

**WASHOE COUNTY
EMERGENCY MEDICAL
SERVICES**

2017-2021: Five-Year Strategic Plan

2017

The Washoe County EMS System

The Washoe County Emergency Medical Services (EMS) Five- Year strategic plan was created with EMS Advisory Board support and reviewed by:

Contracted Ambulance Provider:

REMSA

Fire Service Agencies:

Reno Fire Department
Sparks Fire Department
Truckee Meadows Fire Protection District
Gerlach Volunteer Fire Department

Stakeholder Organizations and County Departments:

North Lake Tahoe Fire Protection District
Pyramid Lake Fire Rescue
Reno Dispatch
Airport Authority Fire Department
Sparks Dispatch
WC Shared Communication System
Washoe County EMS Oversight Program
Washoe County Communications

Approved by:

District Board of Health
EMS Advisory Board

Document Distributed to:

Contracted Ambulance Provider
Fire Service Agencies
Incline Village Community Hospital
Northern Nevada Medical Center
Renown Regional Medical Center
Saint Mary's Regional Medical Center
Stakeholder Organizations and County Departments
Veterans Affairs Sierra Nevada Health Care System

CONTENTS

Strategic Planning at a Glance	p 4
Executive Summary	p 5
Emergency Medical Services Regional Mission, Vision and Values	p 6
Emergency Medical Services Authority	p 6
Regional Strategic Plan Process, Objectives and Implementation	p 9
Goal #1	p 11
Goal #2	p 13
Goal #3	p 15
Goal #4	p 16
Goal #5	p 17
Goal #6	p 18
Strategic Plan Evaluation and Update	p 19

Strategic Planning at a Glance

The Washoe County EMS system will provide high quality patient care through collaborative efforts and integrated healthcare providing evidence based prehospital medicine exceeding the expectations of the community.

RESPECTFUL

CUSTOMER SERVICE
ORIENTED

PROFESSIONAL

RESPONSIVE

QUALITY
IMPROVEMENT/
ASSURANCE

ACCOUNTABLE

COLLABORATIVE

It is the mission of the WC EMS System to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers.

Enhance the regional EMS resources utilization matching the appropriate services as defined by the call for service through alternative protocols, service options and transportation options.

Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies.

Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines.

Improve continuity of care through regional processes that ensure patient information transfers from the scene to the hospital.

Design an enhanced EMS response system through effective regional protocols and quality assurance.

Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.

Service Levels for Omega Calls

EMD process for low acuity calls

Alternative Transportation Options

Automatic Vehicle Locator

Ambulance Franchise Area Map Review

Mutual Aid Agreements for EMS services

Tier 1 response measurement

Enhance radio communication systems

CAD to CAD Interface

Prehospital patient information flow

EMS system annual report

Regional set of protocols

Regional quality improvement process

Strategic plan implementation

Reporting structure to IIA signatories

Executive Summary

Washoe County is the second largest EMS region in the state of Nevada. It is 6,551 square miles in size and has approximately 433,000 residents. Washoe County is diverse geographically in its mountainous, urban, suburban, rural and wilderness/frontier terrain.

There are many EMS system stakeholder organizations including police and fire agencies, dispatch centers, healthcare organizations, and a contracted ambulance provider. The current ambulance contractor provides service to Washoe County; excluding the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District.

The Washoe County EMS Five-Year Strategic Plan was created between August 2015 and October 2016 to guide the future direction of the Washoe County EMS System. The assessment process evaluated the strengths and weaknesses, as well as the opportunities and threats facing the EMS system from national, regional and local influences. The information obtained through the analysis created goals to optimize the structure, processes, and outcomes of the EMS Five-Year Strategic Plan, focusing on: 1) maintaining or improving clinical care and patient satisfaction; and 2) improving operational efficiency and collaboration across the region.

The best EMS systems are based on collaborations among the diverse organizations that comprise the EMS system. When these organization's strengths are emphasized by system-wide integration and a culture of trust, the EMS system can more effectively capitalize on new opportunities and mitigate threats to the system. The planning process for Washoe County was supported by and involved EMS stakeholder leadership.

The strategic planning process was collaborative and included consensus building processes within the region and provided periodic updates to the EMS Advisory Board and District Board of Health. The results of this process were the EMS System's Mission, Vision, Values, Goals and Objectives. The EMS Five-Year Strategic Plan was approved by the EMS Advisory Board on October 6, 2016 and approved by the District Board of Health on October 27, 2016.

