MINUTES

Southern Nevada District Board of Health Meeting
June 23, 2016 – 8:30 A.M.
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room A and B

Bob Beers, Chair, called the Southern Nevada District Board of Health meeting to order at 8:30 a.m.

BOARD: Bob Beers – Chair – Councilmember, City of Las Vegas
(Present) Richard Cherchio – Councilmember, City of North Las Vegas *(via teleconference)*
Cynthia Delaney – Councilmember, City of Mesquite
Douglas Dobyne – At-Large Member, Regulated Business/Industry
Chris Giunchigliani – Commissioner, Clark County *(arrived at 8:36 a.m.)*
Marilyn Kirkpatrick – Commissioner, Clark County
John Marz – Councilmember, City of Henderson
Frank Nemec – At-Large Member, Physician *(arrived at 8:37 a.m.)*
Scott Nielson – At-Large Member, Gaming
Lois Tarkanian, Secretary – Councilmember, City of Las Vegas *(arrived at 8:34 a.m.)*
Rod Woodbury – Vice-Chair – Mayor, Boulder City *(arrived at 8:35 a.m.)*

(Absent): None

ALSO PRESENT: None
(In Audience)

LEGAL COUNSEL: Annette Bradley, Esq.

EXECUTIVE SECRETARY: Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer

STAFF: Heather Anderson-Fintak, Erika Bustinza, Karen Carifo, Richard Cichy, Rachell Ekroos, Regena Ellis, Tony Fredrick, Andrew Glass, John Hammond, Victoria Harding, Jeremy Harper, Tamara Jackson, Michael Johnson, Paul Klouse, Edie Mattox, Sharon McCoy-Huber, Kimberly Monahan, Michelle Nath, Veralynn Orewyler, Laura Palmer, Philip Pilares, Jacqueline Reszetar, George Ruiz, Jennifer Sizemore, Adele Solomon, Leo Vega, Jacqueline Wells, Susan Zannis

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS:

Due to the depth of the agenda items, the recognitions were moved to the July agenda.

IV. PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. 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.

Chair Beers requested that public comment related to the Trauma Center item is held until that item is introduced.

Dr. Iser warned all that the building inspection is in process and provided exit instructions should the fire alarm sound.

Victoria Harding, SNHD, SEIU, noted plans for the mobile unit currently appear to be for immunizations only.

Cherie Mancini, SEIU, provided documentation to the Board (**Attachment 1**) in support of University Medical Center and is not in favor of adding an additional trauma center.

Seeing no one else, the Chair closed this portion of the meeting.

V. ADOPTION OF THE JUNE 23, 2016 AGENDA ***(for possible action)***

Dr. Iser requested removal of Item VI.4, Petition 23-16, from the June 23, 2016 Consent Agenda.

Chair Beers asked for a motion to move Item VII.3 (Memorandum 01-16) out of order to VII.1.

A motion was made by Member Giunchigliani seconded by Member Dobyne and unanimously carried to adopt the June 23, 2016 agenda as amended.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item 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 26, 2016 ***(for possible action)***

2. **PETITION #24-16**: Approval of Interlocal Contract between the Southern Nevada Health District and the Clark County Department of Juvenile Justice Services to Allow the Southern Nevada Public Health Laboratory to Provide Laboratory Testing for Sexually Transmitted Diseases as a Fee-for-Service Arrangement; direct staff accordingly or take other action as deemed necessary ***(for possible action)***

3. **PETITION #25-16**: Approval of Contract with Aleph Group Inc for a Customized Mobile Immunization Clinic; direct staff accordingly or take other action as deemed necessary ***(for possible action)***

4. ~~**PETITION #26-16**: Approval of Competitive Award and Service Agreement between the Southern Nevada Health District and Orchard Software Corporation for purchase of a Laboratory Information Management System; direct staff accordingly or take other action as deemed necessary ***(for possible action)***~~

5. **PETITION #27-16**: Approval of Insurance Policy through Willis Group/Towers Watson for Liability including Employment Practices, Auto, General, Personal Injury, and Directors & Officers; Property including Crime; Cyber, and Environmental Liability; direct staff accordingly or take other action as deemed necessary ***(for possible action)***

6. **PETITION #28-16**: Approval of Revisions to Classifications Specifications for Advanced Practice Registered Nurse (APRN), Schedule 27 ($73,445 - $97,427); Physician Assistant (PA), Schedule 27 ($73,445 - $97,427); and Grants Research and Development Specialist, Schedule 23 ($59,883 - $79,373, to include title change to Grants Writer; direct staff accordingly or take other action as deemed necessary ***(for possible action)***

   A motion was made by Member Woodbury seconded by Member Dobyne and carried unanimously to approve the Consent Agenda as amended.

