



## MINUTES

### SOUTHERN NEVADA HEALTH DISTRICT FACILITIES ADVISORY BOARD MEETING May 16, 2024, 10:30 A.M.

#### MEMBERS PRESENT

**Chair** Alexis Mussi, *CEO, (Southern Hills) HCA*  
Pat Kelly, *CEO, Nevada Hospital Association*

**Vice-Chair** Todd Sklamberg, *CEO, (Sunrise) HCA*  
Vince Variale, *CEO, North Vista*  
Mason Van Houweling, *CEO, UMC*

#### MEMBERS ABSENT

Hiral Patel, *CEO, (Mountainview) HCA*  
Robert Freymuller, *CEO, (Summerlin) UHS VHS*  
Thomas Maher, *CEO, Boulder City Hospital*  
Collin McLaughlin, *CEO, Valley Hospital*  
Jon Van Boening, *CEO, (Dominican) Dignity Health*  
Sam Kaufman, *CEO, (Henderson) UHS VHS*  
Geraldine Ramos, *CEO, Desert Winds Hospital*  
William Caron, *CEO, VA Southern Nevada*

Claude Wise, *CEO, (Valley) UHS VHS*  
Leo Gallofin, *Director, Rawson-Neal*  
Purcell Dye, *CEO, Spring Mountain Treatment Center*  
Sajit Pullarkat, *CEO, (Centennial Hills) UHS VHS*  
Thomas Burns, *CEO, (Rose de Lima) Dignity Health*  
Christopher Loftus, *CEO, (Desert Springs) UHS VHS*  
Col. Ryan Mihata, *CEO, Nellis AFB Hospital*  
Craig McCoy, *CEO, (Centennial Hills) UHS VHS*

#### SNHD STAFF PRESENT

Cassius Lockett, *Deputy District Health Officer*  
Kim Saner, *Deputy District Health Officer*  
Edward Wynder, *Associate General Counsel*  
Anil Mangla, *ODS Director*  
John Hammond, *OEMSTS Manager*  
Lei Zhang, *Public Health Informatics Manager*  
Carmen Hua, *SNHD Health Educator*  
Gerard Custodio, *Facilities-Maintenance Worker*  
Christian Young, *OEMSTS Medical Director*

Andria Cordovez Mulet, *Executive Assistant*  
Christopher Saxton, *EH Director*  
Josie Llorico, *Administrative Specialist*  
Tawana Bellamy, Sr. *Administrative Specialist*  
Emily Anelli, Sr. *Administrative Specialist*  
Jacques Graham, *Administrative Specialist*  
Jessica Johnson, *Health Education Supervisor*  
Kimberly Monahan, *HR Analyst*  
Victoria Burris, *ODS Manager*

#### GUESTS

Kathleen Thimsen, *Presenter*  
Jeri Dermanelian

Dena Rinetti  
Stacy Kollins  
Nathan Orme

#### I. CALL TO ORDER/ROLL CALL

Chair Mussi called the Southern Nevada Health District Facilities Advisory Board to order at 10:32 a.m. Jacques Graham, Community Health Administrative Specialist conducted roll call.

## **II. FIRST PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public on items appearing on the agenda. All comments are limited to five (5) minutes.

Chair Mussi asked if anyone wished to address the Board pertaining to items appearing on the agenda. Hearing no one, the public comment portion of the meeting was closed.

## **III. ADOPTION OF THE MAY 16, 2024 AGENDA (for possible action)**

Due to lack of quorum, no action was taken on this item.

## **IV. CONSENT AGENDA**

Items for action to be considered by the Southern Nevada Health District Facilities Advisory Board 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/FACILITIES ADVISORY BOARD MEETING: May 2, 2023 (for possible action)**
- 2. APPROVE MINUTES/FACILITIES ADVISORY BOARD MEETING: January 31, 2024 (for possible action)**

Due to lack of quorum, no action was taken on these items.

## **V. REPORT/DISCUSSION/POSSIBLE ACTION**

The Facilities Advisory Board may take any necessary action for any item under this section. Members of the public are allowed to speak on action items after the Board's discussion and prior to their vote. Once the action item is closed, no additional public comment will be accepted.

- 1. Discuss changing frequency of Facilities Advisory Board meetings; direct staff accordingly or take other action as deemed necessary (for possible action)**

Due to lack of quorum, no action was taken on these items.

- 2. Receive and Discuss presentation regarding Annual Community Health Assessment – Carmen Hua, SNHD Health Educator; (for possible action)**

Carmen Hua presented a Community Health Needs Assessment proposal, outlining the partnership process and benefits to hospitals/medical facilities. The proposal focuses on identifying needs, assets, resources, and strategies for Southern Nevada residents' health equity by working collaboratively with hospitals in completing surveys and collecting data during the trial process. Hospitals will be involved in prioritizing target populations while eliminating duplication of efforts in the community through joint efforts that build stronger relationships between organizations to create an effective sustainable Community Health Needs Assessment.

- 3. Receive and Discuss presentation regarding Forensic Nursing and SANE – Kathleen Thimsen DNP, MSN, WOCN/CETN, FNS, DF-AFN – UNLV Associate Professor in**

**Residence**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Thimsen provided an overview of Forensic Nursing incorporating the purpose, components, residency, training & education. Dr. Thimsen explained how forensic nurses are trained in Forensic Science by way of evidence collection and criminalistic aspects. She also identified their sources of funding and operational costs. Discussion continued regarding logistics & statistics of current local conditions. Discussion concluded with Dr. Thimsen extending the invitation to FAB members to join the Academy of Forensic Nursing. Joining the Academy will provide training to area nurses toward Forensic Nursing certification.

