

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical Officer

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**DRAFT Minutes**  
**STATE BOARD OF HEALTH**  
**September 3<sup>rd</sup>, 2021**  
**9:00 a.m.**

**MEETING LOCATIONS:**

This meeting was held online, or by phone. The online and phone meeting location is:

**Meeting Link:**

**Join Zoom Meeting**

<https://zoom.us/j/99339558897?pwd=dis1akphUFNIS1pTUE9BQTBINFRNUT09>

Meeting ID: 993 3955 8897

Meeting passcode: 640932

Join By Phone:

**Phone: 1-669-900-9128**

**Meeting ID: 993 3955 8897**

**(Passcode: 640932)**

**1.- Call to order/roll call – Dr. Jon Pennell, Chair**

**BOARD MEMBERS PRESENT:**

Dr. Jon Pennell, DVM (Online)

Mr. Charles (Tom) Smith (Online)

Ms. Judith Bittner (Online)

Dr. Trudy Larson, M.D. (Online)

**BOARD MEMBERS ABSENT EXCUSED:**

Dr. Jeffrey Murawsky, M.D.

Dr. Monica Ponce, DDS

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

Joseph Filippi, Executive Assistant, DPBH; Richard Whitley, Administrator DHHS; Dr. Ihsan Azzam, Chief Medical Officer; Lisa Sherych, Administrator DPBH; Debi Reynolds, Deputy Administrator, DPBH; Cody Phinney, Deputy Administrator, DPBH; Pierron Tackes, Attorney General's Office DAG; Brent Geerhart, IT Technician, DPBH; Rex Gifford, Administrative Assistant III; Karen Beckley, EMS Bureau Chief; Jesse Wellman, Biostatistician II, Office of Analytics; Bradley Waples, Health Facilities Inspector III, HCQC; DPBH; Kareen Filippi, Executive Assistant, DHHS; Karissa Loper, Health Bureau Chief, DPBH; Candice McDaniel, Programs Department Director, DHHS; Shannon Litz, Public Information Officer, DHHS; Steve Gerleman, Health Facilities Inspection Manager, DPBH; Bobbie Sullivan, EMS Program Manager, DPBH; Preston Tang, HIV Prevention Coordinator & Data Analyst, Office of HIV; Leticia Metherell, Health Program Manager III, HCQC; Theresa Wickham, Lakes Crossing Agency Manager, DPBH; Vickie Ives, Deputy Bureau Chief, Chronic Disease, DPBH; Lindsey Kinsinger, OPHIE Manager, DPBH; Tawny Chapman, Executive Assistant, DHHS; Nathan Orme, Education & Information Officer, DPBH; Dawn Yohey, Clinical Program Manager III, DPBH; Brook Adie, Health Bureau Chief, DPBH; Susan Lynch, Hospital Administrator, SNAMHS; Aundrea Ogushi, Health Program Specialist II, Cancer Control Registry, DPBH; Lyell Collins, Health Program Specialist II, Communicable Diseases, DPBH; Teresa Hayes, Health Program Manager III, EHS; Tina Dortch, Manager, Office of Minority Health & Equality, DHHS; Tory Johnson, HIV/AIDS Program Manager, DPBH; Christina Brooks, Agency Manager, NNAMHS; Kimisha Causey, Health Program Manager II, HAI Coordinator, DPBH

**OTHERS PRESENT:**

Dr. Colleen Lyons, Health Officer for Carson City Health and Human Services; Kevin Dick, District Health Officer, Washoe County Health District (WCHD); Dr. Leguen, District Health Officer for the Southern Nevada Health District; Linda Anderson; Bodie Golla, Assistant Chief/EMS City of Ely Fire Department; Kyle Sprague; Alicia Roman; Erin Swenson; Jennifer Atlas; Brittany Walker; Jerry Hernandez; Claude Wise; Dennis Moore; Alex Tanchek; Linda Bingaman; Shealene French; Trey Delap

Joseph Filippi opened the meeting at 9:00 a.m.

Roll call was taken, and it was determined that a quorum of the State Board of Health was present.

**2. -Item for Possible Action – Review and Approval of meeting minutes from the June 4<sup>th</sup>,2021 Board of Health Meeting – Jon Pennell, Chair**

Chair Pennell opened the meeting in accordance with the public open meeting laws and regulations. Chair Pennell asked the Board if there was any comments or questions about the June 4<sup>th</sup>, 2021, Board of Health meeting minutes. Chair Pennell then asked if there were any public comments about the June 4<sup>th</sup>, 2021, meeting minutes only. Hearing no Board member or public comments about the June 4<sup>th</sup>, 2021, Board of Health meeting minutes Chair Pennell asked for a motion.

