


MEMORANDUM



Date: August 28, 2025

To: Southern Nevada District Board of Health

From: Kim Saner, J.D., M.A., SPHR, *Deputy District Health Officer-Administration* 
Cassius Lockett, PhD, *District Health Officer* 

Subject: **Administration Division Monthly Report – July 2025**

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Executive Summary

The Office of Communications issued four News Releases and ran multiple public health campaigns, including Your Shot for a Healthier Tomorrow, Beat the Heat, and Fight the Bite. Staff developed branding materials, including a logo, student guide and PowerPoint template, for the Youth Advisory Council. Staff worked with the Office of Disease Surveillance to develop the 2025 Health Equity Status Report. Facilities installed a new water machine for patients at the Decatur Location and installed a video intercom security system for visitors at the Southern Nevada Public Health Laboratory. Health Cards served 12,939 total clients, including 2,668 clients renewing online, and established a plan on notifying industry regarding the upcoming fee increases. The Information Technology Department has resumed programming the mobile wallet version of the Food Handler and Body Art Cards, with an anticipated launch in January 2026. As of August 1, 2025, the Health District had 817 active employees. Human Resources posted four employment opportunities, held 30 interviews, and extended five job offers. There were five terminations, no retirements, one promotion, four flex-reclasses, no transfers and one demotion.

Office of Communications

News Releases Disseminated:

- Southern Nevada Health District conducting Legionnaires' disease investigation at Harrah's Laughlin
- West Nile virus mosquitoes detected
- Tracking health equity to drive change in Clark County
- Health District reminds parents – Don't wait to vaccinate before school starts

Press:

- Extreme heat
- Mosquito surveillance and West Nile Virus
- Back-to-school immunizations
- Legionnaires disease investigation
- Street food vendors

Five hundred fifty-three news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in July. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <https://media.southernnevadahealthdistrict.org/download/oc/202507-PI-Report.pdf>.

Advertisements, Projects Completed and Social Media Summary:

In July, the Office of Communications ran multiple public health campaigns, including Your Shot for a Healthier Tomorrow, Beat the Heat and Fight the Bite. Staff worked with the Health Equity team to develop branding materials, including a logo, student guide and power point template, for the Youth Advisory Council. Staff worked with the Office of Disease Surveillance to develop the 2025 Health Equity Status Report and provided ongoing product support for the Office of Chronic Disease Prevention and Health Promotion, Environmental Health and Administration. The Office of Communications responded to 200 public information email inquiries addressing Health District programs and services, vaccine clinic requests, health fair invitations, complaints and more. Additionally, staff completed 85 internal project requests, providing support in graphic design, website content, photography, advertising, marketing, outreach materials and translation services. Staff also updated the Health District websites, including SNHD.info, SNCHC.org and GetHealthyClarkCounty.org.

On social media, staff focused on promoting the Strip Club (fentanyl and xylazine test strips), Fight the Bite, Beat the Heat, Back-to-School Immunizations and Birth Certificates, Zero Stigma day, Substance Misuse Overdose Prevention Summit, Credible Mind, SNHD.info/SUID, Board of Health recognitions and an above ground pool recall.

Community Outreach and Other:

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 20
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: n/a

Legislative Affairs Update:

- Drafted and sent letters to congressional delegation regarding Title X funding

- Drafted public comment for Proposed Reinterpretation of Federal Public Benefits under PRWORA
- Began drafting annual report to LCB on SB118 funds

Meetings and Events of Note:

- July 01: CAA 2025 Legislative Session Debrief
- July 01: Unlocking Big Cities Health Data: Real Life Applications for Local Health Departments
- July 01: ASTHO Reaccreditation Sustainability meeting
- July 08: Building Capacity for Accreditation Sustainability Learning Community
- July 09: Back to School meeting
- July 11: Big Cities Health Coalition/PIO Communications call
- July 14: Future Sync Training
- July 14: Legislative Update presentation at Public Health Advisory Board meeting
- July 15: Back-to-School flyer distribution Cooperative Extension
- July 16: Back-to-School flyer distribution East Las Vegas Community Center and Latin Chamber
- July 16: Final coaching call for Accreditation Sustainability
- July 17: Silver State Health Improvement Plan Special Session: Public Health Infrastructure
- July 21: Back to School flyer distribution Rainbow library, and Research, Education and Access for Community Health (R.E.A.C.H.)
- July 22: Webinar on new federal benefits rule and impact on community health centers
- July 23: 2026 Community Health Improvement Plan Kick-Off Meeting
- July 23: Community Health Improvement Plan meeting
- July 29: Legislative Session Recap for Public Health Meeting
- July 30: Back to School flyer distribution Mojave Behavior Center, Cardenas and PUENTES
- Meetings related to State Public Health Funds and SB118 reporting

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

Facilities

Monthly Work Orders	July 2024	July 2025		YTD FY25	YTD FY26	
Maintenance Responses	218	367	↑	218	367	↑
Electrical Work Orders	19	60	↑	19	60	↑
HVAC Work Orders	17	37	↑	17	37	↑
Plumbing Work Orders	17	16	↓	17	16	↓
Preventive Maintenance	25	83	↑	25	83	↑
Security Responses	2,406	2,458	↑	2,406	2,458	↑

Current Projects

Decatur Location

- Installed access controls on front doors of Decatur Health Cards and Vital Records suites for employee access.

