Washoe County District Board of Health
Concurrent Meeting Minutes
July 25, 2013

PRESENT: Vice Chair Kitty Jung, Dr. George Furman, Dr. George Hess, and Council Member Ratti

ABSENT: Chair Matt Smith, Dr. Denis Humphreys, and Council Member Zadra

STAFF:

Leslie Admirand, Deputy District Attorney
Kevin Dick, Interim District Health Officer
Eileen Stickney, Administrative Health Services Officer, AHS
Daniel Inouye, Acting Division Director, AQM
Charlene Albee, Enforcement Branch Chief, AQM
Steve Kutz, Division Director, CCHS
Robert Sack, Division Director, EHS
Randall Todd, DrPH, Division Director, EPHP
Phil Ulibarri, Public Information Officer, AHS
Steve Fisher, Department Computer Application Specialist, AHS
Bill Flores, Recording Secretary
Laurie Griffey, Administrative Assistant I, AHS
Beverly Bayan, WIC Program Manager, AHS
Patsy Buxton, Fiscal Compliance Officer, AHS
Lori Cooke, Fiscal Compliance Officer, AHS
Dave McNinch, Environmental Health Specialist Supervisor, EHS
Jeff Brasel, Senior Registered Environmental Health Specialist
Jeff Whitesides, Public Health Preparedness Manager, EPHP
Kyra Morgan, Statistician, EPHP
Stacey Akurosawa, EMS Coordinator, EPHP

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1:02 pm 1, 2	**Meeting Called to Order, Pledge of Allegiance and Roll Call**	**Vice Chair Jung** called the meeting to order. Roll call was taken and a quorum noted. The Pledge of Allegiance was led by Interim District Health Officer Kevin Dick.	
3.	**Public Comment**	None.	
4.	**Approval / Deletions – Agenda – July 25, 2013**	**Vice Chair Jung** called for any deletions to the Agenda of the July 25, 2013 DBOH Meeting.	**Council Member Ratti** moved, seconded by **Dr. Furman**, that the July 25, 2013, Agenda be approved as presented. **<u>MOTION CARRIED</u>**

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5.	**Approval / Additions / Deletions to the Minutes of the May 23, 2013 Regular Meeting and June 10, 2013 Concurrent Meeting**	**Vice Chair Jung** called for any additions or corrections to the minutes of the May 23, 2013 Regular Meeting and June 10, 2013 Concurrent Meeting. **Dr. Hess** noted, and Mr. Gubbels confirmed, an error on Page 4 of the June 10, 2013 Concurrent Meeting Minutes. Per Board direction, "not" was added to line 8 of the third paragraph.	**Council Member Ratti** moved, seconded by **Dr. Hess**, that the minutes of the May 23, 2013 Regular Meeting and June 10, 2013 Concurrent Meeting be approved as amended. **MOTION CARRIED**
6.	**Recognitions**	Mr. Dick and Vice Chair Jung made the following recognitions: A. Introduction of new employee(s) – None. B. Years of Service – 1. John Sprau – CCHS – 10 years 2. Will Lumpkin – EHS – 5 years 3. Molly Diaz – AHS – 10 years C. Retirements – 1. Jerry Gaige – AQM – 12 years	
7.	**Proclamations**	None.	
8.	**Consent Agenda**	**A. Air Quality Management Cases:** 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: a. Go Mart – Case 1116, NOV 5238 1755 Sutro Street, Reno, NV 2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None. 3. Recommendation for Variance: None. **B. Sewage, Wastewater & Sanitation Cases**: Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board. None.	

