# MINUTES

**SOUTHERN NEVADA HEALTH DISTRICT**
**FACILITIES ADVISORY BOARD MEETING**
**September 2, 2025, 11:00 A.M.**

## MEMBERS PRESENT

**Chair** Alexis Mussi, *CEO*, (*Southern Hills)* HCA
Leo Gallofin, *Director*, Rawson-Neal Hospital
Pat Kelly, *CEO*, Nevada Hospital Association
Ryan Tingey, *CEO*, (*Valley Hospital)* HCA
Vince Variale, *CEO*, North Vista
Mason Van Houweling, *CEO*, UMC

## MEMBERS ABSENT

**Vice-Chair** Todd Sklamberg, *CEO*, (*Sunrise)* HCA
Hiral Patel, *CEO*, (*Mountainview)* HCA
Shelly Mirato, *CEO*, Desert Winds Hospital
Thomas Maher, *CEO*, Boulder City Hospital
Christopher Loftus, *CEO*, (*Desert Springs*) UHS VHS
Claude Wise, *CEO*, (*Spring Valley*) UHS VHS
Col. Eric Phillips, Nellis AFB Hospital
Craig McCoy, *CEO*, (*Centennial Hills*) UHS VHS
Katherine Vergos, President. Dignity Health
Sam Kaufman, *CEO* (*Henderson Hospital*) UHS VHS
Purcell Dye *CEO*, Spring Mountain Treatment Center
Craig McCoy, *CEO*, (*Centennial Hills)* UHS VHS
Robert Freymuller, *CEO*, (*Summerlin*) UHS VHS
Michael Kiefer, *CEO*, VA Southern NV Hospital

## SNHD STAFF PRESENT

Cassius Lockett, *Deputy District Health Officer*
Kim Saner, *Deputy District Health Officer*
Edward Wynder, *Associate General Counsel*
Anil Mangla, *ODS Director*
Horng-Yuan Kan, *SNPHL Director*
Sabine Kamm, *Administrative Assistant*
Christopher Parangan, *EH Specialist II*
Heather Hanoff, *Administrative Specialist*
Kimberly Monahan, *Human Resources Analyst*
Gerard Custodio, *Facilities-Maintenance Worker*
Larry Rogers, *Environmental Health Manager*
Lauren DiPrete, *Environmental Health Manager*
Andria Cordovez Mulet, *Executive Assistant*
Christopher Saxton, *EH Director*
Robert Cole, *Sr. Environmental Health Specialist*
Adriana Alvarez, *Human Resources Analyst*
John Hammond, *OEMSTS Manager*
Laura Palmer, *OEMSTS Supervisor*
Stacy Johnson, *Regional Trauma Coordinator*
Emily Anelli, Sr. *Administrative Specialist*
Tawana Bellamy, Sr. *Administrative Specialist*
Joseph Yumul, *IT Systems Administrator II*
Jacques Graham, *Administrative Specialist*

## GUESTS

Bud Schawl - Presenter, *UMC Crisis Service Center*
George Gatski
Stacie Wichman-Roch, *UMC*
Clarence Collins
Vick Gill

## I. CALL TO ORDER/ROLL CALL

Chair Mussi called the Southern Nevada Health District Facilities Advisory Board to order at 11:06 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 SEPTEMBER 2, 2025 AGENDA *(for possible action)*

A motion was made by member Van Houweling, seconded by member Variale and carried unanimously to approve the September 2, 2025 Agenda, as presented.

## 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: February 4, 2025 *(for possible action)***

A motion was made by member Van Houweling, seconded by member Variale and carried unanimously to approve the September 2, 2025, Consent Agenda, as presented.

## 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. **Receive and discuss presentation regarding the Healthcare-Associated Infections (HAIs) process; direct staff accordingly or take other action as deemed necessary *(for possible action)***

   Dr. Gonzales began the presentation of SNHD's approach to Healthcare Acquired Infections (HAI). Dr. Gonzales introduced case numbers and defined the need for a rapid, coordinated local response team. Dr. Mangla explained the epidemiological background, and surveillance systems for tracking various HAIs, outbreak detection and response protocols. He proposed future interaction with hospital infection prevention teams and plans for data-driven interventions in compliance with national reporting requirements. Afterwards, Dr. Kan brought forth SNHD's laboratory role, including rapid diagnostics, antimicrobial susceptibility testing, whole genome sequencing for outbreak tracing, and the development of electronic data sharing systems to connect hospital and public health labs for timely reporting and analysis. Chris Saxton discussed the environmental health team's focus on partnering with hospitals to address environmental factors contributing to HAIs, such as water quality and laundry processes, and the use of ICAR assessments to identify and mitigate risks.