**CHAIR PENNELL REQUESTED A MOTION TO APPROVE THE JUNE 4<sup>TH</sup>, 2021 BOARD OF HEALTH MEETING MINUTES. A MOTION BY MS. BITTNER TO APPROVE OF THE JUNE 4<sup>TH</sup>, 2021 BOARD OF HEALTH MEETING MINUTES WAS MADE AND SECONDED BY MR. SMITH.**

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**THE JUNE 4<sup>TH</sup>, 2021 BOARD OF HEALTH MEETING MINUTES WERE APPROVED UNANIMOUSLY.**

**3. – Informational Item – Health Department/District Regional Health Reports.**

**Carson City Health and Human Services – Nicki Aaker, Director, Carson City Health and Human Services (CCHHS)**

Nikki Aaker, Director of the Carson City Health and Human Services (CCHHS) was unable to present the report for Carson City Health and Human Services. The oral report was presented by Dr. Colleen Lyons, Health Officer for Carson City Health and Human Services.

Dr. Lyons started the report with the Caldor Fire incident report. Dr. Lyons reported that there were some glitches with the 2 evacuation centers in Carson City. Carson City activated the Emergency Operations on Monday; August 30<sup>th</sup> for the Caldor Fire evacuees. Two evacuation centers were set up by the American Red Cross in Carson City for the evacuees they were Fuji Park and the Carson City Community Center. Nevada Humane Society, Carson City’s contracted animal control services set up an animal evacuation center at Fuji Park. There have been multiple difficulties with the American Red Cross, which has been communicated to the Department of Emergency Management. Carson City Emergency Management was notified that there were no medical personnel at the two sites, so the EOC (Emergency Operations Center) Health Branch provided medical personnel. A request was made through the Battle Born Medical Corps of which a couple of individuals responded to the requested shift times. On Wednesday, September 1<sup>st</sup> Carson City was notified that all evacuees would be going to Reno, so the residents are at the request of Eldorado County, California. The evacuation center at Fuji, with the exception of the animal evacuation center is closed and no services are being provided. There continues to be individuals from California that are camping in RV’s (Recreational Vehicles), trailers, tents, and cars for a total of about 50 people. Carson City will be requesting activation of the Crisis Counseling program which is part of the Behavioral Health Emergency Operations Plan that was developed by our Regional Behavioral Health Policy Board. These individuals will be utilizing Fuji Park to assist individuals in getting to Reno.

The evacuation center at the Carson City Community Center is on standby and the American Red Cross will activate if needed relative to the fire spreading and crossing the Nevada state line. Then we will have our own Nevada state residents evacuated as well.

The COVID-19 response regarding schools the epidemiology was requested not to be on record. Dr. Lyons asked the Board members if they had any questions on the Caldor Fire evacuation. Dr. Lyons was involved in helping set up the two evacuation sites. Dr. Lyons stated that it was a bit chaotic. The Department had been told previously before COVID that they were in the process of making plans to be back up medical for these types of situations, but they were told to stand down saying that Red Cross would handle it. However, the Red Cross nurses were about 24 hours behind getting to the evacuation centers.

Chair Pennell thanked Dr. Lyons and asked the Board if they had any questions. No questions were asked by the Board.

**Washoe County Health District – Kevin Dick, Health Officer, Washoe County Health District (WCHD)**

Mr. Kevin Dick, District Health Officer, Washoe County Health District (WCHD) presented the report for the Washoe County Health District (WCHD). His report is attached hereto as Exhibit “A.”

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Mr. Dick provided some updates to the report that was submitted. Mr. Dick started with the evacuees from the Caldor Fire. There is an evacuation center running now in Reno for the evacuees of the Caldor and Dixie Fire. It is at the Reno-Sparks Convention Center for several hundred people. WCHD is providing MRC volunteers for medical assistance at the center, through the Health District. The BinaxNOW COVID test, for testing positives using the COVID antigen, was running short in supply because the state had a limited supply. We are getting an additional shipment of those tests from California, which should be adequate for that testing in the future. There are a couple of positive cases that are isolated at the facility.