- Installed new water machine for patients in FQHC.

SNPHL Location

- Installed a new video intercom security system for visitor access.
- Installed additional networking port.
- Purchased two new courier vehicles.
- Upgraded BSL3 air handling filters.

Finance

Total Monthly Work Orders	July 2024	July 2025		YTD FY25	YTD FY26	
Purchase Orders Issued	606	531	↓	606	531	↓
Grants Pending – Pre-Award	1	8	↑	1	8	↑
Grants in Progress – Post-Award	11	4	↓	11	4	↓

* Grant applications and NCCs created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – July 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Epidemiology, Infectious Disease Surveillance and Monitoring for the ELC Program (el2nir25)	P-CDC	7/31/2025	\$124,564	End of project period	0.25	May be renewed as a child under elcont26
State of Nevada, Epidemiology and Laboratory Capacity Program, Year 1 of 5 (elcont25)	P-CDC	7/31/2025	\$377,055	End of project period	2.25	FY2026 in process of being renewed

Grants Awarded – July 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Comagine Health, Advancing Health Equity to address diabetes (AHEAD)	P-CDC	7/2/2025	6/30/2025	6/29/2026	\$50,962	FY2025 renewal	0.3

Grants Awarded – July 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
<i>Project Name</i>	<i>Grantor</i>	<i>Received</i>	<i>Start Date</i>	<i>End Date</i>	<i>Amount</i>	<i>Reason</i>	<i>FTE</i>
Amendment 2 (codpp_24)							
H80CS33641-06-10, Health Center Service Area, Amendment 10 (hcsac_25)	F-HRSA	7/15/2025	2/1/2025	1/31/2026	\$426,297	Released remainder of FY25 budget	0.00
State of Nevada, Hepatitis Prevention and Control (aduhep25)	P-CDC	7/8/2025	5/1/2025	4/30/2026	\$26,050	FY2025 renewal	0.15
Retail Food Retail - Mentorship Project (rfment25)	P-FDA	7/21/2025	4/1/2025	3/31/2026	\$12,000	FY2025 renewal	0.77

Contracts Awarded – July 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
<i>Project Name</i>	<i>Grantor</i>	<i>Received</i>	<i>Start Date</i>	<i>End Date</i>	<i>Amount</i>	<i>Reason</i>	<i>FTE</i>
Clark County, Public Health Nurse Liaison Services for Child Protective Services, Year 5 of 6 (cps_26)	CC-CONTRACT	7/8/2025	7/1/2025	6/30/2026	\$81,078	FY2026 renewal	1.00
Environmental Protection Agency, Safe Drinking water, Year 1 of 2 (sdw_26)	P-EPA	7/21/2025	7/1/2025	6/30/2026	\$182,170	FY2026 renewal	0.27

Health Cards

1. Appointments continue to be required for food handler card testing and open as follows:
 - a. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
 - b. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.

- c. Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
2. For the month of July, we averaged 86 “passing and paying” online renewal clients per day, with a total of 2,668 clients renewing online.
3. We have established a plan on how to notify industry about the fee increase approved in June by the Board of Health. A \$5 increase will go into effect on January 1, 2026, raising the fee from \$20 to \$25. A further \$5 increase will go into effect on January 1, 2028, raising the fee from \$25 to \$30. Industry will be notified via a variety of methods in the coming months.
4. Our Information Technology office has resumed programming the mobile wallet version of the food handler and body art cards that we intend to launch in January 2026.

CLIENTS SERVED	July 2025	June 2025	May 2025	Apr 2025	Mar 2025	Feb 2025
FH Cards – New	5,797	5,910	5,508	5,877	5,368	5,365
FH Cards – Renewals	2,161	1,194	1,180	1,172	1,042	988
FH Cards – Online Renewals	2,668	2,867	2,842	2,525	2,361	2,024
Duplicates	579	511	552	589	517	514
CFSM (Manager) Cards	256	191	199	215	231	233
Re-Tests	1,349	1,146	1,171	1,280	1,195	1,210
Body Art Cards	129	120	112	126	98	99
TOTALS	12,939	11,939	11,564	11,784	10,812	10,433

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for July
- 817 active employees as of August 1, 2025
- 0 New Hires, including 0 rehires and 0 reinstatements
- 5 Terminations, including 0 retirements
- 1 Promotion, 4 Flex-reclasses
- 0 Transfers, 0 Lateral Transfers
- 1 Demotion
- 36 Annual Increases
- 30 Interviews
- 5 Offers extended
- 4 Recruitments posted
- Turn Over Rates
 - District Administration: 0.540%
 - Community Health: 0.000%
 - Disease Surveillance & Control: 0.858%
 - Environmental Health: 0.509%
 - Public Health & Preventive Care: 0.930%
 - FQHC: 0.913%

Temporary Employees

- 5 Temporary Staff

Safety

To be included with next month's report

Employee/Labor Relations

- 0 Coaching and Counseling, 1 Verbal Warning, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 0 Probationary Releases
- 3 Grievances
- 0 Arbitrations
- 520 Hours of Labor Meetings (with Union)
- 80 hours investigatory meetings
- 5 Investigations
- 15 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 3

Interns

There were a total of 31 interns providing 540 applied public health practice hours in July 2025. This total includes 12 new students for July and 19 summer semester students.