VII. **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.

1. **Memorandum 01-16:** Receive presentations and staff recommendations and Discuss, Consider/Adopt the Applications for Initial Authorizations as a Center for the Treatment of Trauma; direct staff accordingly or take other action as deemed necessary ***(for possible action)***

   - Initial authorization as a Center for the Treatment of Trauma for Centennial Hills Hospital & Medical Center
   - Initial authorization as a Center for the Treatment of Trauma for Mountain View Hospital
   - Initial authorization as a Center for the Treatment of Trauma for Southern Hills Hospital
   - John Fildes, MD, presentation
   - OEMSTS staff report and recommendations

   Sajit Pullarkat, CEO, Centennial Hills Hospital, presented the Centennial Hills Hospital Medical Center application for initial authorization as a center for the treatment of trauma.

   Key impacts are:

   - Due to geographic distance from Centennial Hills Hospital to UMC, there is very limited overlap of service areas
   - Impact to the existing trauma systems is the lowest based on the Regional Trauma Advisory Board (RTAB) analysis (277 step III/IV patients compared to 641 and 541 in other regions)
   - Educational impact to residency/orthopedics/military would be minimal due to volumes and patient acuity capture
   - Will not impact regulatory volume requirements for Level I Trauma Center
   - Centennial Hills Hospital only wants to pursue a Level III Trauma Center to complement the existing trauma system
   - NBATS (Needs Bases Assessment of Trauma Systems)

   In conclusion, Mr. Pullarkat referenced a letter from the American College of Surgeons (ACS) which reflected on the tragic situation in Orlando, Florida and the ACS Committee on Trauma noted that all Americans should have access to a robust trauma system where they live and work. (**Attachment 2**)

   Bill Bullard, Senior VP Abaris Group discussed the 2015 Needs Assessment Results which concluded:

   - 40% increase in population and growing outside urban core
   - 61% increase in trauma cases since last assessment (2002 vs. 2014 data)
   - Increasing transport times due to population expansion and traffic
   - All regions have more trauma patients than the Southeast region
   - Minimal impact to existing trauma centers (less than 0.1%)
   - NOT "doubling the number" of trauma centers
   - Decision about future expansion - process take 2 years to obtain designation

   Dr. Darren Swenson, Chief Medical Officer, Mountain View Hospital, presented the Mountain View Hospital application for initial authorization as a center for the treatment of trauma. Centrally located, MountainView's overall trauma capabilities are:

- Personnel
  - Trauma Medical Director – Level II Trauma Center Experience
  - Trauma Program Manager – Level II Trauma Center Experience
  - ED Physicians – BC/BE in Emergency Medicine, ATLS Trained, Trauma Experience
  - Surgical Coverage – General, Orthopedics, Neurosurgery, Anesthesia
  - Residents – General Surgery, Internal Medicine
- Facility
  - OR Teams 24/7 – Multiple In-house or On-call Teams
  - ICU Intensivists
  - Interventional Radiology with Biplane
- Experience
  - With 80,000+ Emergency Visits, currently seeing Trauma

Dr. Swenson closed by stating MountainView has the infrastructure to care for the increasing volume of patients and they continue to grow to support the community.

Adam Rudd, Chief Executive Officer, Southern Hills Hospital and Medical Center, presented the Southern Hills Hospital and Medical Center application for initial authorization as a center for the treatment of trauma. Serving nine zip codes in the southwest Las Vegas region, Southern Hills' trauma capabilities are:

- Personnel
  - ED Physicians – BC/BE in Emergency Medicine, ATLS Trained, Trauma Experience
  - Surgical Coverage – General, Orthopedics, Neurosurgery, Anesthesia
- Facility
  - OR Teams 24/7 – In-house or On-call Teams
  - ICU Intensivists
  - Interventional Radiology
- Experience
  - With 30,000+ Emergency Visits, currently seeing Trauma

In closing, Dr. Swenson remarked that Southern Hills Hospital and Medical Center is looking to compliment the services delivered by the Level I and II trauma centers. The traffic patterns are changing and rather than by bypassing the facility, the low level trauma patients would be a top priority.

Member Giunchigliani inquired how much Southern Hills would charge for a trauma activation fee and how many urgent care facilities were located within that region.

