



**MINUTES**

**Southern Nevada District Board of Health Meeting**  
330 S. Valley View Boulevard, Las Vegas, Nevada 89107  
Conference Rooms 2-2a  
**Thursday, June 27, 2013 - 8:30 A.M.**

Mary Beth Scow, Chair, called the meeting of the Southern Nevada District Board of Health to order at 8:38 a.m. Annette Bradley, Legal Counsel, confirmed the meeting had been noticed in accordance with Nevada’s Open Meeting Law.

Annette Bradley noted a quorum was present at the start of the meeting with Members Dobyne, Litman, Nemec, Smith, Peterson, Tarkanian, Scow, Wood and Woodbury seated.

**BOARD:**  
**(Present)** Mary Beth Scow – Chair, Commissioner, Clark County  
Sam Bateman – Councilmember, City of Henderson  
Timothy Jones – At-Large Member, Regulated Business/Industry  
Allan Litman – Councilmember, City of Mesquite  
Frank Nemec – At-Large Member, Physician  
Stan Smith – Alt, At-Large Member, Gaming  
Kathleen Peterson – Alt, At-Large Member, Environmental Specialist  
Lois Tarkanian, Councilmember, City of Las Vegas  
Lori Winchell - At-Large Member, Registered Nurse  
Anita Wood - Councilmember, City of North Las Vegas  
Rod Woodbury – Councilmember, City of Boulder City

**(Absent)** Bob Beers – Councilmember, City of Las Vegas  
Susan Crowley, At-Large Member, Environmental Specialist  
Chris Giunchigliani - Commissioner, Clark County  
Marietta Nelson, Physician  
Bill Noonan, At-Large Member, Gaming

**ALSO PRESENT:**  
**(In Audience)** Douglas Dobyne, Alternate, Regulated Business/Industry

**LEGAL COUNSEL:** Annette Bradley, Esq.

**INTERIM EXECUTIVE SECRETARY:** John Middaugh, M.D.

**STAFF:** Heather Anderson-Fintak, Devin Barrett, Heather Benavides, Kelly Brinkhus, Richard Cichy, Alice Costello, Margarita DeSantos, Rosemary Ensign, Elaine Glaser, Forrest Hasselbauer, Kaci Hickox, Amy Irani, Edward Larsen, Mars Patricio, Jacque Raiche-Curl, Rick Reich, Brian Riddle, Jane Shunney, Jennifer Sizemore, Bonnie Sorenson, Robert Urzi, Leo Vega, Steve Youles, Valery Klaric and Jacqueline Wells, Recording Secretaries.

**PUBLIC ATTENDANCE:**

**NAME**

Gary Milliken  
Bryan Gresch  
Ann Markle

**REPRESENTING**

The Gresch Group, Inc  
Gresch Group, Inc  
Self

Adalberto Lugo  
Kimberly Reid  
Jeffrey Share  
Jorge Montes  
Krystal Allen

Holiday Inn Vacation/Desert Club  
City of Las Vegas  
Clark County – Department of Finance  
Channel 3  
Channel 3

**I. PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. The Chair asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Robert Urzi, Environmental Health Supervisor, noted that it has been his pleasure to have the opportunity to work with both Dr. Middaugh and Dr. Coleman. Recently, Mr. Urzi worked with Dr. Coleman during the Firefly incident and stated that Dr. Coleman is a great leader, dedicated to public health, well versed in Nursing and Community Health Services and has a bright future in Las Vegas. Mr. Urzi emphasized that Dr. Coleman has the full support of both the General and Supervisory Collective Bargaining Units.

Rosemary Ensign, Health Records Clerk, extended support of Dr. Coleman for the position of Chief Health Officer on behalf of the employees and union. Ms. Ensign added that Dr. Coleman is very involved, makes rational decisions and has working knowledge of the infrastructure of the District.

Seeing no one else, the Chair closed Public Comment.

**II. ADOPTION OF THE JUNE 27, 2013 AGENDA**

Chair Scow asked for a motion to adopt the June 27, 2013 agenda.

*Motion made by Member Smith, seconded by Member Litman and carried unanimously to adopt the June 27, 2013 Board of Health Meeting Agenda.*

**III. CONSENT AGENDA**

These are matters considered to be routine by the Southern Nevada District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

**1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** May 23, 2013 (*for possible action*)

*Motion made by Member Smith seconded by Member Tarkanian and carried unanimously to approve the Consent Agenda as presented.*

*Member Winchell arrived at 8:42 a.m.*

**IV. PUBLIC HEARING / ACTION:** Members of the public are allowed to speak on Public Hearing/ Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those

groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

The Chair asked if anyone wished to address the Board pertaining to Public Hearing/Action and seeing no one closed Public Comment.