WCHD COVID-19 response has continued vaccinations through both the Livestock Events Center and Community PODs. The demand for testing is far exceeding the demand for vaccinations, so WCHD is operating 5 days a week now for testing through the PODs. WCHD is scheduling 600 people per day. That is not meeting the demand. WCHD has been working with the state and federal governments standing up testing through the federal ICAT (Intelligent Contracting Automation Tool) contract that is scheduled to occur at Walmart, but the delivery of the testing through that contract has been problematic. With issues like people scheduled for testing, showing up and no testers being there. We are told that issue is smoke related. WCHD is trying to get that resolved with the vendor that the federal government has for that testing. Testing is currently in high demand. That is due to the high number of COVID-19 cases that we are experiencing. WCHD is at 288 cases per day for the 7 day average. That compares to about 20 cases a day since the beginning of July, so that is a 14 fold increase in cases that have occurred during that period of time. WCHD has also seen increases in hospitalizations. The hospitals are straining under the demands for both COVID and other healthcare in the community as the staffing shortages continue. Not just with nursing, but all the personnel needed for the hospital system. The surge is due to the large number of people who have been hesitant, or defiant, to get the vaccination and defiant to follow all of the mitigation guidelines. That is creating a reservoir of COVID-19 in our community that is propagating in that population and while we have a very highly effective vaccine we know that under those conditions and levels of transmission that is occurring in the community we are experiencing breakthrough cases. The vast majority of hospitalization cases and deaths are unvaccinated individuals. Some as young as in their 20's. A person in their 20's passed away last week. WCHD deaths have increased dramatically as well. 47 COVID-19 deaths were reported through the month of August. That is up from 5 deaths for the district in July. WCHD is at about 60% of cases occurring daily when the peak was hit last November. WCHD has been running about 2 to 4 weeks behind Clark County. Clark County has hit their peak and they are coming back down from it. Mr. Dick is hopeful that WCHD will hit a peak soon, but that has not been seen yet.

Mr. Dick also updated the State Board of Health regarding the WCHD Health Agreement, which is the agreement between Reno, Sparks, and Washoe County which make up the Health District. The topic was discussed at a concurrent meeting that occurred January of this year between the two city councils and county commissioners. They discussed whether changes should be made to that interlocal agreement. That discussion included having all the appointees being elected officials and including additional members appointed to the Board beyond that. Those appointed elected included changing the name of the Washoe County Health District because of the perception that it falls under the Washoe County Board of Commissioners. This was discussed at that meeting and there was a meeting of the Washoe County Board of Health to discuss the interlocal agreement and if the Board members had any recommendations to the interlocal agreement. They supported the idea of a name change for the health district as their only recommendation. They wanted Mr. Dick to meet with the city and county managers to get their input on the interlocal agreement. That meeting occurred on August 24<sup>th</sup> and the consensus of the managers was to move forward with a name change for the District Board of Health, but they did not support other changes to the interlocal agreement at this time. They felt that after we get through

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the COVID-19 pandemic they would support facilitated discussions regarding the Health District and how the district is performing and any changes to that. The idea of adding additional members to the Board was not supported because it is not in the composition for the Board under statute (Nevada Revised Statute) NRS 439. There was also some discussion at the County Board of Health meeting regarding alternates for the Board members. That was also not supported by the managers on the 24<sup>th</sup> because NRS does not specifically authorize alternates for the Board composition. The one recommendation out of that meeting was to change the name of the Health District. It was recognized that we do not have a logical name to transition to as SNHD is in a county that is at the pointy end of our state, and northern Nevada is quite broad. WCHD will work on briefing the board on an approach moving forward to bring a firm onboard to help find an appropriate name to replace WCHD and how that would be branded. WCHD wants to do this thoughtfully, and the managers agree with this. The manager's recommendations was to move forward with that effort. Identify what the appropriate name should be then in the 2022 calendar year WCHD amends the interlocal agreement to include that name change. That would then be rolled out in January of 2023.

Mr. Dick concluded his report offering to take any questions from the Board members.

Chair Pennell thanked Mr. Dick for his presentation and for his report. Chair Pennell remarked that he had not seen the terrorism bulletin that was in the report before, and thanked Mr. Dick for adding that. Mr. Dick thanked Chair Pennell for recognizing the bulletin, and he thanked all of the Board members.

Dr. Larson asked Mr. Dick what his best estimate was for the percentage of population in Washoe County that are immunized.