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		C. <u>Budget Amendments / Interlocal Agreements</u>: 1. Proposed retroactive approval of the Interim District Health Officer's acceptance of Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2013 through December 31, 2013 in the amount of $99,223, bringing total CY 2013 funding for the Immunization Program Grant (IOs 10028 & 10029), to $198,446.	**<u>ACTION ITEMS</u>:** Letter to Go Mart regarding fine and due date. **Dr. Hess** moved, seconded by **Dr. Furman**, that the Consent Agenda be approved as presented in a single motion. **<u>MOTION CARRIED</u>**
9.	**Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.**	There were no cases for consideration this month.	
10.	**<u>Regional Emergency Medical Services Authority</u>:** A. Review and Acceptance of the Operations and Financial Reports for June, 2013; and B. Update of REMSA's Community Activities Since June, 2013	Mr. Jim Gubbels, President of REMSA, reported that in June, 2013, Priority 1 Compliance was at 92%, and Priority 2 Compliance was at 96%. Looking at Priority 1 Compliance by zone, the 8-minute zone was at 92%, the 15-minute zone was at 97%, and the 20-minute zone was at 88%. Looking at the average bill for the month for Care Flight, the average bill was $6,689, bringing the year-to-date total to $7,297. On the ground side, the average bill for the month was $1,029, bringing the year-to-date ground average to $1,028. Mr. Gubbels reported that they received appreciation from the Hawthorne Army Depot in response to the tragedy with the explosion and is included in the packet for Board review. Mr. Gubbels also mentioned the success of Sidewalk CPR in March and a couple articles provided within the Board packet for review. **Vice Chair Jung** inquired about the Hawthorne assistance. Mr. Gubbels responded the Care Flight assisted. Ms. Admirand noted that Item 10B is not an action item. **Vice Chair Jung** requested that the item be flagged as such in the next agenda.	**Council Member Ratti** moved, seconded by **Dr. Furman**, to accept the REMSA Operations and Financial Report for June 2013 as presented. **<u>MOTION CARRIED</u>**

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11.	Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services ("EMS"), Including Recommendations Contained in the TriData Report and Various Other EMS Studies	Randall Todd, DPh, reported that the Board has been provided a summary of the latest EMS Working Group (filed). He directed the Board to the last bullet on the second page regarding data. Staff has discussed with this Board previously and with the EMS Working Group for some time the need to take a larger view of EMS than just the services that REMSA provides. From a customer perspective, it is more than just when REMSA gets there, but when anybody gets there after a 911 call is made. To that end, the Working Group had asked Dr. Todd and his staff to try and merge some of the EMS run data that comes from Fire with EMS run data that is regularly received from REMSA and begin to see what kinds of analysis can be done. Dr. Todd presented a PowerPoint presentation to the Board as provided within the agenda packet. **Dr. Hess** asked for an explanation of the three priorities within EMS. Dr. Todd responded that Priority 1 is life-threatening, such as a heart attack or cardiovascular event. Priority 2 is serious. Priority 3 is not serious, such as a transport from one facility to another facility. Dr. Todd continued with the presentation. He noted that about 48% of the Reno Fire records matched up with REMSA. He explained that he was somewhat surprised by that figure since REMSA is the common denominator on all of these as they all of these incidents whereas Fire may or may not go on all of them. They then realized, however, that what they get from REMSA on a monthly basis is data on the calls that were actually transported. On those calls that did result in a transport and where Reno Fire and REMSA both responded, Fire arrived first about 60% of the time with REMSA arriving first about 40% of the time. When looking at the different priorities, there is a much bigger gap when responding to Priority 3 calls, because REMSA is not going to try to get there as quickly. They are going to give preferential treatment to Priorities 1 and 2. Fire does not always know the priority; therefore, they tend to go as quickly as they can to those calls. It is not surprising that they would get there a higher percentage of the time. This does, however, raise an issue which could be examined from a policy perspective in that does it make sense having to spend resources having Fire go to Priority 3 calls. They then asked from the time the fire alarm goes off, generally an earlier time than the REMSA clock start time, to when somebody gets there, looking at the data more from the client's perspective, almost 94.9% of the time, somebody gets there in under nine minutes. **Dr. Hess** mentioned that there is a group of about six outliers and if those are all Priority 3.	

