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, August 4, 2022, 9:02 a.m.

This meeting was held virtually.

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

   Chair Krutz called the meeting to order at 9:02 a.m.

   The following members and staff were present:

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

   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
   Sabrina Brasuell, EMS Coordinator
   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 opened the public comment period. As there was no one wishing to speak, 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**
May 5, 2022

Mr. Brown moved to approve the minutes. Mr. Hodge seconded the motion, which passed unanimously.

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4. **Discussion and Possible Election of:**

Chair Krutz requested that Ms. Brasuell provide a brief overview of the reason behind the item.

Ms. Brasuell explained that both the chair and vice chair positions were originally elected to a two-year appointment per the bylaws at the time. The bylaw changes in 2021 shortened the term to one year each. She summarized, saying that the election is occurring at the one-year mark as opposed to the two-year mark because of that change. The recommendation was for discussion and possible election of an EMS Advisory Board Chair, and then separate, Item 4B, was the recommendation is for discussion and possible election of an EMS Advisory Board Vice Chair. Both Chair Krutz and Vice Chair Brown were eligible for reappointment.

A. EMS Advisory Committee Chair (For Possible Action)

Mr. Dick opined that Mr. Krutz was doing an excellent job as Chair of the EMS Advisory Board, and his desire would be for him to continue for a second year if he would be willing to do so. He also stated he felt that Manager Brown was also doing just fine, and suggested that we continue with him. So if you're willing, sir, I would make the motion for you to serve as our Chair for an additional year, this term.

Chair Krutz thanked Mr. Dick for his kind words and stated he would be happy to.

Mr. Dick moved to elect Mr. Krutz to the position of Chair for a second term. Mr. Brown seconded, and the motion carried unanimously.

B. EMS Advisory Committee Vice Chair (For Possible Action)

Mr. Dick moved to elect Mr. Brown to the position of Vice Chair for a second term. Mr. Hodge seconded, and the motion carried unanimously.

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

Dr. Hardwick noted the group had added some different routes for Fentanyl, so it can be given intra-muscularly now, and changed some dosing specifics.

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

Ms. Esp noted there were a few things that she wanted to call to the Board's attention that the program has been working on with our community partners. First was that the Boundary Drop study has taken place and has been presented internally, as well as to Reno, Sparks and Washoe

County managers. We have taken the feedback from those presentations to make revisions and fine tune the study. Second, staff has been working on EMS call volume projections for the next few years. We have presented it to the JAC and are taking feedback from them as well. There have been a few requests to see if we can break that down by jurisdiction and not just by county level and are looking into that. Another request has been to look at just fire calls. Currently the data is not broken down just for the fire calls, but we are more than willing to guide those agencies on how to do the projections. What we do know is that we anticipate the call volume to increase dramatically. With that, we wanted to work on this, bring this forth, so that the information can be taken into consideration as discussions around regionalization and other aspects that impact the EMS system proceed, so that partners can make more informed decisions throughout that process.

Ms. Esp explained the team would also be starting to develop a new strategic plan. Every five years we have a new strategic plan, and the current one will expire in 2023. We are looking to see what is going to happen with regionalization so that we can incorporate goals that help support those efforts, in whatever direction the community decides to go in. And then lastly, the fire agencies along with REMSA and Washoe County have been working on the updates to the franchise agreement, specifically 2.3. The language update is anticipated to be finalized and to go to the District Board of Health (DBOH) on August 25.

Dr. Hardwick asked if we were tracking inter-facility transfer times so like emergency room (ER) to ER, or ER to a direct admission, or hospital to hospital, or hospital to ambulatory setting. He felt the latter is something that is definitely necessary to be tracked, and did not believe it is at this point. Ultimately, often what happens is these are considerably delayed. He provided an example, a patient is in the hospital, they have an inpatient bed, and they have a nursing facility or care facility that has accepted them, and the transfer to that facility is considerably delayed. Which is important because it creates a cascade. If that patient's bed cannot be cleared, then that funnels down to the ER, the ER then has to start boarding patients in the ER, that means less available ER beds throughout the county, that means longer ER wait times, that means longer times that EMS providers are in the ER waiting to be cleared by nursing, because it is harder for them to get a handoff in that situation. He pointed out he just wanted to put that on your guys radar, especially as franchise agreements and everything are being thought of, that is something that probably needs to be addressed at some point.