Dr. John Fildes, Trauma Medical Director, University Medical Center, noted the Southern Nevada Trauma System (SNTS) is working well and there have been no incidents where patients or Emergency Medical Staff could not access a trauma center in a timely manner. All local, regional, and national benchmarks are met or exceeded. The data does not support the need for new trauma centers. Dr. Fildes stated doubling the number of trauma centers at one time is unwise and dangerous. The Level I academic trauma center is an essential asset of a trauma system. A trauma system should not try to grow by dismantling the Level I center to create an oversupply of Level III trauma centers. Needs based assessment and population studies must be used to identify the need and location of new centers. On behalf of UMC, Dr. Fildes asked the board to:

- Uphold the findings of the Office of EMS and Trauma System of the Southern Nevada Health District (SNHD) "that the three applicants have not demonstrated unmet need for additional trauma services, and therefore cannot recommend authorization to seek designation as a center for the treatment of trauma."

- Uphold the decision of the Regional Trauma Advisory Board (RTAB) of the SNHD to not support the applications of the three applicant hospitals.

- Consider directing the RTAB and to give clear direction to the Needs Based Assessment Task Force in how and when a patient focused relevant study could be performed that could identify the location and time of the addition of new trauma centers.

John Hammond, Manager, Office of Emergency Medical Services and Trauma System (OEMTS) noted the OEMSTS is responsible for oversight of the system and the ideal trauma system includes:

- Prevention
- Pre-hospital care and transport
- Acute hospital care
- Rehabilitation services
- Research

Mr. Hammond explained the trauma system is inclusive and matches the patient to the resources that are required. In an inclusive system non-trauma centers are expected to stabilize patients and transfer as needed. Step I or II patients, according to protocol, go to Level I or II trauma centers, based on catchment areas, and Step III go to Level III and transport destinations are based on catchment areas.

Chair Beers requested clarification on how a trauma patient is defined and asked if transport by an EMS provider is a defining factor. Mr. Hammond indicated for trauma center activation, the EMS field staff calls the receiving facility to report a trauma patient transport. The trauma patient can be determined to meet Trauma Field Triage Criteria (TFTC) based on the patient's level of injury. However, the patient doesn't necessarily get entered into the trauma registry. The Chair remarked that there may be confusion regarding the labels, and the state government has a different definition of trauma than the ACS does in this stretch of the law and related code.

Dr. Iser inquired if the question related to the criteria by which someone goes into the trauma registry as a designated trauma patient. The Chair asked if there is a common denominator for the 4,000 trauma cases in the statistics of the trauma system. Mr. Hammond responded the common denominator was that these patients had been treated at a trauma center. This was followed by an inquiry regarding the difference between the levels of care provided by a Level III trauma center versus an emergency department. Member Marz stated there is most likely a high percentage of the public who do not have a clear understanding of either one. Mr. Hammond explained the difference is largely related to resource allocation. A Level III trauma center has surgeons and specialists on call; participates in the trauma performance improvement plan; has pre-existing transfer agreements with either the Level I or II trauma centers; and the staff has expertise in dealing with trauma patients. The Chair asked if one of the purposes of a Level III trauma center is to handle low acuity cases which would offload some of the volume from the Level I or II so that those centers could focus on the more severely injured. Mr. Hammond noted that is one of the benefits.

Member Kirkpatrick requested the discussion take place in layman's terms because she didn't understand the acronyms, and she referenced the TFTC. She stated the applications were vague given the criteria that an all inclusive trauma center strives to meet. With all the variables to be considered for the applications: severity of injury; geographical location; population density; etc., she inquired how this information would be explained to the public. In addition, she questioned why the Consumer Advocate and Insurance Commissioner were not a part of the dialogue. As some of the zip codes referenced in the presentations are located in Member Kirkpatrick's district, she wants to have a better understanding of the process and what the

criteria specifically means. Mr. Hammond advised need is based on a population that does not have access to trauma services in the current system.

The RTAB and Trauma Medical Audit Committee (TMAC) meets quarterly to discuss the status of the trauma system. The American College of Surgeons recently published that an expansion should be based solely on need and not on economic considerations, and the lead agency is responsible for managing the process. Member Tarkanian stated there is confusion because one of the presenters talked about an unmet need. Dr. Iser stated it is the job of the Health District to determine unmet need, and there are Advisory Boards to help with making those recommendations. With a functioning trauma registry, projections could be made to forecast need. The Health District is in the process of working with the State to handle the trauma registry and it may need to be partially funded with Health District funds.

Member Giunchigliani recommended including the trauma registry to the legislative package and added a certificate of need should be given future consideration. She referenced NRS 450B.237 which outlines the process for plans and development and designation for new centers for the treatment of trauma. The consideration for a needs assessment should be completed by a group who is not directly impacted by the request for trauma system expansion. Therefore, in her opinion, the Level II designation, which was not recommended in 2004, should not have been approved. Second, two trauma centers should not be located within the same geographical area. Then there was the start of trauma activation fees and trauma became about money and not necessarily quality of care. She reiterated taking a step back to look at the system and consider what would affect the trauma catchment area in the long run. Member Giunchigliani asked how much each center would charge for activation fees. Last, she stated it appears the urgent care and Level III trauma centers provide redundant services and if this is not the case, there is an educational component that is needed to educate the public so they are utilizing the appropriate resources.