1. **CONSIDER/APPROVE** Variance Request to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code 444.134(1) Club Pool Deck Obstruction; direct staff accordingly or take other action as deemed necessary (***for possible action***)

Jacque Raiche-Curl stated that OLCC Nevada, LLC, d/b/a Las Vegas Desert Club is petitioning for a variance as requested by Adalberto Lugo, General Manager of Las Vegas Desert Club, to operate a public bathing place not in compliance with Nevada Administrative Code 444.131(1), which states in part:” 1. ... a clear, unobstructed deck must be provided around the entire perimeter of a pool. In no case may the width of the deck be less than 4 feet (1.2 meters). A deck may be obstructed for a distance equal to not more than 10 percent of the perimeter of the pool if:

- (a) *The design of the obstruction does not endanger the health or safety of persons using the pool;*
- (b) *An unobstructed area of deck not less than 4 feet wide is provided around or through the obstruction not more than 15 feet (4.55 meters) from the edge of the pool; and*
- (c) *Written approval for the obstruction is obtained from the health authority before construction or installation of the obstruction.*

**RECOMMENDATION:**

Staff is of the opinion that there exist circumstances which satisfy the requirements for a variance. The granting of this variance will not be detrimental or pose an unreasonable risk to public health and safety. The facility was originally constructed with the waterfall creating the deck obstruction of 23% of the pool perimeter in 1989 and there have not been any documented issues with regard to the deck obstruction to date. Handholds are present along the base of the waterfall allowing for bather’s use when necessary, should they surface at the waterfall.

**CONDITIONS:**

The petitioner requests a variance (See Attachment B: Variance Candidate worksheet and Attachment C: Variance Application Letter)”... to maintain the current waterfall structure at the pool...”

The property owner must ensure that the area is maintained in compliance with all other applicable regulations. This Variance will terminate without notice upon sale of the subject property.

*Motion Made by Member Wood, seconded by Member Nemeck and carried unanimously to approve the Variance Request to Operate a Public Bathing Place not*

*in Compliance with the Nevada Administrative Code 444.134(1) Club Pool Deck Obstruction as presented.*

## **V. CLOSED SESSION – To be Held Following the Public Hearings**

Go into closed session pursuant to NRS 241.015(2)(b)(2), to receive information from the Southern Nevada Health District's attorney regarding potential or existing litigation involving matters over which the Board has supervision, control, jurisdiction or advisory power and to deliberate toward a decision on the matter; **(for possible action)**

*Motion was made by Member Wood, seconded by Member Tarkanian and carried unanimously to enter into Closed Session 8:45 a.m.*

The Chair reconvened Open Session at 9:07 a.m.

Member Jones replaced Member Dobyne at 9:07 a.m.

## **VI. REPORT/DISCUSSION/ACTION**

1. Legislative Report: Receive information from Public Information Officer and Lobbyist regarding legislative changes and take any action deemed appropriate **(for possible action)**

Jennifer Sizemore, Public Information Manager, introduced Bryan Gresch and Gary Milliken, both lobbyists who represent the District in Carson City.

Gary Milliken presented a brief overview of the legislative session, stating that due to term limits, 9 of the 14 members of the Assembly Health Care Committee were new, so the majority did not fully understand all of the topics. Marilyn Dondero Loop was the first-time Chair Person. Mr. Milliken noted that since 2007 this committee has had a new Chair every year and there is a good chance that there will be someone new next year as Barbara Cegavske is termed out in the Senate and Ms. Dondero Loop may be running for that Senate position. Overall, over a thousand bills were introduced of which over 70 were tracked for the District as well as anything affecting health.

Mr. Milliken stated that the annual Interim Committee on Health Care meeting should be occurring soon, which Ms. Dondero Loop chaired last year. This year, it will be the Senate's turn to chair and he expects Justin Jones to fill this position. Currently, Mr. Milliken is not aware of any issues affecting the District that will be up for discussion at this meeting.

Mr. Milliken stressed that due to term limits there will always be constant turnover on the Health Care Committee and there needs to be more education on District structure to the new members.

2. Review and Approve Revisions to Southern Nevada District Board of Health Bylaws and Board Governance Policies Incorporating Changes Pursuant to 2013 Legislative Changes; or take other action deemed appropriate **(for possible action)**

Bryan Gresch provided an update on bills that required active, ongoing involvement and participation by the District.

- **Senate Bill 450** was a bill changing the qualifications of the Southern Nevada Health District's Chief Health Officer. Initially, the bill was written to mirror the standards of the state's Chief Health Officer, which would have lowered the standards for Southern Nevada to match that of the state.

After several meetings with the bill's sponsor, including one involving Dr. Middaugh, bill sponsor, Senator Justin Jones, agreed to amend the bill to reflect the more rigorous qualifications suggested by Dr. Middaugh. SB 450 is effective July 1, 2013.

- **SB 123** was a large energy policy bill which will eliminate coal-fired generation facilities in southern Nevada. As part of this policy shift, SB 123 removed the regulatory authority over the Reid-Gardner plant site, moving responsibility for the landfill from the Health District to the Nevada Department of Environmental Protection. As an emergency measure, the bill took effect upon signature by the Governor on June 11, 2013.
- **Senate Bill 410** authorized hypodermic needle exchange programs for illegal drug users. Initially the bill would have required such programs to register with the District, and the District would have been required to provide guidelines and training for such programs.

Bill sponsor Senator David Parks heard the concerns of the Health District and worked first to ensure legislative intent was on the record to recognize that the District would not be liable for such programs. By the time the bill was in conference committee during the last week of session, Senator Parks amended the bill to transfer oversight for such programs to the State Health Division. As signed by the Governor, the District will not be involved in the regulation of needle exchange programs.

