

**Minutes**  
**STATE BOARD OF HEALTH**  
**June 10, 2016**  
**9:00 a.m.**

Division of Public and Behavioral Health  
4150 Technology Way, Room 303  
Carson City, Nevada

Division of Public and Behavioral Health  
Rawson Neal Training Room  
1650 Community College Drive  
Las Vegas, Nevada

Division of Aging and Disability Services  
Early Intervention Services  
1020 Ruby Vista Drive, Suite 102  
Elko, Nevada

**BOARD MEMBERS PRESENT:**

Mason Gorda (Las Vegas)  
Brian Saeman, ESQ (Carson City)  
Dipti Shah, MD (Las Vegas)  
Jon Pennell, DVM (Las Vegas)  
Monica Ponce, DDS (Las Vegas)  
Judith Bittner, (Carson City)  
Jeffrey Murawsky, M.D. (Las Vegas)

**DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:**

Joe Pollock, DPBH, Deputy Administrator Regulatory & Planning Services  
Chad Westom, DPBH, PAIS  
Barrett Evans, EMS  
Lindsey Doolittle, DPBH  
Laura Hale, DPBH, PCO  
Scott Jones, DPBH, PCO  
Paul Shubert, DPBH, HCQC  
Jo Malay, DPBH, SNAMHS  
Sharon Dollarhide, DPBH, Stein Hospital  
Rolande Werner, DPBH, SNAMHS

**OTHERS PRESENT:**

Linda Anderson, Sr. Deputy Attorney General, Attorney General's Office (AG)  
Barry Lovgren, Self  
Dan Conner, Self  
Linda Conner, Self  
Nicki Aaker, CCMHS  
Dave Fogerson, Eastlake Fire  
Rebecca Vernon-Ritter, DHCF  
Robert Schreinhaus, Carson Fire

Nicki Aaker, Carson City HHS  
Dr. Joseph Iser, Chief Health Officer, Southern Nevada Health District  
Kevin Dick, District Health Officer, Washoe County Health  
Jonathan Bryan, Las Ventanas  
Kimisha Causey, DPBH, OPHIE  
Carolyn Weaver, IPC  
Leon Ravin, M.D., DPBH, SNAMHS  
Shesa Bradley, DPBH  
Dominick DiFranco, DPBH, HCQC  
Steve Gerleman, DPBH, HCQC

Vice Chairman Mr. Saeman Jones opened the meeting at 9:03 a.m. Mr. Saeman indicated the meeting agenda was posted at the following locations: Washoe County Health District, Reno; Nevada State Library and Archives, Carson City; Grant Sawyer State Office Building, Las Vegas; Early Intervention Services, Elko; Legislative Building, Carson City; on the Internet at the Nevada Division of Public and Behavioral Health website: <http://www.health.nv.gov>; and the Legislative Counsel Bureau website: <http://www.leg.state.nv.us> in accordance with the Nevada Open Meeting Law.

1. Roll call was taken and it was determined that a quorum of the State Board of Health was present. Vice Chairman Mr. Saeman asked if there were any changes to the draft minutes from the March 11, 2016 meeting.
2. New Board members, Mason Gorda, Contractor; Judith Bittner, BSN, RN, CNOR, RNFA; and Jeffrey Murawsky, M.D. were introduced.
3. Vice Chairman, Mr. Saeman entertained a motion to approve the minutes of March 11, 2016. A motion was made and seconded to approve these minutes. The motion passed unanimously.

Vice Chairman Mr. Saeman asked if there was any public comment.

Mr. Barry Lovgren, addressed the members. Mr. Lovgren is asking for the Board's help with enforcing the prohibition of NAC 458.336 against certification of a treatment program as an evaluation center if it's in the county with a population greater than 100,000. A written statement from Mr. Lovgren is attached to these minutes.

#### **4. REPORTS (Informational)**

Ms. Nicki Aaker, MSN, M PH, RN, Director for Carson City Health and Human Services, provided a written and verbal report which is attached hereto as Exhibit "A." Ms. Aaker reported that CCHHS has been accredited for five years by the Public Health Accreditation Board and a press release is also attached as Exhibit "B". In her attached report, Ms. Aaker provided updates on Community Health Needs Assessments; Upcoming – Carson City Healthcare Coalition; Environmental Health; Clinical Services; Public Health Preparedness; Chronic Disease Prevention and Health Promotion; Adolescent Health Education Programs; and Human Services.

Mr. Kevin Dick, District Health Officer for Washoe County Health District, provide a written and verbal report which is attached hereto as Exhibit "C". In his attached report, updates were provided on the Strategic Plan, which is attached as Exhibit "D"; Budget; Opioid Situation; Emergency Medical Services; and Public Health Preparedness.

Ms. Kimisha Causey, DPBH present the Sentinel Event Registry Annual Report, which is attached hereto as Exhibit "E."

Dr. Joseph Iser, MD, DrPH, MSc, Chief Health Officer for Southern Nevada Health District, gave a verbal report and written report which is attached hereto as Exhibit "F". In his attached report updates were provided on Zika; Goodsprings Lead Testing; Family Planning Clinic; F<sup>2</sup>OOD+; Accreditation Update; and Public Hero's.

## **5. CONSENT AGENDA**

Case #678: Dan Conner: Request for Variance to Nevada Administrative Code (NAC449.790, "Limited septic system in area and well drilling." (Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health)

Case #679: Seven Hills Hospital: Request for Variance to Nevada Administrative Code NAC 449.3154, "Construction, remodeling, maintenance, and change of use: General requirements; prerequisites to approval of licensure." (Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health)

Case #680: Southern Nevada Adult Mental Health Services – Stein Hospital: Request for Variance to Nevada Administrative Code NAC 449.3154, "Construction, remodeling, maintenance, and change of use." (Bureau of Health Care Quality & Compliance, Division of Public and Behavioral Health)

Case #681: North Vista Hospital: Request for Variance to Nevada Administrative Code 449.204. "Adoption of certain publications by reference; revision of publication after adoption." (Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health)

Appointment for Temple Fletcher to the EMS Advisory Committee. Exhibit "G."

**VICE CHAIRMAN MR. SAEMAN ENTERTAINED A MOTION ON ITEM 5, CONSENT AGENDA. A MOTION TO APPROVE WAS MADE AND SECONDED; THE MOTION PASSED UNANIMOUSLY.**

6. Consideration and adoption of proposed regulation LCB file no. R151-15 amendments to Nevada Administrative Code 439 & 439A. The proposed amendments update regulations to:
  - a. Meet statutory requirements for response times to petitions submitted to the Board of Health
  - b. Increase application fees for the J-1 Physician Visa Waiver program
  - c. Address housekeeping items for the administration of the J-1 Physician Visa Waiver Program(Laura Hale, Public Health Preparedness Program, Division of Public and Behavioral Health)

**VICE CHAIRMAN MR. SAEMAN ENTERTAINED A MOTION ON AGENDA ITEM 6. A MOTION TO APPROVE WAS MADE AND SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

7. Election of Chairperson and Vice-Chairperson.

Mr. Saeman asked for volunteers for the position of Chairperson for the Board of Health. Mr. Saeman volunteers for this position.

A motion was made, seconded and passed. Mr. Saeman abstained.

Mr. Saeman asked for volunteers for the position of Vice-Chairperson. Mr. Pennell volunteered for this position.

A motions was made, seconded and passed. Mr. Pennell abstained.

8. Compliance Agreement: Community Paramedicine. This agreement is the first step in allowing Agency Community Paramedicine (EMS Services) to bill Medicaid for Community Paramedicine services. (Multiple applicants) (Chad Westom, Bureau Chief, PAIS, Division of Public and Behavioral Health)

#### **PUBLIC COMMENT**

There was no public comment.

The meeting was adjourned at 10:34 am.

Barry W. Lovgren  
PO Box 6744  
Gardnerville, NV 89460  
(775)265-2659  
barrylovgren@yahoo.com

I'm asking you to fix a problem created by the Substance Abuse Prevention and Treatment Agency (SAPTA) failing to enforce a regulation adopted by this Board. SAPTA's supposed to assure the quality of the programs it certifies by enforcing the provisions of NAC 458. Sometimes SAPTA doesn't do this, but if SAPTA won't enforce a regulation, you can: NRS 439.200 states that, "The State Board of Health may by affirmative vote of a majority of its members adopt amend *and enforce* reasonable regulations consistent with law."

What I'm asking you to enforce is the prohibition of NAC 458.336 against certification of a treatment program as an Evaluation Center if it's in a county with a population greater than 100,000. Evaluation Centers provide recommendations to the courts on whether a DUI defendant should be ordered into treatment. The potential for conflict of interest when a program providing treatment serves as an Evaluation Center is unavoidable in the smaller counties, but NAC 458 protects persons in Clark and Washoe counties from this possibility by prohibiting treatment programs in those counties from being certified as an Evaluation Center.