The Chair called for a recess at 10:23 a.m. The meeting resumed at 10:29 a.m.

Mr. Hammond presented the Trauma Field Triage Criteria Protocol (TFTC) to review the considerations for a patient to be classified as meeting the definition of TFTC and to understand the trauma catchment areas. He explained the TFTC protocol is used by EMS agencies to determine the destination of a patient involved in a traumatic injury.

Trauma Field Triage Criteria

A licensee providing emergency medical care to a patient at the scene of an injury shall use the following procedures to identify and care for patients with traumas:

1. Step 1 – Measure vital signs and level of consciousness. If the patient's:
    A. Glasgow Coma Scale is 13 or less;
    B. Systolic blood pressure is less than 90 mmHg; or
    C. Respiratory rate is less than 10 or greater than 29 breaths per minute (less than 20 in infant aged less than 1 year), or is in need of ventilatory support

    the adult patient MUST be transported to a Level 1 or 2 center for the treatment of trauma in accordance with the catchment area designated. The pediatric patient MUST be transported to a pediatric center for the treatment of trauma.

2. Step 2 – Assess anatomy of injury. If the patient has:

A. Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee;
B. Chest wall instability or deformity (e.g. flail chest);
C. Two or more proximal long-bone fractures;
D. Crushed, degloved, mangled, or pulseless extremity;
E. Amputation proximal to wrist or ankle;
F. Pelvis fractures;
G. Open or depressed skull fractures; or
H. Paralysis

the adult patient MUST be transported to a Level 1 or 2 center for the treatment of trauma in accordance with the catchment area designated. The pediatric patient MUST be transported to a pediatric center for the treatment of trauma.

3. Step 3 – Assess mechanism of injury and evidence of high-energy impact, which may include:
   A. Falls
      1) Adults: greater than 20 feet (one story is equal to 10 feet)
      2) Children: greater than 10 feet or two times the height of the child
   B. High-risk auto crash
      1) Motor vehicle was traveling at a speed of at least 40 miles per hour immediately before the collision occurred;
      2) Intrusion, including roof: greater than 12 inches occupant site; greater than 18 inches any site;
      3) Ejection (partial or complete) from automobile;
      4) Motor vehicle rolled over with unrestrained occupant(s);
      5) Death in same passenger compartment
   C. Motorcycle crash greater than 20 mph
   D. Auto vs. pedestrian/bicyclist thrown, run over, or with significant (greater than 20 mph) impact

   the patient MUST be transported to a Level 1, 2, or 3 center for the treatment of trauma in accordance with the catchment area designated. For patients who are injured outside a 50-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility.

4. Step 4 – Assess special patient or system considerations, such as:
   A. Older adults
      1) Risk of injury/death increases after age 55 years
      2) SBP less than 110 mmHg might represent shock after 65 years
      3) Low impact mechanisms (e.g. ground level falls) might result in severe injury
   B. Children should be triaged preferentially to a trauma center
   C. Anticoagulants and bleeding disorders: Patients with head injury are at a high risk for rapid deterioration.
   D. Burns
      1) Without other trauma mechanisms: transport in accordance with the Burns protocol
      2) With trauma mechanism: transport to UMC Trauma/Burn Center
   E. Pregnancy greater than 20 weeks

F. EMS provider judgment

The person licensed to provide emergency medical care at the scene of an injury shall transport a patient to a designated center for the treatment of trauma based on the following guidelines:

St Rose Dominican Hospital – Siena Campus (Level 3 Trauma Center) Catchment Area
All trauma calls that meet Step 3 or in the provider's judgment meet Step 4 of the Trauma Field Triage Criteria Protocol and occur within the City of Henderson or the geographical area bordered by Interstate 1 to the west and Sunset Road to the north, and the county line to the east, are to be transported to St. Rose Dominican Hospital – Siena Campus and the medical directions for the treatment of the patient must originate at that center;

Sunrise Hospital & Medical Center (Level 2 Trauma Center Catchment Area
All adult trauma calls and pediatric Step 3 trauma calls that meet the Trauma Field Triage Criteria Protocol and occur within the geographical area bordered by Paradise Road to the west, Sahara Avenue to the north, Sunset Road to the south, and the county line to the east, are to be transported to Sunrise Hospital & Medical Center and the medical directions for the treatment of the patient must originate at that center;

In addition, adult trauma calls that meet Step 1 or 2 of the Trauma Field Triage Criteria Protocol and occur within the St. Rose Dominical Hospital – Siena Campus Catchment area, City of Henderson, or the geographical area bordered by Paradise Road to the west continuing along that portion where it becomes Maryland Parkway, Sunset Road to the north, and the county line to the east, are to be transported to Sunrise Hospital & Medical Center and the directions for the treatment of the patient must originate at that center.