Mr. Dick stated that what he relies on is the information that the state puts out on their dashboard. For the total population the vaccination rate is at about 52%. For the 12 years-old and older population that is eligible to receive the vaccination Washoe County is just over 61%. For that eligible population they are at almost 68% have received the initial dose of the vaccine and almost 58% of the total population has received their initial dose. While the vaccinations have benefited the people who have received them there's such a high level of unvaccinated people which was in COVID-19 transmission. It is not as good a situation as if we had many, many, many more people vaccinated, and the vaccine was not under the stress that it is with the number of exposures that are occurring and infecting people.

Dr. Larson thanked Mr. Dick for his explanation. Chair Pennell asked the Board if they had any questions.

Dr. Lyons stated that the Carson City Health and Human Services (CCHHS) is having the same issue with evacuees from the Caldor Fire overwhelming the hospital system. There are issues transferring them to Reno because Reno's hospitals are also full. Carson City had people stacked up in waiting rooms, and emergency rooms backed up to Emergency Medical Services (EMS) too. EMS was having difficulty getting patients out of the vehicles because of the backup of the emergency department. There were some real issues there.

### **Southern Nevada Health District – Dr. Fermin Leguen, District Health Officer, Southern Nevada Health District (SNHD)**

Dr. Leguen, District Health Officer for the Southern Nevada Health District presented the report for the Southern Nevada Health District (SNHD). The SNHD report is attached hereto as the State of Nevada Board of Health hereto known as Exhibit "B".

Dr. Leguen stated that in southern Nevada there has been over 300,000 cases reported and more than 5,000 dead, due to COVID-19. As you know since June there has been seen a surge in new cases. The good news is

that as of about 2 weeks ago SNHD numbers started to decline. The daily positivity rate today is around 10%. Two weeks ago, it was around 18%. The initial rate in Clark County has been decreasing consistently for the last 2 or 3 weeks. This is very good news for southern Nevada. SNHD has been doing a lot of testing in the district. They have been doing between 8,000 and 11,000 tests a day. During the weekend those numbers decrease to 4,000, but during the weekdays SNHD is doing a lot of testing. This also shows in the way that SNHD is managing their contact tracing investigations. SNHD has been collaborating with the Clark County School District (CCSD). SNHD has strengthened communication with the school district and collaboration with the colleges. SNHD surveillance team contact tracers are working very closely with them. SNHD has two representatives from their surveillance unit co-located in the Clark County School District Command Center for the management of COVID vaccinations in schools, which is working very well. SNHD also provided training regarding how to manage COVID in a school setting to all principals in the school district. This was done through 3 sessions. Similar training was provided for School Board Members. SNHD believes that will contribute to a better understanding of how to address COVID and how to communicate with SNHD teams when they need assistance.

The vaccination campaign has administered more than 2.3 million doses in Clark County. 58% of the SNHD population has received at least one dose of the vaccine. As far as the adult population in Clark County of those who are 18 years old or older SNHD is currently at 71.9% that have received the vaccination.

SNHD has had 5 Clark County residents die from Fentanyl last month due to overdosing in a single day. SNHD issued a health advisory to the community to ask them to pay more attention to this issue. Clark County has lost more than 400 residents since the year 2019 and so far this year there has been an increase of more than 78% of deaths when compared to same period in 2020. Until last week SNHD had 92 deaths due to Fentanyl in Clark County opposed to the year 2020. The SNHD team last month held a Southern Nevada Substance Misuse event with the participation of community members and partners. This was successful. There was a lot of findings and collaboration with discussions about resident health and how to contribute to the fight against Fentanyl overdose and other drugs as well.

Dr. Leguen asked the Board if they had any questions. There were no questions from the Board. Chair Pennell thanked Dr. Leguen for his report.

**State of Nevada, Division of Public and Behavioral Health - Ihsan Azzam, Ph.D., M.D., Chief Medical Officer**

Dr. Ihsan Azzam, Chief Medical Officer reported for the State of Nevada. The report is hereto known as Exhibit "D." Dr. Azzam gave a brief overview of his report.

Good morning Mr. Chairman; and esteemed members of the board and good morning everyone. You already have a copy of my report, so I will just summarize most important points.

Before starting I want to thank our Executive Assistant Mr. Joseph Filippi. Joseph kindly alerted me that in my written report I mentioned that both recommendations of the Governor's Medical Advisory Team (MAT) were approved by the State Board of Health, which is inaccurate. The State Board of Health already discussed and approved the vaccine mandate for the Nevada System of Higher education (NSHE) students and is currently set to discuss the vaccination mandate for employees who serve vulnerable populations, on September 10, 2021.