In December of last year I noticed on SAPTA's listing of certified programs that the Reno/Sparks Tribal Health Center was certified as both a treatment program and as an Evaluation Center in Washoe County. I pointed out to SAPTA and to the Center for Substance Abuse Technologies (CASAT) that regulation prohibits this. I couldn't understand how both SAPTA and CASAT could have missed this.

SAPTA doesn't conduct certification inspections, but contracts with CASAT to perform them. The certification was expiring, so a month later, in January of this year, CASAT conducted a renewal inspection of the Tribal Health Center. CASAT's report noted the regulatory prohibition as not applicable and states, "Reno Sparks Tribal Health Center has historically been certified for this level of service due to providing exclusive services to the Native American population in Washoe County. Certification is conditionally approved to provide both Evaluation and Treatment services within Washoe County contingent on review and approval of a compliance agreement by the Board of Health."

That was in January. This is the second meeting of the Board since then, and the contingency of establishing a compliance agreement hasn't been met. I don't see how that's possible anyway, since compliance would require the Center to move out of Washoe County. That hardship could be the foundation for a variance, and a variance indeed would make the prohibition inapplicable, but the Center hasn't applied for one.

In any event, it's now been six months since I brought the problem to the attention of SAPTA and CASAT. There no compliance agreement and there's no variance. There *is*

clear violation of the regulatory prohibition, yet SAPTA has renewed the certification as an Evaluation Center for another two years.

This isn't an isolated incident. The most egregious example of SAPTA ignoring certification regulations is when SAPTA somehow thought it was appropriate to certify a program as being in compliance with the Division's criteria for Hospital-Based Detoxification when the Division didn't *have* criteria for that level of care and the program wasn't even in a hospital. Hospital-Based Detoxification is treatment of choice for when a pregnant woman is so severely addicted that she has to be in a hospital when she goes through withdrawal because of the danger to herself and to her unborn baby. That certification was revoked only after complaint to the Bureau of Health Care Quality and Compliance (BHCQC) about public health and safety being endangered by SAPTA certification being used to offer hospital services without a license.

BHCQC can't fix this one, but you can. I'm asking that you place on the agenda for your next meeting revocation of the Reno/Sparks Tribal Health Center's certification as an Evaluation Center. It's unfortunate that it's come to this. SAPTA should have just told the Health Center long ago that it needs to get a variance from this Board before it can be certified as an Evaluation Center.

#### Addendum

**NRS 484C.310 Standards for approval of evaluation center.** The State Board of Health shall adopt by regulation the standards to be used for approving the operation of a facility as an evaluation center for the purposes of NRS 484C.310 to 484C.360 [the statutes for evaluation and treatment of persons arrested for driving under the influence of alcohol or other drugs].

**NAC 458.336 Restriction on area of operation.** An evaluation center program must not be operated by an operator who operates or has a financial interest in a treatment program or any other organization which provides treatment for substance-related disorders in the same geographic area at which the evaluation center program will be provided if the evaluation center program is provided in a county whose population is 100,000 or more.



**CARSON CITY, NEVADA**  
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

**State Board of Health**  
**Carson City Health and Human Services Report**  
**June 10, 2016**

**Public Health Accreditation**

CCHHS is pleased to announce that it has been accredited for five years by the Public Health Accreditation Board. I have included the press release for your review.

**Community Health Needs Assessments**

We are partnering with Carson Valley Medical Center (CVMC) in Douglas County and Carson Tahoe Health (CTH) on Community Health Needs Assessments. The public survey has closed and the Local Public Health System Performance Assessments have been completed in Douglas County. A plan for data dissemination to partner organizations and the public is being decided upon, along with the process for the development of the Community Health Improvement Plan. Carson Tahoe Health's public survey is completed. The results of the survey will be presented at Carson City's Board of Health and Carson Tahoe Health's Board of Directors meetings in July. Carson City's Local Public Health System Performance Assessment will be conducted in June and July. The Core Indicators listing is completed, comparing Carson City, Douglas County, State of Nevada, and U.S. data, where available.

**Upcoming – Carson City Healthcare Coalition**

Dr. Susan Pintar and Angela Barosso, Public Health Preparedness Manager, are working to organize a healthcare coalition of local agencies and healthcare providers in Carson City. The purpose of this coalition would include increasing collaboration among public and private healthcare agencies, preparing for and responding to health hazards or health emergencies and sharing best practices among healthcare organizations.

**Environmental Health**

Carson City and Douglas County's Interlocal Agreement will be presented at both the Carson City Board of Supervisors and Douglas County's Board of Commissioners in June for approval.

**Carson City Health & Human Services**

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired-Use 711

Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
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**CARSON CITY, NEVADA**  
**CONSOLIDATED MUNICIPALITY AND STATE CAPITAL**

Brendon Gibb, CCHHS Environmental Health Specialist, was one of ten selected to participate in the 2015 International Food Protection Training Institute (IFPTI) in Applied Science, Law and Policy: Fellowship in Food Protection program. This program consists of guided lessons proctored from experts and leaders in fields related to food safety, as well as a research project component with the hopeful end goal of attaining publication in a research journal.

Brendon's research project examined awareness of food safety risk due to "quat binding," which occurs when quaternary ammonium is used with a cotton or viscose cloth to sanitize surfaces. A bond is formed, preventing the sanitizer ions from making it onto food contact surfaces at the prescribed concentration, and thus inadequately deactivating all pathogens that could lead to human illness. Standardized interviews were conducted by food safety regulators at restaurants and food processing facilities in Carson City, Nevada (162) and Douglas County, Nevada (133), where 61% and 75.2% respectively use quaternary ammonium for sanitizing food contact surfaces.

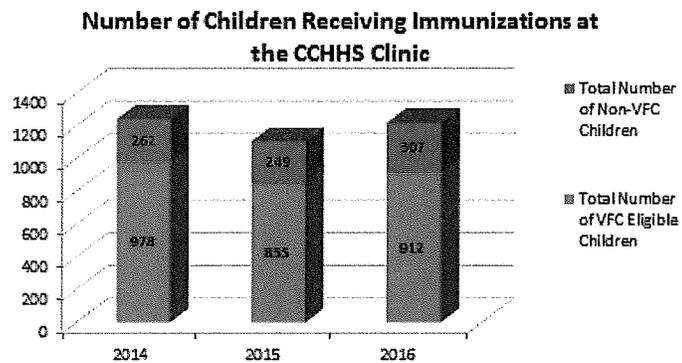
In Carson City, only six facilities (3.7%) surveyed were aware of the risk that quat binding presents, while in Douglas County no facilities were aware of the risk. The study concluded that knowledge of quat binding and its associated risk was almost nonexistent. Recommendations included 1) increasing the education of food safety regulators and chemical supply representatives who may instruct restaurants and food production facilities at the operational level and 2) chemical manufacturers including instructions on product labels targeting quat binding.

**Clinical Services**

VFC vaccinations given at the Carson City Clinic have remained stable over the last three years with a slight increase from 2015 to 2016.

In 2015, CCHHS conducted fifteen (15) VFC site visits and thirty (30) additional contacts as a follow-up to site visits. CCHHS performed four (4) pediatric AFIX assessments/visits and four (4) follow-up visits for these same providers. CCHHS also conducted six (6) adolescent AFIX assessments/visits.

**Clinical Services**



\* VFC - Vaccines for Children Program

**A HEALTHY COMMUNITY:** Disease in the community is prevented and controlled.

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**CARSON CITY, NEVADA**  
**CONSOLIDATED MUNICIPALITY AND STATE CAPITAL**

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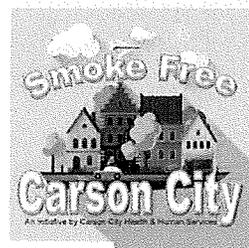
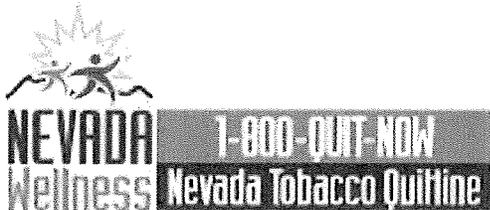
Roni Galas, Clinical Services Manager, is working with Medicaid on a pilot project for an onsite Medicaid representative to immediately enroll clients and patients. Also, our billing staff met with Medicaid on a quarterly basis to discuss and resolve billing issues.