Interns and Clinical Rotations	July 2025	YTD
Total Number of Interns ¹	31	12 ³
Internship Hours ²	540	540

¹Total number of students, residents, and fellows

² Approximate hours students, residents, and fellows worked in applied public health practice

³ Only includes the new students for July

Training (In-Person and Online)

- July 10, 2025 – Public Speaking Workshop (7 Attendees)
- July 10, 2025 – DiSC Training (18 attendees)
- July 21, 2025 – DiSC Training (18 attendees)
- OVS Division Reports: All Leadership
 - July 1, 2025 – Disease Surveillance and Control
 - July 9, 2025 – Community Health
 - July 15, 2025 – Public Health and Preventive Care
 - July 16, 2025 – FQHC
 - July 22, 2025 – Environmental Health
 - July 29, 2025 – Administration

New Hire Orientation

- 0 new hires for July

Informatics

A. EpiTrax

1. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and troubleshoot issues, and resolve them as they arise. Provide ongoing user account support.
 - Ongoing Alchemer survey line lists for Legionellosis investigation.
 - Added new data fields to capture additional Mumps and Pertussis MMG questions.
 - Reviewed and updated fields in the Case Management form.
 - Implement a new AKA data field pending review.
 - Review and clean up TB invalid answer options.
 - Continue improving the CSV export feature to include data from repeating fields.
2. Continue working with OpenEMPI integration with EpiTrax system:
 - Updated and continue reviewing the OpenEMPI person matching configuration to improve match accuracy.
3. EpiTrax User Requests

EpiTrax Requests	June 2025	July 2025
EpiTrax Requests Completed	9	9
EpiTrax Requests Opened	69	66
EpiTrax New Requests	7	6

B. Electronic Message Staging Area (EMSA)

1. Continue to work on EMSA2, including mapping new LOINC and ICD10-CM codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors.
2. Conduct regular sessions to review message exceptions including UMC/HCA/Intermountain Healthcare Inc./UHS/Centennial Clinic/Optum/Southwest Medical error except handling and mapping new codes.
3. eCR went live for Optum Del Webb Satellite, Optum Care Mountain West Home Health, and North Tenaya Southwest Medical Associates clinics.
4. Added the ability to view eCR in the formatted layout in addition to a raw XML.
5. Updating the EMSA automation process configuration and server to support the increased workload from onboarding more eCR.
6. ELRs and eCRs.

ELRs	June 2025	July 2025	eCRs	June 2025	July 2025
Total Received	104,562	120,348	Total Received	455,242	85,864
Total Processed	104,353	121,033	Total Processed	44,134	233,966
Under Review	609	725	Under Review	1,561,101	1,158,275
Event Updated	15,867	19,075	Event Updated	499	3,389
Event Created	8,264	8,481	Event Created	59	629

C. Data Warehouse

1. Deduplicate form reference data.
2. Review the SNPHL lab summary count process, which is no longer updating data.
3. Improving logging to track data warehouse ETL issues.

4. Continue updating ETL queries to reduce runtime.

D. Pentaho Report

Pentaho Reports	June 2025	July 2025
Updated	6	4
Created	0	1

E. Dashboard

1. Respiratory disease ArcGIS dashboard: Continuing development of the Influenza-Like Illness (ILI)/indicators dashboard as part of the broader respiratory disease dashboard. Implemented an ETL script to process data for this dashboard.
2. Start wastewater ArcGIS dashboard design.
3. Power BI finance billing dashboard: Prepare and continue developing additional reports from staff feedback; summary, claim, and CPT. The group summary report is completed.

F. Southern Nevada Public Health Laboratory (SNPHL)

1. Bolstering the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners.
2. Add location, clinical questions, orderables for the Outreach system. Moving clients from faxing to the Outreach system for order/result delivery.
3. Continue to build reports/data extracts for various data requests and Quality Assurance.
4. Revised LRN testing to migrate from Global Fever Panel to Tropical Fever Panel.
5. Resolved issue with RBC and WBC testing due to 2 instruments using the same identifiers.
6. Revised LRN/BSL testing format and updated all result report comments.
7. Implemented validation checked to ensure staff use sample types consistent with CDC guidelines.
8. New interface to automate PulseNet results into LIMS.
9. Added LRN/BSL conclusions for non-CDC customers.
10. Removed unused tests from LIMS to keep the system clean and comprehensible.
11. Configurations for Hematology and Urinalysis testing including reference ranges and algorithms.

G. Electronic Health Record (EHR) System

1. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
2. Collaborate with NV HIE and eCW on eCR and FHIR implementation.
3. Quarterly data submission for Healthy Start Monitoring and Evaluation Data System (HSMED).
4. Ongoing review of Clinical Quality Management (CQM) and calculations to ensure accuracy and quality improvement.
5. Build new SNPHL lab components in the EHR for longitudinal view of lab testing.
6. Discussions for structured questions template design for Congenital Syphilis Management.
7. Generate and review monthly reports for FQHC and Primary Care Center (5 reports).
8. Validations being performed for the automated urinalysis testing using Clinitek (instrument) and Orchard/HER.
9. Preparing for eCW update for next version.