Since mid-July, COVID-19 cases are unfortunately on the rise again in every state including Nevada, and for the first time the U.S. is exceeding pre-vaccination levels. Cases started to increase due to ongoing spread of the highly contagious Delta variant; low vaccination uptake, and less than full adherence to nonpharmaceutical

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interventions. According to Centers for Disease Control and Prevention (CDC), the Delta variant seems to be comparable to, or as transmissible as the Varicella Virus - the Chicken Pox, which is a very contagious respiratory virus. More than a 100,000 COVID-19 cases are currently hospitalized. Almost all of them are not vaccinated and about 5,000 of those currently hospitalized are minors.

Even though vaccines continue to be highly protective against severe outcomes, hospitalizations and death, recent data seem to indicate some decline in vaccine effectiveness against contracting and transmitting the virus. Recent reports demonstrated that vaccine effectiveness start to decline 6 months after receiving the 2<sup>nd</sup> dose. A 3<sup>rd</sup> mRNA Dose may increase our antibodies titer by 10 folds. While a 2<sup>nd</sup> Dose of the J & J (Johnson & Johnson) vaccine may increase the antibodies titer by 9 folds.

On August 12, 2021 the FDA authorized a 3<sup>rd</sup> mRNA dose for severely or moderately immunocompromised individuals that have been fully vaccinated. Additionally, indications for use of the therapeutic Monoclonal Antibodies were expanded to include post-exposure prophylaxis; allowing high risk patients to seek care without the need for a positive COVID-19 test, which may help reduce transmission, particularly in congregate settings. Early intervention with monoclonal antibodies can shorten the duration of COVID-19 symptoms and may reduce the risk of severe illness and hospitalization by about 70-75%.

On August 23<sup>rd</sup> FDA granted full approval of the first COVID-19 vaccine. Pfizer COVID-19 Vaccine will now be marketed as Comirnaty for individuals aged 16 and older. In Nevada there are about 1,000 newly confirmed cases reported on average each day, and since the beginning of the pandemic, there have been more than 392,000 confirmed COVID-19 cases in the state. COVID-19 cases and hospitalizations started to plateau in Clark County while seeming to continue to increase in Washoe and several other rural and frontier counties.

So far 1 in 8 Nevadans have tested positive for the virus.

Driven primarily by the spread of the Delta variant, the Test Positivity Rate in Nevada has risen from a low of 3.4% in mid-May to more than 16% in August. Currently it's around 12.2%. The Delta variant was responsible for more than 93 % of all genetically sequenced COVID-19 cases in the state, and that is the case nationwide. Most of the cases nationwide and in Nevada are due to the highly infectious Delta variant. This variant is driving breakthrough cases and has led to the CDC recommending to several states, including Nevada, to reimpose mask mandates. Recent Morbidity and Mortality Weekly Reports (MMWR) indicate that unvaccinated people with a history of having had COVID-19 are two times more likely to be infected than those fully vaccinated, so the natural immunity is not as good as the acquired immunity through the vaccine. Additionally, the risk to contract the infection for unvaccinated individuals is 5 times higher than those vaccinated, and the unvaccinated risk for hospitalization is almost 30 times higher than the vaccinated.

Breakthrough cases are infections that occurred in the setting of full vaccination. More than 96% of all breakthrough cases were mild; 3% were moderate, and less than 5 per ten thousand were severe. COVID-19 deaths in Nevada continue to sharply rise, and since the beginning of the pandemic, there have been about 6,565 deaths from COVID-19. As of yesterday, more than 62 % of Nevada residents aged 12 and older have been either partially or fully vaccinated against COVID-19 — including more than 52% who are fully vaccinated. While most of the current efforts are focusing on controlling the pandemic and accelerating COVID-19 vaccinations, this upcoming flu season will be unpredictable due to a significant decline in the collective immunity following the very mild previous flu season. In addition to the COVID Vaccine, it is essential for eligible Nevada residents to get the flu vaccine too.

Dr. Azzam concluded his remarks and stated that he would be happy to answer any questions from the Board.

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Chair Pennell thanked Dr. Azzam for his report and asked the Board members if they had any questions. Having no questions, Dr. Pennell thanked everyone for their reports and stated that it was appreciated.

