

NORTHERN NEVADA

Public Health+

Serving Reno, Sparks & Washoe County

**REMSA HEALTH
FRANCHISE
COMPLIANCE REPORT**

Fiscal Year 2024

NORTHERN NEVADA
Public Health

Serving Reno, Sparks & Washoe County

MISSION

To improve and protect our community's quality of life and increase equitable opportunities for better health.

TABLE OF CONTENTS

ARTICLE 1 - DEFINITIONS	6
1.1 Definitions	6
ARTICLE 2 - GRANTING OF EXCLUSIVE FRANCHISE	6
2.1 Exclusive Market Rights	6
2.2 Franchise Service Area	6
2.3 Level of Care	6
2.4 Review Process	6
2.5 Term	7
2.6 Periodic Review	7
2.7 Oversight Fee	7
2.8 Supply Exchange and Reimbursement	7
2.9 No Obligation for Subsidy	7
ARTICLE 3 – GOVERNING BODY	8
3.1 REMSA Health Board of Directors	8
3.2 Board Member Separation	8
3.3 Meetings	8
ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY	9
ARTICLE 5 – COMMUNICATIONS	9
5.1 Radio	9
5.2 Dispatch	9
5.3 Change of Priority	10
ARTICLE 6 - DATA AND RECORDS MANAGEMENT	10
6.1 Data and Records	10
ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES	10
7.1 Response Zones	10
7.2 Response Determinants	12
7.3 Zone Map	12
7.4 Response Time Reporting	12
7.5 Penalties	13
7.6 Exemptions	14
7.7 Penalty Fund	15
7.8 Health Officer Approval	15

ARTICLE 8 - PATIENT BILLING	16
8.1 Average Patient Bill	16
8.2 Increase Beyond CPI	17
8.3 Overage in Bill Amount	17
8.4 Third Party Reimbursement	17
8.5 Prepaid Subscription Program	17
8.6 Billing	18
8.7 Accounting Practices	18
8.8 Audit	18
ARTICLE 9 - PERSONNEL AND EQUIPMENT	18
9.1 Dispatch Personnel Training	18
9.2 Dispatch Accreditation	18
9.3 Personnel Licensing and Certification	19
9.4 ICS Training	19
9.5 Ambulance Markings	19
9.6 Ambulance Permits and Equipment	19
9.7 Field Supervisor Staffing	20
9.8 Medical Director	20
ARTICLE 10 - QUALITY ASSURANCE	20
10.1 Personnel	20
10.2 Review	20
ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION	22
11.1 CPR Courses	22
11.2 Community Health Education	22
11.3 Clinical Skills	22
11.4 Fire EMS Training	22
ARTICLE 12 - REPORTING	22
12.1 Monthly Reports	22
12.2 Quarterly Reports	22
12.3 Daily Reports	23
12.4 Annual Reports	23
ARTICLE 13 – FAILURE TO COMPLY/REMEDIES	23
13.1 Failure to Comply with Agreement	23

13.2 Notice of Noncompliance	23
13.3 Failure to Correct/Rescission of Agreement	23
13.4 Alternate to Rescinding Agreement	23
ARTICLE 14 - DISPUTE RESOLUTION	23
14.1 Agreement to Mediate Disputes	24
ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS	24
15.1 Financial Assurance/Continuity of Operations	24
ARTICLE 16 - INSURANCE AND INDEMNIFICATION	24
16.1 Insurance	24
16.2 Indemnification	24
16.3 Limitation of Liability	25
ARTICLE 17 – MISCELLANEOUS	25
17.1 REMSA Health Contracts with Other Entities	25
17.2 Governing Law; Jurisdiction	26
17.3 Assignment	26
17.4 Severability	26
17.5 Entire Agreement/Modification	26
17.6 Benefits	26
17.7 Notice	26
FRANCHISE AMENDMENTS	28

ARTICLE 1 - DEFINITIONS

1.1 Definitions

→ *Definitions are stated in the Franchise but are not part of compliance determination.*

ARTICLE 2 - GRANTING OF EXCLUSIVE FRANCHISE

2.1 Exclusive Market Rights

→ *REMSA Health met the requirement.*

As demonstrated by exclusive market rights, the signed Franchise agreement is included as part of the compliance report. The most recent assigned Franchise agreement was in February 2023 (originally effective July 1, 2014).