- **SB 442** was a bill designed to eliminate various reporting mandates relating to K-12 schools. Late in the session, the District learned the bill would delete the requirement that Clark County schools collect height and weight data from a sampling of students. Dr. Middaugh testified that Clark County students rank higher than the national average for obesity and that the collection of body mass index data from the school district was used to apply for federal grants and buy special equipment to collect the data. He stressed the importance of BMI data in relation to chronic illness. Working closely with the school district and Education Committee chair, Assemblyman Elliott Anderson, there was success in retaining the BMI data collections in statute for counties whose population is more than 100,000. SB 442 is effective July 1, 2013.
- **Assembly Bill 200** allows a farm to hold farm-to-fork events with limited frequency without being considered a food establishment for purposes of inspections by a health authority. However, a farm must register with a local health authority in order to hold a farm-to-fork event. Prior to food being consumed, event guests must be provided, and acknowledge receipt of, a notice indicating no inspection was conducted by a State or local health department, except for butchering and processing of rabbit meat or poultry. The bill was an outgrowth of work over the interim, and work with the sponsor, Assemblyman Crescent Hardy during the session, to ensure all concerns of the District were addressed. AB 200 is effective July 1, 2013.

- **Senate Bill 206** establishes “cottage food” operations as entities that: (1) manufacture or prepare certain food items for sale; (2) meet certain requirements relating to the preparation, labeling, and sale of those food items; and (3) register with the health authority.

Cottage food operations are defined to include: a laundry list of items ranging from nuts and nut mixes; candies; jams, jellies and preserves to granola; popcorn and popcorn balls. A local government is prohibited from adopting any ordinance or other regulation that prohibits a person from preparing food in a cottage food operation within the person’s private home. SB 206 is effective July 1, 2013.

- **Assembly Bill 145** authorizes counties to establish a Complete Streets program for retrofitting certain roads to improve access to those roads by all users including walking, biking and public transportation.

Funds for such programs would come from a voluntary contribution by those registering or renewing their vehicles with the Department of Motor Vehicles.

From a public health perspective this is an important bill because people who use active, or public, transportation are, in general, more physically active than those who only commute by car. AB 145 will provide easier, safer and more convenient ways for users of all ages and abilities to use roadways and streets to walk, bike and use public transportation to work, school or other destinations.

- **SB 177** authorizes a board of county commissioners to adopt an ordinance which prohibits a minor from purchasing, possessing or using tobacco products and from falsely representing his or her age to purchase, possess or obtain tobacco products. The bill sets forth citation and enforcement provisions for such violations within the juvenile court system. SB 177 is effective October 1, 2013.
- **AB 337** was a resolution where members of the 77th Session of the Nevada Legislature strongly encouraged each school to participate in the Fresh Fruit and Vegetable Program and establish a farm-to-school program and a school garden program to promote the consumption of fresh fruits and vegetables by children. The measure was effective May 27 upon signature of the Governor.
- **Assembly Bill 65** prohibits a member of a public body from designating a person to attend a meeting of the public body in the place of the member unless members of the public body are expressly authorized to do so by the constitutional provision, statute, ordinance, resolution or other legal authority that created the public body. The Attorney General may decide not to commence prosecution of an alleged violation of the OML by a public body if the public body takes corrective action within 30 days of the alleged violation. The corrective action is prospective and must take place at a public meeting for which the item has been clearly denoted on the agenda. A quorum of members may be present in person or by means of teleconference or videoconference as long as all members of the public body and the members of the public who are present at the meeting can hear or observe and participate in the meeting. The measure also makes certain provisions regarding providing meeting documentation and postings to the public and by request.

The provisions of AB 65 are effective for public bodies on July 1, 2013.

In addition to the bills that passed, there were a number of measures which did not make the cut.

- **Senate Bill 315**, sponsored by Senate Majority Leader Mo Denis, looked to change the makeup of the District Board itself by adding representatives of the recycling community. In the first hearing of the bill, Senator Denis explained this change by stating he had reviewed District Board meeting agendas and that 60 percent of the business before the Board was related to recycling.

A proposed amendment to the bill would restructure the Board so that it would be composed entirely of elected officials backed up by an advisory council with representation comprised of those currently sitting on the Board.

Ultimately SB 315 made its way through the Assembly only to be permanently placed on the Chief Clerk's desk prior to an Assembly floor vote.

- **Senate Bill 316** was another measure sponsored by the Senate Majority Leader which would have required a contractor to dispose of construction debris at a materials recovery facility, if such a facility is located within 15 miles of the work site. Lively debate ensued in both houses in relation to where such facilities are located and how many exist, the location of such facilities in relation to actual roads and traffic patterns, and the costs of using a materials recovery facility versus a traditional landfill. Proponents of the bill argued disposal at a MRF is roughly the same cost as a traditional landfill, which was vigorously disputed by opponents. SB 316 died.
- **Assembly Bill 230** proposed to revamp the state K-12 sex education guidelines to be comprehensive, age-appropriate and medically accurate. Both the Assembly and the Senate held lengthy hearings, 4 plus hours, on the bill. Voluminous public testimony, both for and against, was taken. AB 230 squeaked out of the Assembly on a veto-proof 26-15 vote. Attention focused on the Senate and whether 14 votes could be amassed to ensure the bill would survive regardless of the Governor's action. Everyone waited on the edge of their seat. And waited. And waited. Senate Majority Leader Denis did not bring AB 230 to a Senate floor vote by the May 24 deadline, and the measure died.