**4. Item For Possible Action – Approval of the following Consent Agenda Items. All matters listed on the Consent Agenda are considered routine items and may be acted upon by the State Board of Health through one action and without extensive hearing. Any member of the Board may request that an item be taken from the Consent Agenda, for separate discussion and action. The Chair retains discretion in deciding whether or not an item will be pulled off the Consent Agenda.**

Chair Pennell asked if the Board or State Staff wished to have any item pulled. Mr. Filippi responded that staff from the Emergency Medical Services Program (EMS) wished to make a comment.

Karen Beckley, EMS Bureau Chief, greeted the Board. Ms. Beckley stated we have a request from Humboldt General Hospital to withdraw their variance request. Case number 717 (Variance #717) from the Consent Agenda, item “d” on today’s Board of Health meeting. They are going through a personnel change and they want to ensure that the variance request will still be supported before proceeding. Thank you.

Chair Pennell thanked Ms. Beckley and stated that variance number 717, item “d”, will be removed from the consent agenda.

Dr. Larson and Chair Pennell asked the staff for comments on item “e” and item “e” in relation to item “i”.

Mr. Filippi informed the Board that Bradley Waples, Health Facilities Inspector III, Division of Public and Behavioral Health (DPBH) Bureau of Health Care Quality and Compliance (HCQC) would answer the question for the Division regarding item “e”, Variance #718, in relation to item “i” a Compliance Agreement for the Washoe County Health District.

Chair Pennell asked for clarification since they are talking about similar things and acknowledged that there is a difference between a variance and a compliance agreement. Chair Pennell also noted that he did not mean to interrupt Dr. Larson.

Dr. Larson’s question is specific to Variance 718 for Vitalant. Dr. Larson noted that Vitalant has already had some deficiencies and still wanted to reduce the time that they had a medical director in their laboratory. Dr. Larson wanted to know how that would be monitored going forward and is there an issue with making sure they reduce their deficiencies promptly?

Mr. Waples thanked the Chair and Board members for their questions. Mr. Waples responded to Dr. Larson’s question by answering that when the Bureau went to do the inspection on Vitalant the deficiencies that the Bureau issued allows Vitalant to come back with a plan of correction to indicate how, going forward, they are going to meet the requirements. They were willing to go forward and meet the requirements of the compliance agreement that was agreed upon last year that was put together for them. Which was a requirement that they be onsite at least once a quarter but have an electronic means of meeting the obligation to meet once a month.

Mr. Waples continued to answer Chair Pennell’s question about the difference between the compliance agreement and Variance #717. The difference was when the Bureau initially tried to work with Vitalant, because of the COVID pandemic, to mitigate any type of travel or anything they would have to do meet the month to month requirement to be onsite. The Bureau put together a compliance agreement for that purpose. However, the purpose for the variance is more due to the fact they think it is burdensome to actually have to be onsite. The spirit of the regulation is based upon making sure that the laboratory directors were onsite once a



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month to address problems or any kind of deficiencies that are found and make sure that the laboratory is in compliance.

Chair Pennell asked Dr. Larson if the answer was sufficient, and she acknowledged that it was. Chair Pennell then thanked Mr. Waples.

Chair Pennell asked the Board if there were any items they wished to be pulled from the consent agenda. He then asked Mr. Filippi if there was any public comment on the consent agenda. There were no public comments.

Chair Pennell reaffirmed that item “d”, Variance #717, was removed and Chair Pennell asked the Board for a motion on the remaining consent agenda items.

**CHAIR PENNELL REQUESTED A MOTION TO APPROVE THE CONSENT AGENDA EXCLUDING ITEM “d”. A MOTION BY DR. LARSON TO APPROVE THE CONSENT AGENDA AS NOTED WAS MADE AND SECONDED BY MR. SMITH. THE CONSENT AGENDA ITEMS, EXCLUDING AGENDA ITEM “d” WERE APPROVED UNANIMOUSLY.**

**5. Informational Item – Update on Sentinel Events according to NRS 439.843 Presented by Jesse Wellman, Biostatistician II, Office of Analytics**

Mr. Wellman shared his screen and went through the Sentinel Events Registry Summary Report (SER). The Sentinel Events Registry Summary Report is full of events that should never happen in a health care setting reporting. Today I will run through the numbers as reported in 2020.

Mr. Wellman went through the Sentinel Events Registry Report as it was submitted with the following details added.

On page 3, Mr. Wellman explained that the COVID-19 pandemic affected the SER including various staff members being repurposed leaving not as much time to focus on administering the program, so the registrar was redeployed to COVID-19 tracing duties. The administrator, Mr. Wellman, was focused on other aspects of data collection and a supervisor was focused almost entirely on COVID-19 outbreak tracking. That had an impact on the data collection and quality. Some of the numbers you will see reflect these unusual conditions.