2. **Discuss UMC's new Crisis Service Center – Bud Shawl, Executive Director for UMC's Continuum of Care; direct staff accordingly or take other action as deemed necessary *(for possible action)***

Bud Schawl presented an overview of the newly opened UMC Crisis Stabilization Center, describing its services for mental health and substance use crises, operational data since opening, and processes for patient intake, follow-up, and community reintegration. He explained the services provided and the after effects of services (transports). Bud advised how their patients are from EMS, law enforcement referrals and walk-ins. From inception, June 24, 2025, they have served at least 340 patients. The patient experience was described from the initial assessment by RNs to conclusion of service and/or transport to hospitals.

## VI. FACILITIES ADVISORY BOARD REPORT

Chair Mussi asked if FAB members had anything to report. Seeing no items brought forward, the Chair closed the Facilities Advisory Board Report portion.

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

- Director of Community Health Comments

Dr. Gonzales advised that SNHD's EMS Trauma System's team is developing a protocol for EMS transports to UMC's Crisis Service Center. This team is moving forward with a pilot program. Dr. Gonzales advised that SNHD's laboratory (SNPHL) will be reaching out to laboratory staff at local hospitals regarding samples for the HAI process.

## 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 11:57 a.m.

# Local Leadership in Infection Prevention: Building a Regional HAI Response Team for a Safer Future

Facilities Advisory Board (FAB)
September 2nd, 2025

Southern Nevada Health District

# Tracking the Surge: *C. auris* Cases in Clark County (2021–2025)

## Clark County *C. auris* Case Summary (2021–2025)

### Total cases (2021–2023):

- **1,129 cases** reported from **34 healthcare facilities** in Clark County
  - **Clinical infections**: 79
  - **Colonization cases**: 951

### Recent monthly data (June 2025):

- **189 cases** reported in Clark County hospitals
  - **47 clinical infections**
  - **138 colonization cases**

### Cumulative statewide cases (Aug 2021 –Aug 2025)

- **6,539 total cases**
  - **2,122 clinical**
  - **4,417 colonization**
- Clark County accounts for the **vast majority** of these cases

SNHD Southern Nevada Health District

A regional hospital experiences an outbreak of *Candida auris*, a multidrug-resistant fungus. The local HAI response team quickly deploys laboratory staff and epidemiologists to identify cases, conduct colonization screening, and implement infection control measures. Environmental health staff assess cleaning protocols and facility layout. The outbreak is contained within two weeks, preventing spread to other facilities.

SNHD
Southern Nevada Health District

# Diagnose, Investigate, Intervene: The Power of a Local Coordinated Response

**Rapid Pathogen Identification Due to Strong Local Collaborative**
The HAI team quickly identified *Candida auris* through diagnostic testing, enabling timely response.

**Epidemiologic Investigation (ICAR: Infection Control Assessment and Response)**
Investigations traced pathogen spread, helping to understand and control the outbreak.

**Targeted Environmental Interventions (ICAR: Infection Control Assessment and Response)**
Environmental assessments revealed infection control lapses, addressed by targeted interventions.

**Coordinated Multidisciplinary Response (Healthcare Facility Staff & SNHD Laboratory, Epidemiology, Environmental)**
A coordinated team effort prevented further transmission and protected vulnerable patients.

SNHD
Southern Nevada Health District

# HEALTHCARE ASSOCIATED INFECTIONS

Southern Nevada Health District

# Unseen but Lethal: The Impact of HAIs on U.S. Healthcare

Southern Nevada Health District

## Impact

- HAIs are a serious threat to healthcare safety due to increases in patient morbidity & prolonged hospital stays
- HAIs result in increased significant healthcare costs
- HAIs are among the leading causes of preventable death in the United States, affecting 1 in 17 hospitalized patients, accounting for an estimated 1. million infections and an associated 98,000 deaths.

## Common HAIs

- Bloodstream infections, urinary tract infections, surgical site infections, and pneumonia.
  Multidrug-Resistant Organisms
- Emerging multidrug-resistant organisms like carbapenem-resistant bacteria and Candida auris complicate infection management.