## **VI. FACILITIES ADVISORY BOARD REPORT**

Chair Mussi asked if FAB members had anything to report. Counsel Edward Wynder clarified that this portion of the meeting was for FAB members to make recommendations for future agenda items.

## **VII. COMMUNITY HEALTH DIRECTOR & STAFF REPORTS (Information Only)**

- Director of Community Health Comments
- **Trusted Exchange Framework and Common Agreement (TEFCA) presentation** – Lei Zhang, SNHD Public Health Informatics Manager

Lei Zhang gave an overview of the CDC's healthcare data sharing highway: TEFCA. Lei highlighted the detailed standards & legal agreements that networks must maintain for compliance. He explained the logistics of this simplified connection within a secured exchange network. This included authorized information, exchange modalities & their functions. TEFCA goals and reportable items were identified. This system is designed for prompt & easy data sharing. Examples of how to perform queries & case investigations were given. Also mentioned, was the benefit of reducing area hospitals being joined to a plethora of Health Information Networks, by using TEFCA as a single source.

## **VIII. SECOND PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public on items appearing on the agenda. All comments are limited to five (5) minutes.

Chair Mussi asked if anyone wished to address the Board pertaining to items appearing on the agenda. Hearing no one, the public comment portion of the meeting was closed.

## **IX. ADJOURNMENT**

Chair Mussi adjourned the meeting at 11:31 a.m.



## AGENDA

### SOUTHERN NEVADA HEALTH DISTRICT FACILITIES ADVISORY BOARD MEETING

May 16, 2024 – 10:30 A.M.

Meeting will be conducted In-person and via Webex  
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Room

## NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m299522cfdd894464e0bcee9fd577b30c>

To call into the meeting, dial (415) 655-0001 and enter Access Code: 2555 163 6557

For other governmental agencies using video conferencing capability, the Video Address is:

[25551636557@snhd.webex.com](mailto:25551636557@snhd.webex.com)

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#### NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

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#### I. CALL TO ORDER AND ROLL CALL

- II. **FIRST 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 clearly state your name 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 Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** [public-comment@snhd.org](mailto:public-comment@snhd.org). For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.
- **By telephone:** Call (415) 655-0001 and enter access code 2555 163 6557. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on.

#### III. ADOPTION OF THE MAY 16, 2024 AGENDA *(for possible action)*

**IV. CONSENT AGENDA:** Items for action to be considered by the Facilities Advisory Board 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/FACILITIES ADVISORY BOARD MEETING:** May 2, 2023 *(for possible action)*
- 2. APPROVE MINUTES/FACILITIES ADVISORY BOARD MEETING:** January 31, 2024 *(for possible action)*

**V. REPORT / DISCUSSION / ACTION**

- 1. Discuss changing frequency of Facilities Advisory Board meetings;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive and Discuss presentation regarding Annual Community Health Assessment – Carmen Hua, SNHD Health Educator;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Receive and Discuss presentation regarding Forensic Nursing and SANE – Kathleen Thimsen DNP, MSN, WOCN/CETN, FNS, DF-AFN – UNLV Associate Professor in Residence;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**VI. FACILITIES ADVISORY BOARD REPORTS:** Members may identify emerging issues to be addressed 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 unless that subject is on the agenda and scheduled for action. *(Information Only)*

**VII. COMMUNITY HEALTH DIRECTOR & STAFF REPORTS** *(Information Only)*

- Director of Community Health Comments
- **Trusted Exchange Framework and Common Agreement (TEFCA) presentation** – Lei Zhang, SNHD Public Health Informatics Manager

**VIII. SECOND 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. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

**IX. ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



# 2025 Community Health Assessment



Carmen Hua, MPH, CHES  
Southern Nevada Health District  
Office of Disease Surveillance  
Health Educator | CHA/CHIP Coordinator





# AGENDA

- What is the CHA
- Hospital Engagement
- MAPP 2.0 Framework
  - Community Partner Assessment
  - Community Context Assessment
  - Community Status Assessment
- Timeline
- Next Steps



# COMMUNITY HEALTH ASSESSMENT

## WHAT IS IT?

A systematic process involving the community to identify and analyze community health needs.

## WHY IS IT IMPORTANT?

CHAs will allow hospitals to support patient health and the social determinants of health.

## HOW IS IT USED?

By local hospitals as a process for determining the needs, or "gaps," between a current and desired outcome.







**HEALTHY  
SOUTHERN  
NEVADA**



# WHY WE NEED YOU

## **PURPOSE**

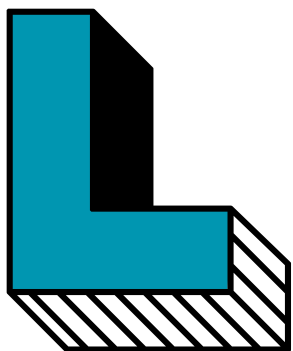
Conjoin community efforts and increase collaboration in projects, programs, and activities occurring in Southern Nevada.

## **WHAT WE WANT**

Impact real-time, critical health issues where we live, work, learn, and seek care in Southern Nevada. Empowering communities working together to reach optimal health and quality of life for all.