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		Dr. Todd responded that he would have to look them up. Some of them are pretty far up there, but there are not very many of them. **Dr. Hess** commented in regard to the outliers that it would be good at some point to figure out who they are and why. Dr. Todd added that one of the things that was not possible for them to do was to weed any of them that had any type of exception ruling for whatever reason. There are not very many of those, but they could show up that way. **Dr. Hess** with Board consensus requested future detail on the outliers. **Council Member Ratti** sought clarification in regards to why there would be a 15- and 20-minute zones when the Franchise calls for the response time within the incorporated City of Reno to come in entirely within the 8-minute zone. She clarified by adding if those zone would be times when City of Reno was responding to calls in unincorporated Washoe County. Mr. Gubbels responded that there are some outlying areas within the City of Reno that actually are still 15-minute zones. For example, probably all of the way out at the end of Double R, there are still some 15-minute zones out there. **Ms. Ratti** requested clarification at a future meeting. Her recollection of the Franchise Agreement was that once something was incorporated into the cities, that action caused it to be placed into an 8-minute zone. She recalls that there is a paragraph within the Franchise Agreement that says "incorporated cities." Mr. Gubbels will bring that back to another meeting. **Ms. Ratti** added that they had had a conversation about how long it took for annexations to make it into those zones. Mr. Gubbels commented that a few of those are still under study zones which he will explain at the next meeting. **Ms. Ratti** asked if they could be study zones that have been annexed but not incorporated. Mr. Gubbels responded in the affirmative. He added that a couple of the outliers are actually best effort zones; that is why it did not get listed within the	

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		8-, 15-, and 20-minute zones. **Ms. Ratti** clarified that she is not necessarily advocating or questioning the response time. Since the incorporated boundaries are not necessarily part of the urban core, it may not make sense to use those boundaries as the divider line moving forward. Mr. Gubbels agreed and can also discuss that in the next meeting, because they have a lot of areas outside of the incorporated boundaries that are in 8-minute zones. When you look at 8-minute response, there are more 8-minute response areas outside of the McCarran Loop than there are inside the McCarran Loop. **Ms. Ratti** requested an answer on what the rule is now and suggested having this issue be a topic for the EMS Working Group. **Vice Chair Jung** agreed. Dr. Todd acknowledged this request. He continued with his presentation and pointed out that the vast majority of data presented shows response times between 2:53 seconds and 8:38 seconds regardless of the priority. **Ms. Ratti** requested confirmation of her understanding that the area of concern is anywhere above 8 minutes on a Priority 1 call. Dr. Todd commented that while this is the concern on a Priority 1 call, it did not seem to matter within the City of Reno, because the bulk of the calls was still close to the 8-minutes mark, even though they may have been a Priority 2 or 3. Dr. Todd next presented data on the City of Sparks showing that Sparks Fire arrived first 61.5% of the time, and REMSA arrived first 38.5% of the time. Looking at the Priority 1 calls, there was a difference, but that difference was not statistically significant. Looking at the Priorities 2 and 3, the difference is more substantial and statistically significant. Dr. Todd added that his same comment with Reno Fire on the Priority 3 calls would hold here. As a system, if we take the earliest time that is being examined, the fire alarm time, and we take as the stop time either the REMSA stop clock or Fire on-scene report, whichever comes first, we are under 9 minutes for 98.4% of the time. Again, the difference between when either Fire or REMSA arrives first, the mode is generally in the 1 minute or so timeframe. Again, there is a clustering between the 2- to 8-minute area. A little bit more scatter is apparent on this graph	

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		compared to the equivalent Reno graph, but, still, there is a lot of clustering in the 2- to 8-minute area regardless of the priority of the calls. The priority did not really seem to predict how quickly help arrived for one source or another. With Truckee Meadows Fire, REMSA arrived first about 28% of the time, and Truckee Meadows Fire about 71% of the time. There are differences by priority. 82% of the time, help from one source of the other got there within 9 minutes or less. Interestingly, there is a lot more spread on the difference between arrival times. Again, priority did not seem to be solely predicting how quickly help would arrive. Lastly, there is the North Lake Tahoe Fire data with no matching, because REMSA is not in the North Lake Tahoe Fire response zone. Just for similar comparison, they are hitting the 9 minutes or less mark 72.5% of the time. Certainly, there are differences in terrain that might explain some of that. Dr. Todd mentioned that he and Kyra Morgan, EPHP Statistician, last week visited with the 911 Dispatch Center the Washoe County and the City of Reno are sharing. They have not visited the Public Safety Answering Point (PSAP) for Sparks yet nor have they toured the dispatch at REMSA. The Washoe County / REMSA PSAP has agreed to pull some additional data for them. He and Kyra would like to know what time did somebody at 911 say, “Hello, You have reached 911.” That time is recorded. From a client perspective, that is really where they would like to start the clock. They would also like to know at exactly what time it got transferred to Fire and exactly what time it got transferred to REMSA. On that latter point, there are some challenges that they are experiencing, but staff is prepared to help them try to sort through that. They are not recorded in exactly the same way in the data system. They have also asked REMSA from their data what time the call was received. This will allow staff to conduct a comparison analysis. They feel that this would give them a better sense from a client perspective of if someone calls for help, how long is it going to be for the system to provide them with help from one source or another. The only reason that they have only a month’s worth of data is that it turns out to be very time-consuming; there is no common, unique identifier that they can use to match these. Kyra is using a probabilistic matching method. If there are two records that went to the same address, on the same date, and at approximately the same time, they are probably the same run. However, a tremendous number of these required a human to actually look at it and agree that the records are actually the same. There can be differences in the way one record has the street address entered. For example, one record may display 123 Any Street versus 123 Any St. The computer thinks that those are two entirely different addresses whereas a	