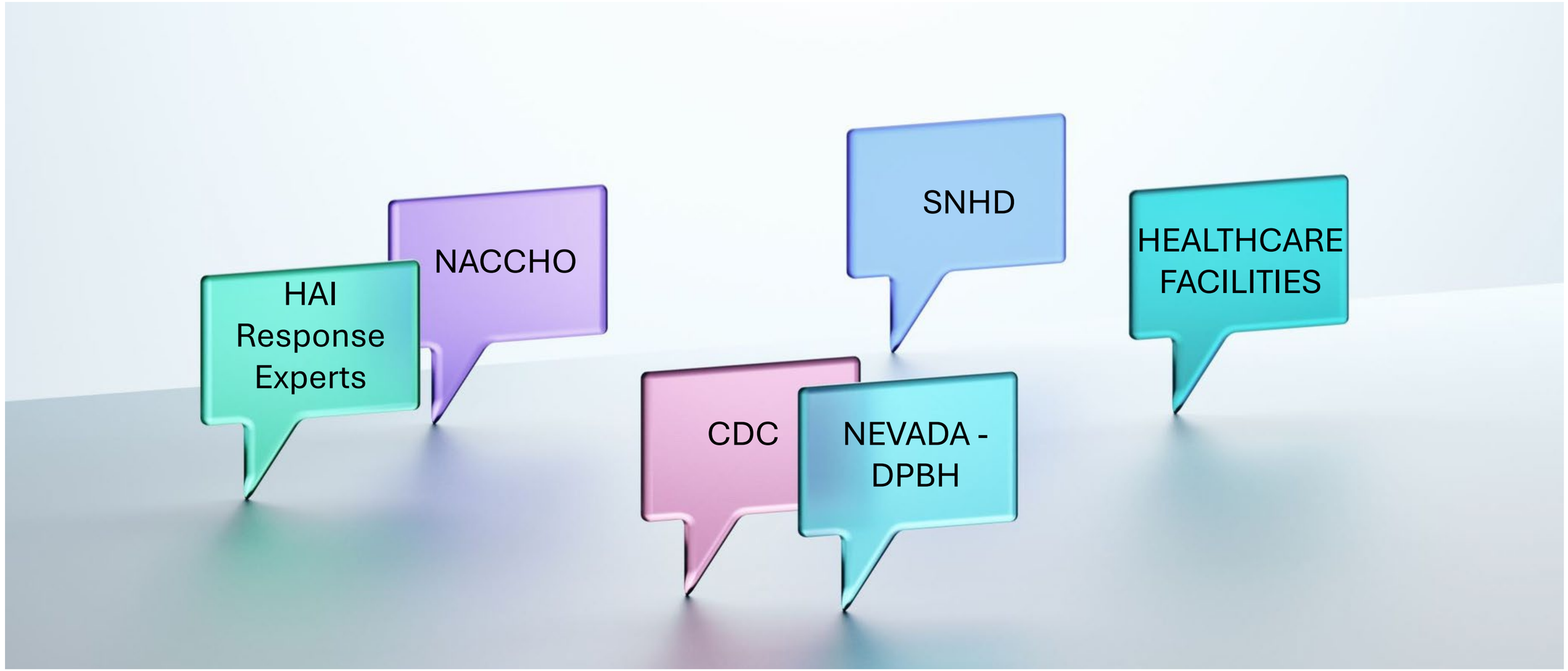
# CDC's Vision for Local Healthcare-Associated Infections/ Antibiotic Resistance Capacity


Public Health Strategy for HAI/AR Prevention: Local HAI/AR Response Teams. Available at: https://www.cdc.gov/healthcare-associated-infections/php/public-health-strategy/local-hai-ar.html

