to ensure operational efficiency" so that she has a better understanding of the process. This will allow her to assure the City of Sparks "there is a good system in-place."

She would request a review of how "the Board is confident with REMSA branching out in other jurisdictions that there is a segregation of costs charged to the other jurisdictions and the costs borne by Washoe County residents."

She would request more information specific to the dispatch process and the use of the Medical Dispatch Protocol cards; that Ms. Caldwell "did an excellent job in presenting the review process."

There is "only one Section within the Franchise Agreement which acknowledges the existence of a two-tiered system"; that the original Ambulance Study Committee as it provides "a great overview of what people were thinking when they changed the system and how it was going to be and how it was going to work. It would assist her to clarify what the ambulance systems authority and what it is and what the fire system is going to do. There is a piece missing from the Franchise Agreement, which would assist the Board in ensuring there is "good consultation parameters involved"; that she is aware the Board has no authority regarding the fire service; however, "there has to be some review as to how the two (2) are related"; that the only reference is in Section 17 of the Franchise Agreement, specifically the "...supervisor shall facilitate integration of REMSA ambulance units with public safety personnel..."; that she would request clarification "as to what that supervisor is doing and what exists today to facilitate that integration."

Chairman Humphreys

In response to Ms. Ratti regarding the clarification as to the on-scene REMSA supervisors, he advised that that is an issue of communication which may be beyond what the Board's responsibility; that it is appropriate to understand what aspects are within the Board's obligation/responsibilities; however, "if it beyond the Board's obligations/responsibilities it would be the responsibility of the Cities of Sparks, Reno and Washoe County" to discuss.

Ms. Ratti

She would request a discussion "so that the Board can understand."

In response to Dr. Anderson regarding Ms. Ratti's "question that had been answered", Ms. Ratti advised that it was in regard to the authority for annexations; however, she would request a copy of the memo.

Ms. Ratti


Requested a calendar of future Ambulance Study Committee meetings for the convenience of the public "who may be interested." She would suggest scheduling the next three (3) Committee meetings "to get them on the calendar."

Chairman Humphreys

Advised that all Committee meetings are posted in accordance with the *Nevada Open Meeting Law* requirements; that the date(s) of future meetings will be scheduled in advance.

Advised that he will work in conjunction with Mrs. Smith, Recording Secretary to schedule the next three (3) meetings of the Ambulance Study Committee.

There being no further business to come before the District Board of Health's Ambulance Study Committee, the meeting was adjourned at 10:30 am.

  
\_\_\_\_\_  
MARY A. ANDERSON, MD. MPH, FACPM  
DISTRICT HEALTH OFFICER, SECRETARY

  
\_\_\_\_\_  
JANET SMITH  
RECORDER