Seventeen bills made it to the Governor's desk, only to be vetoed. Two of those to see the veto pen were being followed by the District.

- **AB 209** would have allowed raw milk produced in Nevada to be sold within the state borders. Governor Sandoval vetoed AB 209 on June 6, citing significant public health risks.
- **Assembly Bill 126** would have required nutrition labeling on the menus of certain chain restaurants. The Governor vetoed this measure June 3, finding it both redundant and an unnecessary additional burden on business.

In regard to the cottage food bill Ms. Sizemore added that Amy Irani, Acting Director of Environmental Health has developed a template for the registry that is being used as a model for the rest of the state.

Ms. Sizemore stated some of the District's partners came out in support of SB 177, which was a surprise to the District because tobacco control advocates in general have

never supported this issue as criminalizing that activity has not been shown to be a good deterrent for minors. As the bill progressed, Altria, the tobacco producer, came out in support of that bill, introducing an amendment that included language about tobacco derived products, basically exempting e-cigarettes. This language clouds the bill and opens ways to allow more products to be introduced to the market in different places. Also, there is a presumption the e-cigarettes are allowed in places where they were not allowed before. The bill contains very troublesome language, is very confusing.

Ms. Bradley noted with respect to AB 65, the notice requirements have been expanded so that on the notice the name and address of the person that an individual would need to contact to get additional information must be included as well as a list of locations where the material can be available. Delivery in regard to OML is defined as “to examine, weigh and reflect upon the reasons for or against the action”. Ms. Bradley noted that the District is already in compliance with the changes and there is no action necessary.

Member Winchell left at 9:27 a.m.

Member Wood asked Ms. Bradley if she was aware of the reasons that generated the change to the bylaws regarding the alternates. Ms. Bradley stated that it was her understanding that the Office of the Attorney General brought the law forward, but she was not aware of the logic behind it and asked the Chair if Member Doug Dobyne could provide further information. Member Dobyne stated that when he found out about AB 65 he was shocked to find that all of the alternates would potentially be going away and immediately reached out to the Senate Majority Leader and was advised that the District may not be subject to the change. Mr. Dobyne stated that the relative language is “Section 3 of this bill prohibits a member of a public body from designating a person to attend a meeting of the public body in place of the member”. The key words are “a member” “designating a person” as the District BOH has a process and the elected officials alternates are chosen in the same manner as the elected officials and the at-large members are chosen in same manner. Mr. Dobyne added that the Legislative counsel is willing to put this in writing so if the District Board chooses to submit to the Attorney General’s office for a ruling, it will afford that courtesy before amending the bylaws. Mr. Dobyne expressed that many alternate members of the District BOH put in a lot of work and are valuable to the Board and would hate to see the alternates go away. Mr. Dobyne thinks that there is a chance at getting this changed and the Board should take it.

Member Winchell returned at 9:30 a.m.

Ms. Bradley stated that in light of Mr. Dobyne’s comments this action item allows the Board to take other action as deemed appropriate, which may be for the Board to direct Ms. Bradley to follow up on Mr. Dobyne’s comments.

*Motion by Member Wood seconded by Member Winchell and carried unanimously to bring this item back to the Board and give direction to the attorney for the Board of Health to follow up on Mr. Dobyne’s comments and see if determination can be made from the Attorney General’s office whether or not this particular legislation applies to the Health District.*

- PETITION #08-13: (Corrected – Should have read Petition 18-13)** Approval of Netsmart Technologies Electronic Medical Record Insight Contract; direct staff accordingly or take other action as deemed necessary (**for possible action**)



Elaine Glaser, Director of Administration stated that in 2012, the Board approved the electronic health records as a line item in the budget and \$450,000 has been set aside for this project. The proposed project does not expect to exceed \$300,000.

Ms. Glaser's presentation regarding the proposed purchase and implementation of an Electronic Health Record system, Netsmart Technologies, Inc., Insight is as follows:

The District currently sees about 330,000 clients per year in the clinics and scheduling is done manually. The proposed system will improve reporting accurate data, efficiency, billing and quality improvement.


**SNHD** Southern Nevada Health District **Electronic Health Record**

**WHY.... it's the right thing to do for our patients**

- Industry basic – electronic health record
  - ✓ Coordination & continuity of care
  - ✓ Improved health care outcomes by enhancing client service
  - ✓ Improving client access through electronic scheduling
  - ✓ Federal Grant requirement for Title X & HIV
- Reporting - improved reporting & accurate data = improved budgeting, forecasting & strategic planning
- Billing - enhanced capacity allows SNHD to participate in third-party payment programs - optimizing revenue to help us cover our costs
- Efficiency - focus SNHD resources by replacing legacy system "silo's" of information
- Quality Improvement of Nursing systems & business processes through decision support enhancements

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System selection began in 2009 with the IT and Nursing divisions jointly looking a variety of systems. After reviewing over 100 systems, Netsmart was chosen as it is specifically designed for public health which has unique service delivery factors.