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		human being can intervene and determine that those inputs are actually the same address. They do have a MRC volunteer to come in and help them do some of this work going forward. They were hopeful that the CAD number from the PSAP would serve as a unique identifier, but there are some problems in getting that little data segment from where it exists within the PSAP into REMSA's database so they could do a much easier form of matching. **Council Member Ratti** acknowledged the labor intensiveness of data matching currently, but she thinks that it is brilliant that we can get some data. If nothing else, it gives us an idea of what is possible. She asked if the conversations of the EMS Working Group are leading towards changes that would allow the collection of this data easier in the future. Dr. Todd responded that thinking back to the TriData Report, it very clearly recommends that we have a method of electronically combining these data. This may involve creating a software linkage between the computer aided dispatch that REMSA uses and whatever the computer aided dispatch is that our PSAPs use. This would allow combining data to be fairly automatic. The time-consuming part of this for our statistician had to do with probabilistic matching. He responded in the affirmative that there is discussion along those lines. This is where it can get contentious. The TriData Report very clearly said that it did not matter, from their perspective, whether this was a physical collocation or a virtual collocation. There are voices on the EMS Working Group that feel rather adamantly that it should be a physical collocation and that a virtual collocation is inadequate. That is an ongoing, contentious discussion. **Ms. Ratti** commented that it is fair to say that the consequences of the outcomes of the decisions we make along the line will affect our ability to get the best data. Dr. Todd responded that he believes that whether you physically or virtually collocate will have equally good data. He believes that not having any form of collocation means that we have a very difficult and labor-intensive method. **Dr. Hess** asked if it would be possible to implement a unique identifier for each run starting tomorrow. Dr. Todd responded that this is what the EMS Working Group has been discussing. In his conversation with the PSAP, they explained that the already having a unique identifier called the CAD number. He understands it to be a	

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		number that is transferred to Fire. However, it does not automatically get transferred to REMSA. A different button links the caller and REMSA Dispatch and 911 Dispatch so that they are all theoretically on the phone at the same time. The question would be should the dispatcher at 911 take the time to verbally tell the REMSA dispatcher that number, and should the REMSA dispatcher be taking time away from assessing the emergency and getting help on the way in order to place that number into some sort of a notes field. Dr. Todd explained that this could be done, the questions has to be asked if it is in the best interest of our patients to be taking time to do that, especially when we know that the Sheriff and the City of Reno are in the process of getting an updated Tiburon software system to do their computer aided dispatch. They know that other communities have linked the updated Tiburon to the TriTech computer aided dispatch system that REMSA uses. That should solve the problem. He believes that there are others who would prefer that REMSA scrap theirs and go on Tiburon; that gets into a whole other discussion of whether that would be in the best interest of patient care. They think that it is going to get done within the next year and a half to two years. Dr. Todd added that it would be great to analyze some data before then, because it might help to inform some of their decision making. **Vice Chair Jung** confirmed with the Board that all members have received the TriData Report. She explained that it was a concern by the consultant that there was not one identifying number. Then, it leads back to how much oversight we can really provide. Dr. Todd explained that they had hoped to get some unique identifier as a stopgap measure now, but that goal is proving to be elusive. Mr. Dick commented in regards to the emergency medical dispatch item in Dr. Todd's report and the attached letter of July 17th. He explained that at the last Board of Health meeting Ms. Zadra asked him how the Health District was being treated and engaged with the EMS Working Group. He has several items that are a cause for concern for him. One is the letter as presented mailed from the City and County Managers to Mr. Gubbels at REMSA on July 17th. The letter states that the EMS Working Group has the following issues and/or concerns related to the negotiations discussion to date. Mr. Dick explained that he is a member of the EMS Working Group and was not consulted in regard to this letter. He received it after it was delivered to REMSA, and it does not reflect his views. This is one example. He has been to several meetings of the EMS Working Group where he has had to remind participants that the direction received at the June 10th concurrent meeting was to work on amending and updating the Franchise Agreement, not to get	