On page 5, Mr. Wellman detailed that in Senate Bill (SB) 457 the reporting of unnatural deaths was included and expanded the list of facilities included to the definition of Health Care facility.

On page 6, Mr. Wellman described NRS 439.805 “Medical Facility” defined before SB 457, on page 7, Mr. Wellman explained that now there are 36 types of facilities that qualify to report. This includes many smaller entities that have staffing at much reduced rates compared to the previous entities that reported.

On pages 8, 9, and 10, Mr. Wellman noted that the facilities that are participating vary widely.

On page 11, Mr. Wellman detailed that part 1, initial report to the SER, informs the state that an event has occurred including basic information about the facility and patient care reported. As well as the type of event. Once that is completed they have 45 days to complete the Root Cause Analysis (RCA). Various staff and other relevant parties are interviewed to determine what was source of the error. That is recorded in the RCA report. Mr. Wellman detailed the Annual Report forms stating this is a form due annually and it is expected by March 1<sup>st</sup>. This is the summery report from the facilities. This is a single report where each facility reports in aggregate their accounts. This also reports the activities of the facility in regard to patient safety. Such as meetings, who is expected to attend, and things like this. The NQF has been broken down into specific categories while including a broader category grouping. For example, by the facility methods

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we have it by age groups, other things, and then there is a lumping category. It is the same with other things like medication, etc.

On page 12, Mr. Wellman stated that fall and pressure ulcer have been the most reported events though the years. With the current hospital utilization and the need for Intensive Care Units (ICU) there are higher numbers of pressure ulcers reported.

On page 13, Mr. Wellman noted that this report is similar to the report on page 12 except there are notably more falls. This reflects one institution; it is unknown if it happened there, but one institution has changed these numbers. We continue with similar counts for other numbers, medication errors, unintended retained foreign object. These categories are consistently ordered through the years.

On page 14, Mr. Wellman noted that, looking at the graph, the two reports are not trending as they did in previous years.

On page 16, Mr. Wellman noted how these bar graphs from 2016 to 2020 show how the reported events have changed per year and where they look slightly similar. The arch of color documentation has relatively increased and give a sense of trends over the years. It will be interesting to see how these changes going forward with the current data situation.

On page 17, Mr. Wellman stated that he would like all of the facilities to be in the third column “Did Not Report” meaning there were not any Sentinel Events and he explained that to the right you can see the various counts per facility.

On page 18, Mr. Wellman explained that adults with their age related issues are noted on the right side. Whereas on the left side there has been an increase in patients under 1 years-old. At this point Mr. Wellman stated that he did not have an explanation for this.

On page 19, Mr. Wellman explained that this is a new metric that is spotty at this point. However, these are the numbers that are reported so far. Unfortunately, there are some in the younger category, maybe at some point we will have an explanation, but at this point we do not.

On page 20, Mr. Wellman said that one of the measures of compliance is how quickly the facility notifies the state once they are aware of an event. Fortunately, most of them do well at 83.7% within the expected 14 days. As you can see it trails off. As an observation most facilities that do participate do fairly well with this.

On page 21, Mr. Wellman observed that there have been issues in the column of “No Data or No Next of Kin” this appears to be an increasing trend with additional deaths beyond background we are seeing with our current health situation.

On page 22, Mr. Wellman said that this is a new metric. It is “what day of the week” the sentinel event occurred. This data is for just 2020 and it appears that there is a higher chance of a sentinel event med week. In the complete Sentinel Event Report available on the Sentinel Events Registry website we go back 5 years and this years trend does not hold it varies each year.

On page 23, Mr. Wellman stated that the rankings of sentinel events seem to be consistent every year.

On page 24, Mr. Wellman said that one of the expectations of the facility is how they approach safety. That is reflected in how often they have safety meetings and who is expected to attend the meetings. The page is broken down by facility types and employee counts. This includes contractors. The number of these facilities

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that are non-compliant have increased compared to previous years. That may be due to our current health situation.

On page 25, Mr. Wellman noted that in facilities having 25 or more employees and contractors at 16.9% and facilities having fewer than 25 employees and contractors at 22.9% that there has been a noticeable increase though the years.

On page 26, Mr. Wellman points out that “Lessons Learned” is new and that unfortunately, many of these issues are common.