## **WHAT YOU CAN DO**

Participate in a collaborative approach that identifies community needs, assets, resources, and strategies towards assuring better health and health equity for all Southern Nevada residents.



# HOSPITAL ENGAGEMENT



Help health care systems, public health, and community partners focus available resources to **address the communities' most critical health needs**



**Create** an effective and sustainable CHA process



**Build stronger relationships** between health care systems and public health



**Identify opportunities** for joint efforts to improve the health and well-being of Clark County



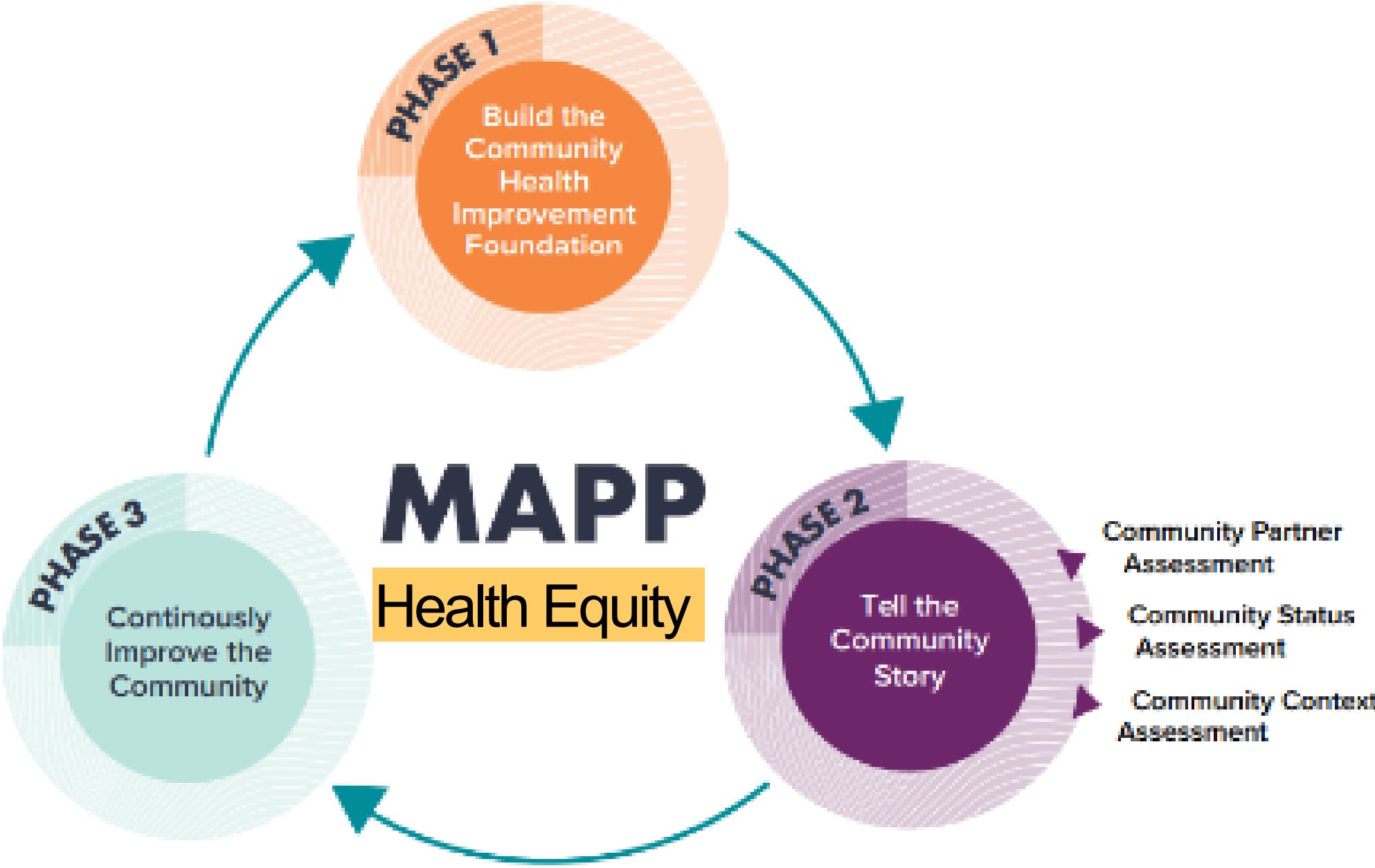
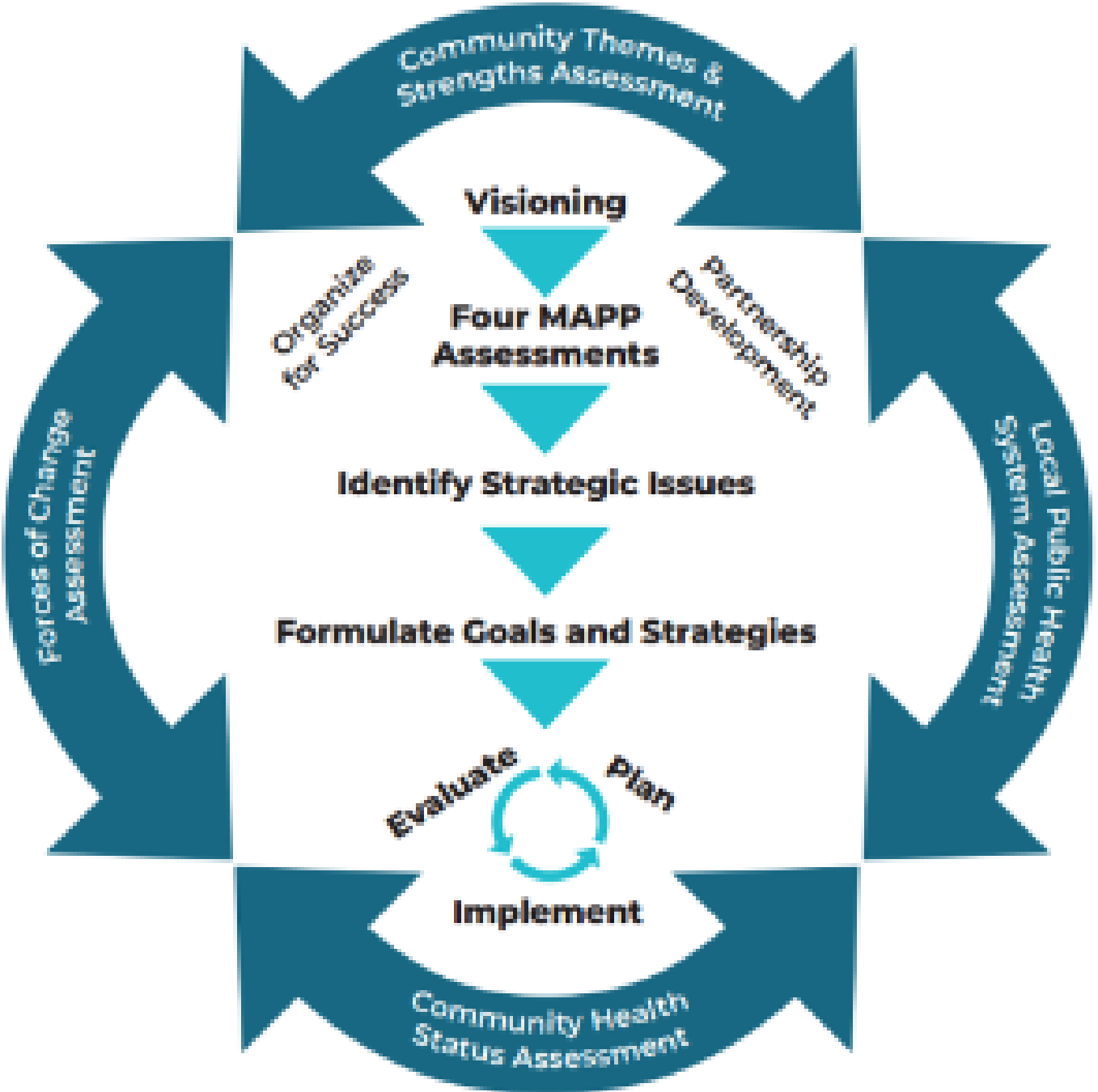
**Eliminate** duplicative efforts