Southern Nevada Health District

# STATEGIC CONVERSATIONS FOR REGI

## HAI RESPONSE TEAM

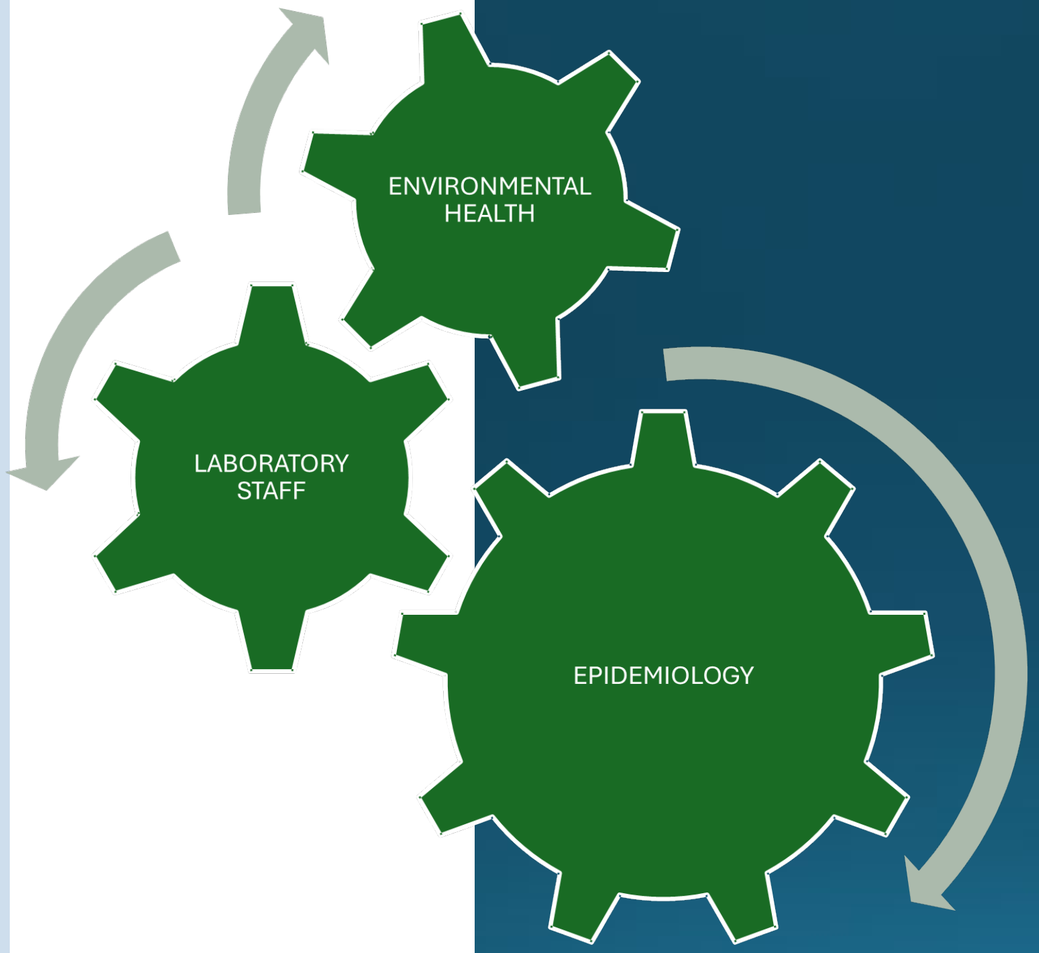



Southern Nevada Health District

# ROLE OF PUBLIC HEALTH HAI TEAM

Southern Nevada Health District

# HAI TEAM RESPONSE




**Real-time Surveillance and Outbreak Detection**
HAI teams perform real-time monitoring to detect outbreaks and assess environmental risks promptly.

**Laboratory Diagnostics and Resistance Profiling**
These teams conduct laboratory tests and resistance profiling to inform targeted infection control strategies.

**Coordination and Infection Control Implementation**
HAI teams collaborate with hospitals and emergency services to implement effective infection control measures.

**Data Analysis and Facility Evaluations**
Expert data analysis and facility assessments support continuous improvement in infection prevention programs.

SNHD
Southern Nevada Health District

# STRATEGIC IMPORTANCE TO HEALTHCARE FACILITIES

## Enhancing Patient Safety

HAI teams improve patient safety by proactively managing infection risks throughout hospital operations.

## Reducing Operational Costs

HAI teams help reduce healthcare facility costs by avoiding penalties and minimizing infection-related expenses.

## Supporting Regulatory Compliance

These teams ensure healthcare facilities meet accreditation standards and comply with healthcare regulations effectively.

## Building Public Trust

HAI teams enhance healthcare facility reputation by demonstrating commitment to infection control and community health.