### **Public Health Preparedness**

March and April 2016 activities included:

- Assisted a long-term facility in preparedness planning, including development of an evacuation plan
- Presenting 3-part series on how to stay healthy to senior independent living facility; first session on social isolation
- Finalizing the Regional Isolation and Quarantine Plan with Washoe County Health District
- Developing a Flu Point of Dispensing Training and Exercise for the fifth Annual Rural Preparedness Summit in Fallon June 21–23, 2016
- Submitted Infectious Disease Control Plan and Training PowerPoint for East Fork Fire EMS; working with Storey County EMS to adopt this plan
- Finalizing the Regional Medical Surge Plan
- Attended Rural Hospital Ebola Table Top Exercise in Pershing County as part of Rural Healthcare Preparedness Partners coalition

### **Chronic Disease Prevention and Health Promotion**



**Tobacco Prevention and Control Program** – Staff are continuing to work with Western Nevada College’s task force to move toward a smoke-free campus. A PowerPoint presentation was given to the policy group on the environmental impact of tobacco waste and brought qualitative and quantitative data on tobacco cleanup on their campuses. During the clean-up, 2,257 butts were picked up and many were in areas considered a fire risk.

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**CARSON CITY, NEVADA**  
**CONSOLIDATED MUNICIPALITY AND STATE CAPITAL**

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Carson City has a couple of smoke-free multi-housing units which have long wait lists. Staff has surveyed a multi-unit complex in Carson City to see if tenants are interested in a smoke-free policy. The survey response was low, which discouraged the manager. Staff are in the process of following up and determining the next steps.

Sandy Wartgow, Public Health Nurse and coordinator of the Tobacco Prevention and Control Program, provided education to the health classes at Carson High School on tobacco prevention related to nicotine addiction and other tobacco products.



**Adolescent Health Education Program (AHEP)** – A program recruitment and retention plan is being developed. The program coordinator is working with the Carson City Library to coordinate program scheduling. In April, 1/3 of the Virginia City High School’s 10<sup>th</sup> grade class completed the Be Proud! Be Responsible program. The 5<sup>th</sup> grade class at High Gallagher Elementary School in Virginia City completed the Abstinence Only program. China Springs and Aurora Pines Youth Camp have sessions scheduled in June and July. In the process of working with Healthy Communities Coalition of Lyon and Storey Counties to schedule sessions in Yerington in June and July.



**Safe Routes to School Program** – Bike to School Day was a success with fourteen schools participating regionally. To date, six schools have schedule to receive bicycle safety instruction. This instruction involves “hands on” training with bicycles and tools. (Funded from Nevada Department of Transportation).

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**CARSON CITY, NEVADA**  
**CONSOLIDATED MUNICIPALITY AND STATE CAPITAL**

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**Human Services**

I am pleased to announce the addition of Faith Barber, Community Health Worker, to assist housing participants with medical case plans to include: (1) establishing with a primary care physician, (2) helping with the coordination of transportation to and from medical appointments, and (3) helping individuals follow through with medical recommendations. She will also assist the housing participants with setting goals for health and wellness. This opportunity is possible through our Community Services Block Grant (CSBG).

Mary Jane Ostrander, Human Services Manager, and her staff are in the process of reviewing our current Workforce program and researching different opportunities to help Carson City residents with workforce development.

Respectively submitted,

Nicki Aaker, Director  
Carson City Health and Human Services



Exhibit "B"

**MEDIA CONTACT**

**Taylor Radtke, Public Information Officer**  
Carson City Health & Human Services  
(Office) 775-283-7908

05/25/2016  
FOR IMMEDIATE RELEASE

**CARSON CITY HEALTH AND HUMAN SERVICES  
NEWS RELEASE**

**Carson City Health & Human Services Awarded National Accreditation  
Through the Public Health Accreditation Board**

*Carson City, Nev.* — **Carson City Health & Human Services (CCHHS) announced today that it has achieved national accreditation through the Public Health Accreditation Board (PHAB).** The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's state, local, Tribal, and territorial public health departments. **CCHHS is one of fewer than 200 health departments that have thus far achieved accreditation through PHAB since the organization launched in 2011. Carson City Health & Human Services is also the first health department in the state of Nevada to achieve public health accreditation.**

"We are pleased and excited to be recognized for achieving national standards that foster effectiveness and promote continuous quality improvement," said Nicki Aaker, CCHHS Director. "The accreditation process helps to ensure that the programs and services we provide are as responsive as possible to the needs of our community. **With accreditation, Carson City Health & Human Services is demonstrating increased accountability and credibility to the public, funders, elected officials and partner organizations with which we work.**"

The national accreditation program, jointly supported by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, sets standards against which the nation's nearly 3,000 governmental public health departments can continuously improve the quality of their services and performance. To receive accreditation, a health department must undergo a rigorous, multi-faceted, peer-reviewed assessment process to ensure it meets or exceeds a set of quality standards and measures.

"Whenever you see our seal of accreditation, you will know that Carson City Health & Human Services has been rigorously examined and meets or exceeds national standards that promote continuous quality improvement for public health," Aaker said. "By continuing to improve our services and performance, we can be sure we are meeting the public health needs of those we serve as effectively as possible."

Public health departments play a critical role in protecting and improving the health of people and communities. In cities, towns, and states across the nation, health departments provide a range of services aimed at promoting healthy behaviors; preventing diseases and injuries; ensuring access to safe food, water, clean air, and life-saving immunizations; and preparing for and responding to public health emergencies.



**MEDIA CONTACT**

**Taylor Radtke, Public Information Officer**  
Carson City Health & Human Services  
(Office) 775-283-7908

CCHHS began the journey towards public health accreditation as a beta test site in 2010. Since the beta test, the Health Department has collaborated with community partners to complete projects necessary for national accreditation such as the Carson City Community Health Assessment, Community Health Improvement Plan and the internal Health Department Strategic Plan.

**“Carson City Health & Human Services joins the growing ranks of accredited health departments in a strong commitment to their public health mission,”** said PHAB President and CEO **Kaye Bender, PhD, RN, FAAN.** “The peer-review process provides valuable feedback to inform health departments of their strengths and areas for improvement, so that they can better protect and promote the health of the people they serve in their communities. Residents of a community served by a nationally accredited health department can be assured that their health department has demonstrated the capacity to protect and promote the health of that community.”

The national accreditation program was created collaboratively over a 10-year period by hundreds of public health practitioners working at the national, Tribal, state, and local levels. Since the program’s launch in September 2011, hundreds of public health departments have applied to PHAB for accreditation, and hundreds of public health practitioners from across the nation have been trained to serve as volunteer peer site visitors for the program.

**“Achieving accreditation indicates that CCHHS is dedicated to improving and protecting the health of the community by striving to continuously improve the quality of the services it delivers,”** said **Ray (Bud) Nicola, MD, MHSA,** chair of PHAB’s Board of Directors and affiliate professor at the **University of Washington, School of Public Health in Seattle.** “Accreditation also promotes consistency in meeting standards. With an ever-increasing number of health departments now applying for and becoming accredited, you will be able to expect to receive the same quality of public health services wherever you go in the United States.”

**For more questions about public health accreditation or to schedule an interview with our Public Information Officer, call 775-283-7908. Information is also available at [www.getthehealthycarsoncity.org](http://www.getthehealthycarsoncity.org) and [www.facebook.com/CCHHS](http://www.facebook.com/CCHHS).**

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Exhibit "C"

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

June 1, 2015

To: State Board of Health Members

From: Kevin Dick  
Washoe County District Health Officer

Subject: June 2016 Washoe County District Health Officer Report

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## Strategic Plan

The District Board of Health participated in the development of an FY 17-20 Strategic Plan for the Health District with they approved at their May 2016 meeting. The Health District received grant funding through NACCHO that helped to support development of the plan. The Executive Summary of the Strategic Plan is attached and the full plan is available on the Health District website.

## Budget

The Board of County Commissioners finalized the Fiscal Year 2016-17 Washoe County budget at their May 17, 2016 meeting. The Health District's budget was adjusted to include anticipated group insurance and COLA cost which are within the capacity of the budget to cover due to projections of an increased beginning fund balance. All the above-base requests for the Health District were included.

The budget outlook continues to improve. Projections indicate revenues will exceed expenditures again this fiscal year. That will positively impact ending fund balance into the future.

## Opioid Situation

The impacts of opioid abuse in the community were brought to stark reality with law enforcement action taken against an alleged "pill mill" involving a physician and other distributors. The Health District participated in several meetings at the REOC to discuss and coordinate on a community response with a number of other healthcare, social service and law enforcement entities. Information on accessing medical and new primary physician services as well as substance abuse treatment resources have been posted on the website. The Health District coordinated with the Division of Public and Behavioral Health and Nevada State Medical Association regarding substance abuse treatment center services and capacity available. The Health District will continue to work with the community partners to expand outreach and awareness of this public health issue.

## Emergency Medical Services

The District Board of Health approved a new REMSA response zone map that will become effective July 1, 2016. The Board also approved updated response time exemptions that will become effective the same date. The Board approved the use of 52 Omega determinants which

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ODHO Phone: 775-328-2416 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)  
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**Public Health**  
Prevent. Promote. Protect.