10. EHR Requests and Reports.

EHR Requests	June 2025	July 2025	eCW Reports	June 2025	July 2025
Requests Completed	11	18	FQHC	3	9
Requests Opened	15	20	PPC	2	6

H. Clark County Coroner's Office (CCCO)

1. Continue to provide support to CCCO on new Coroner and Medical Examiner Case Management System (CME) implementation, testing, data requests, and reports.
2. Work with contractor on possible public-facing dashboard for death statistics.
3. Continue researching integration and automation opportunities to reduce manual data fetching for staff.
4. Planning for integration of additional lab results into existing case management system.
5. Fulfill internal and external data requests using aggregated death data.
6. Assist County Public Information Officer with location and release of high-profile deaths.
7. Continue to work with the vendor to implement end user requests/enhancements, including user requirements and end user testing.
8. Completed refactoring of code solution for faster processing of grant-related cases to CDC.

I. Data Modernization Initiative (DMI)

1. Finalize the test scenario case worksheet for TB/LTBI cases and use NMI to export these test cases to CDC.
2. Continue mapping fields for the implementation spreadsheet for MMG; Mumps, Pertussis, and Varicella.
3. Continue adding PHIN VADS for Mumps, Pertussis, and Varicella in NMI.

J. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

1. Maintain and enhance syndromic surveillance system for new providers and future support.
2. Continue onboarding four new Intermountain Healthcare clinics. Expected completion Fall 2025. Risk management forms completed.

K. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, and data corrections and updates.
2. Completed 6 months of data upload for Rocky Mountain Poison Control feed.
3. Continue supporting the PILLARS team member for access to HIE standardized data.
4. Vital Records database refresh to update data.
5. NVCLPP; contacted providers to notify them about the invalid/unsupported file uploaded. Uploaded UNLV user guide for lead reporting.

L. National and State Meetings/Workshops

1. CSTE EHI Access Workgroup Meeting
2. CSTE eCR Consensus Criteria Workgroup
3. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call
4. CSTE - CDC Frontline Tools workgroup

5. DMI LC Monthly Call
6. EpiTrax Consortium release manager meeting
7. BCHC Data Modernization Work Group
8. Statewide Syndromic Surveillance Monthly Workgroup
9. CDC HL7 FHIR Training

Information Technology (IT)

Service Requests	July 2024	July 2025		YTD FY25	YTD FY26	
Service Requests Completed	1,355	941	↓	1,355	941	↓
Service Requests Opened	1,543	1,051	↓	1,543	1,051	↓

Information Services System Availability 24/7	July 2024	July 2025		YTD FY25	YTD FY26	
Total System	94.31	90.81	↓	94.31	90.81	↓

Total Monthly Work Orders by Department	July 2024	July 2025		YTD FY25	YTD FY26	
Administration	374	250	↓	374	250	↓
Community Health	142	95	↓	142	95	↓
Environmental Health	238	175	↓	238	175	↓
Primary & Preventive Care	325	205	↓	325	205	↓
Disease Surveillance & Control	130	132	↑	130	132	↑
FQHC	232	154	↓	232	154	↓
Other	12	15	↑	12	15	↑

First Call Resolution & Lock-Out Calls	July 2024	July 2025		YTD FY25	YTD FY26	
Total number of calls received	1,543	1,051	↓	1,543	1,051	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Monthly Position Review Committee cancelled for July 2025.
 - Prepared the July 2025 Hiring Plan for submission to CDC.
 - Met with DHO to discuss internal results of the NACCHO PROFILE Survey before final submission to NACCHO.
 - Submitted NACCHO Profile Survey to NACCHO via online portal prior to the suspense set by NACCHO.
 - Briefed the Health Executive Council on PHIG activities including budget concerns, personnel impacts, and organizational challenges.
 - Participated in the July Board of Health meeting

- Participated in Region 7 Disaster Health Response Ecosystem (R7DHRE) Webinar – The Role of Forensic Nurses in Emergency Response and Infectious Disease. A great and informative webinar with unique uses for these nurse specialties.
- Participated in the final FutureSync training – Team Engagement Strategies – Executive Leadership Development Testing.
- Met with accountant and reviewed PHIG Strategy A2 (Foundational Capabilities) budget in preparation for submission to CDC prior to August 25, 2025.

CDC Requirements

- Monthly CDC Project Officer meeting was convened on July 9, 2025.
- Finalized, reviewed, and approved monthly hiring plan for submission to the CDC.
- Participated in the Non-Competing Continuation (NCC) Office Hours on July 8 and 9 to better understand the submission process for this year.
- Developed, communicated, and reviewed PHIG Strategy A2 (Foundational Capabilities) budget and narrative for the Non-Competitive Continuation Application.

Performance Management

- Met with the Health Executive Council to report upon and refresh operations procedures of the VMSG dashboard used to track progress of strategic plan objectives and activities.
- Chaired the monthly meeting of PM/QI Team with reports on QI consulting from May and progress of large QI projects.
- Attended the third and fourth sessions, virtually, from Stanford School of Design centered in design thinking in local government.
- Provided 5 team hours of strategic plan support around objective and activity formation and upload to VMSG.
- Began a certification course from Cornell University including projects, research, and lecture with 70 hours of contact time over 4 months. Curricula mirrors topics found in many Master in Public Health (MPH) programs. This should be an excellent learning opportunity as performance management and QI grows across the district. Learning how groups can apply performance and quality tools will drive adoption and impact of the district.