## Electronic Health Record

### System Selection


2009 & 2013 – SNHD IT & Nursing surveyed the marketplace for EHR systems  
(100+ systems)

**Netsmart 's *Insight* continued to rise to the top of the selection list....**

- ✓ Case studies reviewed: Johnson County, KS & Marion County, IN
- ✓ Nevada Public Health partner, Washoe County utilizes *Insight*  
&  
State of Nevada and Carson City are currently considering *Insight*
- ✓ Installed base = 10 state health departments  
&  
130 public health organizations

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Total expected cost is less than \$300,000 including computer software, implementation, training annual maintenance and a small contingency fee. A grant has been written and hopefully through Title X, \$114,000 can be dedicated to the effort, making it possible that the contribution to the capital fund can be as low as \$175,000.



## Electronic Health Record

### Total Cost of Ownership

<b>Computer Software</b>	<b>\$72,599</b>
Software modules & Base Fees	
<b>Implementation Costs</b>	<b>\$132,800</b>
Order Connect, Revenue Cycle Management & Data Conversion	
<b>Training / Contingency:</b>	<b>\$56,022</b>
Onsite training/Travel	
<b>Annual Maintenance:</b>	<b>\$29,063</b>
Support & Subscription Fees	
<b>*Total</b>	<b>\$290,484</b>
<b>Grant Award – pending</b>	<b>(\$114,602)</b>
<b>NET COST</b>	<b>\$175,882</b>

\*personnel investment not included

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Both the Family Planning and HIV Title X grants have requirements in the grant that the District move to electronic health records, so in order to maintain the grants, that is a requirement.




## Electronic Health Record

### Programs Involved

- Phase 1 - Family Planning services
- Subsequent Phases:
  - HIV surveillance and prevention
  - STD surveillance and treatment
  - TB surveillance, investigation, monitoring & services
  - Maternal Child Health services

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Steve Youles, Project Manager, and Bonnie Sorenson, Director of Clinics and Nursing Services, are available to answer any questions.



## Electronic Health Record

### Phase I – Project Plan – Family Planning

	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014
<b>Kick-off</b>	←→ 8/15/13 - 8/30/13											
<b>Installation</b>	←→ 8/15/13 - 8/30/13											
<b>Requirements gathering</b>		←→ 9/02/13 - 10/30/13										
<b>Design</b>			←→ 11/01/13 - 12/04/13									
<b>Configuration</b>					←→ 12/15/13 - 2/14/14							
<b>Data migration iterations</b>							←→ 11/01/13 - 6/14/14					
<b>Testing</b>								←→ 3/15/14 - 4/30/14				
<b>Training</b>										←→ 5/01/14 - 6/20/14		
<b>GO-LIVE</b>											♦ 6/15/14	
<b>Post Go-Live</b>											←→ 6/15/14 - 7/31/14	

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**SNHD**  
Southern Nevada Health District

## Electronic Health Record

### Problems solved

- ✓ Audit Findings related to inventory : computerized inventory tracking
- ✓ No continuity of care : tracks key clinical conditions, promotes internal & external referrals, expedites intervention following abnormal lab results
- ✓ Manual scheduling : provides unified electronic clinic appointment scheduling
- ✓ Inadequate management information & reporting : generates reports and “Dashboards” to meet internal and external reporting requirements for Title X, Sexual Health Clinics & internal management in support of decision making
- ✓ 10+ outdated Legacy systems : replaces low-quality “silo’s” of information
- ✓ No infrastructure to address Quality Improvement : measures clinical standards, increases security and enhances management oversight
- ✓ Too much paper, storage space & record management effort : all electronic!

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Member Jones asked if the existing data could be downloaded to new system to which Ms. Glaser confirmed and added that it could take as much as six months, but the cost is included and budgeted.

Member Tarkanian acknowledged that she was very pleased with cost.

Member Winchell asked what type of hardware upgrades this system would require. Ms. Glaser explained that everything is in place and there is already a good backbone, which may be some of the reason why a lesser cost is manageable.

*Motion by Member Tarkanian, seconded by Member Wood and carried unanimously to approve the purchase and implementation of an Electronic Health Record (EHR) system, Netsmart Technologies, Inc., Insight.*

4. Receive the report of the meeting of the CHO Succession Committee held on June 18, 2013, and consider their recommendations regarding the following items: CHO candidate selection, interviews, and special meeting; or take other action deemed appropriate (Committee: Chair Jones, Members Beers, Crowley, Nemec, Scow, Wood & Woodbury). **(for possible action)**

Member Jones reported that on June 18, 2013, the CHO Succession Committee reviewed applications from three candidates, Dr. Tom Coleman, Dr. Joseph Iser and Dr. David Snell. The recommendation of the sub-committee is to bring forward for full board consideration, two applicants, Dr. Tom Coleman and Dr. Joseph Iser, and to conduct a special public meeting to consider these two candidates. The first availability of both candidates to meet at same time is July 11, 12 or 15, however Member Jones proposed July 15 as the special meeting date.