SNHD
Southern Nevada Health District

# SNHD REGIONAL HAI TEAM LEADERSHIP

- **Anil T. Mangla, MS, PhD, MPH, FRIPH,** Director of Disease Surveillance and Control **(Epidemiology)**
- **Horng-Yuan Kan, PhD** Director of Southern Nevada Public Health Laboratory **(Laboratory)**
- **Xavier F. Gonzales, PhD, MSPH** Director of Community Health **(Laboratory)**
- **Christopher Saxton, MPH, REHS** Director of Environmental Health **(Environmental Health)**
- **Cassius Lockett, PhD** District Health Officer **(Oversight**

# Epidemiology

Southern Nevada Health District

# Epidemiology Component

1. **Surveillance & Data Analysis**
   - Establish and maintain surveillance systems for HAIs (e.g., CLABSI, CAUTI, VAE, S. aureus, C. difficile, MRSA, Candida auris).
   - Monitor infection trends and identify unusual patterns or clusters.
   - Analyze risk factors, incidence rates, and outcomes to guide prevention strategies.
2. **Outbreak Detection & Response**
   - Rapidly investigate suspected HAI outbreaks.
   - Conduct case definitions, case finding, and contact tracing within healthcare facilities.
   - Use epidemiological methods to identify sources and modes of transmission.
3. **Collaboration with Infection Prevention & Control (IPC)**
   - Work closely with hospital infection preventionists to assess infection control practices.
   - Provide epidemiological input for IPC protocols (e.g., isolation, cohorting, environmental controls).
   - Coordinate multidisciplinary outbreak response teams.

SNHD Southern Nevada Health District

# Epidemiology Component

4. **Data Integration & Reporting**
    - Submit data to NHSN (National Healthcare Safety Network) and meet state/federal reporting requirements.
    - Share findings with facility leadership, public health authorities, and regulatory bodies.
    - Translate surveillance data into actionable reports and dashboards for stakeholders.
5. **Applied Research & Evaluation**
    - Assess effectiveness of interventions (bundles, antibiotic stewardship, environmental cleaning, etc.).
    - Conduct epidemiologic studies to understand emerging threats (e.g., antimicrobial resistance, fungal HAIs).
    - Evaluate and refine surveillance case definitions, diagnostic algorithms, and analytic methods.
6. **Training & Capacity Building**
    - Provide education to clinicians, hospital staff, and public health teams on HAI prevention and reporting.
    - Support hospitals in building capacity for infection surveillance and outbreak response.
7. **Policy Development & Guidance**
    - Develop guidelines for detection, prevention, and management of HAIs.
    - Provide technical input to inform state/local regulations and facility infection prevention policies.

SNHD
Southern Nevada Health District

# Laboratory

Southern Nevada Health District

# Healthcare Facilities + PHL: A Collaborative Framework

*Healthcare Facilities provide the frontline samples. PHL provides the community-wide view.*

| Hospital | Public Health Laboratory (PHL) | Share Benefit |
|---|---|---|
| Diagnose & treat patients | Confirm usual resistance, advanced testing (PCR, WGS) | Better patient safety, reduced HAIs |
| Detect and send suspected AR/HAI isolates | Provide surveillance data & outbreak alerts | Shared knowledge → stronger infection control |
| Report notifiable conditions | County, statewide, & CDC reporting | Protect hospital reputation & meet compliance |

SNHD
Southern Nevada Health District

# Short-Term & Long-Term Impact on Our County

## Short-Term Benefits:

- Faster management of resistant outbreaks (e.g., CRE, C. auris)
- Direct support for hospital infection prevention teams.
- Assurance that patients receive effective treatment.
- Shared countywide data → hospitals benchmark their infection rates against peers.

## Long-Term Benefits:

- Stronger community health through surveillance data.
- Reduced healthcare costs by preventing large outbreaks.
- Positioning our county as a **leader in HAI & AR prevention.**
- Sustainable preparedness for future emerging pathogens

*By collaboration and ensuring  isolates directed to SNPHL, your hospitals help build a safer, healthier community for all patients*

Southern Nevada Health District

# Environmental Health

SNHD
Southern Nevada Health District

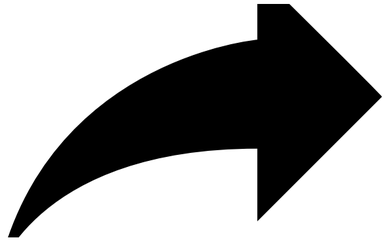
# Environmental Health Component

| Goals | Approach |
| --- | --- |
| Build meaningful, sustainable partnerships | Establish reliable points of contact and maintain communication and transparency |
| Identify potential causes of outbreak or high priority illness | Review facility logs and records and conduct on-site infection control assessments |
| Identify potential contributing factors and environmental antecedents | Summarize information obtained to identify underlying issues that may have allowed for illness transmission |
| Recommend appropriate control measures | Utilize CDC guidelines and best practices and work with healthcare facility management to implement feasible and successful corrective actions |