Quality Improvement

- Healthy Start Client Conversion Project: Health the second workshop for 11 CHWs and their leadership team to improve conversion from leads to clients. Focused on ways to build personal emotional connection with potential clients on the phone. Facilitated new speaking points for phone conversations to drive interest and flow of services. Collaborated with the group to design a detailed self-scorecard to track the success of their calls and plan how to improve on the next call.
- Attended the FQHC all staff meeting to brief them on the status of QI projects in their division with recognition for work in progress in the appointment scheduling area.
- Launched the first Point Kaisen event utilizing skills from Lean Six Sigma Green Belt certification with the FQHC call center and their leadership team to combat a high rate of patient no-shows for their scheduled appointments. Success in this project will result in less idle time for providers and greater access to care for our community.
 - Met with key stakeholders individually after the group meeting for more detail and planning around data collection
 - Design and execution required 28 team hours.
- Participated in the monthly QI Advocate meeting chaired by NVDPBH to support QI across state health departments.

- Invested 32 team hours of design work and time with FQHC leadership developing an improvement charter to provide information for leadership and the Board around countermeasures for the upcoming rules around using federal funding to benefit undocumented uninsured persons. New rules are expected to have a large impact on FQHC operations and budgeting in the Health Center. This is the largest local project to utilize the A3 problem solving template.
- Designed and executed the first Gemba Walk for the Health Executive Council (HEC) with other key leaders.
 - The group observed the Back-To-School immunization process and practiced observation skills to identify waste. The output produced dozens of opportunities for increasing utilization of space in the Red Rock meeting room. This will also create more efficient flow of patients with little investment in space.
 - Then next step of this process is to facilitate another meeting with the HEC to debrief the observations recorded by the group and design solutions using the A3 Improvement Charter to organize interventions.

PHAB Reaccreditation

- Completed collaboration with ASTHO and five large health departments to update the handbook for sustaining PHAB Reaccreditation. This has driven two collaborations with the Office of Communications in driving awareness of the value of our Accredited status. The work product of the national group will be combined from this cohort and shared with all accredited health departments for continuous improvement.
- Attended the kickoff meeting for the CHIP project. This is an integral part of Accreditation. SNHD started their first CHIP and CHA to be eligible for initial Accreditation prior to 2020.

PHIG

- 3 hours spent in meetings around administration and planning of the grant.
- 2 hours spent on administrative tasks related to the department purchasing card used for travel and office supplies.
- 2 hours of webinars with Act for Public Health organization that tracks legislation and executive orders affecting public health.

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles

Media - Broadcast stories

Collateral - Advertising/Marketing Products

Community Outreach - Total Volunteers¹

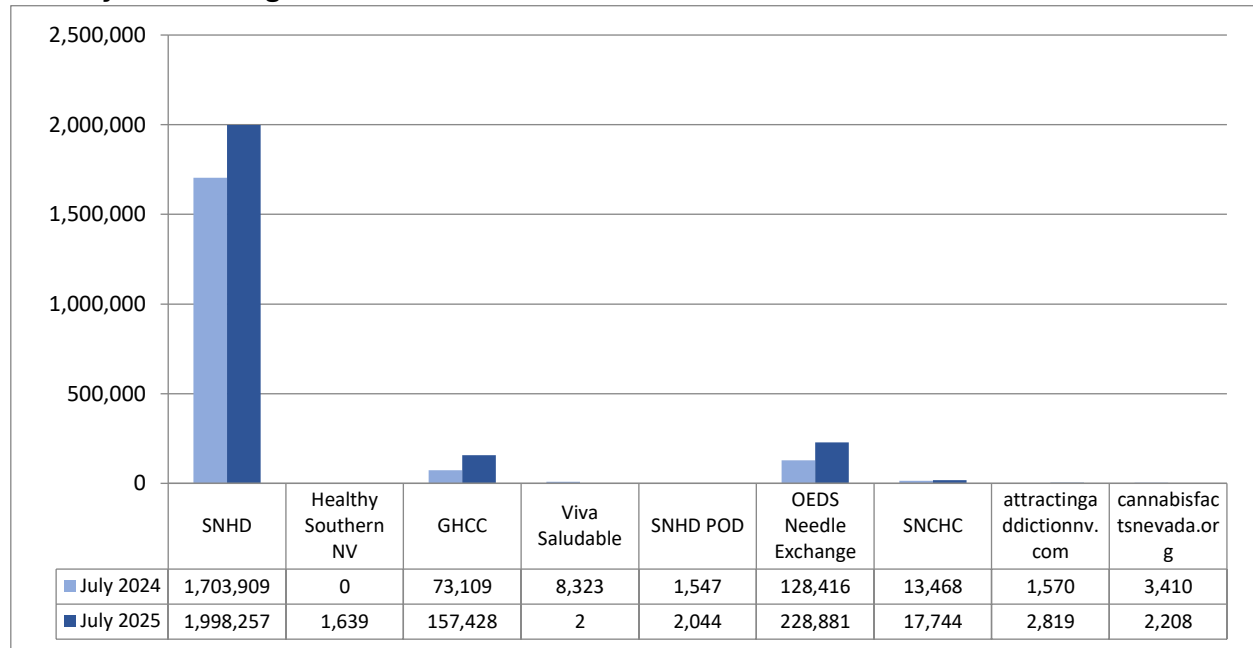
Community Outreach - Volunteer Hours

July 2024	July 2025		YTD FY25	YTD FY26	
102	21	↓	102	21	↓
232	47	↓	232	47	↓
28	13	↓	28	13	↓
7	1 ²				
504	54	↓	504	54	↓

¹Total volunteer numbers fluctuate from month to month and are not cumulative.