# MAPP 2.0 Framework

2001



2023



# COMMUNITY PARTNER ASSESSMENT (CPA)

## Replaced Local Public Health Systems Assessment (LPHSA)

- Helps community partners review their:
  - (1) individual systems, processes, and capacities
  - (2) collective capacity as a network of community partners to address health inequities.
- Identifies current and future actions to address health inequity at individual, systemic, and structural levels



## COMMUNITY PARTNER ASSESSMENT

Partner Assessment Tool  
for Mobilizing for Action  
through Planning and  
Partnerships (MAPP) 2.0

**MAPP 2.0**



# COMMUNITY CONTEXT ASSESSMENT (CCA)

Combined Forces of Change (FOCA) and Community Themes & Strengths (CTSA) Assessments

- Qualitative tool to assess and collect data through three domains; community strengths & assets; built environment; and forces of change
- Focuses on people and communities with lived experiences and lived expertise.
- Emphasizes views, insights, values, cultures, and priorities of those experiencing inequities firsthand.



## COMMUNITY CONTEXT ASSESSMENT

Qualitative Assessment  
Tool for Mobilizing for Action  
through Planning and  
Partnerships (MAPP) 2.0

**MAPP 2.0**



# COMMUNITY STATUS ASSESSMENT (CSA)

Formerly known as Community Health Status Assessment (CHSA)

- Collects quantitative data on the status of community
  - Demographics
  - Health status
  - Health inequities
- Helps community move “upstream” and identify inequities beyond health behaviors and outcomes.
- Reveals data gaps and issues



## COMMUNITY STATUS ASSESSMENT

Quantitative Assessment  
Tool for Mobilizing for Action  
through Planning and  
Partnerships (MAPP) 2.0

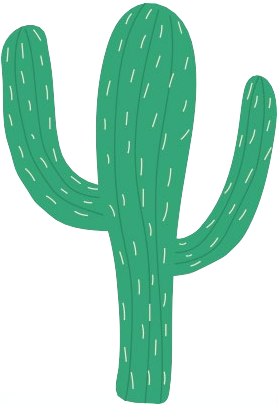
**MAPP 2.0**

# 2025 CHA ROADMAP

## 1 NOVEMBER 2023

Official CHA Cycle Begins

- Establish Steering Committee
- Gain Leadership Support



## 3 MAY – JULY 2024

Community Status Assessment (CSA)