Member Scow asked that availability of the Board members be checked to establish a time block for this meeting.

Member Jones stated that at the special meeting, both candidates should be available and that there is already a list of both technical and personal questions established. Member Jones added that both physicians seem to be well qualified and fit the expectations of district.

Member Scow asked staff to start with July 15 to determine availability of Board members for the special meeting and added that this meeting should be very structured in terms of presentations of the candidates to the Board and pre-determined questions.

Member Jones noted that a set of twelve interview questions are prepared and the Board can ask each question to both candidates make sure that both candidates are offered full opportunity to answer perhaps after making a presentation of why they want to go into this position. Member Jones suggested that the interview consist of:

- 1) A statement from the candidate as to why he would like to be considered for the position;
- 2) Ask/answer the twelve interview questions and;
- 3) Provide time for extra questions.

Member Jones confirmed that the interview questions had been sent to the full board and asked that they be re-sent to ensure that everyone has them.

Member Jones reported that the sub-committee does not recommend going forward with Dr. David Snell due to the absence of community health experience at the level of Drs. Coleman and Iser. Member Jones added that he would be open to an evening meeting if it is more convenient to the majority.

Member Winchell noted that in some settings there is the formal interview and afterwards a meet and greet the candidates to talk to them more in full and asked if that will be part of this interview process. Member Jones recommended that it not be part of the process for this board as it has to abide by open meeting law and in as such, all work needs to be conducted in the agenda of the meeting.

Member Woodbury confirmed with Ms. Bradley that the board could interview one candidate at a time and asked if the idea of the special meeting to also make the decision at that time. Member Jones remarked that the goal should be to do the interviews and make the decision, to which Member Woodbury concurred.

Member Jones mentioned that he does not know if District has done the background checks on the applicants, but thinks it should be accomplished before the interviews are done. Ms. Bradley advised that CPS is responsible for doing the background checks and Member Jones asked Kelly Brinkhus, Acting HR Administrator, to follow up with CPS regarding this issue.

*Motion by Member Jones seconded by Member Smith and carried unanimously to conduct open public interviews with Dr. Tom Coleman and Dr. Joseph Iser on July 15 as a first choice, July 11 or 12 as alternate choices and that those interviews be conducted using the twelve prepared questions, start of background checks before interviews and resend copies of prepared questions to full Board of Health.*

Member Nemec left at 9:57 a.m.

**VII. BOARD REPORTS:**

Seeing none, the Chair closed this portion of the agenda.

**VIII. HEALTH OFFICER & STAFF REPORTS**

- Legal Update

Ms. Bradley outlined the District's legal expenses as follows:

- FY13 - \$200,421.53
- FY12 - \$361,451.57
- FY11 - \$405,987.64

Ms. Bradley indicated that expenses for FY11 are artificially inflated due to the endoscopy and FY13 is low because the District received approximately \$330,000 in cost reimbursement from the endoscopy as the District vigorously sought reimbursement for discovery costs.

- Purchasing Policy – Information Only

Ms. Glaser stated that there was a question from the Board in regard to the purchasing policy and guidance followed for purchasing contracts and any supplies or services. The Purchasing Policy has been in place and followed since 2008, however, the District is in the process of reviewing all policies and procedures, but until there is any change, the current policy is in place. As indicated in the policy, items over \$50,000 require Board approval. Ms. Glaser added that the current policy has been compared with other governmental jurisdictions in the area and is in line with the others. Member Scow expressed appreciation to Ms. Glaser for following up on this request.

- Building Update

Ms. Glaser advised that the District is moving ahead with looking at facility options and has started a scenario building exercise. Ms. Glaser added that the relocation of the Ravenholt campus is almost complete, with the exception of the pods that are currently being removed and the TB Clinic, which will be moving to the 400 Shadow Pro site within next month. At that time, the property will be completely vacated and the District has already been in contact with the County to advise them of the plans in terms of the timeline.

Member Jones asked if the County will be taking over maintenance of the building once vacated by the District. Ms. Glaser advised that it is Clark County's property and they can do whatever they choose to do with it. Ms. Glaser noted that the District is embarking on a scenario building exercise, looking for realistic views of what District really needs for space. This plan will come back to the Board for review up on completion. The initial architectural building survey indicated that the scope of the property would be approximately over 200,000 square feet. It was initially presented at a time when there was growth in the valley and there did not seem to be any end in sight and the projection was that the District would grow by leaps and bounds. This survey is now in review and will be re-scoped to obtain a more realistic view of what is really needed based on the expectations of the long term plan. The options at this point in time are to remain in the Valley View property or to build a new building. The District continues to talk to Clark County administration about whether or not the District will return to the 625 Shadow Lane property and continues to keep them in loop as well as the Landlord of the Valley View property. With the

County officials, the District will need to first understand the overhead cost associated with 625 Shadow Lane before it can be considered. Ms. Glaser noted in regard to the County-owned Cambridge property that the District recently vacated, the rent was only \$1 per month, however the overhead costs were quite substantial.