Subject: June 2016 Washoe County District Health Officer Report

Date: June 1, 2015

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will allow for low-acuity calls received through the 9-1-1 system to be handled by a REMSA nurse over the phone without the an EMS or ambulance response. An ambulance will be provided if requested by the caller.

#### Public Health Preparedness

The EMS Coordinator participates in the Statewide Medical Surge Working Group. The final version of the Nevada Statewide Medical Surge Plan was tested during a tabletop exercise in May 2016. Additionally, the regional annexes to the statewide plan, which were developed during this revision process, will also be exercised during a tabletop scheduled for June 16, 2016.

A tabletop exercise to assess the implementation of the Washoe County Disaster Behavioral Health Annex took place on May 18 at the Regional Emergency Operations Center. Participants included American Red Cross, Crisis Call Center, Washoe County Social Services, Washoe County Emergency Management, regional hospitals, Inter-Hospital Coordinating Council, behavioral health professionals, Medical Reserve Corps, and Washoe County School District.

Operation Unicorn, community-wide full-scale infectious disease exercise that all Washoe County Hospitals will participate in is scheduled for June 9.

Staff is nearing the completion of Washoe County Isolation and Quarantine Bench Book and Plan. The bench book and plan will be tested through a tabletop exercise on June 17.

#### Additional Information

Detailed monthly reports from each of the WCHD Divisions are available in the District Board of Health monthly meeting packets at:

[https://www.washoecounty.us/health/board\\_committees/dboh/index.php](https://www.washoecounty.us/health/board_committees/dboh/index.php).

#### Attachments:

Strategic Plan Executive Summary



Exhibit "D"

# Strategic Plan

## WASHOE COUNTY HEALTH DISTRICT FY17-20 STRATEGIC PLAN EXECUTIVE SUMMARY

### MISSION STATEMENT

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To protect and enhance the well-being and quality of life for all in Washoe County.

### VALUES STATEMENT

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- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

### VISION

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A healthy community

### STRATEGIC DIRECTION

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Leaders in a unified community making measurable improvements in the health of its people and environment

### STRATEGIC PRIORITIES

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1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. **Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.
6. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

## STRATEGIC PRIORITIES & FY17-20 GOALS

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**1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.**

FY17-20 Goals:

- 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
- 1.2 Provide preventive health services that are proven to improve health outcomes in the community.
- 1.3 Improve access to healthcare and social services so people of all means receive the services they need.

**2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**

FY17-20 Goals:

- 2.1 Protect people from negative environmental impacts.
- 2.2 Keep people safe where they live, work, and play.

**3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.**

FY17-20 Goals:

- 3.1 Raise awareness of the Health District and the services it offers within the community.
- 3.2 Work with others to establish policies that positively impact public health.
- 3.3 Inform the community of important health trends by capturing and communicating health data.
- 3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.

**4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

FY17-20 Goals:

- 4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly associated with public health outcomes.
- 4.2 Support and promote behavioral health.
- 4.3 Improve nutrition by supporting efforts to increase food security.
- 4.4 Enhance the regional EMS system.

**5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.**

FY17-20 Goals:

- 5.1 Update the Health District's financial model to align with the needs of the community.
- 5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

**6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.**

FY17-20 Goals:

- 6.1 Create a positive and productive work environment.
- 6.2 Focus on continuing to build staff expertise.



Exhibit "E"

Brian Sandoval  
Governor

Richard Whitely, MS  
Director



Cody L. Phinney, MPH  
Administrator

John M. DiMuro, DO  
Chief Medical Officer

# 2015 Sentinel Events Summary Report

presented by: Kimisha Causey  
prepared by: Yucui ("Yurie") Liu  
State Board Of Health Meeting

June 10, 2016

Department of Health and Human Services  
Division of Public and Behavioral Health  
Office of Public Health Informatics and  
Epidemiology  
Sentinel Event Registry





# Agenda

- Sentinel event definition
- Who should report sentinel events?
- Data collection methods
- Data analysis results
- Plans and Goals
- Conclusion



## Definition

- Assembly Bill (AB28), effective 10/1/2013
- Defined as a serious reportable event included in Appendix A of “Serious Reportable Events in Healthcare—2011 Update: A Consensus Report.”
- Published by the National Quality Forum (NRS 439.830).



## Who Should Report?

- Hospitals
- Obstetric centers
- Surgical centers for ambulatory patients
- Independent centers for emergency medical care ([NRS 439.805](#))



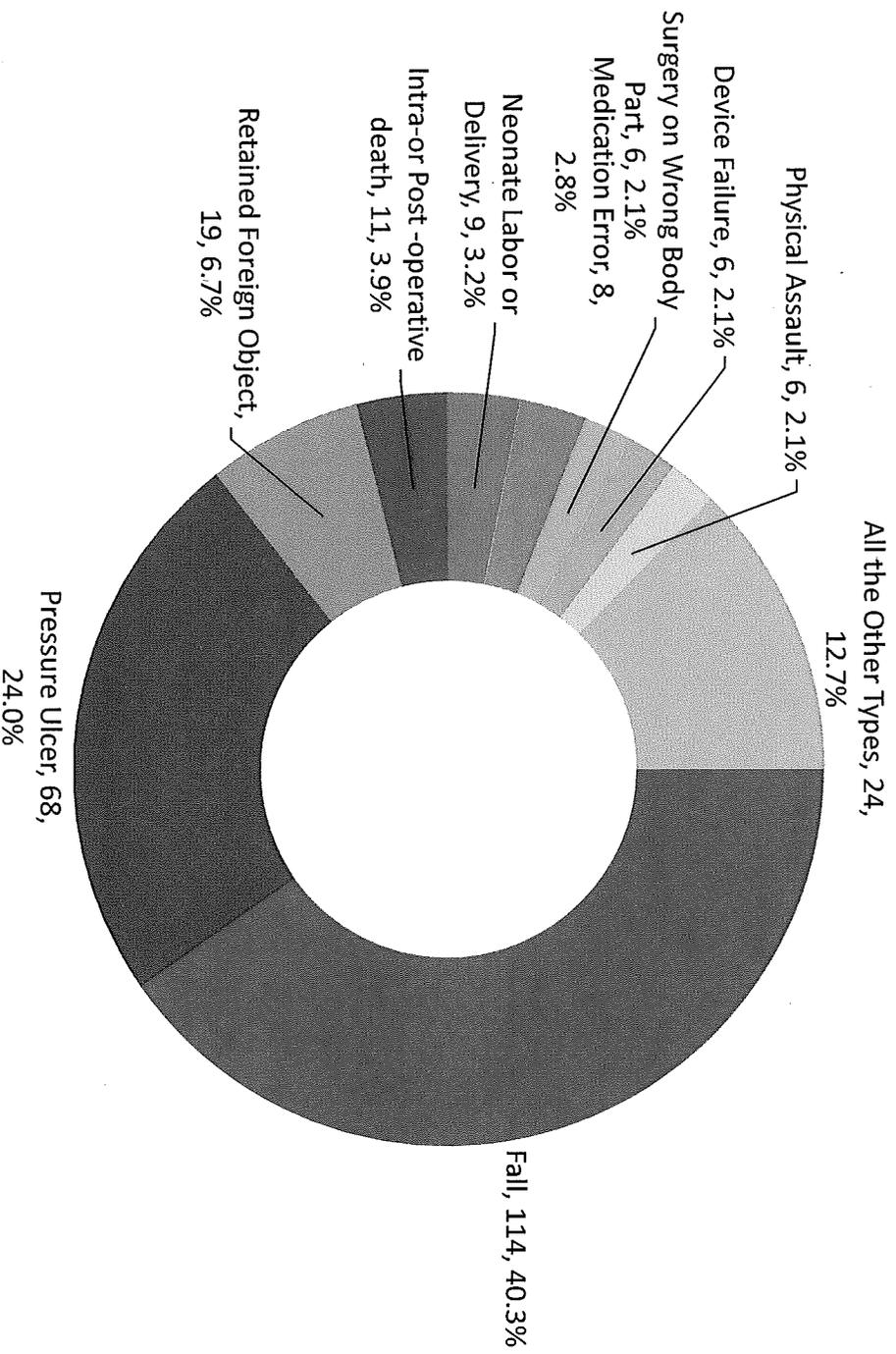
## Data Collection Methods

- Report forms: Part 1 and Part 2
- Summary report forms: Sentinel event report summary form and patient safety committee form were due on March 1, 2016.