The Regional Emergency Medical Services Authority (REMSA) Health provided six mutual aid agreements with regional partners. In addition, one regional healthcare evacuation agreement and regional mass casualty incident plan was provided.

2.2 Franchise Service Area

→ *REMSA Health met the requirement.*

The Franchise agreement specifies REMSA Health's service area and includes Washoe County with the exception of the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District. The REMSA Health response map, effective January 1, 2023 FY 24, indicates the Franchise service area and associated response time requirements.

2.3 Level of Care

→ *REMSA Health met the requirement.*

According to the Franchise agreement, all ambulances responding to emergency 911 calls and Intermediate Life Support (ILS) transfers and transports must be staffed in accordance with NAC 450B regulations. REMSA Health supplied a copy of their State of Nevada permit for Advanced Life Support (ALS) and community paramedicine services, which was issued on July 1, 2023 and expired on June 30, 2024.

2.4 Review Process

→ *REMSA Health met the requirement.*

On May 14, 2024, REMSA Health provided a letter signed by all medical directors approving the determinate code. There were no proposed changes to the existing determinants however there were additional determinates added by IAED requiring prioritization and local definitions.

2.5 Term

→ *The Franchise Term is not a compliance requirement for REMSA Health. However, the process of review started at the end of fiscal year 24.*

2.6 Periodic Review

→ *The requirement of periodic review started at the end of FY24 and continued into FY25 and then paused.*

2.7 Oversight Fee

→ *REMSA Health met the requirement.*

The Franchise agreement stipulates REMSA Health pays an oversight fee of 12.5% of the total costs per year for the Northern Nevada Public Health (NNPH) EMS Oversight Program. The FY24 Table 1 below displays the quarterly amounts paid by REMSA Health.

Table 1: Quarterly Oversight Fee

Quarterly Reimbursement Billing	Oversight Fee Paid
July 2023 - September 2023	\$17,412.11
October 2023 - December 2023	\$15,100.94
January 2024 - March 2024	\$16,983.36
April 2024 - June 2024	\$18,235.15

2.8 Supply Exchange and Reimbursement

→ *REMSA Health met the requirement.*

REMSA Health developed Medical Resupply Agreements with the three regional fire agencies within the Franchise service area. One Fire agency reported there was not an active agreement during FY24 but was concerned because they could bill and be reimbursed. The other two fire agencies reported being reimbursed per their agreement.

2.9 No Obligation for Subsidy

→ *REMSA Health met the requirement.*

In a statement provided by REMSA Health, REMSA Health did not receive any grant funding for Franchise ground ambulance services for the fiscal year per an external auditor.

ARTICLE 3 – GOVERNING BODY

3.1 REMSA Health Board of Directors

→ *REMSA Health met the requirement.*

REMSA Health provided the following list of Board Members for FY24:

Shirley Folkins-Robert, Chairman
Louis Test
Michael Pagni
Katie Grimm
Chris Nicholas
Derrick Glum
Cora Case

REMSA Health provided attestations to the EMS Oversight Program signed by each member of the REMSA Health board stating there were no contractual relationships involving a member of the REMSA Health board that needed to be approved by a majority of the disinterested members.

3.2 Board Member Separation

→ *REMSA Health met the requirement.*

To demonstrate Board separation, REMSA Health provided signed copies of the “Board Member Conflict of Interest Acknowledgement” form. Members of the Board, mentioned in section 3.1, signed the form acknowledging that they received a copy of the policy, read, and understood the policy and will comply with the policy. In addition, members confirmed that they are not employees of either REMSA Health or its contractor.

3.3 Meetings

→ *REMSA Health met the requirement.*

REMSA Health provided a list of board meetings held in the fiscal year, which met the required minimum of six meetings indicated in the Franchise agreement. The REMSA Health Board meetings are typically scheduled on the third Tuesday of each month, excluding holidays.

ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY

→ *REMSA Health met the requirement.*

This process was completed in FY22 and not a requirement in FY24.

ARTICLE 5 – COMMUNICATIONS

5.1 Radio

→ *REMSA Health met the requirement.*

REMSA Health provided a copy of the letter of agreement signed on January 23, 2015, between Washoe County and REMSA Health. This letter provides REMSA Health with sponsorship from Washoe County to participate in the Washoe County Regional 800 MHz Communications System (WCRCS).

During FY24, REMSA Health maintained a constant connection linking REMSA Health's primary dispatch channel, Med 9, to the 800 MHz system, REMSA1. Linking these channels allows for broadcasts to be simulcast on both UHF and 800 MHz systems.