²Volunteer numbers reported in July 2025, reflect a temporary suspension of the program due to a federal funding delay.

Monthly Website Page Views:



-Began tracking page visits in 2024 for attractingaddictionnv.com and cannabisfactsnevada.org websites.

-Began reporting Health Southern Nevada monthly views in April 2025.

Social Media Services		July 2024	July 2025		YTD FY25	YTD FY26
Facebook SNHD	Followers	13,447	13,639	↑	N/A	N/A
Facebook GHCC	Followers	6,121	6,104	↓	N/A	N/A
Facebook SHC	Followers	1,643	1,623	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,291	5,172	↓	N/A	N/A
Facebook Food Safety	Followers	168	179	↑	N/A	N/A
Instagram SNHD	Followers	4,660	5,385	↑	N/A	N/A
Instagram Food Safety	Followers	525	535	↑	N/A	N/A
Instagram GetHealthyCC	Followers	208	312	↑	N/A	N/A
Instagram @Ez2stop	Followers	146	152	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	429	418	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,855	1,746	↓	N/A	N/A
X (Twitter) Food Safety	Followers	103	100	↓	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,415	9,957	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	345	339	↓	N/A	N/A

Social Media Services		July 2024	July 2025		YTD FY25	YTD FY26
X (Twitter) THNK/ UseCondomSense	Followers	679	657	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	126	120	↓	N/A	N/A
Threads SNHD	Followers	823	975	↑	N/A	N/A
TikTok @Ez2stop	Views	19	49	↑	N/A	N/A
*TikTok SNHD	Views	0	251	↑	N/A	N/A
YouTube SNHD	Views	189,047	179,685	↓	189,047	179,685
YouTube THNK / UseCondomSense	Views	200	45	↓	200	45
Note: Facebook, Instagram and X (Twitter) numbers are not cumulative. *SNHD added to TikTok in September 2024						

Appendix B – Finance – Payroll Earnings Summary – July 5, 2025 to July 28, 2025

PAYROLL EARNINGS SUMMARY July 5, 2025 to July 18, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 325,572.85	\$ 4,806,780.89	\$ 644,301.85	\$ 9,195,237.18	7%	
ENVIRONMENTAL HEALTH	\$ 660,563.63	\$ 9,856,569.32	\$ 1,321,962.53	\$ 17,951,295.42	7%	
COMMUNITY HEALTH	\$ 326,514.01	\$ 4,747,767.49	\$ 648,471.11	\$ 9,910,529.22	7%	
DISEASE SURVEILLANCE & CONTROL	\$ 382,861.46	\$ 5,830,040.11	\$ 778,201.36	\$ 10,671,639.69	7%	
FQHC	\$ 354,687.73	\$ 5,446,105.98	\$ 709,220.66	\$ 11,060,800.45	6%	
ADMINISTRATION W/O ICS-COVID	\$ 624,939.22	\$ 9,278,443.31	\$ 1,244,174.51	\$ 15,657,123.65	8%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,675,138.90	\$ 39,965,707.10	\$ 5,346,332.02	\$ 74,446,625.61	7%	8%
FTE	816					
Regular Pay	\$ 2,311,477.96	\$ 32,172,182.91	\$ 4,492,373.12			
Training	\$ 7,188.41	\$ 59,135.42	\$ 8,672.85			
Final Payouts	\$ -	\$ 324,811.23	\$ 37,711.64			
OT Pay	\$ 14,083.03	\$ 183,015.97	\$ 23,119.48			
Leave Pay	\$ 316,892.11	\$ 6,309,383.17	\$ 722,597.11			
Other Earnings	\$ 25,497.39	\$ 917,178.40	\$ 61,857.82			
TOTAL	\$ 2,675,138.90	\$ 39,965,707.10	\$ 5,346,332.02			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT July 5, 2025 to July 18, 2025

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Munford, Elizabeth		1.25	67.01	Gonzales, Fabiana	2.25	74.42
Keegan, Dahlia		5.00	268.03	Burgess, Anna	15.00	436.89
Ubando, Marjorie		11.75	629.87			
Tran, Amy		10.50	672.89			
Urena, Maite		10.30	348.20			
Maldonado, Julie		5.75	340.98			
Kuahiwinui-McGuire, Brandon		5.50	185.93			
Murphy, Melissa		21.25	858.73			
Sterling, Nathan		10.10	324.71			
To, Helen		6.50	366.51			
Herrera Ortiz, Maria		17.00	599.99			
De Lisle, Ricky		3.25	124.82			
Arcuri, Steven		0.25	13.73			
Total Administration		108.40	4801.40		17.25	511.31
COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Brown, Daniel		0.45	36.30	Ahlo, Malcolm	40.00	2043.12
Ahlo, Malcolm	VAPFHN26	0.50	17.34			
Total Community Health Services		0.95	53.64		40.00	2043.12
FQHC-COMMUNITY HEALTH CLINIC						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Valdes-Ayala, Beatriz	FP_25 NO MILEA	0.50	21.84			
Manaloto, Xcelza	FP_25 NO MILEA	0.45	32.76			
Total FQHC-Community Health Clinic		0.95	54.60		0.00	0.00