Ms. Esp explained we are currently not actively tracking, other than, especially during the height of COVID, specifically last year when we saw a high level of hospital delays in dropping off patients. There were conversations with State HCQC talking about how to get the skilled nursing facilities to accept patients, because they were not accepting, even when there were open beds. There was a variety of reasons that they were not accepting patients. And how do we get them to do that so that we can free up a bed in the hospital, again, there is just a cycle of being able to free up a bed, get a patient in the ER, and then admitted up into the hospital. We are not tracking it, but I would love to talk with you offline and we will look at what we can further do to help support that effort and how we can facilitate any other discussion. And then if there is any data that can be collected on our end how we can best do that.

Mr. Hodge noted another thing is that, so a nursing home will accept a patient, or a rehab facility will accept a patient, and then transfer is so delayed, their care in that rehab center is not delayed but that bed is still assigned to that patient. It just creates a backlog on both ends that can be mitigated pretty easily by just maybe tightening the screws on some of the transporting agencies, to try to get them to do this in a more expeditious manner.

7. ***Presentation of the Washoe County Special Trauma Report 2021**
Anastasia Gunawan

Ms. Gunawan stated that the WC Trauma Data report for the CY2021 is now available. The report provides a summary of trauma and injuries that meet the national trauma data standards and the Nevada Trauma Registry reporting guidelines under NRS and NAC 450b. Based on the analysis of 1,391 trauma cases in WC that were reported to the Nevada Trauma Registry in 2021, the rate of traumatic injuries for 2021 is 286.7 per 100,000 population, which is a 4% increase from year 2020. Motor vehicle and transportation injuries remain the number one unintentional injury in Washoe County's top three mechanism of injury for children, teens and adults under the age of 54. The most common type of crash fatalities involving moving vehicles in the Reno/Sparks area involves sideswipe overtaking vehicles moving in the same direction. We also report on non-transport related injuries, like pedestrian injuries and also intentional injuries across all age groups annually, in the trauma data report. The report will also be available for our co-partners in the region, and the public also, by reaching out to the EMS Oversight program.

Mr. Dick noted Page 14 of the report, Figure 3, Case Fatality Rate per 100 trauma patients in Washoe County compares case fatality rate in 2020 versus 2021. I was distraught by how much higher the case fatality rate was per many of those items in 2021. And does the pandemic play in this, with 2020 people being in their homes more? What would it look like, for instance, if we were to look at 2019, 2020, 2021, what are your thoughts on this?

Ms. Gunawan replied we did see a very big increase in the case fatality rate coming from 2020 into 2021. And specifically for the folks in the 55 to 64 years of age group. I could potentially look into that a bit more but right now what I can say is for that age group specifically, the majority of the reports for the injuries are coming from falls. We are seeing a very, very large increase. **Follow up from Anastasia 10/18/2022** - In regards to follow up on case fatality rate in Washoe County for 55-64 years of age group, the top three mechanism of injury (MOI) that led to fatality for this age group is the following: 1) Fall on and from stairs and steps, 2) Pedestrian injury and 3) Intentional self harm.

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8. ***Agency Reports and Updates**

A. ***REMSA EMSAB Report, Adam Heinz**
Data Performance Report, EMS Operations Report

Mr. Heinz opened by noting he had been unable to include some data elements due to a technology issue and wanted to make sure to share them with the Board. Specifically, I point out the Mutual Aid responses for the months of April, May, and June, as you can see our data analyst was able to get them and update this, and the percentage there next to it is essentially just the percentage based on our overall responses for the utilization of our mutual aid partners for that month. Over the last month we have had the opportunity to meet with the contractor for the CARES medical services, along with Reno fire, and we have had a wonderful dialogue, they are extremely interested in understanding some of the responses that we are currently handling, specifically those low-acuity responses. They are also interested in having some of their medical staff do ride alongs with us so they better understand the EMS system and we can continue to work on that relationship. There is some

equipment sharing going on, and discussions to increase the utilization of the Nurse Healthline, which is a resource that is available both for CARES and Our Place, to try and navigate those patients to the right level of care. We are extremely excited and thankful that that partnership has been brokered with the CARES campus team and look forward to seeing how we can continue to optimize care there. In addition, during that, Chief Green and I were able to have a conversation on different ways in which we can work better to respond to the CARES campus and reduce the utilization of fire services, as we know the majority of calls are for low-acuity complaints. We worked on a protocol that includes our team members in dispatch both at Reno Comm and REMSA Health to really target co-response with the fire partners. If it meets certain criteria there will be an auto response, if there are not criteria met but we need them we can request them. I am very appreciative of that work and that effort.

