

**BOARD OF COUNTY COMMISSIONERS
WASHOE COUNTY, NEVADA**

THURSDAY

10:00 A.M.

OCTOBER 18, 2012

PRESENT:

Robert Larkin, Chairman
Bonnie Weber, Vice Chairperson
John Breternitz, Commissioner
Kitty Jung, Commissioner
David Humke, Commissioner

Nancy Parent, Chief Deputy Clerk
Katy Simon, County Manager
Paul Lipparelli, Legal Counsel

The Washoe County Board of Commissioners convened at 10:07 a.m. in special session 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 Clerk called the roll and the Board conducted the following business:

Roll calls were also conducted for the City of Reno and the District Board of Health.

12-984 AGENDA ITEM 4

Agenda Subject: “Recognition of other public bodies that may be meeting concurrently and introduction of meeting facilitator.”

Katy Simon, 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.

On behalf of the 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 County Commission and DBOH agendas.

There was no action taken on this item.

10:18 a.m. Chairman Larkin recognized the “Great Nevada Shakeout” that was part of the largest public earthquake drill with 18 million participants globally and was scheduled to take place at 10:18 a.m.

12-985 AGENDA ITEM 5 – PUBLIC COMMENT

Agenda Subject: “Public Comment. Comment heard under this item will be limited to two minutes per person and may pertain to matters both on and off the Commission agenda. The Commission will also hear public comment during individual action items, with comment limited to two minutes per person. Comments are to be made to the Commission as a whole.”

Dr. Robert Parker said the conclusion from the TriData Report resonated that the County’s emergency medical services was fragmented. He stated there was no consistent oversight or effective senior management and that the multiple dispatch services had been criticized by every consultant hired in the past seven years. Dr. Parker explained there was not enough data to indicate if the current system worked to any type of standard, which did not fulfill the roles of the elected officials or the appointed members.

Thomas Daly said the TriData Report correctly pointed out the lack of equity for services provided by the Regional Emergency Medical Services Authority (REMSA) to citizens residing in their service area outside the McCarran loop. He said inside that loop a paramedic could respond within eight minutes; however, in east Washoe Valley, the Cold Springs area or Galena Forest, REMSA would not arrive for at least 15 minutes. He said the District Board of Health (DBOH) oversaw REMSA, but the DBOH had allowed the flawed contract to continue for 24 years without competition. Mr. Daly said the performance matrix in REMSA’s contract dramatically favored REMSA’s profit motive over the detriment of service to the constituents. He said this was a failed service delivery model and a failed governance model. Mr. Daly felt it was time to end government sanctioned discrimination in the delivery of emergency medical services in the County.

For the City of Reno, Vice Mayor Aiazzi called for public comment. There was no response.

For the District Board of Health, Chairman Smith called for public comment. There was no response.

Agenda Subject: “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.”

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.

Chairman Larkin read a letter from the Regional Emergency Medical Services Authority (REMSA). He noted that REMSA was invited to the meeting, but chose not to 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.

John Slaughter, Management Services Director, conducted a PowerPoint presentation, which was placed on file with the Clerk. 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.)

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.

Commissioner/DBOH Member 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 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, which was placed on file with the Clerk. 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 REMSA

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 whole system 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 would 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 needed to link up, and he stated they were prepared to tie-in; however, they were waiting for an upgrade of the County's system.

Vice Mayor Aiazzi 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 Aiazzi 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 Aiazzi 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 Aiazzi 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 Sferrazza 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, 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 Sferrazza 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 Sferrazza 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 Sferrazza 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 response times. Vice Mayor Aiazzi stated that REMSA had to agree to any changes. Ms. Admirand disagreed because that was not part of the Franchise Agreement. 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 regions 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. 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.

Commissioner/DBOH Member Jung said when response times and contracts were reviewed across the Country 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. Commissioner/DBOH Member 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. Commissioner/DBOH Member 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 Aiazzi 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, felt that the following three issues summarized the report: fixing dispatch; renegotiating the Franchise Agreement with REMSA; and, having an EMS Oversight Authority. 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 honesty to state that would be the best group.

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

Vice Mayor Aiazzi 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 lied, it would have authority over the Reno Fire Department and their EMS as well. Dr. Cohen agreed.

Commissioner Breternitz agreed with Vice Mayor Aiazzi. He said the premise was if the DBOH were conceptionally 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.

Chairman Larkin disclosed that he sat on the Northern Nevada Medical Center Board.

11:45 a.m. Chairman Larkin left the meeting.

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 them 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.

Commissioner Breternitz 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.

11:50 a.m. Commissioner Humke left the meeting.

Councilmember Sferrazza moved to place on the City's agenda a discussion and possible direction to incorporate DBOH Member Ratti's suggestions that included fixing dispatch, opening up the Franchise Agreement for renegotiation and developing an EMS agency that had authority and oversight over the entire system in Washoe County and the Cities of Reno and Sparks. Councilmember Hascheff seconded the motion.

Councilmember Sferrazza further moved to send a notice to the DBOH for the other entities to be involved in the Franchise Agreement negotiations. The seconder agreed.

On call for the question for the City of Reno, the motion passed.

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 be 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.

11:59 a.m. Commissioner Breternitz left the meeting.

12:00 p.m. It was noted that the Board of County Commissioners no longer had a quorum present.

12-987 AGENDA ITEM 7 – PUBLIC COMMENT

Agenda Subject: “Public Comment. Comment heard under this item will be limited to two minutes per person and may pertain to matters both on and off the Commission agenda. The Commission will also hear public comment during individual action items, with comment limited to two minutes per person. Comments are to be made to the Commission as a whole.”

Due to a lack of a quorum for the entities, public comment was not called. It was noted there was one public card submitted by Cathy Brandhorst.

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12:10 p.m. There being no further business to discuss the meeting was adjourned.

ROBERT M. LARKIN, Chairman
Washoe County Commission

ATTEST:

AMY HARVEY, County Clerk and
Clerk of the Board of County Commissioners

*Minutes Prepared by:
Stacy Gonzales, Deputy County Clerk*