The six goals within Washoe County EMS Five-Year Strategic Plan are most relevant to the EMS system's ability to adapt to the changing healthcare environment, specifically focusing on pre-hospital care. There are three goals within the strategic plan to ensure maintenance and improvements related to clinical care and patient satisfaction. The remaining three goals focus on improving operational efficiencies within the region, both internally and externally through collaboration. These include proposed changes to existing processes that will positively impact the EMS System in its entirety.

Emergency Medical Services Regional Mission, Vision and Values

It is the mission of the Washoe County EMS System to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers.

Vision:

The Washoe County EMS system will provide high quality patient care through collaborative efforts and integrated healthcare providing evidence-based prehospital medicine exceeding the expectations of the community.

The values of the Washoe County EMS System are:

- **Respectful:** To be open-minded of all stakeholder's views and ideas.
- **Customer Service Oriented:** To be responsive to our customers' needs striving to provide high quality services in a respectful and courteous manner.
- **Accountable:** To be responsible for our behaviors, actions and decisions.
- **Professional:** To be dedicated in our service to the region and ourselves through adherence of recognized policies, rules and regulations. This includes maintaining the highest moral and ethical standards.
- **Responsive:** To rapidly identify emerging issues and respond appropriately.
- **Quality Improvement/Assurance:** To continuously evaluate operations, procedures and practices to ensure the EMS system is meeting the needs of our patients and stakeholders.
- **Collaborative:** To work together towards delivering efficient and effective emergency medical services to the citizens, businesses, and visitors of Washoe County.

Emergency Medical Services Authority

Washoe County is comprised of three political jurisdictions, the City of Reno, City of Sparks and unincorporated Washoe County. In addition to the political bodies and their operational policy decisions, the State Division of Public and Behavioral Health also oversees EMS licensing and certifications within Washoe County.

There are multiple regulations that impact how the EMS system operates in Washoe County. At the State level, Nevada Revised Statute 450B is the overarching legislation that identifies minimum requirements for EMS services. In addition, the Nevada Administrative Code also includes codified regulations for EMS personnel and agencies.

At the local government level, by the authority established through Nevada Revised Statute (NRS 439.370 et seq.) and the 1986 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health (DBOH). Through this authority the DBOH established an

exclusive ambulance franchise in August 1986 in Washoe County, excluding Gerlach and the North Lake Tahoe Fire Protection District. This Franchise was awarded to the Regional Emergency Medical Services Authority (REMSA) in May 1987. Through a regional process, the agreement was amended, restated and approved by the DBOH in May 2014. As part of the regional process, one recommendation for improvement of the delivery of patient care and outcomes and the delivery of emergency medical services was the creation of a Regional Emergency Medical Oversight Program through an Inter Local Agreement (ILA).

The ILA was fully executed in August 2014 and is an agreement between five political jurisdictions; City of Sparks¹, City of Reno², Washoe County Board of County Commissioners³, District Board of Health⁴, and Truckee Meadows Board of Fire Commissioners⁵. The ILA establishes an Emergency Medical Services Advisory Board (EMS Advisory Board).

The EMS Advisory Board is comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

The purpose of the EMS Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program and to discuss issues related to regional emergency medical services. The function of the EMS Advisory Board is to thoroughly discuss changes within the regional EMS system prior to making recommendations to the respective Board(s), of the five signatories, and placing items on an agenda for possible approval and implementation.

Additionally, the EMS Advisory Board can make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by the Managers of the City of Reno, City of Sparks and Washoe County, striving to have a uniform system maintained for the region whenever possible.

The ILA also established the Regional Emergency Medical Services Oversight Program (Program). The purpose of the Program is to provide oversight of all emergency medical services provided by the EMS personnel within the signatory jurisdictions, as well as REMSA. Additionally, the Program is expected to achieve the duties outlined within the ILA. The program consists of a Program Manager, Program Coordinator and Statistician.

¹ Referred to as "SPARKS" within the ILA

² Referred to as "RENO" within the ILA

³ Referred to as "WASHOE" within the ILA

⁴ Referred to as "DISTRICT" within the ILA

⁵ Referred to as "FIRE" within the ILA

The eight duties specifically detailed within the ILA are:

1. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services;
2. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
3. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
4. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS, WASHOE, FIRE and REMSA;
5. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map;
6. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT to be analyzed and evaluated for potential recommendations regarding EMS response services in order to optimize the performance of system resources;
7. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA covering the preceding fiscal year (July 1st to June 30th), containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise;
8. Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.