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		rid of it. He has EMS Working Group Internal Meeting Minutes (filed) which were provided to the Board. This meeting was held on July 18th. He explained that he was also not invited to this meeting. He is concerned with how these negotiations are going to proceed and whether the City and County Managers are going to work with the Health District as directed in the concurrent meeting. He added that there were two other meetings that were held after the July 18th meeting. He was invited to a meeting on the afternoon of the 19th as well as yesterday afternoon from the Cities and County regarding the existing Franchise Agreement and going through that and discussing what were the feelings on changes or modifications. By and large, those were productive discussions. However, he still has concerns with those discussions, because the impression he gets is that instead of full concurrence, we may get more of a majority rules-type process. We, as the Franchise holder, may end up with correspondence from the EMS Working Group going to REMSA that does not reflect the views of the Health Officer. **Ms. Jung** asked who is on the EMS Working Group. Mr. Dick responded that the EMS Working Group ultimately is supposed to be the two City Managers, the County Manager, and the District Health Officer on our side of the negotiations. REMSA is also included in the EMS Working Group for those discussions. **Dr. Hess** commented that looking at the concurrent minutes, to him it is pretty clear that the three managers are acting as sort of a subcommittee. He is not sure that he totally disagrees with where they are going, but it is bothersome to him. **Ms. Ratti** commented that she has not had a chance to chat with staff since she has read this report; she would be happy to go back and ask about it. Mr. Dick added that he has discussed this with Steve Driscoll, who is one of the signatories on the letter, and he hopes to have the opportunity to meet with the Reno City Manager and our Interim County Manager as well as Steve next Tuesday afternoon to further engage with them. **Ms. Jung** wrote a note and will provide to Mr. Berkich after this meeting asking why Mr. Dick was not invited. Mr. Gubbels commented that the report from Dr. Todd is a snapshot report. He explained that it is very important that the Board understand how this got started. He asked that all of the Fire first responders set standards and	

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		measure those standards, and they all agreed to that. Now we all have standards; they are going to be measured. However, the reporting process has not been figured out yet. Mr. Gubbels added that he had brought up that they take a look at the overall system. He wants to know if there are any gaps in the system where Fire cannot get there fast enough, REMSA cannot get there soon enough, and, if there is, let us sit down collectively and determine how we address that. That is how this report was actually from; this is not a comparison. Kyra did a wonderful job, but she had to pick a start time. Therefore, she picked a start time of a fire alarm. That means that Fire got dispatched first, and then somewhere along the way that call got to REMSA. It is not a comparison of how long it took each individual agency; it is a collection of both agencies. They probably got that call a minute and a half or even two minutes before REMSA actually dispatched someone. The overall snapshot is to determine, in a combined effort, when we got there. He added that Kyra also could not measure when we got there at the same time. We are calling in on-scene with Fire; they are calling in on-scene with REMSA. The thing that is important to him is the snapshot that shows when you combine both of them, if they are there 94%-98% of the time under nine minutes, then that is good service to this community. Mr. Gubbels added that the other part of this is that we do need to look at the dispatch piece. The Emergency Services Consulting International (ESCI) report, just completed in 2011, shows that it is taking over two minutes to transfer a call from Reno Com over to REMSA. He explained that this is wasted time back towards responding to that patient. ESCI did measure response times whether REMSA got the call first, because there are times when the casinos or a health clinic will call them directly with REMSA still calling Fire for a response. In that study it showed that it did not matter whether the call went to Reno Com first or REMSA first that Fire response times were about that same. It was REMSA's response times that were delayed if the call went into ECom first. He noted that REMSA's response times are different on Priority 3s. That did not surprise him at all. He added that all four responding agencies have unique identifiers: Truckee Meadows, Reno, Sparks, REMSA. REMSA is on the julienne run number, used for billing purposes, starting every day at 12:01am. They offered to have an interim link between their computer and back to the dispatch centers. What it does is it automatically comes out of their computer, that priority, their response time, and their run number, and it would go to the other dispatch centers. However, it will not go into their computers yet; that will not happen until we have a true CAD-to-CAD link. That cannot happen until Tiburon is implemented; it will be updated enough that TriTech-Cad will be able to link to it. In the interim, we could have had CAD North. Mr. Gubbels explained that he did offer that. He added that the Sheriff and Dispatch Steering Committee said No, because they felt it would be too time-	