SNHD
Southern Nevada Health District

# CDC ICAR

- Observation Form – Hand Hygiene PDF
- Observation Form – Transmission-Based Precautions (TBP) PDF
- Observation Form – Environmental Services (EVS) PDF
- Observation Form – High-level Disinfection and Sterilization PDF
- Observation Form – Injection Safety PDF
- Observation Form – Point of Care (POC) Blood Testing PDF
- Observation Form – Wound Care PDF
- Observation Form – Healthcare Laundry PDF
- Observation Form – Water Exposure PDF



## Hand Hygiene Environment of Care Observations

***Note: The following elements evaluating hand hygiene stations sho***
***Hand hygiene observations are also incorporate***

| Elements to be assessed |
|---|
| **1.** Alcohol-based hand sanitizer (ABHS) used in the facility contains 60%-95% alcohol.<br>○ Yes<br>○ No<br>○ ABHS is not used by the facility |
| **2.** Alcohol-impregnated wipes are stored in a manner that prevents evaporation.<br>○ Yes<br>○ No<br>○ Alcohol-impregnated wipes are not used by the facility |
| **3.** How is ABHS dispensed? *(select all that apply)*<br>☐ Wall-mounted dispensers<br>☐ Free-standing dispensers<br>☐ Individual pocket-sized containers<br>☐ Other *(specify)*: |
| **4.** Individual pocket-sized dispensers of ABHS remain in the control of HCP (i.e., patients/residents are unable to access these dispensers)<br>○ Yes<br>○ No<br>○ Individual pocket-sized containers are not used by the facility |

SNHD Southern Nevada Health District

# RECOMMENDATIONS

Southern Nevada Health District

# Strategic Actions for Hospital Leadership

## CURRENT

- SNPHL Ready to Receive and Process Certain Clinical Samples
- Set up meetings with appropriate healthcare facility staff to coordinate processes for Regional HAI

## FUTURE

### Integrate with Public Health

Formalizing integration with public health systems enhances coordination of HAI response efforts.

### Expand Data Sharing and Training

Joint data sharing and training initiatives improve surveillance and laboratory capacity.