## 5 NOVEMBER - JANUARY 2025

Data Analysis and Edits



## 2 FEBRUARY – APRIL 2024

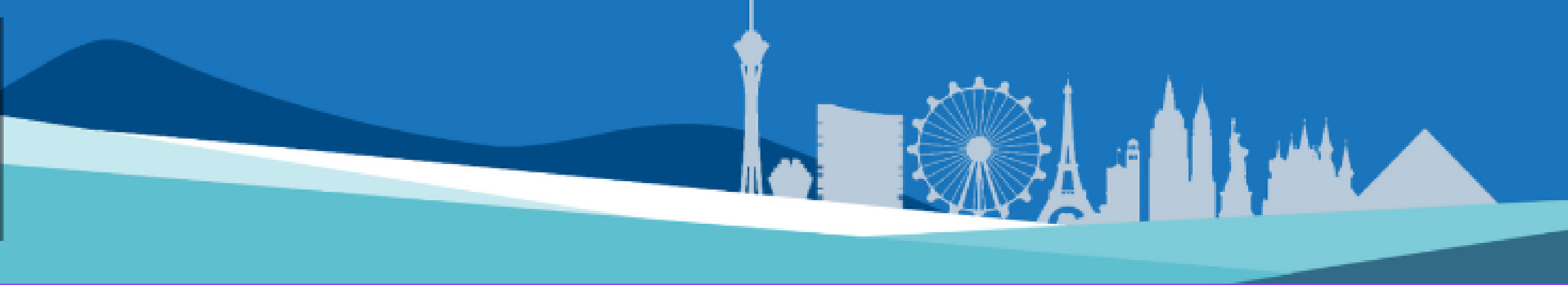
Community Partner Assessment (CPA)

## 4 AUGUST – OCTOBER 2024

Community Context Assessment (CCA)

## 6 MARCH 2025

Publish CHA data reports, profiles, and update data dashboards



# Next Steps



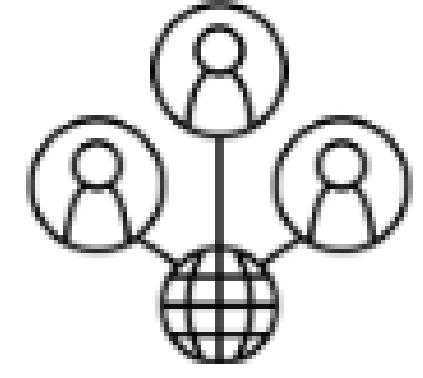
**2023 - 2025**

Continue Implementation of Action Plan into Community



**February 2024**

Begin CHA Cycle Process – Community Partner Assessment (CPA)



**May 2024**

Finalize CPA report and findings



**May – Aug 2024**

Disseminate Community Status Assessment Survey to community members

# THANK YOU

## GET INVOLVED IN THE CHA TODAY!

Sign-Up: Steering Committee Interest



Contact:

Carmen Hua, MPH, CHES

Health Educator | CHA/CHIP Coordinator

Division of Disease Surveillance & Control

Email: [huac@SNHD.org](mailto:huac@SNHD.org)

Phone: (702) 759-1209





# Forensic Nursing

- Dr Kathleen Thimsen
  - UNLV School of Nursing
  - Co-Founder Academy of Forensic Nursing
- 
- Presented to SNHD
  - April, 2024



# Forensic Nursing...

- Forensic nurses combine compassionate care in their practices using science to provide a “voice” that brings safety, medical treatment, and justice to patients who experience trauma in all its forms.



GSW/Stabbing/  
MVA  
Mass Casualty

Domestic Violence/Stalking/Strangulation  
& Sexual Assault  
Pediatric/Adult/Elder

FNE Scope of Practice

Human Trafficking  
(Pediatric/Adult/Elder)FNE Practice

Abuse /Catastrophic Injury and Deaths  
(Pediatric/Adult/Elder)



NURSING



FORENSIC SCIENCE



LEGAL



# Where do FNEs Practice

Hospitals

Community  
based Family  
Advocacy  
Centers

Health  
Departments

Disaster  
Response

SARTs & FEMR  
Working Groups

Coroner/ME  
Offices

# Competency Based Training and Education



FN Generalist & Advanced Practice



Curriculum on- line in sub-specialties



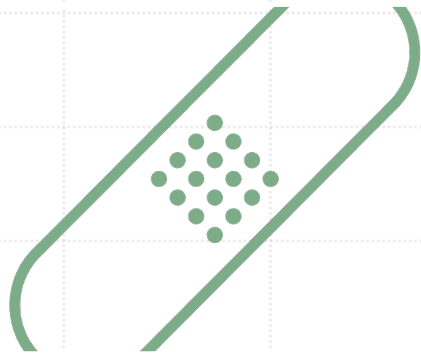
Continuing Education & Skills Training  
and Validation