REMSA Health also participated in the NNPH HD SUP 800 MHz radio checks on a regular basis.

5.2 Dispatch

→ *REMSA Health met the requirement.*

As required in the Franchise agreement, REMSA Health must maintain a secondary emergency communication system and conduct an annual drill on the backup system. REMSA Health conducted a drill on February 22, 2024, and provided documentation to support this.

REMSA Health conducted operational drills on the backup system and after-action reviews on February 22, 2024.

REMSA Health has provided documentation supporting the implementation of a regional CAD system.

5.3 Change of Priority

→ *REMSA Health met the requirement.*

During FY23, REMSA Health had 359 corrections.

ARTICLE 6 - DATA AND RECORDS MANAGEMENT

6.1 Data and Records

→ *REMSA Health met the requirement.*

In accordance with Article 6.1 of the Franchise agreement, REMSA Health will provide additional response data and records to support NNPH’s oversight role. However, during FY23, the EMS Oversight Program did not conduct any investigations.

During FY24, the DHO/EMS Oversight Program made no requests for data and/or records.

ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES

7.1 Response Zones

→ *REMSA Health met the requirement.*

The current map went into effect on July 1, 2023. The Franchise response map is divided into five (5) response zones with varying response requirements. Table 2 exhibits the response times required for priority 1 calls in each of the zones (A-E).

Table 2: Priority 1 Response Time Requirements by Zone

	ZONE A	ZONE B	ZONE C	ZONE D	ZONE E
Priority 1	8:59 Minutes	15:59 Minutes	20:59 Minutes	30:59 Minutes	As quickly as possible

In March of 2024, the Northern Nevada Public Health (NNPH) Emergency Medical Services (EMS) Oversight Program presented the proposed map to REMSA Health’s Chief Operating Officer, and the Director of EMS System Program Management. Also included in the

conversation were the Truckee Meadows Fire Protection District (TMFPD) Fire Chief, EMS Division Chief and EMS Coordinator. TMFPD was invited to the conversation as they are a subcontractor of REMSA Health providing service within the region. The map was approved by DBOH on June 27. No changes were made to the franchise map effective July 1, 2024.

EMS Oversight Program staff used the Franchise response requirements for all life-threatening calls (priority 1) to determine monthly compliance for the fiscal year. The Franchise agreement states that REMSA Health shall ensure that 90% of life-threatening calls (Priority 1) have a response time as indicated by the respective zone.

Table 3 below specifies REMSA Health’s percentage of response compliance for Zone A and Zones B, C, and D. Please note that the Franchise compliance calculations collectively analyze responses to life-threatening (priority 1) calls in Zones B, C, and D.

Table 3: Percentage of Compliant P1 Response by Month

REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2021-22		
Month*	Zone A	Zone B, C, and D
July 2023	92%	90%
August 2023	91%	93%
September 2023	91%	89%
October2023	92%	93%
November 2023	91%	97%
December 2023	91%	96%
January 2024	91%	94%
February 2024	91%	95%
March 2024	91%	91%
April 2024	90%	90%
May 2024	91%	93%
June 2024	90%	94%
Monthly Average	91%	93%
Year-To-Date**	91%	93%

*Compliance percentage per month is the percentage calculated using the monthly “Chargeable Late Responses” divided by “Compliance Calculated Responses”.

**Year-to-date is the percentage calculated using the sum of all to date “Chargeable Late Responses” divided by “Compliance Calculated Responses”.

Zone E, the wilderness/frontier regions of REMSA Health’s Franchise area, is the only zone that does not have a specified response time requirement.

7.2 Response Determinants

→ *REMSA Health met the requirement.*

Response Determinants were reviewed and approved by REMSA Health’s Medical Director and the Fire Departments’ Medical Directors in May 2024.

7.3 Zone Map

→ *REMSA Health met the requirement.*

The Franchise response map is in the offices of the EMS Oversight Program Manager and EMS Coordinator. A version of the response map is also located on the Washoe Regional Mapping System as a map layer, available on the Washoe County GIS website.

7.4 Response Time Reporting

→ *REMSA Health met the requirement.*

REMSA Health provided EMS Oversight Program staff with logins to the FirstWatch Online Compliance Utility (OCU) in July 2014. With this access, EMS Oversight Program staff independently pulls the call/response data from the FirstWatch database monthly.