The ILA also outlines the duties of the signatories, which support the expectation that the strategic planning objectives will be achieved. Those duties are:

- a. Providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services for review, study and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) – to – CAD two-way interface with REMSA which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates;
- d. Working cooperatively with DISTRICT to provide input to the development of the Five Year Strategic Plan and to ensure consistent two-way communication and coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future as technologies, equipment, systems, and protocols evolve;
- e. Participating on the Regional Emergency Medical Services Advisory Board;
- f. Striving to implement recommendations of DISTRICT, or submitting those recommendations to their governing bodies for consideration and possible action if determined necessary and appropriate by the respective managers; and
- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation or for consideration and possible action by the District Board of Health if determined necessary and appropriate by the District Health Officer.

**Regional Strategic Plan
Process, Objectives and Implementation**

Washoe County has a two tiered system response to emergency medical calls. When an individual dials 9-1-1 the call routes through one of three Public Safety Answering Points (PSAPs): Reno, Sparks or Washoe County. Jurisdictional fire departments are dispatched to a medical call by PSAP personnel. If appropriate, the caller is then transferred to REMSA’s communications center for Emergency Medical Dispatch (EMD). EMD allows REMSA dispatch to prioritize the caller's chief complaint to dispatch appropriate resources and provide pre-arrival instruction to the caller.

There are several agencies and organizations involved in the response to an emergency medical call. The EMS Advisory Board recognizes the need to provide optimal emergency care under the varied conditions throughout Washoe County. Therefore, the EMSAB strives to influence the coordination of all stakeholders as it develops and sustains a system to ensure appropriate and adequate emergency medical services. With this in mind, the Five-Year EMS strategic plan was constructed.

To ensure the objectives of the entire region were considered, the EMS Working Group convened and participated in a SWOT analysis. The SWOT analysis looks at the strengths (internal), weaknesses (internal), opportunities (external), and threats (external) for the regional EMS system.

Representatives from both dispatch and operations for the EMS agencies provided input and feedback on the development of the strategic plan. The EMS Oversight Program frequently met with the representatives to review the goals, objectives, and strategies while discussing realistic timelines for implementation. These meetings were an integral part of the process to ensure the regional planning goals mirrored the jurisdictional strategic planning goals of the individual EMS agencies. This culminated in the development of a regional strategic plan for the EMS Advisory Board's consideration.

The Five-Year EMS strategic plan includes goals, objectives and strategies. The six goals of the strategic plan are broad statements to identify future achievements of the Washoe County EMS system. Each goal includes objectives designed to measure progress towards the attainment of the goal. The strategies for each goal describe a major approach or method for attaining the objectives.

Additionally, the strategic plan outlines the method to achieve effective and efficient solutions to system-wide challenges. The strategic plan calls for maximum collaboration to achieve the objectives and strategies within the five year planning period (2017-2021). Through continued collaboration, the strategic plan can be updated to capitalize on new opportunities or to mitigate threats to the system. This process will ensure key stakeholders remain involved in regional emergency medical services planning activities.

Goal #1 –

Enhance utilization of EMS resources by matching the appropriate services, as defined by the call for service, through alternative protocols, service options and transportation options by October 7, 2021.

Objective 1.1. Develop appropriate protocols to determine service level for Omega calls by January 5, 2017.

Strategy 1.1.1. Resolve legal issues impacting fire partners by March 30, 2016.

Strategy 1.1.2. Develop regional Standard Operating Procedures to address response to Omega calls by June 21, 2016.

Strategy 1.1.3. Approval by the EMS Advisory Board of protocols determining service levels for Omega calls by July 7, 2016.

Strategy 1.1.4. Determine data elements required for process verification by September 30, 2016.

Strategy 1.1.5. Analyze, interpret and report data elements to EMS Advisory Board and partner agencies quarterly beginning January 5, 2017.

Objective 1.2. Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls by February 5, 2017.

Strategy 1.2.1. Resolve regional concerns (operational, legal, and patient care) relating to protocols to determine service level through EMD process to low acuity Priority 3 calls by June 30, 2016.

Strategy 1.2.2. Develop Standard Operating Procedures to determine service level through EMD process to low acuity Priority 3 calls by October 28, 2016.

Strategy 1.2.3. Determine data elements required for process verification by December 16, 2016.

Strategy 1.2.4. Review by the EMS Advisory Board of the protocols that determine service levels through EMD process to low acuity Priority 3 calls by January 5, 2017.

- Goal #1 Continued -

Enhance utilization of EMS resources by matching the appropriate services, as defined by the call for service, through alternative protocols, service options and transportation options by October 7, 2021.

Objective 1.3. Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by October 7, 2021.

Strategy 1.3.1. Conduct research on alternative transportation options utilized across the United States by October 31, 2020.