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Enzenauer, Lizette		4.50	266.85	Arquette, Jocelyn	1.13	58.94
Chongtai, Loriza		0.25	20.17	Bernabe, Xandee	8.25	400.36
Cervas, Marie		8.00	582.34			
Gomez, Karen		0.25	9.12			
Nagai, Sage		0.25	17.75			
Aucalla, Gennesis		0.25	9.12			
Landini, Karleena		4.50	327.57			
Carbajal-Mazon, Wendy		11.00	353.65			
Total Public Health & Preventative Care		29.00	1586.57		9.38	459.30

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hall, Nancy		5.00	383.08	Santiago, Anthony	4.50	207.55
Taylor, George		1.25	86.48	Whiting-Green, Willandra	10.13	443.86
Sheffer, Thanh		1.50	101.07	Ramakrishnan, Veena	1.50	62.50
Woods, Heather		2.30	154.97	Valadez, Alexis	3.75	134.01
Lett, Kendra		9.00	638.89	Erickson, Sarah	0.38	11.80
Ortiz-Rivera, Vanessa		5.50	370.59	Hernandez, Abel	1.88	57.47
Cummins, Veronica		1.00	59.30	Schuler, Emalee	1.50	45.97
Wills, Jerry		11.00	620.25			
Blackard, Brittanie	FDILL_25	4.00	225.55			
Calzado, Neil		11.00	574.18			
Jones, Mallory		1.75	91.35			
Thein, Kelsey		3.00	156.60			
Jufar, Lydia		2.00	101.85			
Ross, Alyssa		1.75	84.65			
Galvez, Alexis		4.00	203.70			
Hall, Alyssa		1.75	82.60			
Vinh, Jonathan		2.50	118.00			
Hernandez, Lilian		12.50	574.66			
Herrera, Carlos		9.00	413.76			
Roberts, Jamie		3.75	172.40			
Nwaonumah, Nosa		3.50	160.91			
Hernandez, Abel		1.00	45.97			
Thompson, Deshawn		4.00	183.89			
Total Environmental Health		102.05	5604.70		23.63	963.16

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Rossi Boudreaux-Thibodeaux, Dustin (Tux)		7.50	518.88			
Ewing, Tabitha	PH1DC_23 NO M	3.00	197.27			
Ewing, Tabitha		10.00	657.57			
Herrera, Reyna		10.00	608.40			
Total Disease Surveillance & Control		30.50	1982.12		0.00	0.00
Combined Total		271.85	14083.03		90.25	3976.88



Risk Management Annual Report

Fiscal Year Ending June 30, 2025

Legal Department
August 2025



EXECUTIVE SUMMARY

This report provides a summary of the Southern Nevada Health District's Risk Management activities for Fiscal Year 2025. As part of Risk Management's strategy of developing a risk management culture, this report will be presented to the Health District's Health Executive Council.

Risk Management continues to analyze current insurance market trends. Risk Management determined that utilizing POOL/PACT was costly to the Health District and moved to a private insurance broker with healthcare facility experience. This move saved the Health District \$353,324.18 in the first year. Due to continued low claims, the Health District anticipates continued savings next fiscal year, as well.

RISK MANAGEMENT STRUCTURE AND GOALS

RISK MANAGEMENT

Risk Management is the process of identifying risks, assessing the likelihood and impact of their occurrence, and determining the most effective means of managing them or reducing them to an acceptable level. The aim is to reduce the frequency of risk events occurring and minimize the severity of their consequences if they do occur. The goal is to reach an optimal balance of risk, benefit, and cost while achieving business objectives. The Health District's Risk Management Program seeks to achieve this goal by being a resource to Health District programs and divisions in the areas of risk and claims management concepts, consulting, and education. Good risk management also ensures the Health District is in a stronger position to minimize financial losses, service disruption, bad publicity, threats to public health, and compensation claims.

Risk Management manages the Health District's commercial liability programs. As program administrator, the Risk Manager manages demands and lawsuits of professional and general liability claims against the Health District and its employees. Although there is no direct financial implication, the mitigation of risk is a key element of good financial stewardship.

Risk Management purchases the Health District's Employment Practices insurance and gets involved in strategy and any settlement discussions in cooperation with the Human Resources department.

Primary Risk Management activities include:

- ✓ Investigation, management, and disposition of professional liability claims and lawsuits
- ✓ Investigation, management, and disposition of general liability claims and lawsuits
- ✓ Risk education
- ✓ Risk assessment and loss control
- ✓ Commercial insurance purchasing
- ✓ Risk monitoring and reporting

FISCAL YEAR 2025 RESULTS

INSURANCE POLICIES

The Health District maintains insurance coverage for exposure to a variety of potential claims. The primary coverages include:

- Professional Liability (Medical Malpractice)
- General Liability
- Employment Practices Liability (EPL)
- Automobile
- Property
- Cyber Risk & Privacy
- Workers' Compensation

For the coverage period (07/01/2024 - 07/01/2025), the Health District's insurance policies are as follows:

Coverage	Policy Period	Limits	Deductible
Professional Liability	07/01/2024 – 07/01/2025	\$1M/\$3M	\$25K
General Liability	07/01/2024 – 07/01/2025	\$1M/\$3M	\$25K
Employment Practices	07/01/2024 – 07/01/2025	\$1M	\$75K
Automobile	07/01/2024 – 07/01/2025	\$1M	\$3K
Real Property	07/01/2024 – 07/01/2025	\$40M	\$25K
Personal Property	07/01/2024 – 07/01/2025	\$33M	\$25K
Cyber Risk Privacy	07/01/2024 – 07/01/2025	\$2M	\$25K
Workers' Compensation	07/01/2024 – 07/01/2025	Statutory/\$2M	None

COST OF RISK

The Cost of Risk compares the Health District's risk management program expenditures to the Health District's fiscal year operating expenses. The Cost of Risk includes any paid claims (amounts paid in the fiscal year without regard to the year the claims arose), insurance premiums, and operational and administrative expenses. The Cost of Risk is outlined in the table below.