During FY24, REMSA Health had a total of 32,495 Priority 1 (P1) calls for service in their FirstWatch database. Table 4 below shows the number of P1 calls for service per zone.

Table 4: Number of Priority 1 Calls for Service by Zone

Zone	Number of P1 Calls
A	31,103
B/C/D	1261
E	131

Zone E, the wilderness/frontier regions of REMSA’s Franchise area, is the only zone that does not have a specified response time requirement. For FY24, REMSA Health had a total of 131 calls for service in Zone E; however, 20 of those calls were cancelled enroute and 65 (49.6%) P1 calls resulted in transport.

7.5 Penalties

→ *REMSA Health met the requirement.*

As part of the compliance documentation, REMSA Health submitted the verification letter and all penalty fund reconciliation documents for the fiscal year. This was received previous to the required end of calendar year franchise deadline.

Washoe County Health District (now NNPH) issued a letter on December 19, 2022, notifying REMSA Health that the annual review of the Consumer Price Index (CPI) had been completed. The final allowable average bill through December 31, 2023, is \$2019.28. The NNPH CPI letter issued December 15, 2023, notified REMSA Health that the CPI was completed and the final allowable bill through December 31, 2024, is \$2073.86.

The CPI letter also set the penalty amount through December 31, 2023, for late responses to life-threatening calls (priority 1) at \$23.36 per minute. The CPI letter through December 31, 2024, set the penalty amount for late responses to life-threatening calls (priority 1) at \$23.99.

According to the Franchise agreement, penalties are assessed only on a call resulting in a patient transport, up to a maximum of \$150.00 per call. Table 5 depicts penalty amounts for Zone A, penalty amounts for Zones B, C, and D and the total penalty amount by month. It also included the total amount added to the penalty fund for the entire FY of 24.

Table 5: Penalty Fund by Month

Month	Zone A Penalty Amount	Zones B, C, and D Penalty Amount	Total Penalty Amount
July 2023	9,672.32	\$893.84	\$10,566.16
August 2023	\$11,243.60	\$383.60	\$11,627.20
September 2023	\$11,619.84	\$523.76	\$12,143.60
October 2023	\$9,689.52	\$547.12	\$10,236.64
November 2023	\$9,945.28	\$140.16	\$10,085.44
December 2023	\$12,034.16	\$163.52	\$12,197.68
January 2024	\$12,644.23	\$761.87	\$13,406.10
February 2024	\$12,104.58	\$167.93	\$12,272.51
March 2024	\$11,468.47	\$773.74	\$12,242.21
April 2024	\$12,602.06	\$767.68	\$13,369.74
May 2024	\$16,039.19	\$461.87	\$16,501.06

June 2024	\$12,002.31	\$431.82	\$12,434.13
Total	\$141,065.56	\$6,016.91	\$147,082.47

Cupit, Milligan, Ogden & Williams completed an independent accountant’s report entitled “Agreed-Upon Procedures Related to Priority 1 Penalty Fund” as part of REMSA Health’s annual audit. This report reviewed and identified the agreed-upon procedures between REMSA Health and NNPH as well as the penalty fund expenditures. After including the prior fiscal year carryover balance of \$902.52 along with the one-time adjustment of \$3,893.76, the total accrued balance was \$151,878.75. REMSA Health disbursements totaled \$101,812.45 which leaves a remaining Penalty Fund Liability of \$50,066.30 to be carried over in the fiscal year ending 06/30/2025.

7.6 Exemptions

→ *REMSA Health met the requirement.*

During FY24, REMSA Health had 221 approved exemptions, split between weather and system overload. Table 6 indicates the types of exemptions and number of calls approved for each category.

Table 6: Exemptions by Type

Exemption Type	Number of Exemptions
MCI/MAEA	0
Miscellaneous	0
Weather	148
Local, State or Federal Declared Emergency	0
System Overload	73
Construction	0
Status 99	0

REMSA submitted a statement on letterhead that explains their internal process for reviewing and requesting late run exemptions.

There were no disputes this fiscal year.

On July 1, 2021, the DHO issued a letter that detailed the exemption guidelines for REMSA Health and what is considered an allowable exemption. The letter identifies eight types of possible exemptions. According to the letter, REMSA Health can internally review two types of exemptions with NNPH, while all other exemptions require REMSA Health to submit documentation to NNPH for review and possible approval.

7.7 Penalty Fund

→ *REMSA Health met the requirement.*

The REMSA Health Controller wrote a letter to the DHO confirming that the penalty funds are recorded monthly in a separate restricted account.