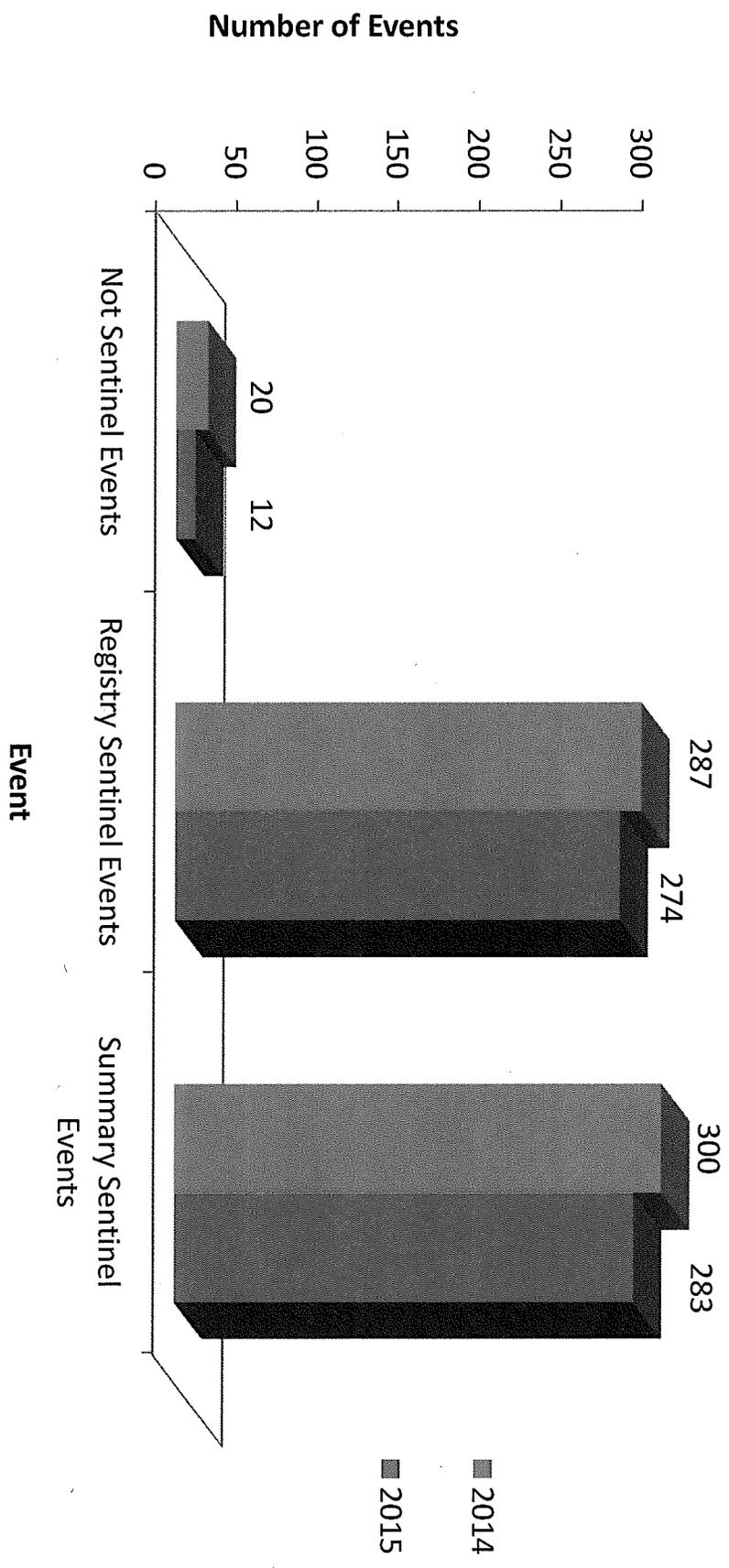
# Sentinel Events by Type in 2015

(from Summary Report Form)



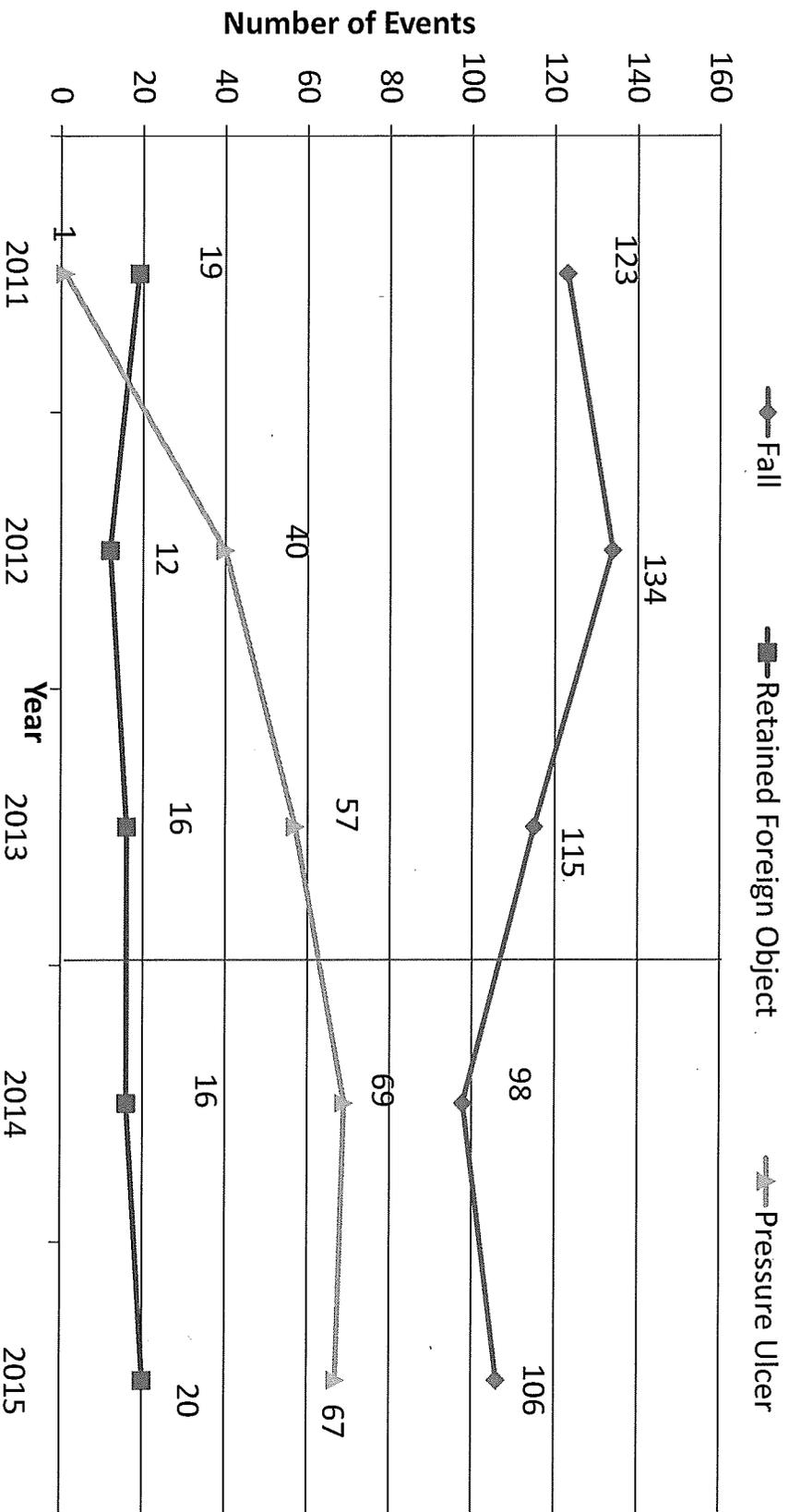


# Sentinel Events Comparison between 2014 and 2015





# Top 3 Types of Sentinel Events in 2015, Compared to Prior 4 Years





## Duration in Days between Event Aware Date and Facility State Notification Date

Duration	Events (2014)	Events (2015)	Percent (2015)
0-14 days	276	248	86.71%
15-30 days	20	24	8.39%
31-60 days	8	6	2.10%
61-90 days	2	3	1.05%
91-120 days	0	3	1.05%
120+ days	1	2	0.70%
<b>Total</b>	<b>307</b>	<b>286</b>	<b>100.00%</b>