COST OF RISK DETAIL

	FY20	FY21	FY22	FY23	FY24	FY25
PREMIUMS & EXPENSES						
Professional Liability Insurance	\$75,735.00	\$96,000.00	\$81,021.22	\$75,847.00	\$90,310.83	\$73,925.75
General Liability Insurance	\$326,681.69	\$330,171.64	\$386,461.71	\$431,147.68	\$503,108.60	\$4,232.00
<i>Employment Practices</i>						\$28,832.25
<i>Property Insurance</i>						\$162,699.00
<i>Auto Insurance</i>						\$153,907.00
<i>Cyber Risk/Privacy</i>						\$37,164.00
Workers' Compensation	\$279,895.00	\$816,812.00	\$410,863.00	\$493,366.00	\$485,653.00	\$268,146.00
Subtotal	\$682,311.69	\$1,242,983.64	\$878,345.93	\$1,000,360.68	\$1,079,072.43	\$728,906.00
CLAIMS ADMINISTRATION						
Expenses—Outside Counsel	\$56,073.00	\$252,828.73	\$120,870.58	\$20,007.86	\$111,377.00	\$317,256.80
Deductible	\$76,068.37	\$22,665.50	\$36,870.20	\$56,472.37	\$87,530.45	\$25,000.00
Subtotal	\$132,141.37	\$275,494.23	\$157,740.78	\$76,480.23	\$198,907.45	\$342,256.80
Total	\$814,453.06	\$1,518,477.87	\$1,036,086.71	\$1,076,840.91	\$1,277,979.88	\$1,071,162.80
COST OF RISK						
Total Health District Operating Expenses	\$90,655,702	\$123,802,958	\$147,986,384	\$124,913,443	\$73,422,792	\$62,500,803
Cost of Risk (as % of Health District Operating Expenses)	.9%	1.2%	.7%	.8%	1.7%	1.7%

Cost of risk remains low for the Health District. Moving away from POOL/PACT to the private insurance market has saved the Health District more than \$300,000 in the first year.

INCIDENT REPORTS

An important element of the Risk Management program is the identification, reporting, and analysis of incidents that occur on Health District property. A reportable incident includes any occurrence that is inconsistent with routine Health District operations. Reporting and reviewing these events are a critical part of quality assurance, quality improvement, and risk mitigation. Health District leadership encourages staff to report any incident or opportunity for improvement.

Clinical occurrences, including medical responses to “Dr. Bluebird,” are analyzed separately by Quality Management Committee/Medical Event Committee to identify the basic or causal factors underlying the incident and potential improvement in processes or systems to reduce the likelihood of future incidents.

FACILITY INCIDENT SUMMARY

In Fiscal Year 2025 (07/01/2024 - 06/30/2025), 114 incident reports were filed.

FY25 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
48	22	2	1	18	4	21

In Fiscal Year 2024 (07/01/2023 - 06/30/2024), 111 incident reports were filed.

FY24 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
47	22	3	6	16	3	14

In Fiscal Year 2023 (07/01/2022 - 06/30/2023), 94 incident reports were filed.

FY23 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
39	15	3	11	17	4	5

In Fiscal Year 2022 (07/01/2021 - 06/30/2022), 54 incident reports were filed.

FY22 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
4	17	2	2	13	4	12	5

In Fiscal Year 2021 (07/01/2020 - 06/30/2021), 20 incident reports were filed. We attribute this low rate to the COVID-19 response and the limited services that were offered in our buildings.

FY21 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
1	7	0	0	8	3	1	0

In Fiscal Year 2020 (07/01/2019 - 06/30/2020), 50 incident reports were filed.

FY20 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
15	7	1	8	3	8	8	9

HIPAA RISK ASSESSMENT

A HIPAA Risk Assessment is a tool that is designed to help healthcare providers conduct security risk assessments as required by the HIPAA Security Rule. The assessment helps identify risks that could possibly lead to HIPAA violations and/or security breaches.

An annual risk assessment is for the entire organization, all SNHD programs complete the assessment regardless of if they are a part of the covered entity. The assessment looks at two common areas in which a covered entity could possibly violate a HIPAA Security Rule, including security breaches. The two common areas are 1.) Unauthorized access and 2.) Disclosure of Protected Health Information (“PHI”) and Personal Identifiable Information (“PII”). Review of these areas allows each program to review their practices and procedures, if any inconsistencies are found, and enact corrective action.

While HIPAA risk assessments focus on maintaining confidentiality and privacy for our patients and clients, this annual opportunity can lead to discussions regarding employee safety, building safety, and related issues. These are referred to the appropriate staff to address.