As indicated in 7.5 Table 5, REMSA Health incurred \$151,878.75 in penalties for FY24. REMSA Health supplied the FY24 penalty fund reconciliation documents along with copies of invoices, purchase orders and checks used for purchases with penalty fund monies.

In the Agreed-Upon Procedures Related to the Penalty Fund (item 7.5e), an external auditor provided documentation that the penalty fund is in a separate restricted account.

7.8 Health Officer Approval

→ *REMSA Health met the requirement.*

During FY24, two letters was sent from REMSA Health to the DHO specifying penalty fund amounts and requests for use. The accrual for FY23 was \$141,509.48. After including the prior fiscal year carryover balance of \$73,046.70, the total accrued balance was \$214,455.18. REMSA Health disbursements totaled \$213,653.66 which left a remaining Penalty Fund Liability of \$902.52 to be carried over into the fiscal 2023-2024. REMSA Health requested the ability to exhaust the fund on previous (FY23) and current (FY23) initiatives reviewed and authorized by the district. The approvals were given, via letters from DHO, Kevin Dick. This included the following:

- First aid kits for youth league sports & community organizations
- Cribs for kids
- Point of Impact Child Car Seats and Installation
- Pedestrian Safety Reflective Gear
- Basic Life Support/CPR Certification/Stop the Bleed/Babysitter Recertification Classes
- High School EMT Scholarship
- Community Stop the Bleed Training
- Community AEDs
- PulsePoint Application – Increase Bystander CPR and AED Location Awareness
- Homebound Flu/COVID Shots
- Stop the Bleed Kits
- Cardiac Registry to Enhance Survivability (CARES)
- When to call 911 Choose the Right Care Campaign
- Water Watcher for the Win / Not for a Minute Hot Car / Bicycle Helmet Campaigns
- Tactical EMS Equipment & TEMS Physician Oversight
- Search and Rescue EMS Equipment
- Public Awareness Ambulance Wrap Design
- First Responder and Medical Staff Mental Health Initiative
- Regional First Responder Training Equipment

ARTICLE 8 - PATIENT BILLING

8.1 Average Patient Bill

→ *REMSA Health met the requirement.*

As stated in Article 7.5, NNPH issued a letter on December 19, 2022, notifying REMSA Health that the annual review of the Consumer Price Index (CPI) had been completed. The final allowable average bill through December 31, 2023, is \$2019.28. The NNPH CPI letter issued December 15, 2023, notified REMSA Health that the CPI was completed and the final allowable bill through December 31, 2024 is \$2073.86. For CY23, REMSA Health received a CPI Percentage Change of 2.703%.

After a billing month has concluded, the total gross sales dollar amount billed for the month is divided by the number of patients transported in the same month. The sum of this calculation is then compared to the average bill approved by the DBOH. If necessary, the average bill is then adjusted for the new month to ensure the average bill remains consistent. Table 7 depicts a summary of the average bill calculations that were reported to the DBOH monthly.

Table 7: Average Bill Calculations Reported by Month

Month	# Transports Billed	Avg. Bill
July 2023	4928	\$2,042.05
August 2023	4900	\$2,041.00
September 2023	4638	\$2,048.12
October 2023	4682	\$2,042.10
November 2023	4480	\$2,043.82
December 2023	4920	\$1,966.31
July 2023-December 2023	28548	\$2030.57
January 2024	4885	\$2,065.48
February 2024	4678	\$2,068.01
March 2024	4933	\$2,072.46

April 2024	4931	\$2,069.92
May 2024	5037	\$2,067.14
June 2024	5017	\$2,070.05
January 2024-June 2024	29481	\$2068.84

It is important to note the average max bill from July 2023 through December 2023 was over \$2019.28 but when calculated from January 2023 through December 2023, REMSA Health is in compliance with the average max bill calculation with an average max bill of \$1990.61 for the calendar year.

8.2 Increase Beyond CPI

→ *Only applicable if REMSA Health requested an increase beyond the annual CPI adjustment.*

REMSA Health did not request an increase beyond the annual CPI adjustment.

8.3 Overage in Bill Amount

→ *Only applicable if REMSA Health has an overage in the allowable bill amount.*

REMSA Health did not exceed the maximum average patient bill.