Assumptions of both plans:

- The creation of space needs and where they would fit, focusing on what is best for the needs of the District services.
- Cost and lease savings – the plan will be to move all clinics and services in leased spaces to the chosen location, looking at what it would cost to renovate space at Valley View to bring all of the clinics under one roof and remove the lease dollars from the budget, which are quite expensive.
- County standards would be used for all office space, looking at re-scoping directors, managers and supervisors being in offices and moving away from private offices for staff.
- Modest growth - a more realistic picture of what is expected for future growth.
- Common spaces – looking at differently from the original plan, now looking at as more common shared spaces.
- The old plan had a full sized cafeteria, the plan is to move away from that and move to a smaller break room space with a “grab and go”, so if a vendor wanted to come in and provide services for the employees, they could, although it could not be full restaurant style.
- Larger more appropriate Board Room for public meetings.

Ms. Glaser indicated that the first meeting with the architect (PGAL) occurred on June 26 and should be finished within a week, at which time preliminary costs should be available as to the option for staying in the Valley View building or building a new building in today's market.

Member Jones asked if there is a reason to vet the architectural services to others. Ms. Glaser advised that PGAL is the most cost effective way to go, they are already loaded in the system and they understand the programs and are already engaged. The initial scope of the building was so large it was unaffordable and the District is trying to be more realistic in order to obtain more manageable costs.

Member Wood asked if all clinics would be moving to Valley View. Ms. Glaser clarified, stating that the clinics at 400 Shadow Lane would move and the outlying clinics would remain.

Member Jones stated that he was under the impression that one benefit of 400 Shadow Lane property, particularly with the HIV Clinic, is that people feel that they are not in a public health type facility. Ms. Glaser stated that the clinics will be modified to meet the individual needs and the accommodation for client confidentiality is the most expensive area to renovate, but is critically needed.

Member Winchell noted that the UMC Wellness Center is a close partner with the District's HIV Clinic and asked if moving services from 400 Shadow Lane to Valley

View could have an impact on services as transportation could be an issue. Ms. Glaser responded that UMC and the District provide distinct and separate services and there should not be an issue, however, it will be discussed when it gets to that point and feedback from clients of the Valley View location is that it is easy access for public transportation.

Bonnie Sorenson, Director of Clinics and Nursing Services advised that the District is working closely with UMC and Dr. Cade and many services are now being done at District's clinic and Member Winchell's concern has already been taken into consideration.

Member Winchell asked how potential growth is determined. Ms. Glaser stated that she has conferred with Clark County, who is not projecting growth for the next 15 years. Depending on space needs, if a new building were built, it would be more challenging to figure out the growth aspect, where staying at the Valley View building there is already additional flexible space, as well as factoring in the IT changes.

Member Winchell mentioned that the future medical corridor would likely be in the Shadow Lane area. Ms. Glaser stated that discussions with Clark County have occurred regarding the highest and best use of the property on Shadow Lane and with all of the needs in the community and the medical corridor having limited available land what makes sense as a community would prevail. Currently UNLV and UMC want to expand and the District will watch the greater planning that goes on with the medical corridor, however the plans are expected to be done by Clark County and others involved in that project.

- Mesquite Phlebotomy Update

Dr. Middaugh recalled that in January the Board had discussions with members of the City of Mesquite regarding the problem of blood draws on people suspected of DUI and the initial proposal for solution was to have EMS Technicians do it, which was actually outside of their certification, licensure and training. A variance was granted by the Board through end of June in order to work out a solution. A meeting was scheduled for June 6 for District staff to go to Mesquite to meet with all of the local stakeholders including representatives of the board, mayor, general manager of the union, physicians from the hospital, Sheriff and Chief of EMS Services to work out a solution to this problem. By the date of the meeting, the Mesquite members had already resolved the situation on their own; no variance necessary and new ideas were submitted for future turnover of the people that they currently contract with to perform the service, in addition to several alternatives. The meeting was very productive and the goals were achieved. Dr. Middaugh acknowledged the special assistance of Member Litman, City of Mesquite Mayor Mark Wier, Dr. Flip Homanski, Chief Medical Officer, Valley Health Systems and Dr. Jarred Johnson, Medical Director, Mesa View Hospital.

- Foodborne Outbreak Investigations

Devin Barrett, Senior Disease Investigator/Intervention Specialist, Epidemiology, prevented a brief summary of recent outbreaks that have been investigated.



# Office of Epidemiology Outbreak Summary April – May 2013

Devin Barrett, BS  
Senior Disease Investigation and Intervention  
Specialist

## April – May 2013

- 3 major outbreak investigations
  - Salmonella at Firefly – 4/26/13
  - Norovirus at Buca di Beppo – 5/14/13
  - Hepatitis A in berries – 5/24/13

## Firefly Update

- Case reports and laboratory results continued to be reported from other states
  - 29 states
  - 2 countries (Canada, UK)
- OOE is continuing to analyze and classify data
- Last report; 294
- Final case count; 334
  - 135 confirmed cases
  - 199 probable cases
- Environmental Health working with restaurant management at new location