On page 28, Mr. Wellman stated that we continue to develop the data base to be more user friendly and have more exacting detailed information. We continue to look at actionable insight about patient safety and how the reported data can conform practice. We would like to take our frequently asked questions (FAQ’s) and expand it into other media formats, and we continue to engage facilities around patient safety and sentinel events.

Mr. Wellman concluded his presentation and asked the Board if they had any questions. Chair Pennell then asked the Board if they had any questions for Mr. Wellman. The Board did not. Chair Pennell thanked Mr. Wellman for his presentation.

**6.– Informational Item - Overview of pending regulations resulting from the 81<sup>st</sup> Legislative Session that will become Nevada Administrative Code (NAC) and would require State Board of Health to review and approve. – Joseph Filippi, Executive Assistant, DPBH**

Chair Pennell stated that this was brought up during the last Board meeting and asked if Ms. Sherych or Mr. Filippi would like to make any comments on the overview of pending regulations to the Board.

Mr. Filippi presented by saying. As submitted to the Board of Health members this memorandum includes all of the legislative goals that were passed in the 81<sup>st</sup> legislative session, for the DPBH specifically, and will end up with regulations being brought before the State Board of Health for potential adoption. The memorandum has bills that will be brought by the Bureau of Behavioral Health Wellness and Prevention (BBHWP), Office of HIV (Human Immunodeficiency Virus), Office of Public Health, Epidemiology, and Investigation (OPHIE), and Health Care Quality and Compliance Bureau (HCQC). Mr. Filippi did not go through the memorandum, but he did ask the Board if they had any questions regarding any of the bills on the memorandum that the DPBH staff can assist in answering.

Chair Pennell thanked the Division for the memorandum and asked the Board members if they had any questions about the memorandum. There were no questions from the Board, so Chair Pennell thanked Mr. Filippi and continued the meeting.

**7. -Discussion Only- Recommendations for future agenda items. – State Board of Health Members**

Chair Pennell asked the Board if they had any recommendations for future Board of Health agenda items. There were no suggestions by Board members for future Board of Health agenda items.

**8.- GENERAL PUBLIC COMMENT- Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting.**

Chair Pennell opened the meeting to public comments. Chair Pennell reminded everyone that public comment open to any topic and discussion is limited to 2 minutes.

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Dr. Lyons had a question for the Board. The legislature has a Legislative Committee on Health Care to conduct an interim study regarding the response of this state to COVID and recommendations to legislation. To include response by the state to future public health crisis. What will the input be, if any from the Nevada State Board of Health to that legislative committee?

Chair Pennell told Dr. Lyons that she would have to have contact with them when they start doing that, so he cannot comment on that at this time.

Dr. Lyons asked if the Board is not going to do any outreach to that committee to say that the Board might have some input.

Chair Pennell stated that if the Board had input of course they would give it to them, but he is not familiar with what Dr. Lyons is talking about right now. Chair Pennell did affirm that he knew what Dr. Lyons was saying. Mr. Filippi asked Dr. Lyons if she was referencing a specific bill?

Dr. Lyons confirmed that she was referring to SB209. It is an act relating to employment requiring an employer in private employment to provide paid leave for the purpose of the employee receiving a vaccine requiring an employer in private employment to allow certain uses of paid leave and requiring the Legislative Committee on Health Care to conduct an interim study concerning, one the response of this state to SARS COVID-2 and to make two recommendations for legislation concerning the response by this state to future public health crisis' and providing other matters properly relating thereto. So, the Legislative Committee on Health Care is going to be conducting an interim study regarding the state's response to COVID and making any recommendations for legislation. Especially in regard to future public health crisis.

Mr. Filippi informed Dr. Lyons that public comment is meant to be just for public comments and not to be a question and answer session. However, since you brought that up it sounds like that is the responsibility of the interim committee to submit recommendations to the State Board of Health. I am assuming once those are submitted, and they are able to review those recommendations they can move forward from there. However, if you are wanting to send any comments or further questions feel free to send me an email and I can pass that on to the State Board of Health members for further discussion.

Chair Pennell added that in the past the Board of Health has referred to staff and they have given us their input so we can consider it. Thank you. Chair Pennell then asked if there was any other public comments. There were no further public comments.

### **9.-Adjournment – Jon Pennell, Chair**

Chair Pennell thanked everyone for their attendance. Chair Pennell then adjourned the meeting.

**Meeting Adjourned at 10:18 a.m.**