8.4 Third Party Reimbursement

→ *REMSA Health met the requirement.*

According to the Franchise agreement, REMSA Health shall utilize its best efforts to maximize third-party reimbursements and minimize patients' out-of-pocket expenses. This is accomplished through providing patient demographic and insurance information obtained from the patient themselves, or from the hospital when the patient is unable to provide it for themselves. Insurance and patient demographic information is validated, then the medical coding and medical billing clearing house and insurance payment are applied and then the patient/beneficiary may have a personal balance responsibility. This is billed directly to the patient at their last known address.

REMSA Health states they offer reasonable payment plans for personal balance responsibility and a Financial Hardship program for those in need.

8.5 Prepaid Subscription Program

→ *REMSA Health met the requirement.*

The Silver Saver program is designed to cover the co-insurance or deductible costs for ambulance service for individual households. The annual membership costs \$75. There were 3,077 households and 7,156 members enrolled as of June 30, 2024.

8.6 Billing

→ *REMSA Health met the requirement.*

The Franchise agreement states REMSA Health is responsible for all billing services, or they may employ a contractor to accomplish this. REMSA Health is responsible for billing commercial, government, and non-government payers for medically necessary transportation of their patients/beneficiaries.

8.7 Accounting Practices

→ *REMSA Health met the requirement.*

The external auditor used for REMSA Health's annual audit, Cupit, Milligan, Ogden & Williams, does adhere to GAAP and GAAS standards. According to the Nevada State Board of Accountancy website the agency license is current through December 31, 2024.

8.8 Audit

→ *REMSA Health met the requirement.*

The Consolidated Financial Statements prepared by the external auditor were submitted via email on December 19, 2024. The seventeen-page document includes the independent auditor's report and the financial statements for FY24.

The Agreed-Upon Procedures Related to Franchise Average Bill prepared by the external auditor was submitted.

ARTICLE 9 - PERSONNEL AND EQUIPMENT

9.1 Dispatch Personnel Training

→ *REMSA Health met the requirement.*

REMSA Health submitted a list of personnel that work in the communications center. A total of 63 employees were included and had current, or pending, EMD certifications for FY 24.

9.2 Dispatch Accreditation

→ *REMSA Health met the requirement.*

REMSA Health submitted a copy of their Accredited Center of Excellence (ACE) accreditation certification, which is issued through May 3, 2025.

9.3 Personnel Licensing and Certification

→ *REMSA Health met the requirement.*

REMSA Health submitted lists of their certified personnel to include Paramedics, AEMTs and EMTs. The Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH) Office of Emergency Medical Systems Program confirmed via email and attested letter that REMSA Health was in compliance in regard to NRS 450B and NAC 450B requirements pertaining to permits, inspections, staffing, equipment, operations and protocols for FY24.

9.4 ICS Training

→ *REMSA Health met the requirement.*

REMSA Health submitted a list of personnel who have been trained in the Washoe County Multi-Casualty Incident Plan (MCIP).

REMSA Health submitted a list of personnel who have been trained in Incident Command System (ICS) 100.

REMSA Health submitted a list of personnel who have been trained in ICS 200.

REMSA Health submitted a list of personnel who have been trained in ICS 300.

REMSA Health submitted a list of personnel who have been trained in ICS 400.

REMSA Health submitted a list of personnel who have been trained in ICS 700.

REMSA Health provided a list of field operational management personnel that includes Director of EMS Operations, Sr. EMS Manager, Emergency Manager, Health and Safety Supervisor, Administrative Supervisor, and full-time and part-time EMS Supervisors.

REMSA Health provided a list of four emergency operations center (EOC) qualified personnel based on their REMSA Health position and ICS courses completed.

9.5 Ambulance Markings

→ *REMSA Health met the requirement.*

The Franchise agreement states that all ambulance units shall be marked with REMSA Health emblems rather than the individual identity of any ambulance service contractor.

9.6 Ambulance Permits and Equipment

→ *REMSA Health met the requirement.*

REMSA Health provided EMS Oversight Program staff with a detailed inventory list of all organizational capital equipment, such as monitors, power cots, stair chairs, etc. REMSA Health also submitted a list of vehicles to include year, make, model, license plate number, and VIN numbers.

The Nevada Department of Health and Human Services, DPBH Office of Emergency Medical Systems Program confirmed in an email received by NNPH on December 16, 2024, that REMSA Health is compliant with Nevada Revised Statutes, NRS 450B and Nevada Administrative Codes, NAC 450B having to do with certification, licensure, ambulance permitting, inspections, protocols, and operations for the period of July 01, 2023, through June 30, 2024.