University Medical Center (Level 1 Trauma Center and Pediatric Level 2 Trauma Center) Catchment Area
All trauma calls that meet the Trauma Field Triage Criteria and occur within any other area of Clark County are to be transported to University Medical Center/Trauma and the medical directions for the treatment of the patient must originate at that center.

All pediatric Step 1 and 2 trauma calls that occur within Clark County are to be transported to University Medical Center/Trauma and medical directions for the treatment of the patient must originate at that center.

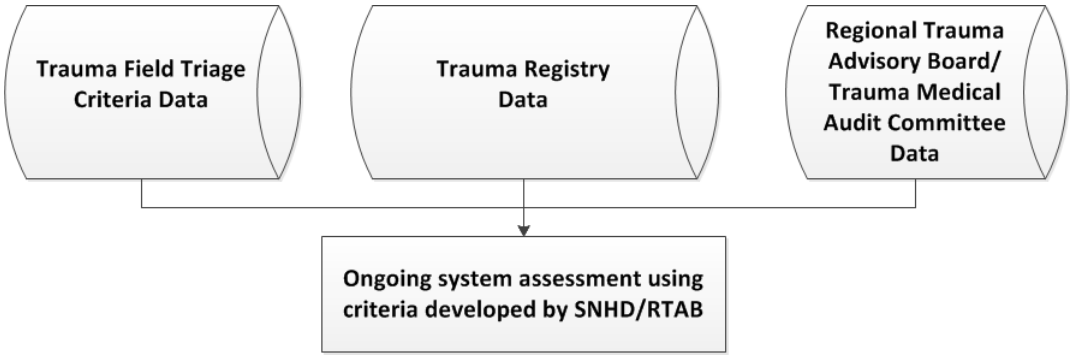
In addition, adult trauma calls that meet Step 1 or 2 of the Trauma Field Triage Criteria Protocol and occur in the geographical area bordered by Paradise Road to the east, Sunset Road to the north, Interstate 15 to the west, and the county line to the south, are to be transported to University Medical Center/Trauma and the medical directions for the treatment of the patient must originate at that center.

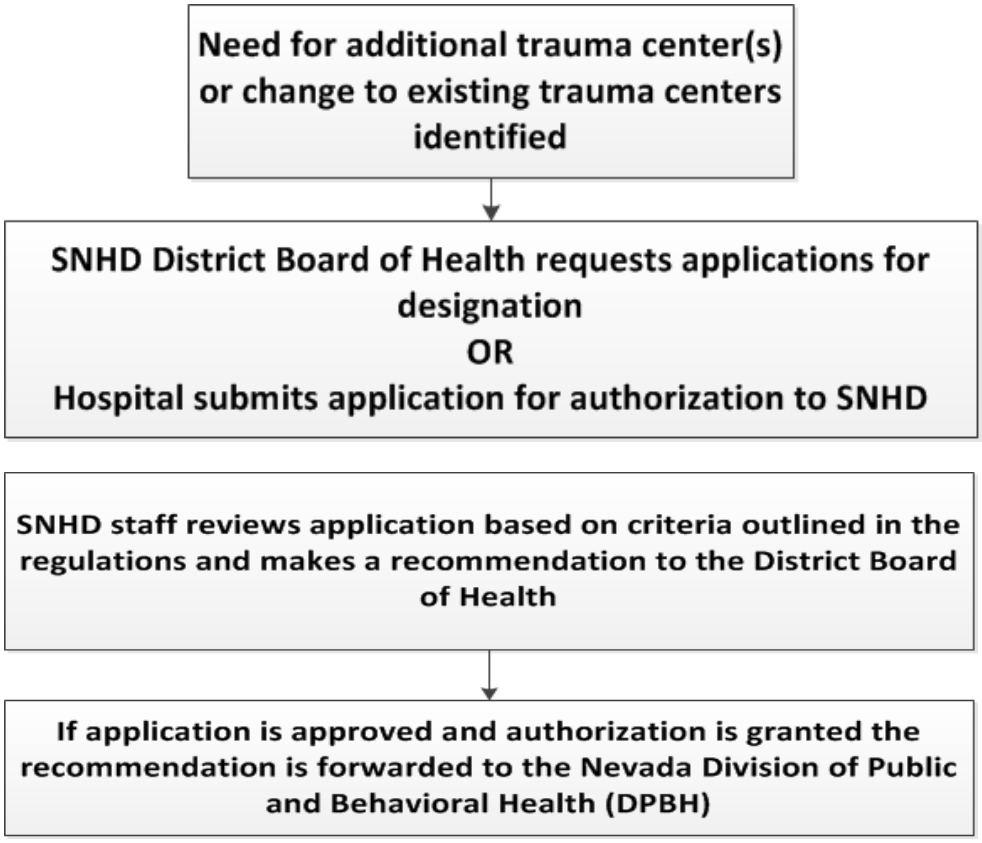
All trauma calls that meet the Trauma Field Triage Criteria Protocol, regardless of location, that are transported by air ambulance are to be transported to University Medical Center/Trauma and the medical directions for the treatment of the patient must originate at that center.