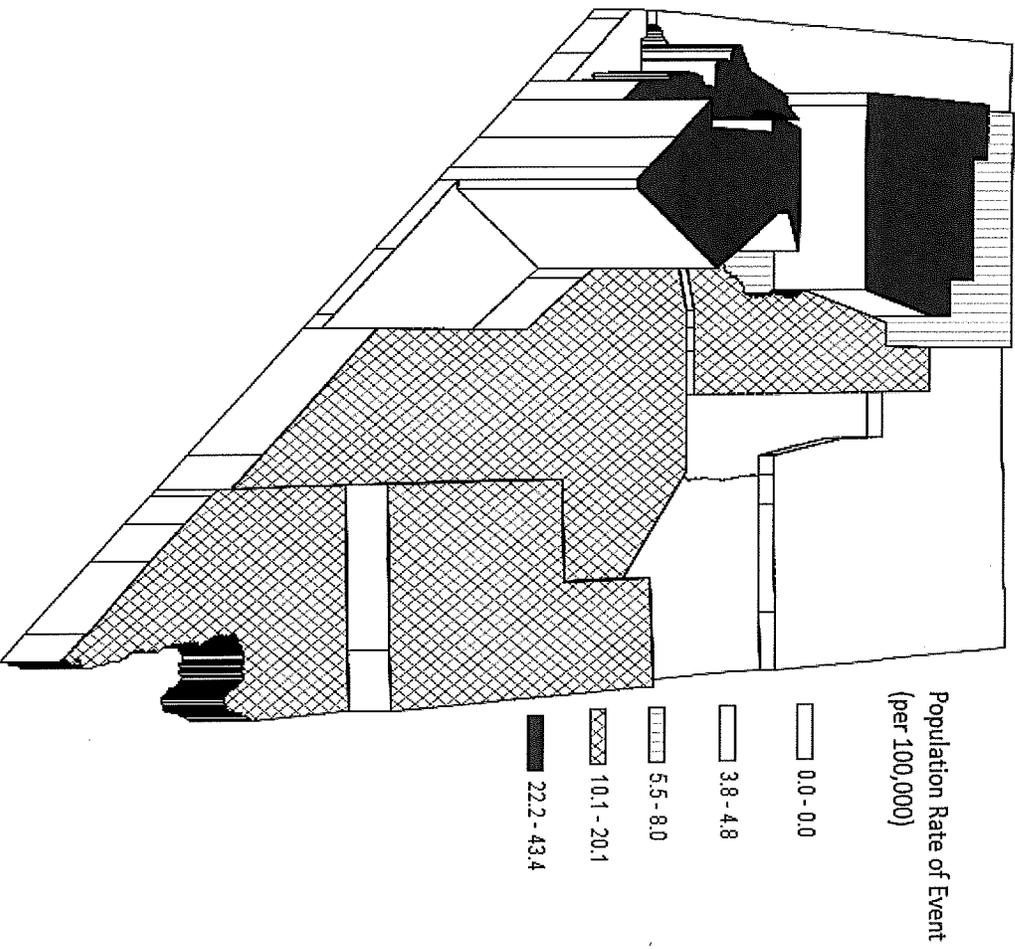
# Reporting Duration in Days between Part 1 and Part 2 Form

Days between Part 1 and Part 2 SER Report Submission	Events (2014)	Events (2015)	Percent (2015)
0-45 days	263	259	90.56%
46-60 days	17	17	5.94%
61-90 days	11	4	1.40%
91-120 days	6	0	0.00%
120+ days	3	0	0.00%
Other*	7	6	2.10%
<b>Total Events</b>	<b>307</b>	<b>286</b>	<b>100.00%</b>



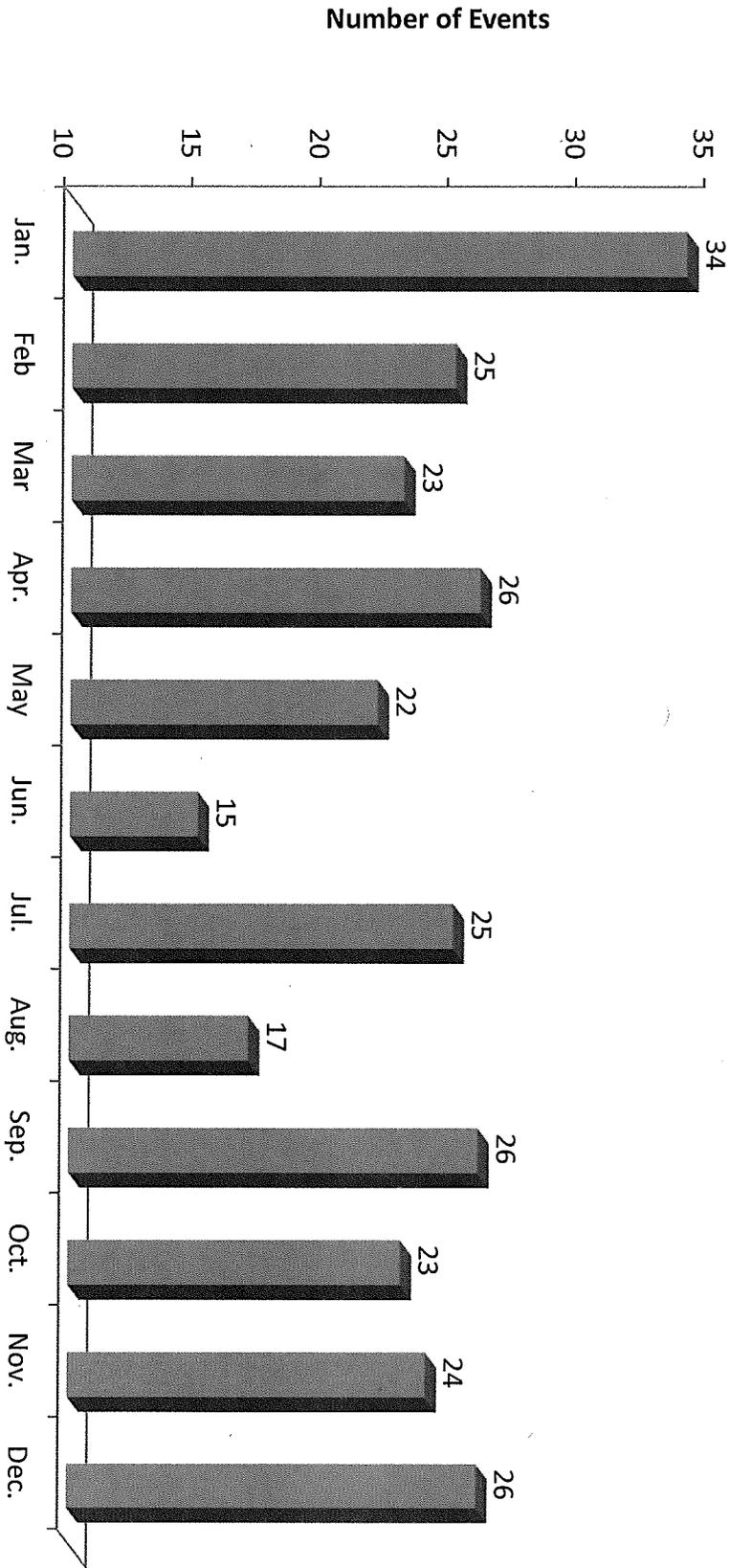
# Sentinel Events by County in 2015

County	Number of Events (2014)	Number of Events (2015)	Percent (2015)
Carson City	6	3	1.05%
Churchill	1	2	0.70%
Clark	212	212	74.13%
Douglas	3	2	0.70%
Elko	1	2	0.70%
Humboldt	3	1	0.35%
Lander	1	1	0.35%
Lincoln	2	1	0.35%
Lyon	5	12	4.20%
Mineral	0	2	0.70%
Nye	6	6	2.10%
Pershing	1	2	0.70%
Washoe	45	21	7.34%
missing data	1	0	0.00%
Other*(patients outside Nevada)	20	17	5.94%
<b>Total</b>	<b>307</b>	<b>286</b>	<b>100%</b>