SNHD
Southern Nevada Health District

# QUESTIONS?

SNHD
Southern Nevada Health District

Southern Nevada Health District

280 S Decatur Blvd, Las Vegas, NV 89107

Facebook.com/SouthernNevadaHealthDistrict

@SNHDinfo

YouTube.com/SNHealthDistrict

@southernnevadahealthdistrict

# UMC Crisis Stabilization Center

## Clark County & UMC

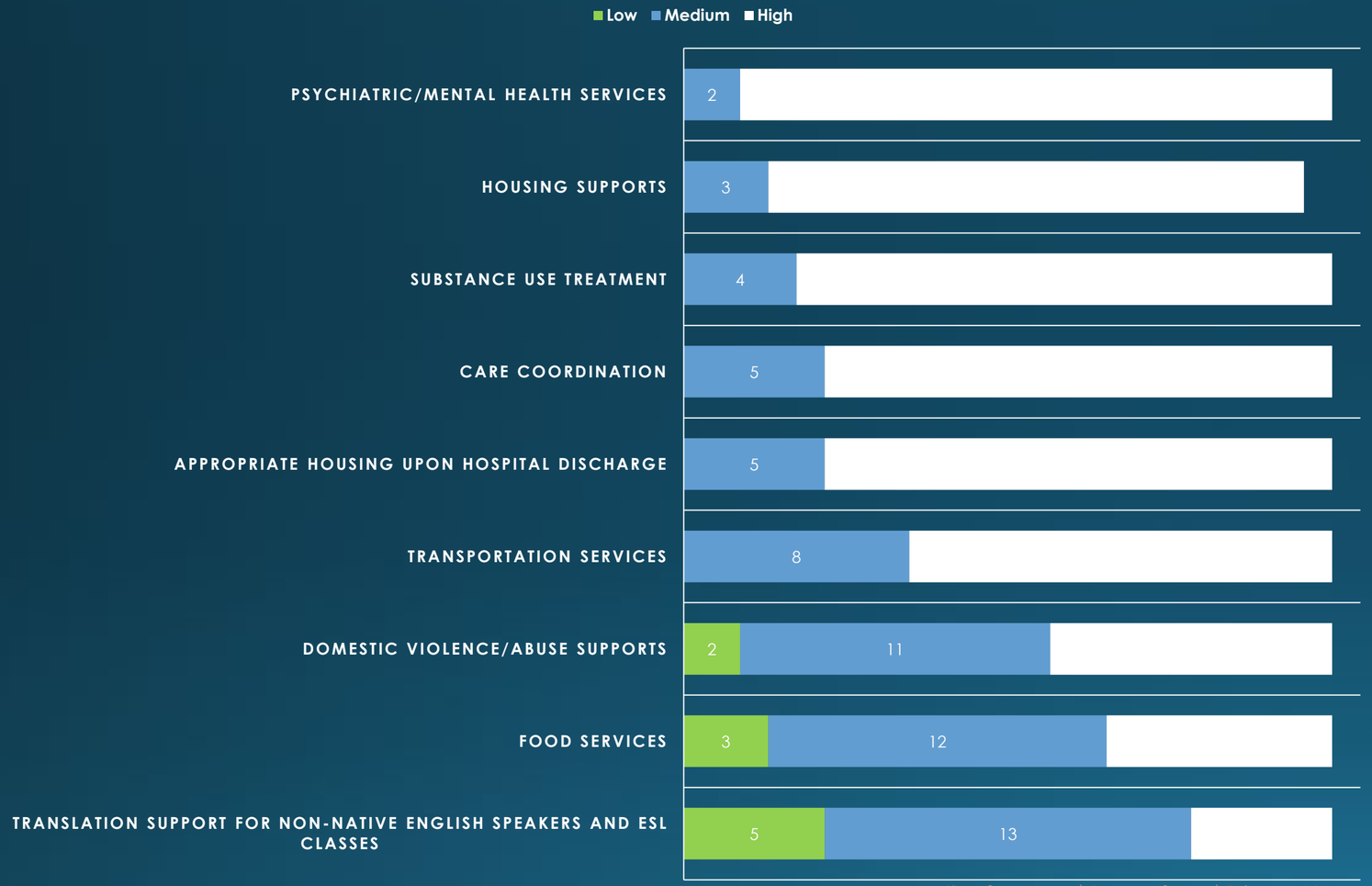
5409 E. Lake Mead Blvd.

Opened June 24, 2025


University Medical Center of Southern Nevada & Clark County
Innovating Mental & Behavioral Health Care for Southern Nevada

# Service Gaps Survey

*Survey of Social Service Agencies and Community providers in Clark County*
*Rank (high, medium or low) the homeless population's need for each service listed below:*




City of Las Vegas | System of Care | February 2024

Psychiatric/mental health services are the highest need. Substance use treatment, care coordination, housing, and hospital discharge care are the next highest needs.

Not difficult
Somewhat difficult
Very difficult

# UMC CRISIS STABILIZATION CENTER

## Capabilities

- Treating Adults in Crisis (i.e. psychosis / intoxication)
- Outpatient Services Only – less than 24-hour stay
- Living room format
  - 2 Rooms – 35 recliner chairs total
- Decompress or divert away from E.D.
  - No wrong door access; open to everyone
  - EMS, Law Enforcement, walk-in
  - Mental/Behavioral Health Crisis, including L2K
  - Severe intoxication or needing to sober up
  - Stabilize and refer to community resources < 24hrs
- Clark County support
  - Patient placement Navigators
  - Transitional Housing

# UMC CRISIS STABILIZATION CENTER

- Behavioral/Mental Health services provided 24/7/365
- Legal Mental Health Hold interventions to Certify and de-certify patients
- UMC RN Staff,  under UMC's ACNO & ED Medical Director, will provide medical screening and clearance of presenting individuals
- Goal of 5-minute drop-off time for Law Enforcement and EMS crews

# Data Since Opening*

***Patient admissions - 256***

- ***CRT – 122***
- ***EMS – 50***

***Discharges – 256***

- ***Community Resources – 114***
- ***Home – 55***
- ***Inpatient MH/BH – 72***
- ***Acute ED – 15***
- ***EMS Transports – 68***

*** as of 8/20/25**

# *Questions:*


CLARK COUNTY
NEVADA
UMC
UNIVERSITY MEDICAL CENTER
TRAUMA
UMC
UNIVERSITY MEDICAL CENTER