EXCEPTIONS:

1. Nothing contained within these guidelines precludes transport to any trauma facility if, in the provider's judgment, time to transport to the designated center would be unduly prolonged due to traffic and/or weather conditions and might jeopardize the patient's condition.
2. Additionally, nothing contained within these guidelines preclude transport to the closest facility if, in the provider's judgment, an ability to adequately ventilate the patient might result in increased patient mortality.

Mr. Hammond explained the Trauma Center authorization process:





Mr. Hammond explained the legislative authority of the Southern Nevada Trauma System (SNTS) is governed by NRS 450B.764 - Development of system for collection of information concerning treatment of trauma. The SNTS is responsible for developing a standardized system for the collection of information concerning the treatment of trauma and carry out a system for the management of that information.

The conclusion of the OEMTS is:

- Based on NRS 450B, NAC 450B, Trauma System Regulations, the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma", the American College of Surgeons' collected references and available EMS & Trauma System data the current system continues to meet the trauma needs of the trauma service area.
- The applicants have not demonstrated unmet need for additional trauma services.
- The OEMSTS cannot recommend authorization to seek designation as a Center for the Treatment of Trauma.

Mason VanHouweling, CEO, University Medical Center, opposes the expansion of Level III Trauma Centers. (**Attachment 3**)

George Charles Faurbach, Fire Chief, Nevada National Security Site and resident of Las Vegas in the 89129 area, supports the application for Centennial Hills Hospital as a Level III Trauma Center.

Pamela Udall, Director of Communications, University of Nevada School of Medicine, Director of Communications, opposes the expansion of Level III Trauma Centers. (**Attachment 4**)

Colonel Brandon Snook, MD, Director, SMART Program U.S. Air Force at UMC Level 1 Trauma Center, opposes the expansion of Level III Trauma Centers.

Meena Vohra, MD, UMC Director of Pediatric Critical Care and Chair, Department of Pediatrics, opposes the expansion of Level III Trauma Centers.

Rusty McAllister, President, Professional Firefighters of Nevada, speaking on behalf of Las Vegas Firefighters Local 1285, North Las Vegas Firefighters Local 1607 and Clark County Firefighters Local 1908, opposes the expansion of Level III Trauma Centers. On behalf of the Labor Union, Mr. McAllister noted a box containing over 2,000 letters not in support of the expansion of Level III Trauma Centers will be left with the Board.

Stacy Sasso, Executive Director, Labor Health Fund, opposes the request of additional Trauma Centers in southern Nevada and asks that a needs based assessment is done to determine real needs of the community.

Regena Ellis, RN, SEIU, Southern Nevada Health District, opposes the expansion of Level III Trauma Centers.

Dan McBride, General Surgeon, Chief Medical Officer, Valley Health System, which includes Centennial Hospital, supports the expansion of trauma capability in Las Vegas.

Member Nielson left the meeting at 11:22 a.m.

Bobbette Bond, Sr. Policy Director, Unite HERE Health, opposes the expansion of Level III Trauma Centers. Ms. Bond noted that data compiled by the Center for Health Information Analysis (CHIA) has been reviewed and determined that between 2008-2014 UMC increased trauma activation fees by 18.4% whereas the increase at Sunrise was 71% and St. Rose 83%.

Virginia Valentine, President, Nevada Resort Association, opposes the expansion of Level III Trauma Centers. (**Attachment 5**)

Jason Gray, on behalf of 52,000 MGM Resorts International staff based in southern Nevada, opposes the expansion of Level III Trauma Centers.

Marcia Turner, Vice Chancellor of Health Sciences, Nevada System of Higher Education, opposes the expansion of Level III Trauma Centers.

Erin Breen, a member of the Regional Trauma Advisory Board (RTAB), opposes the expansion of Level III Trauma Centers.