# Sentinel Events by Month in 2015





# Department/Location of Sentinel

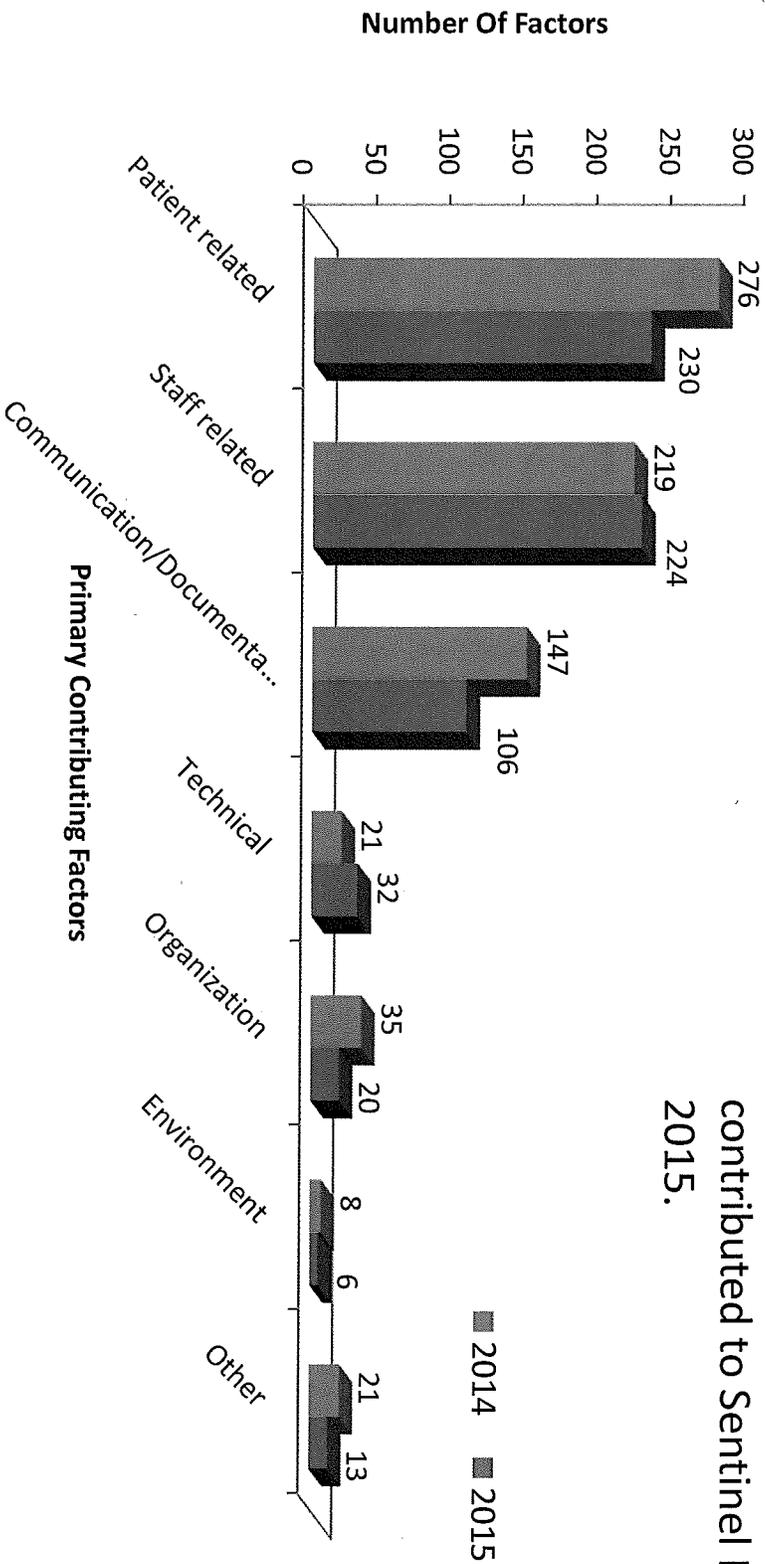
## Events in 2015

Department/Location	Count	Percent	Department/Location	Count	Percent
Medical/surgical	94	36.7%	Ancillary/other	5	2.0%
Intensive/critical care	33	12.9%	Anesthesia/PACU	4	1.6%
Long-term care	23	9.0%	Cardiac catheterization suite	3	1.2%
Psychiatry/behavioral health/Geropsychiatry	19	7.4%	Imaging	3	1.2%
Emergency department	18	7.0%	Neonatal unit (level 3)	3	1.2%
Inpatient rehabilitation unit	18	7.0%	Pediatric intensive/critical care	3	1.2%
Inpatient surgery	16	6.3%	Postpartum	3	1.2%
Outpatient/ambulatory surgery	15	5.9%	Endoscopy	2	0.8%
Intermediate care	12	4.7%	Observational/clinical decision unit	2	0.8%
Labor/delivery	8	3.1%	Outpatient/ambulatory care	2	0.8%
			Total	286	100.0%



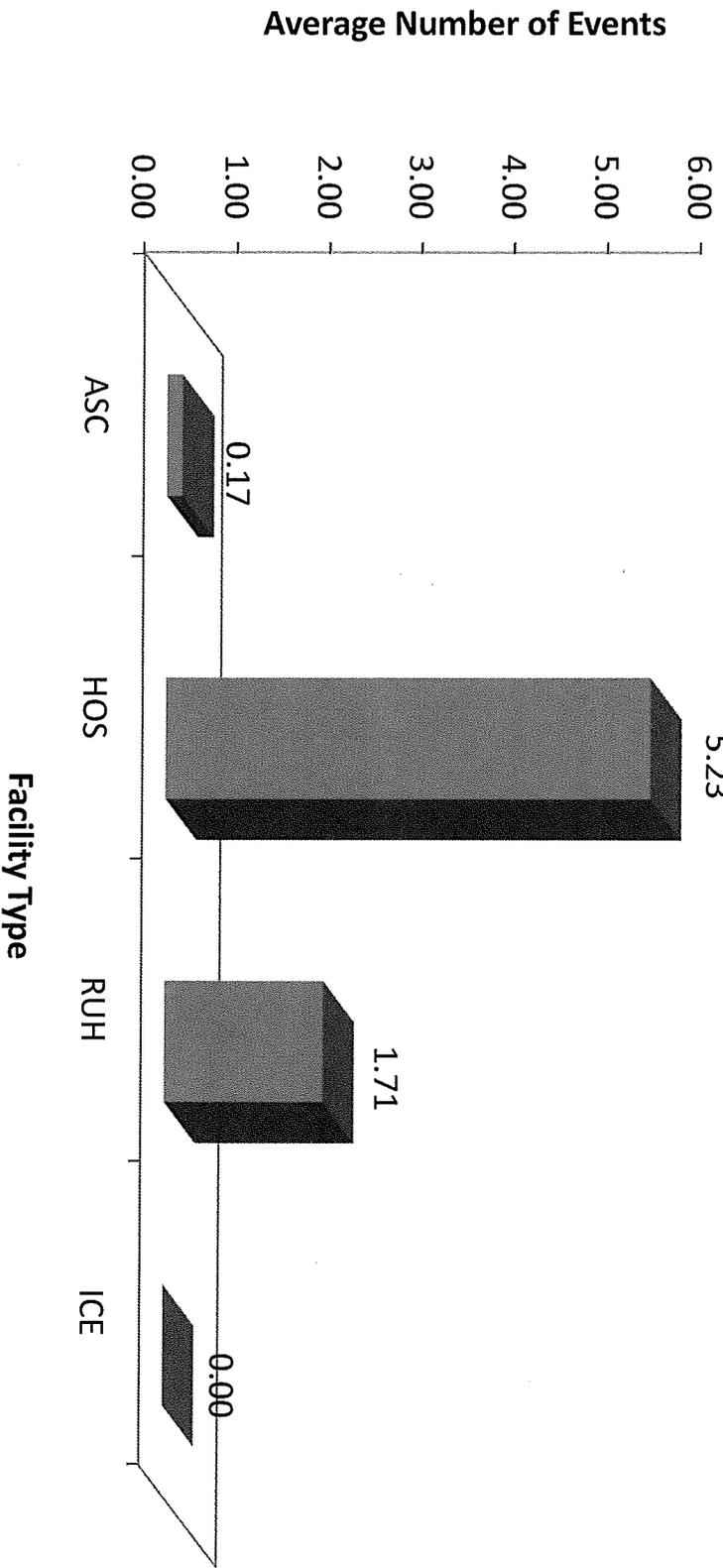
# Detailed Primary Contributing Factors in 2015

631 primary factors that contributed to Sentinel Events in 2015.





# Average Number of Sentinel Event by Facility Type in 2015





# Detailed Primary Factors in 2015

Primary Contributing Factors	Count	Percent
Clinical decision/assessment	103	16.3%
Failure to follow policy and/or procedure	77	12.2%
Non-compliant	63	10.0%
Frail/unsteady	53	8.4%
Physical impairment	46	7.3%
Clinical performance/administration	39	6.2%
Confusion	35	5.5%
Lack of/inadequate documentation	27	4.3%
Hand off/teamwork/cross coverage	26	4.1%
Verbal communication inadequate	24	3.8%
Lack of communication	20	3.2%
Medicated	12	1.9%
Equipment failures	12	1.9%
Inappropriate/no policy/process	10	1.6%
All the other factors	84	13.3%
<b>Total</b>	<b>631</b>	<b>100.0%</b>



# Patient Safety Committees

Facilities Having 25 or More Employees			Facilities Having Fewer Than 25 Employees and Contractors		
Monthly Meeting	Total Facilities	Percentage	Quarterly Meeting	Total Facilities	Percentage
Yes	70	90.91%	Yes	47	97.92%
No	7	9.09%	No	1	2.08%
<b>Total</b>	<b>77</b>	<b>100.00%</b>	<b>Total</b>	<b>48</b>	<b>100.00%</b>
Facilities Having 25 or More Employees			Facilities Having Fewer Than 25 Employees and Contractors		
Mandatory Staff	Total Facilities	Percentage	Mandatory Staff	Total Facilities	Percentage
Yes	76	98.70%	Yes	47	97.92%
No	1	1.30%	No	1	2.08%
<b>Total</b>	<b>77</b>	<b>100.00%</b>	<b>Total</b>	<b>48</b>	<b>100.00%</b>



## Plans and Goals

- REDCap Database (Research Electronic Data Capture)
- Sentinel Event Toolkit
- Patient Safety Plan
- Best Practice for Reporting Sentinel Events
- Sentinel Event Related Educational Activities



## Conclusion

- Most of the facilities followed the procedures and requirements to submit the reports and had internal patient safety plans.
- Some areas for improvement in the future.