Mr. Heinz went on to say that their CEO Mr. Dean Dow, who has been at REMSA Health for many years, is officially retiring on the 26th of August, and our Board of Directors has named Mr. Barry Duplantis, who previously filled the role as our CFO as our interim CEO. We are excited to begin to work with Barry, and I know he has formed relationships with you and wants to continue to progress those relationships so that we work together towards common interests, specifically as we progress regionalization conversations.

Mr. Heinz stated he was appreciative of the work the JAC has done. Thank you to Sabrina and Andrea and Anastasia for the work at facilitating. I think that we have made a lot of progress, I am hopeful that we can all be very proud of and present to the DBOH. And then finally, and maybe to help with Dr. Hardwick's concern regarding the movement of patients, that is actually something internally we review. We have had conversations with many of the health system partners. I can tell you it is an ecosystem. It becomes challenging, every month we report the hospital offload delays. Last month there was a decrease in the number of ambulances that experienced offload delays, 3%, down from 5%, with the median in the 20-minute mark of the time in which ambulances are waiting to offload. Many times those ambulances would potentially be available to transport patients out of the hospital, but they may be on bed delay, but the reason why they are on bed delay is because, as Dr. Hardwick indicated, there is not the ability to push patients up out of the ED. I think this also is complementary to the work the JAC is doing to try and ratify the franchise so that we can better align resources so there are dedicated units that are specifically working on these IFTs to try to decompress that so that we decompress throughput and then we ultimately, obviously, decompress ambulances offloading. And so Dr. Hardwick, to let you know, and the Board, it is definitely top of mind, it is recently been discussed with the health systems, one health system's leader, and I think we are committed to try and improve some of that performance.

Dr. Hardwick asked about the new contract with the CARES campus and the anatomy and staffing model behind their health system that they are creating there, and if somebody would be willing to reach out afterwards and talk me through it so I can then let at least my group know and the other ER groups know, so we can better understand what they are capable of doing there. For follow up reasons, if we see patients in the ER and other things like that that would be really great.

Vice Chair Brown told Dr. Hardwick that he would ask our homeless services folks to reach out so they can give you an update.

Chair Krutz noted they were going to shuffle things up a little bit to help with a scheduling conflict and we are going to 8D, then we will come back and then we will come

back and do 8B and C.

D. ***Reno Fire Department EMSAB Report, Reno Fire Department Staff Representative**
Data Performance Report, EMS Operations Report

Cindy Green, EMS Chief for Reno Fire explained their agency report shows we recently graduated two new fire recruit academies. Within that we always have new EMS providers, so we are getting them trained and ready. We have also had some in-house training, in which we were able to get our providers trained a little bit better on the Nevada Donor Network and some of the calls that we have been running recently. We have also brought our medical director in and had him speak on the new protocol changes that were discussed, and then Adam spoke to our meeting with the CARES campus, which was awesome. It was a meet and greet, there were really good discussions, and then that opened up a dialogue for Adam and I to discuss some better response models for our co-response to the CARES campus.

B. ***City of Sparks Fire Department EMSAB Report, Chief Jim Kindness**
Data Performance Report, EMS Operations Report

Chief Kindness, Sparks Fire. Please accept the report as submitted. A couple items of note, we have been able to hire five new firefighters to add to our five that we hired in February. They're all in different stages of training right now, and the City Council approved an ambulance purchase, which is still just under a year out.

C. ***Truckee Meadows Fire and Rescue EMSAB Report, Chief Joe Kammann**
Data Performance Report, EMS Operations Report

Joe Kammann, Division Chief, Truckee Meadows. I will just highlight a couple of the noticeable items. For the data performance, you can see we have our ambulance transports have gone up over the months, our mutual aid responses have gone up, and our cancellations have gone down, so that keeps our crews pretty busy. From the clinical side, we do have nine internal paramedics who were recently cleared to function as ALS providers for the department. It may not seem like a huge deal but this process is pretty difficult and can take personnel up to 12 months sometimes to complete, so we try to maintain a really high standard for the employees that are working as paramedic providers out here. On the wildland front, you are seeing all the fires popping up everywhere. We were able to expand the wildland EMS division fire line medics to about 40 employees. They are already being deployed throughout the country and some of them are staying here, available in town in case something happens. Kind of proud of that.

Chief Kammann went on to say lastly of note the supply chain issues and unable to get replacement parts or ambulances that we have ordered. We were fortunate enough to have our local resident celebrity Jeremy Renner donate an ambulance to us. So that ambulance is now shined up, put into service and just waiting on State inspection. That will be a nice backup unit in case anything happens to our primary front line.

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

None.

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10. ***Public Comment**

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

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

Adjournment

Chair Krutz adjourned the meeting at 9:31 a.m.