Strategy 1.3.2. If applicable, develop processes for dispatch centers to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician’s office criteria) by August 31, 2021.

Strategy 1.3.3. If applicable, obtain approval by the EMS Advisory Board of standardized procedures for patients to receive funded alternative transportation to obtain medical care by October 7, 2021.

- Goal #2 -

Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 21, 2022.

<p>Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.</p>	<p>Strategy 2.1.1. Complete a regional assessment to identify and understand existing AVL capabilities to dispatch the closest EMS responder by June 30, 2021.</p> <p>Strategy 2.1.2. Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021.</p> <p>Strategy 2.1.3. Develop regional dispatching process that will utilize the AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.</p> <p>Strategy 2.1.4. Purchase and install additional AVL equipment to increase capabilities in region by December 31, 2022.</p>
<p>Objective 2.2. Establish ambulance franchise response map review methodology by September 30, 2016.</p>	<p>Strategy 2.2.1. Develop standardized methodology for the annual review of the ambulance franchise response map by June 30, 2016.</p> <p>Strategy 2.2.2. Develop standardized methodology for the five and ten year review for the ambulance franchise response map by September 30, 2016.</p> <p>Strategy 2.2.3. Approval by the EMS Advisory Board of the standardized methodology for the annual, five and ten year reviews by October 6, 2016.</p> <p>Strategy 2.2.4 Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board, beginning July 6, 2017.</p>
<p>Objective 2.3. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.</p>	<p>Strategy 2.3.1. Identification of operational opportunities by WC EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County by June 30th annually.</p>

- Goal #2 Continued -

Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 31, 2022.

<p>Objective 2.3. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.</p>	<p>Strategy 2.3.2. Enter into or modify MAAs/MOUs with partner agencies as necessarily by December 31st annually.</p> <p>Strategy 2.3.3. Provide an update to EMS Advisory Board on all MA/MOU process changes or additional agreements being utilized in region by January 31st annually, beginning in January 2017.</p>
<p>Objective 2.4. Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements, by March 31, 2017.</p>	<p>Strategy 2.4.1. Jurisdictional fire response measurement identified by March 31, 2017.</p> <p>Strategy 2.4.2. Review defined jurisdictional measurement with EMS Oversight Program by March 31, 2017.</p> <p>Strategy 2.4.3. Monitor and report to the EMS Advisory Board the performance of the regional EMS system utilizing the jurisdictional fire measurement and ambulance franchise response map by the 15th of the month, following the fiscal year quarter.</p> <p>Strategy 2.4.4. Provide recommendations for improvements based on defined performance measures to EMS Advisory Board as needed.</p>

- Goal #3 -

Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.

<p>Objective 3.1. Enhance radio communication systems within Washoe County by June 30, 2021.</p>	<p>Strategy 3.1.1. REMSA will ensure interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System by December 31, 2016.</p> <p>Strategy 3.1.2. Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by June 30, 2017.</p> <p>Strategy 3.1.3. Develop a comprehensive migration interoperability plan for WCRCS that outlines the enhancement of the radio communication system to include completion of upgrades, maintenance of REMSA gateway connection and identified equipment needs by December 31, 2018.</p> <p>Strategy 3.1.4. REMSA and regional public safety partners will develop a plan to upgrade system based on jurisdictional analysis, in alignment with WCRCS target date of June 30, 2021.</p>
<p>Objective 3.2. Establish a CAD-to-CAD (computer aided dispatch) interface between the primary PSAP and REMSA dispatch center by December 31, 2017.</p>	<p>Strategy 3.2.1. Create a regional workgroup to design the elements of the CAD-to-CAD interface increasing interoperability between dispatch centers by January 31, 2016.</p> <p>Strategy 3.2.2. Complete configuration process that includes development of the data exchange overview document and implementation by December 31, 2017.</p> <p>Strategy 3.2.3. Provide process updates to EMS Advisory Board quarterly, beginning April 7, 2016.</p>
<p>Objective 3.3. Establish a two-way interface to provide visualization of AVL for all EMS vehicles for the primary PSAPs and REMSA dispatch center by December 31, 2017.</p>	<p>Strategy 3.3.1. Complete a regional assessment to identify and understand AVL existing capabilities by December 31, 2016.</p> <p>Strategy 3.3.2. Develop regional process that will utilize the AVL technology to visualize EMS vehicles in both the primary PSAPs and REMSA dispatch center by December 31, 2017.</p> <p>Strategy 3.3.3. If applicable, purchase and install additional AVL equipment to increase capabilities in region by December 31, 2017.</p>

- Goal #4 -

Improve continuity of care through regional processes that ensure patient information transfers from the scene to the hospital by December 31, 2018.