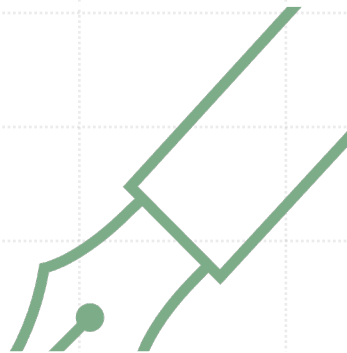
Regional and National Conferences



# Revenue



Victim  
Compensation Fund



Grants



Medical Exams-  
Billable to specific  
payors



Foundation Funding

# Costs

FNEs used as Staff FTE with specific role and responsibilities \*\*\* FNE

Cameras and Photo Storage/Forensic Partitioning

General Use Supplies

Storage Cabinet for Evidence storage until LE PU

# Opportunities for Southern Nevada



## Conferences

ENA

AFN Regional



## Education Programs

Sigma

AFN Learn

On Site

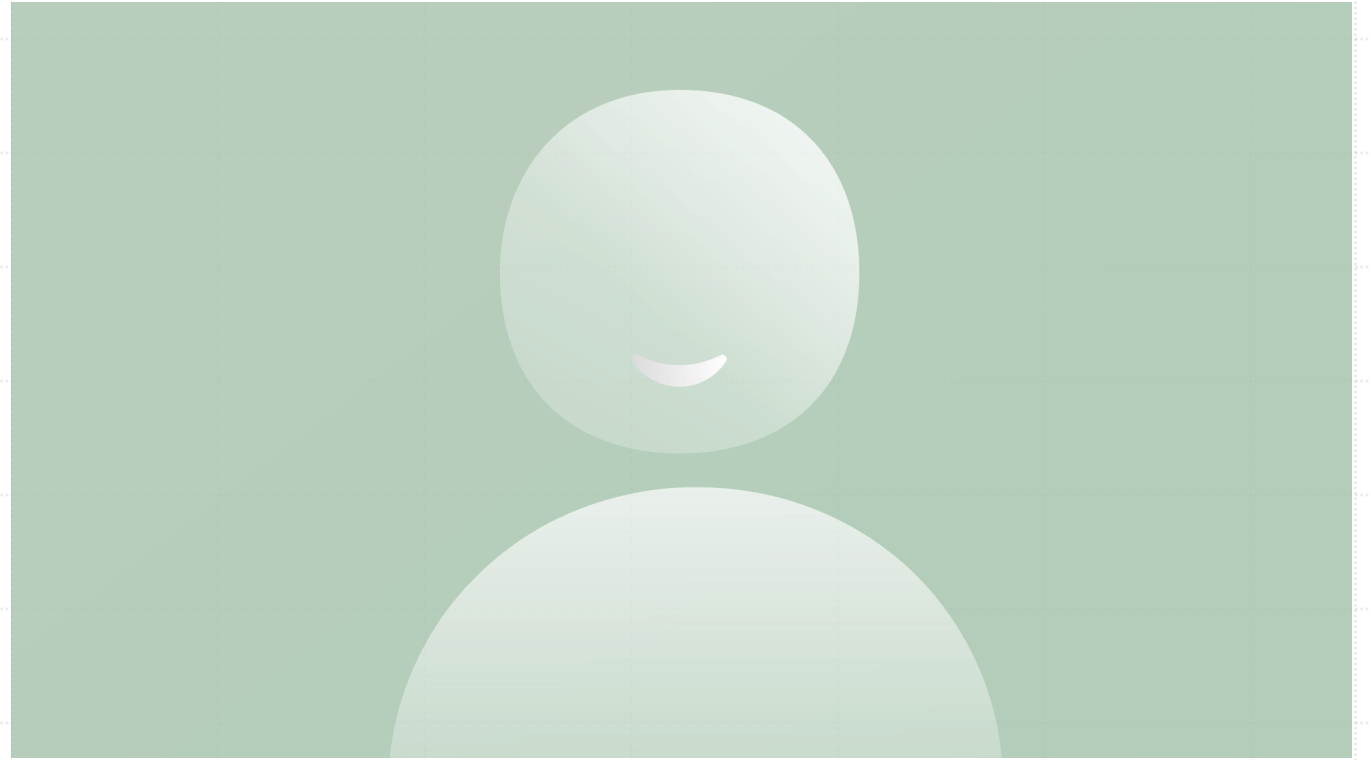


## Continuing Ed & Peer Review

AFN

UNLV

# Questions



# Trusted Exchange Framework and Common Agreement (TEFCA) and Public Health

Lei Zhang

Southern Nevada Health District



# TEFCA Overview

TEFCA was developed, in part, to create a nationwide system that enables safe and easy sharing of healthcare information across care settings with a goal of increasing access to data for improved outcomes.

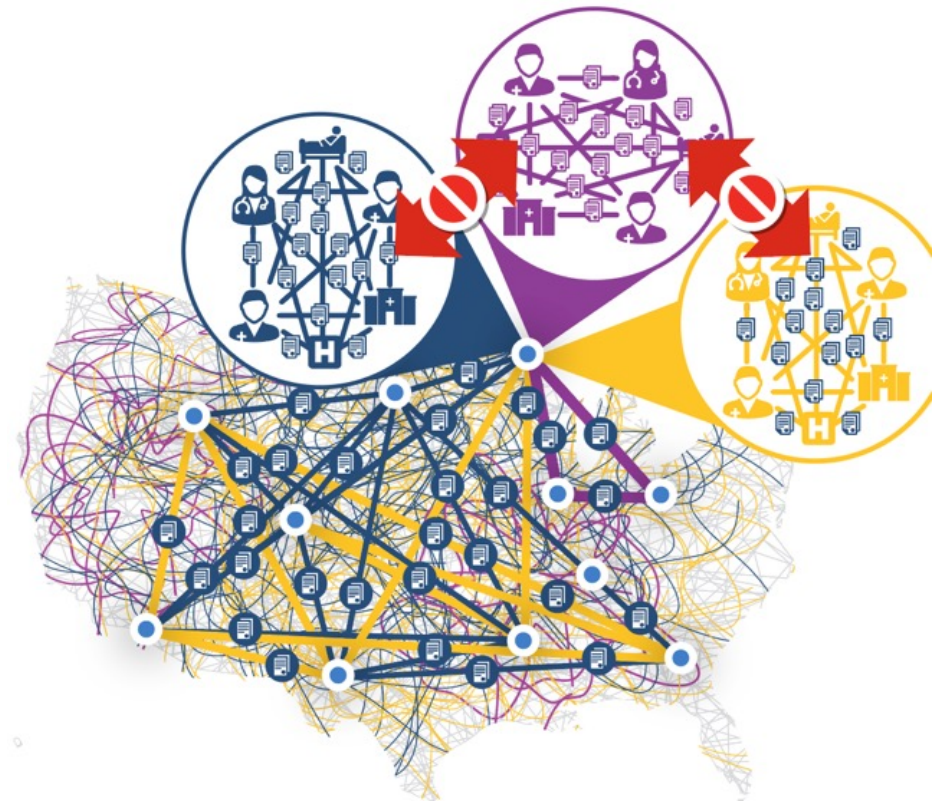
It is made up of two parts:

1. Trusted Exchange Framework details standards that networks must follow when sharing data, and
2. Common Agreement is a legal agreement that governs data sharing between networks.

# Why do we need TEFCA?

## COMPLEXITY OF PROLIFERATION OF AGREEMENTS

- Many organizations have to join multiple Health Information Networks (HINs), and most HINs do not share data with each other.
- Trusted exchange must be simplified in order to scale.



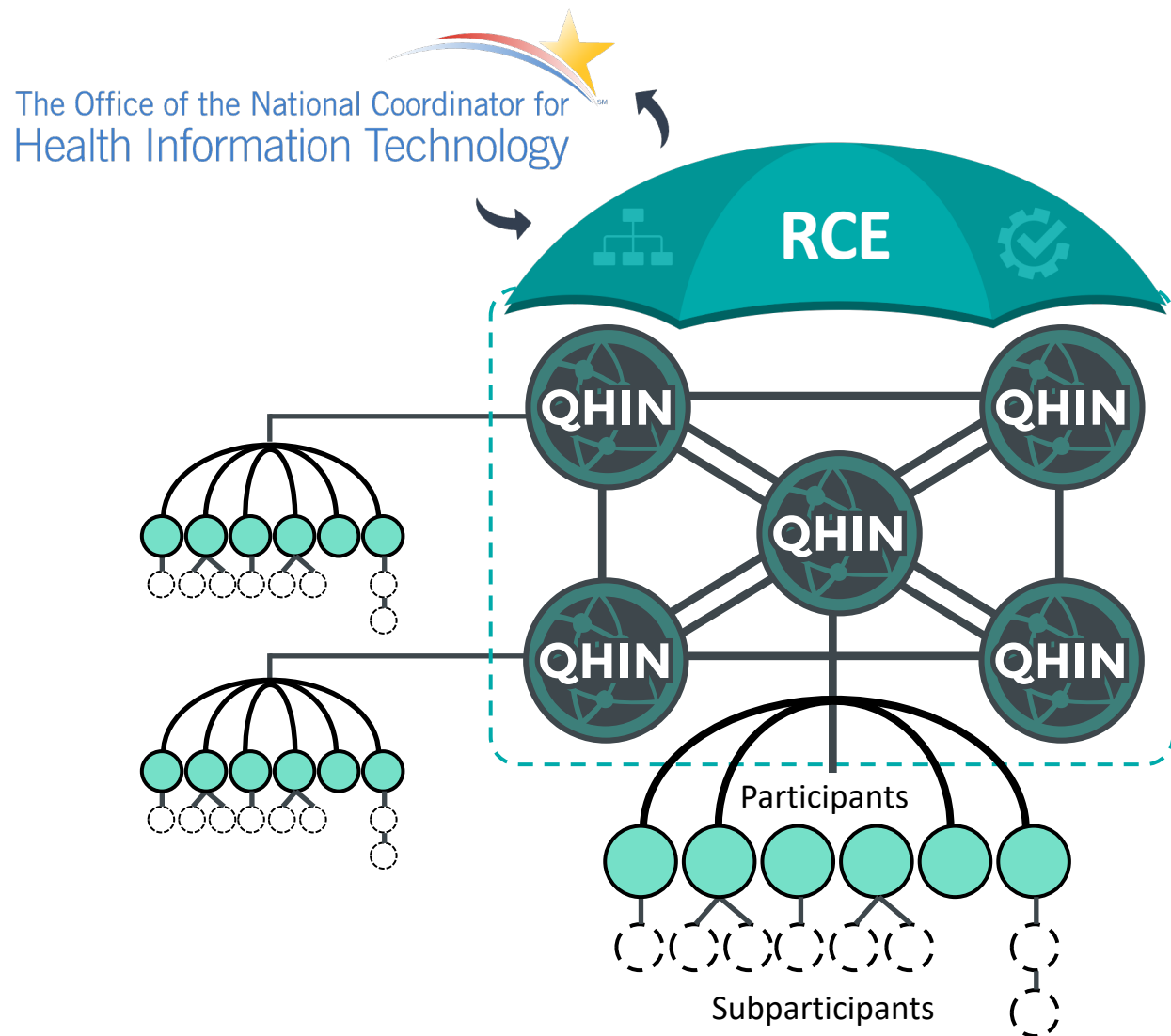
# TEFCA Goals

- Establish a universal governance, policy and technical floor for nationwide interoperability
- Simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value
- Enable individuals to gather their health care information



- **Consumers:** Access, share and control their own records
- **Providers and health systems:** Obtain complete picture of care across all settings to improve care and coordination with fewer connection points
- **Payers:** Get and share data needed for care management, value-based care, etc.
- **State programs and public health:** Enhance understanding of health metrics, ease burden of public health reporting and program management

# How will exchange work under TEFCA?



← ONC defines overall policy and certain governance requirements.