Victoria Harding, SNHD, SEIU, has been educated on the trauma systems during today's presentations.

John Coldsmith, RN, supports the application for Centennial Hills Hospital as a Level III Trauma Center. (**Attachment 6**)

Dr Nemec disclosed he has previously served as chief of staff at Sunrise and Southern Hills Hospitals but does not have any current conflict of interest and will be voting on this item.

A motion was made by Member Giunchigliani seconded by Member Nemec to support the recommendations of the RTAB and OEMSTS that there is no current unmet need in the EMS and Trauma System and to not expand the trauma system. This motion was opposed by Chair Beers.

The motion was restated by Member Giunchigliani and seconded by Member Nemec to support the recommendations of the RTAB and OEMSTS that there is no current unmet need in the EMS and Trauma System and to not expand the trauma system; to request staff return to next BOH meeting with a recommendation and budget for an independent consultant to conduct an assessment on the trauma system, to include current locations, current trauma centers, activation fees and all components.

Member Kirkpatrick would like further discussion on a master plan.

Member Dobyne suggested that that the hospitals should be vetted individually.

Member Marz is secure with the level of trauma care in Henderson and would also like for the applicants to be vetted individually.

Member Giunchigliani stated that the recommendation before the board, charged by law, is to accept or reject the recommendation from the OEMSTS/RTAB, not vet the individual hospitals.

Member Delaney left the meeting at 11:55 a.m. and did not return

Member Cherchio supports the motion.

Member Woodbury feels that money is playing too big of a part of the discussion. The applicants stand to profit, the insurance, union and resort association are concerned about costs. He is still unclear on the difference between an Emergency Room and a Trauma Center and does not feel like the Board has all of the information needed to make an informed decision. There are flaws in the process and tools and more data from the registry is required for further discussion.

Member Tarkanian needs more factual information and feels that the current trauma system center seems to be working fine; however, further study is required.

Member Marz confirmed that Member Giunchigliani's motion includes looking at the system as a whole.

Chair Beers polled the Board and the motion was passed by a vote of 7-2.

Voting Aye	**Voting Nay**	**Absent and Not Voting**
Giunchigliani	Beers	Delaney
Tarkanian	Dobyne	Nielson
Woodbury		
Marz		
Kirkpatrick		
Nemec		
Cherchio		

The Chair called for a recess at 12:12 p.m.

The meeting resumed at 12:20 pm with Members Beers, Woodbury, Tarkanian, Dobyne Giunchigliani and Kirkpatrick seated and Member Cherchio via teleconference. Members Nemec and Marz did not return from recess.

2. **Variance Request to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code (NAC) 444.136 and 444.454, Plaza Hotel & Casino LLC, dba Plaza Hotel & Casino, located at 1 Main Street, Las Vegas, Nevada 89101; [Assessor's Parcel Number (APN) 139-34-101-007] for Health Permit PR0119220, James Barger, for the Owner(s), Plaza Hotel & Casino, LLC;** direct staff accordingly or take other action as deemed necessary ***(for possible action)***

Member Nielson returned at 12:25 p.m.

Jeremy Harper, Environmental Health Supervisor, presented the variance and staff recommendations with conditions on behalf of Plaza Hotel. James Barger, representing the Owner, accepted all conditions.

A motion was made by Member Giunchigliani seconded by Member Woodbury and carried unanimously to approve the Variance Request to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code (NAC) 444.136 and 444.454, Plaza Hotel & Casino LLC, dba Plaza Hotel & Casino, located at 1 Main Street, Las Vegas, Nevada 89101; [Assessor's Parcel Number (APN) 139-34-101-007] for Health Permit PR0119220, James Barger, for the Owner(s), Plaza Hotel & Casino, LLC as presented.

3. **Variance Request to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code (NAC) 444.128 and 444.134, Zuffa Landco, LLC, dba UFC Global Headquarters, located at 6650 S. Torrey Pines Drive, Las Vegas, Nevada, 89118; [Assessor's Parcel Number (APN) 176-02-501-022] for Health Permit PR0118970; David Kruljak and Desmond Stevens, for the Owner(s), Zuffa Landco, LLC;** direct staff accordingly or take other action as deemed necessary ***(for possible action)***

Jeremy Harper, Environmental Health Supervisor, presented the variance and staff recommendations with conditions. David Kruljak Stations Casinos and David Stephens, Zuffa Landco accepts all conditions.

Member Nielson abstained from voting due to a possible conflict of interest.