<p>Objective 4.1. Develop a process to improve the flow of patient information throughout the prehospital setting by December 31, 2018.</p>	<p>Strategy 4.1.1. Identify the electronic patient care reporting (ePCR) software being utilized or purchased for use in the region by June 30, 2016.</p> <p>Strategy 4.1.2. Evaluate how to transfer information between the ePCR from the fire response unit to the REMSA response unit by December 31, 2016.</p> <p>Strategy 4.1.3. Evaluate existing processes for transferring all prehospital care information to hospital personnel and implement process improvement by June 30, 2018.</p> <p>Strategy 4.1.4. Create and conduct training on regional policy, to include pertinent information required for seamless transfer of patient care from agency to agency by December 31, 2018.</p>
<p>Objective 4.2. Produce an annual report on EMS system performance that includes hospital outcome data by December 31, 2018.</p>	<p>Strategy 4.2.1. Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and stemi patients by October 31, 2016.</p> <p>Strategy 4.2.2. Pilot the annual report with hospital outcome data with one regional hospital by March 31, 2017.</p> <p>Strategy 4.2.3. Draft for distribution an annual report with relevant regional hospital partner data included by June 30, 2017.</p> <p>Strategy 4.2.4. Review annual report with ePCR implementation and determine enhancements available for hospital outcome data by October 31, 2018.</p> <p>Strategy 4.2.5. Draft for distribution of an annual report with enhanced data included by December 31, 2018.</p>

- Goal #5 -

Design an enhanced EMS response system through effective regional protocols and quality assurance by December 31, 2018.

<p>Objective 5.1. Develop a regional set of protocols for the delivery of prehospital patient care by July 2017.</p>	<p>Strategy 5.1.1. Review current protocols for each regional agency to determine differences and opportunities for improvement by October 31, 2016.</p> <p>Strategy 5.1.2. Coordinate with PMAC⁶ to develop regional protocols based on national standards and recent clinical studies, by June 30, 2017, amend as needed with a minimum annual review.</p> <p>Strategy 5.1.3. Presentation to the EMS Advisory Board of the regional protocols and conflict resolution procedure for prehospital care by July 2017</p> <p>Strategy 5.1.4. Create and conduct training on regional protocols for prehospital care by December 31, 2017.</p>
<p>Objective 5.2. Establish a regional process that continuously examines performance of the EMS system by December 31, 2018.</p>	<p>Strategy 5.2.1. Create a regional team, including PMAC representation, which would work to improve the system through examination of system performance by December 31, 2018.</p> <p>Strategy 5.2.2. Determine team goals and identify initial performance measures to be utilized to continuously improve processes by December 31, 2018.</p> <p>Strategy 5.2.3. Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by January 2019.</p> <p>Strategy 5.2.4. Present information from the quarterly meeting to the appropriate entity, beginning April 2019.</p>

⁶ PMAC is the Prehospital Medical Advisory Committee for Washoe County

- Goal #6 -

Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.

Objective 6.1. Coordinate and report on strategic planning objectives quarterly through June 2021.

Strategy 6.1.1. Create a Gantt chart for the regional partners with the details of the goals by October 31, 2016.

Strategy 6.1.2. Develop structured feedback loops for the current initiatives of the strategic plan goals.

Strategy 6.1.3. Provide progress reports to the EMS Advisory Board quarterly, beginning January 2017.

Objective 6.2. Promote the EMS Oversight Program through regional education of the strategic plan’s goals and initiatives by January 31, 2017.

Strategy 6.2.1. Create a reporting structure for the signatories of the Inter-Local Agreement and ambulance franchisee Board to receive updates on the status of the regional EMS system, biannually, beginning January 2017.

Strategic Plan Evaluation and Update

In an effort to ensure the successful implementation of the strategies and objectives of the EMS Advisory Board strategic plan, the EMS Oversight Program will develop a Gantt chart. The chart will be distributed to the regional partners upon approval of the strategic plan by the District Board of Health. The chart will be reviewed semi-annually to ensure all projected timelines remain achievable. Progress on the strategic planning strategies and objectives will be included in the EMS Oversight Program “Program and Performance Data Update” staff report at the EMS Advisory Board meeting.

Every two years, beginning in October 2018, the regional partners will convene to review the status of the current strategies and objectives. During the October 2018 review, the EMS Oversight Program will begin to develop the draft goals, strategies and objectives for years 2022-2023. Upon completion the EMS Oversight Program will bring an updated 5-year strategic plan to the EMS Advisory Board for review, input and approval.