9.7 Field Supervisor Staffing

→ *REMSA Health met the requirement.*

REMSA Health submits daily shift schedules to demonstrate that a field supervisor is on each shift. In the shift schedule provided, there are two to four supervisors on shift per 24-hours, depending on day and time of the week. REMSA Health also provided the job description for EMS supervisor that was last revised in September 2020.

9.8 Medical Director

→ *REMSA Health met the requirement.*

The Nevada Department of Health and Human Services, DPBH Office of Emergency Medical Systems Program confirmed in an email received by NNPH on December 16, 2024, that REMSA Health is compliant regarding their Medical Director appointment. According to State EMS, the Medical Director met the requirements for a permitted service in Nevada in accordance with NAC 450B and NRS 450B. A copy of the curriculum vitae (CV) for Dr. Jennifer M. Wilson, Medical Director, is retained by the Program.

ARTICLE 10 - QUALITY ASSURANCE

10.1 Personnel

→ *REMSA Health met the requirement.*

REMSA Health provided written documentation of the individuals designated to conduct the oversight and maintenance of the continuous quality improvement (CQI) program for ground ALS services. The eleven members of the CQI department include the Medical Director Care Flight/Community Health Paramedic Program, Medical Director REMSA Health Ground, Chief Operating Officer, Clinical Standards and Practices Director, Clinical Standards and Practices Coordinator (3), Clinical Coordinator/CQI Care Flight, Clinical Coordinator/CQI Communications (2), and Clinical Coordinator/CQI Communications NHL.

10.2 Review

→ *REMSA Health met the requirement.*

In the monthly Operation Reports presented to the DBOH, REMSA Health includes the Medical Director's Report. This report includes a breakdown of the patient charts reviewed during the

previous month. All monthly reviews during FY24 met or exceeded the requirement of 5% of ALS calls.

The following categories of calls undergo a 100% review by the REMSA Health Quality Department via a manual ePCR review, including a complete review of documentation and protocol adherence:

- Adult advanced airway
- First pass success rate for adult and pediatric patient populations
- Adult CPR
- Adult Cardiac Arrest: with and without resuscitation measures
- Pediatric Cardiac Arrest
- Pediatric Advanced Airway
- Pediatric Critical Skills
- Obstetrical/Childbirth
- Neonatal Resuscitation
- Critical medication administration [Epinephrine, Levophed, Dopamine, Amiodarone, Heparin, Tridil, Potassium Chloride, Adenosine, SoluMedrol, Ketamine]
- STEMI Alert
- Critical Skills [needle decompression, surgical cricothyrotomy. Cardioversion]
- Alternate Destination
- ALS Intercept of all ILS initial responses

All ePCR's undergoing the manual review are returned to the provider through the Image Trend Quality rerouting process. Within the rerouting process, the Clinical Coordinator/ CQI Coordinator provides feedback for clinical improvement, protocol review, or additional comments. The quality feedback is monitored by the Quality Coordinator for the purposes of loop closure.

07/23- 303/2230 (14%)
08/23- 277/2054 (14%)
09/23- 364/1782 (20%)
10/23- 487/2078 (23%)
11/23- 456/2186 (21%)
12/23- 351/2308 (15%)
01/24- 442/2199 (20%)
02/24- 431/2185 (20%)
03/24- 393/2370 (17%)
04/24- 384/2387 (16%)
05/24- 276/2013 (14%)
06/24- 334/2347 (14%)

ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION

11.1 CPR Courses

→ *REMSA Health met the requirement.*

In the monthly Operation Report presented to the DBOH, REMSA Health provided a list of the CPR courses that were offered throughout the previous month.

11.2 Community Health Education

→ *REMSA Health met the requirement.*

In the monthly Operation Report presented to the DBOH, REMSA Health included the public relations report that outlines the multimedia activities completed during the previous month.

11.3 Clinical Skills

→ *REMSA Health met the requirement.*

Clinical skills training was offered to all field qualified providers with skills including, but not limited to, airway management, patient assessment, pleural chest decompression, and CPAP.

11.4 Fire EMS Training

→ *REMSA Health met the requirement.*

Fire EMS Training was offered each quarter of FY24.

ARTICLE 12 - REPORTING

12.1 Monthly Reports

→ *REMSA Health met the requirement.*

During the fiscal year, REMSA Health submitted twelve Operations Reports to the DBOH. These reports include documentation about response compliance, average response times, average bill, community CPR class, patient feedback and multimedia campaign activities.