← RCE provides oversight and governing approach for QHINs.

← Qualified Health Information Networks (QHINs) connect directly to each other to facilitate nationwide interoperability.

← Each QHIN connects Participants, which connect Subparticipants.



- Support for both **Document-Based exchange** (e.g., CDA, HL7v2, FHIR Content using **IHE-based exchange** via QHINs and **FHIR-based exchange** between API endpoints (Facilitated FHIR)
- **Three Exchange Modalities**
  - » QHIN Query (Patient Discovery and Document Query & Retrieve)
  - » QHIN Message Delivery
  - » Facilitated FHIR (including Bulk FHIR)
- **Six Authorized Exchange Purposes plus two sub purposes**
  - » Treatment
  - » Payment
  - » Health Care Operations
    - Health Care Operations SubXP 1
  - » Individual Access Services
  - » Government Benefits Determination
  - » **Public Health**
    - **Public Health SubXP1**
- Final CA v2 for Production by **Q1 2024**





ONC  
TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

# TEFCA and Public Health



- Improve access to population health data.
- Support public health reporting.
- Facilitate bidirectional exchange with public health.
- Facilitate emergency preparedness and response.
- Further advancing interoperable exchange for Medicaid.
- Augment state-level information exchange initiatives.

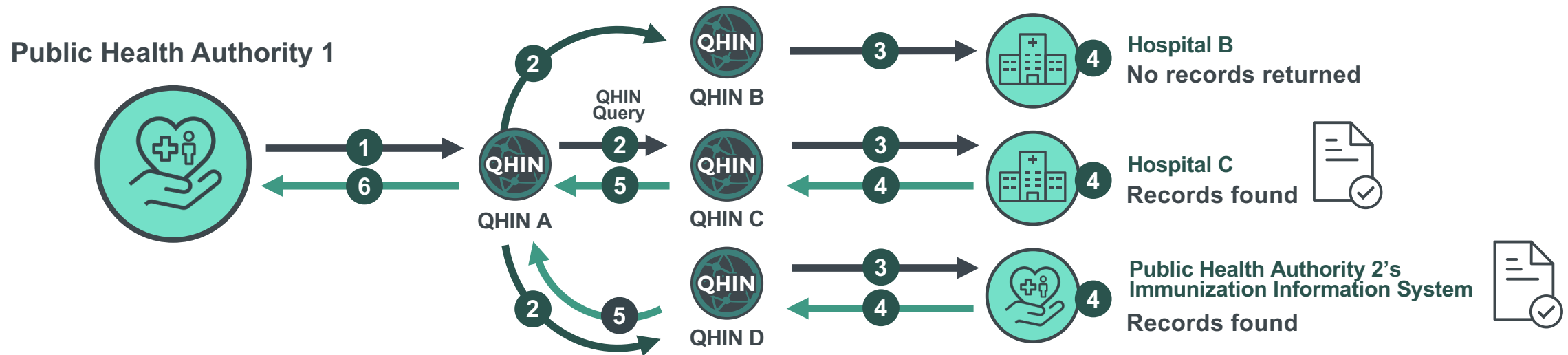


- Disease/Condition Reporting
  - » Electronic Case Reporting
  - » Electronic Lab Reporting
  - » Other Electronic Disease/Condition Reporting
- Case Investigation

# Exchange Purpose Example – Public Health\*



## Use Case: Public Health Authority queries TEFCA for a case investigation.



**1** A Public Health Authority 1 (Participant) is performing a case investigation. It has a public health need and the appropriate authority to understand all previous care provided to a particular patient. It sends a request for medical records to QHIN A for the Exchange Purpose of Public Health.

**2** QHIN A initiates QHIN Query to all QHINs.

**3** QHIN B, C, D execute their query methodology to request medical records from their Participants.

**4** Hospital B finds no records. Hospital C and Public Health Authority 2's Immunization Information System (both Participants) respond to their respective QHINs with medical records.

**5** QHIN C, D send medical records to QHIN A.

**6** QHIN A sends medical records to the Public Health Authority.



- **QHIN Message Delivery**
  - » QHIN, Participant, or Subparticipant → Public Health Authority or Public Health Intermediary listed in the RCE Directory as capable of receiving Message Deliveries for Public Health
- **QHIN Query**
  - » PHAs listed in the RCE Directory Services → QHIN, Participant, or Subparticipant
- **Facilitated FHIR**
  - » **Push.** QHIN, Participant, or Subparticipant → Public Health Authority or Public Health Intermediary listed in the RCE Directory with a FHIR endpoint
  - » **Request.** PHAs listed in the RCE Directory Services w/ FHIR endpoint → QHIN, Participant, or Subparticipant with a FHIR endpoint

**Public Health Intermediary:** A QHIN, Participant, or Subparticipant with the authority to receive TEFCA Information for the purpose of Condition/Disease Reporting and submit reportable cases to Public Health Authorities.

Questions?