A motion was made by Member Giunchigliani seconded by Member Tarkanian and carried unanimously to approve the Variance Request to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code (NAC) 444.128 and 444.134, Zuffa Landco, LLC, dba UFC Global Headquarters, located at 6650 S. Torrey Pines Drive, Las Vegas, Nevada, 89118; [Assessor's Parcel Number (APN) 176-02-501-022] for Health Permit PR0118970; David Kruljak and Desmond Stevens, for the Owner(s), Zuffa Landco, LLC

VIII. REPORT/DISCUSSION/ACTION

1. **Receive Report and Discuss Addition of Alternates to Advisory Board and Accept Recommendations from the At-Large Member Selection Committee for Two Year Term Beginning July 2016 for Southern Nevada District Board of Health and Southern Nevada District Public Health Advisory Board**: Received from the June 8, 2016 meeting (Committee: Chair Giunchigliani; Members Beers, Marz, Woodbury); direct staff accordingly or take other action as deemed necessary ***(for possible action)***

   Member Giunchigliani noted the committee's recommendations as:

   Full Board

   Physician
   Dr. Frank Nemec

   Regulated Business/Industry
   Doug Dobyne

   Gaming
   Scott Nielson (appointed by the Nevada Resort Association on 6/9/16)

   Advisory Board

   Physician
   Dr. Kenneth Osgood

   Registered Nurse
   Michael J. Collins

   Environmental Health
   Timothy E. Jones

   The At-Large Member Selection Committee recommended that the Full Board consider the following individuals, who spoke during Public Comment at the June 8, 2016 At-Large Member Selection Committee Meeting, for service as At-Large Advisory Board Member Alternates:

   Alternate, Registered Nurse
   Patricia Prevosto

   Alternate, Environmental Health
   Steve Rosenbaum

   A motion was made by Member Beers seconded by Member Kirkpatrick and carried unanimously to approve the recommendations from the At-Large Member Selection Committee appointing the Full Board and Advisory Board at-large members and alternates.

2. **Approve Addition of Member Woodbury to Nomination of Officers Committee by Chair Beers Replacing Commissioner Mary Beth Scow**; direct staff accordingly are take other action a deemed necessary ***(for possible action)***

   A motion was made by Member Giunchigliani seconded by Member Dobyne and carried unanimously to approve the addition of Member Woodbury to the Nomination of Officers Committee.

IX. BOARD REPORTS: The Southern Nevada District Board of Health member may identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action.

Member Kirkpatrick would like an update on the North Las Vegas Clinic.

X. HEALTH OFFICER & STAFF REPORTS

- Dr. Iser complimented the cities and counties for working with the District on the Zika plan.

Member Kirkpatrick left at 12:54 p.m. and returned at 12:56 p.m.

- Accreditation Update – Adele Solomon, Accreditation Coordinator, presented the updated Community Health Improvement Plan (CHIP) and Strategic Plan.

- TB Clinic Update – Andy Glass, Director of Administration, stated the renovation is complete and currently the outside air certification is in process.

XI. INFORMATIONAL ITEMS

A. Reappointment of Scott Nielson, Representative from the Association of Gaming Establishments
B. Chief Health Officer and Administration Monthly Activity Report
C. Clinical Services Monthly Activity Report
D. Community Health Monthly Activity Report
E. Environmental Health Monthly Activity Report

XII. 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.

Tamara Jackson, SNHD in the Food Handler section at the East Las Vegas Clinic stated on April 20, 2016 she emailed Dr. Iser, Andy Glass, Ray Chua, Sean Beckham, Robert McMahan and Cindy Cunningham regarding the unsafe floor plan at the food handling area in the East Las Vegas Clinic. A few weeks later, Ron Brugada and a woman who she believes to be from OSHA toured the office and agreed the floor plan was not safe and should be changed. Ms. Jackson also received a personal visit from Andy Glass some time later, thanking her for advising him of the unsafe floor plan and acknowledged that another employee had previously brought this situation to his attention but he was not sure why it was not resolved. Mr. Glass advised that the situation had been discussed with Sean Beckham and they were in line for changes. It has been over two months and they are still in an unsafe work environment while maintenance addresses less threatening matters. Ms. Jackson had hoped with recent and on-going acts of violence, their easily rectifiable unsafe work

environment would be resolved. Ms. Jackson does not feel safe at work and hopes that this situation is resolved as soon as possible.

Victoria Harding, SNHD, SEIU, agrees there are some safety issues at East Las Vegas that are being worked out. Regarding the outlying clinics, the closure of some clinics over the years was due to economics. Ms. Harding has a difficult time getting people to come into the clinic from some of the outlying areas that do not have a clinic in the area.

Seeing no one else, Chair Beers closed this portion of the meeting.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 1:20 p.m.

Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer/Executive Secretary

/jw