12.2 Quarterly Reports

→ *REMSA Health met the requirement.*

During the fiscal year, REMSA Health submitted four Operations Reports to the EMSAB.

12.3 Daily Reports

→ *REMSA Health met the requirement.*

REMSA Health emails a copy of the staffing schedule to fire agencies and the EMS Oversight Program email daily. There were a few occasions where the email was late but the issue was addressed through JAC.

12.4 Annual Reports

→ *REMSA Health met the requirement.*

NNPH received all compliance documentation prior to December 31, 2024. During the fiscal year, EMS Oversight Program staff conducted monthly compliance calculations based on data pulled from the FirstWatch OCU.

ARTICLE 13 – FAILURE TO COMPLY/REMEDIES

13.1 Failure to Comply with Agreement

→ *Failure to comply is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

13.2 Notice of Noncompliance

→ *Notice of noncompliance is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

13.3 Failure to Correct/Rescission of Agreement

→ *Failure to correct/rescission is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

13.4 Alternate to Rescinding Agreement

→ *Alternate to rescinding is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

ARTICLE 14 - DISPUTE RESOLUTION

14.1 Agreement to Mediate Disputes

→ *Agreement to mediate disputes is stated in the Franchise, but is not part of compliance determination, unless a dispute occurs.*

ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS

15.1 Financial Assurance/Continuity of Operations

→ *REMSA Health met the requirement.*

The Consolidated Financial Statements prepared by the auditor reports Total Net Assets of \$49,787,201. Additionally, according to the audit, REMSA Health has a reserve amount of \$3 million in the equity statements as a Board designated reserve.

ARTICLE 16 - INSURANCE AND INDEMNIFICATION

16.1 Insurance

→ *REMSA Health met the requirement.*

REMSA Health provided a copy of their certificate of liability insurance that included general liability, automobile, workers compensation and employer's insurance policies. Additionally, "Washoe County District Health Department" is listed as the certificate holder.

16.2 Indemnification

→ *REMSA Health met the requirement.*

The Franchise agreement includes an indemnification statement that the parties of the Franchise agree to hold harmless, indemnify and defend the other party. This statement became binding when the parties signed the Franchise agreement. Therefore, a signed copy of the Franchise agreement is included as part of the compliance report documentation.

16.3 Limitation of Liability

→ *REMSA Health met the requirement.*

The Franchise agreement states NNPH will not waive and intends to assert any available remedy and liability limitation set forth in NRS Chapter 41 and applicable case law. Therefore, the compliance documentation collected for the fiscal year includes a copy of NRS Chapter 41 and the signed Franchise.

ARTICLE 17 – MISCELLANEOUS

17.1 REMSA Health Contracts with Other Entities

→ *REMSA Health met the requirement.*

REMSA Health submitted the following contracts, service agreements, Mutual Aid Agreements (MAA), and Memorandums of Understanding (MOU).

- Agreement for Emergency Medical and Emergency Fire Dispatch
- MOA with Truckee Meadows Fire Protection District
- MOA with Carson City Fire
- MOA with North Lyon County Fire Protection District
- MOA with Storey County Fire Protection District
- MOA with Plumas District Hospital
- MOA with Pyramid Lake Paiute Tribe
- MOA with City of Reno
- Interlocal Agreement for Medical Dispatch Services with Reno-Tahoe Airport Authority
- MOU with Sierra-Sacramento Valley EMS Agency
- Letter of Agreement with Washoe County for Washoe County Regional 800MHz Communications System
- MOU with North Lyon County Fire Protection District
- NNPH Multi-Casualty Incident Plan
- NNPH Mutual Aid Evacuation Agreement

17.2 Governing Law; Jurisdiction

→ *Governing law; jurisdictions are stated in the Franchise, but are not part of compliance determination.*

17.3 Assignment

→ *Assignment is stated in the Franchise but is not part of compliance determination.*

17.4 Severability

→ *Severability is stated in the Franchise but is not part of compliance determination.*

17.5 Entire Agreement/Modification

→ *Entire agreement/modification is stated in the Franchise but is not part of compliance determination.*

17.6 Benefits

→ *Benefits are stated in the Franchise but are not part of compliance determination.*

17.7 Notice

→ *Notice is stated in the Franchise but is not part of compliance determination.*