# Reference

## RESOURCES

- The Sentinel Events Registry main page is located at:  
[http://dpbh.nv.gov/Programs/SER/Sentinel\\_Events\\_Registry\\_\(SER\)-Home/](http://dpbh.nv.gov/Programs/SER/Sentinel_Events_Registry_(SER)-Home/)
- Sentinel Event reporting guidance and manuals are located at:  
[http://dpbh.nv.gov/Programs/SER/Sentinel\\_Events\\_Registry\\_\(SER\)-Home/](http://dpbh.nv.gov/Programs/SER/Sentinel_Events_Registry_(SER)-Home/)
- The Serious Reportable Events in Healthcare – 2011 Update: A Consensus Report, Appendix A explains in detail each of the Sentinel Event categories used in this report, is located at:  
[http://dpbh.nv.gov/Programs/SER/Sentinel\\_Events\\_Registry\\_\(SER\)-Home/](http://dpbh.nv.gov/Programs/SER/Sentinel_Events_Registry_(SER)-Home/)



# Thank you!

- Kimisha Causey
- Division of Public and Behavioral Health
- [kcausey@health.nv.gov](mailto:kcausey@health.nv.gov)
- (702) 486-3568



Recommended citation:

Nevada State Legislature. *Assembly Bill 28*. 2013 77<sup>th</sup> Regular Session. Available at: [www.leg.state.nv.us/Session/77th2013/Bills/AB/AB28\\_EN.pdf](http://www.leg.state.nv.us/Session/77th2013/Bills/AB/AB28_EN.pdf)

Nevada State Legislature. *Assembly Bill 59*. 2005 73<sup>rd</sup> Regular Session. Available at: <http://www.leg.state.nv.us/Session/73rd2005/Reports/history.cfm?PID=1424>

National Quality Forum. *Serious Reportable Events In Healthcare-2011 Update: A Consensus Report*. Washington, DC: NQF; 2011. Available at:

[www.qualityforum.org/Publications/2011/12/Serious\\_Reportable\\_Events\\_in\\_Healthcare\\_2011.aspx](http://www.qualityforum.org/Publications/2011/12/Serious_Reportable_Events_in_Healthcare_2011.aspx)

This presentation was produced by the Office of Public Health Informatics and Epidemiology of the Nevada Division of Public and Behavioral Health through budget accounts 3216 and 3219.



**DATE:** June 10, 2016  
**TO:** State Board of Health Members  
**FROM:** Joseph Iser, MD, DrPH, MSc, Chief Health Officer  
**SUBJECT:** Chief Health Officer Report

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#### Zika Update

The Southern Nevada Health District has reported five cases of Zika virus in Clark County residents as of June 1, 2016. To date, all patients reported by the Health District are travel-associated cases and updates are being posted to the agency website as they are confirmed. The Health District advises anyone who is concerned about a possible exposure to Zika virus and who has traveled to an area where the virus is circulating to consult with a health care provider. A Zika virus diagnosis is based on travel history, clinical signs and symptoms, and laboratory blood tests. Additional information about Zika virus disease is available on the [CDC website](#).

#### Goodsprings Lead Testing

The Southern Nevada Health District offered blood lead level testing to community members in Goodsprings, Nevada on March 30, 2016 after it was discovered that the water system that serves both the school and community center contained concentrations of lead above the threshold action level set by the U.S. Environmental Protection Agency (EPA).

Seven students and four adults were tested and none were found to have blood lead levels at or above the Centers for Disease Control and Prevention's recommended reference range. This testing was performed out of an abundance of caution, and there was no indication of a significant exposure in the community. If anyone was found to have elevated blood lead levels, follow up testing would have been performed by the Health District, along with appropriate referrals to a medical provider. Additionally, the Health District staff would conduct environmental assessments on the personal residence of any person found to have had an elevated blood lead level to help further determine the source of the exposure. Oftentimes, the sources are imported candies, lead paint used in pre-1978 homes, or ceramic pottery. It is recommended that all children get screened at least once for elevated blood lead levels.

#### Family Planning Clinic

The Health District has expanded its family planning services with a new clinic at its Public Health Center located at 280 S. Decatur Blvd. Services at the Decatur location include pregnancy testing, birth control, emergency contraception, health assessment, gynecological examination, reproductive health

counseling, health education, and referrals. The low-cost family planning clinic offers services Monday through Friday by appointment only. The Health District's East Las Vegas Public Health Center continues to offer the same slate of services at its location at 570 N. Nellis Blvd.

### *F<sup>2</sup>OOD+ (Farm Fresh Out Of the Desert, PLUS)*

The Health District received a \$10,000 Nutrition Incentive Program Support and Innovations Grant from Wholesome Wave that allowed the agency to implement a supplemental component of its existing *F<sup>2</sup>OOD (Farm Fresh Out Of the Desert)* initiative. The expanded program, *F<sup>2</sup>OOD+ (Farm Fresh Out Of the Desert, PLUS)*, increases access to healthy foods among low-income residents by increasing the number of local farmers markets and community gardens that accept SNAP (Supplemental Nutrition Assistance Program) benefits. The program was implemented in March 2016 and will run through September or until grant funding is exhausted. The incentive program provides a \$2 token for every \$5 spent on SNAP eligible purchases (up to \$8 maximum per visit). The incentive can only be redeemed on produce. The Health District's program increases the number of markets and gardens offering nutrition incentive programs to four additional farmers markets and one community garden.

### Accreditation Update

The Community Health Assessment was distributed and posted on the Health District website for public comment. The assessment identifies the community's health-related needs and strengths, as well as the resources available to address and improve health outcomes. This overarching assessment was accomplished using a formalized process and comprises four additional assessments. Health District staff and partners conducted a Community Health Status Assessment, Community Themes and Strengths Assessment, Local Public Health System Assessment, and Forces of Change Assessment in order to complete the document. These various assessments collect and analyze data, explore competencies and capacities of the public health system, and survey the community to ensure a comprehensive appraisal of the community is presented. The Community Health Assessment is an important component of the accreditation process and a collaborative effort. The finalized assessment will serve as a guidance document for strategic planning by the Health District and community partners.

### Public Health Heroes

The Southern Nevada Health District announced its 2016 Public Health Heroes in April. The recognition is given to individuals or organizations whose efforts positively affect the health and well-being of the community.

#### **Dr. Narbeh Ghazarian/Orthopedic resident/UMC Trauma and Valley Health Systems**

Dr. Narbeh Ghazarian is a resident in orthopedic surgery at UMC's trauma center and also works for the Valley Health Systems. In addition to his full work schedule, he provides free medical care to people in need in the community. Dr. Ghazarian also provides services to high school athletes during games in the event of injuries and provides student athletes in middle and high schools in Clark County with free physicals so they can fully participate in their activities.

#### **Sarah J. McCrea, EMTP, RN/Quality Improvement Coordinator/Las Vegas Fire and Rescue**

Sarah McCrea, EMTP, RN, is the quality improvement coordinator for Las Vegas Fire and Rescue. In this role, she works with EMTs and stakeholders to address unmet community health needs. With her

partners, she developed an innovative, cutting-edge program to reach severely at-risk and highly marginalized members of the community who are rarely seen by health care professionals, until they require the care of first responders. The goal of the program is to link those in difficult or extreme circumstances to personal health care services and social services.

Public Health Heroes are nominated by Health District staff members for their efforts in supporting one or more of the 10 Essential Public Health Services.

Exhibit "G"



## HUMBOLDT GENERAL HOSPITAL EMS/RESCUE

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April 20, 2016

Nevada State Board of Health  
4150 Technology Way  
Carson City, Nevada

To whom it may concern,

Please accept this this letter of support on behalf of the EMS Advisory Committee for the appointment of Temple Fletcher to the committee. During the March 2016 committee meeting Mrs. Fletcher was unanimously supported by the committee members for appointment.

Temple has been a staple of the Northern Nevada EMS community in ground and air ambulance for many years. Her dedication to the highest level of clinical care and healthcare delivery in Nevada will make her a great asset to this committee.

As Chairman, on behalf of the committee members I ask that you appoint Temple Fletcher to the following position:

*An employee of an organization that provides air ambulance emergency medical services whose duties are closely related to such emergency medical services.*

Should you require additional information please don't hesitate to contact me.

Best regards,

Jared Oscarson  
Deputy Chief EMS  
Chairman Nevada EMS Advisory Committee