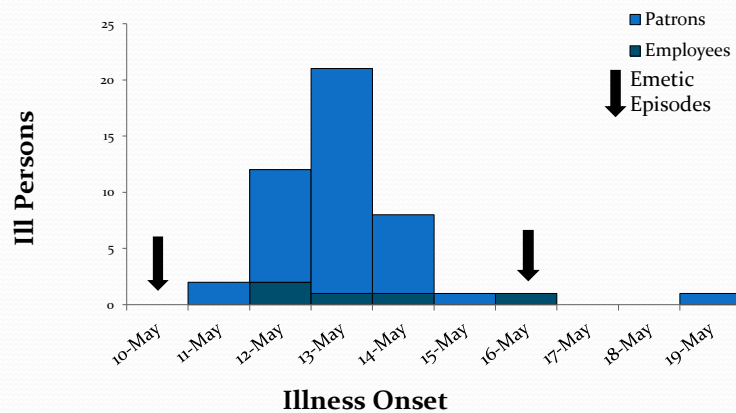
## Buca di Beppo (Excalibur location)

- 5/14/13 –received FBI complaint from 20 ill high school kids who dined on 5/11/13
- Complaint against restaurant from unrelated group who dined on 5/10/13
- 5/14/13 – Environmental Health inspected restaurant
- Norovirus suspected prior to lab confirmation
- Control measures were initiated
  - Excluded ill employees
  - Disinfection of restaurant surfaces
  - Education on Norovirus prevention shared
- Clinical testing confirmed Norovirus

## Buca di Beppo continued

- Epidemiologic data
  - 46 ill
    - 41 patrons from 7 unrelated groups
    - 5 employees
  - Meal dates 5/10 – 5/18
  - Cohort study performed
    - No food item implicated
    - Two emetic events
      - Ill patron in the dining room
      - Ill employee in break room

## Epidemic Curve of GI Illness Associated with Buca di Beppo



## Hepatitis A in Costco berries

- 5/24/13 – NSHD notification of acute hepatitis A cluster in Southwestern states
  - Preliminary interviews showed association with Costco and berries
  - 1 Clark County resident's illness associated with cluster
- 5/31/13 – 2 additional acute hepatitis A cases reported in Clark County
  - Increase in cases was noted over previous years (6-2011, 5-2012, 8-2013)
  - Review of 4 other recent cases found no association with cluster

## Hepatitis A continued

- 3 cases confirmed as part of cluster
  - Serum submitted to CDC for genotype testing
  - Berry samples were submitted to FDA for testing
- 5/31/13 – CDC posted web alert, SNHD issued press release, Costco began robo-calling customers
  - Implicated product - Townsend Farms Anti-oxidant blend of frozen mixed berries
  - OOE and Nursing collaborated to provide vaccine to people who ate berries in previous 14 days

## Hepatitis A response

- Nursing created Hepatitis A immune globulin (IG) Algorithm as a guide for staff
- Collaboration between OOE, Nursing and NSHD
  - Share information
  - Ensure all jurisdictions had access to adequate vaccine supplies to meet demand
- Total of 146 doses of vaccine; 2 doses of IG

## Hepatitis A Epidemiologic data

- As of 6/25/13
  - 120 confirmed cases from 8 states
  - 50M/70F
  - Age range – 2 – 84 years
  - Symptom onset range – 3/31/13 – 6/14/13
  - FDA testing on berry samples pending
    - Could confirm implicated product as source of outbreak

- Recruitment Update  
Dr. Middaugh stated that the job description for the Director of Environmental Health has been revised and a nation-wide search has been initiated. The District is also currently in the process of doing interviews for a new Human Resources Administrator. Member Jones asked if the decisions will be made before Dr. Middaugh's retirement to which Dr. Middaugh responded that he hopes so as there are very good candidates for Human Resources and he believes that the Director of

Environmental Health is an excellent job opportunity for the right candidate, in addition, there are very talented people in-house. Dr. Middaugh expects this position to fill within the next month or two.

**IX. INFORMATIONAL ITEMS- DULY NOTED**

- A. Chief Health Officer and Administration:
  - 1. Monthly Activity Report - May 2013  
Attachment: SNHD Report to the Community 2012
- B. Community Health:
  - 1. Monthly Activity Report - May 2013
- C. Environmental Health:
  - 1. Monthly Activity Report - May 2013
- D. Clinics and Nursing:
  - 1. Monthly Activity Report - May 2013

- X. PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. The Chair opened the Public Hearing and asked if anyone wished to comment.

Kathleen Peterson stated that as an observer she attended the recent full-scale exercise orchestrated by the Office of Public Health Preparedness on June 17-19 that included participants from numerous local, private, state and federal agencies. Member Peterson is very impressed at the manner in which this exercise was organized and implemented and commends the District for its organizational and leadership skills. Dr. Middaugh advised that this exercise developed from the Homeland Security grant from thanked all of the District staff for supporting the exercise, in addition to Boyd Gaming.

Seeing no other comments the Public Comment portion of the meeting was closed.

**XI. ADJOURNMENT**

*The Chair adjourned the Board of Health Meeting at 11:22 a.m.*

SUBMITTED FOR BOARD APPROVAL

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John Middaugh, M.D., Interim Chief Health Officer  
Executive Secretary

/jw