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		consuming. He would like to put that back on the table again. Yes, it is another monitor screen, but it does send REMSA's run number directly back over to them. They could take that number and then type it, because at that point they are done with their portion of the dispatch. The other way of proposing it is sending the numbers to REMSA which would then require somebody on their side pulling up records and manually entering them. He explained that it makes more sense to ship it automatically, then they already have that run open and can go in and enter it. Even though the Sheriff and Dispatch Steering Committee said No, that offer is still there at no cost to them. REMSA does have a cost, and that would be $60,000. **Vice Chair Jung** asked if he would cover that cost. Mr. Gubbels responded that they would have to cover it, because to him it is important. The reason why it is important is that we are still 12 to 18 months out. **Ms. Jung** asked if Mr. Gubbels said that the Sheriff did not do what he had proposed because it was too time-consuming. Mr. Gubbels responded in the affirmative but clarified specifically that the Sheriff thought it would be too time-consuming for his staff. **Ms. Jung** requested clarification if that is because of the fact that they would have to enter it before they closed out the dispatch case. Mr. Gubbels clarified that what would happen is they would have another screen. He continued to explain that what they currently have in place with Sparks is that when REMSA pages out their ambulances, they have a big speaker there, called a plextron, and they hear us exactly page out our ambulance, where it is going, the priority, and the age of the patient. Reno Com used to have that same thing, but when the Sheriff merged in, he said that he did not want that anymore. Therefore, they disconnected it. Then, Mr. Gubbels feels that they really went back into the old ages. Now, REMSA has to call every time; there is one number for Reno Fire and another for Truckee Meadows Fire, saying that this is Priority 1 or a Priority 2, where on Priority 3s they do not call. This was setup in a way where Fire would not go on Priority 3s. Right now in this era of everybody wanting to be first, which is not medically rational, they do go ahead and dispatch on all calls. What REMSA is saying is that they want to increase efficiency. Fire has certain chute / turnout times, so go ahead and alert the Fire Department; tell them you got a call. By the time they are getting ready to go, they are going to have the	

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		priority. If it is 3, do not waste that valuable resource. If it is a 1 or 2, go. **Ms. Jung** commented that she is interested in understanding the Sheriff's rationale to not have that interim stopgap as Mr. Gubbels had proposed it to be. **Ms. Ratti** believes that they have a recollection of the Sheriff's testimony on that very topic. She believes what he said was that it would be time-consuming, but that was a piece of it. She continued that the Sheriff had also explained that you have teams of people who have to implement whatever protocols you put in place. He was not particulary interested in training a team to implement a new protocol in a short-term solution; he was more interested in getting to a final, long-term solution and training the team to that protocol. There are people, processes, and systems; to make any of these processes efficient, people have to use them over and over again. Mr. Gubbels responded that the long-term solution is there, the CAD-to-CAD. Right now, we know that we are still a year away, at best, and probably closer to 16 months. **Ms. Ratti** responded that she is not arguing the point; she was just saying that that was the answer. She commented that she is deliriously happy, because for five years she has sat in on the conversations of the various response agencies providing their numbers and the pointing of fingers. She sees this as a step forward to a set of common numbers where we can stop the race to be first and just have meaningful, transparent data that allow those of us who need to govern, to govern, and those of us who need to implement, to implement, and all of us to have good information to make good decisions. She absolutely understands all of Mr. Gubbels' points about what is not fair in this data. She thinks that Dr. Todd made most of those points as well. As Dr. Todd called out, what the customer really cares about, the call time, we do not have available at this time. She would also like geographic breakouts. She is excited about the potential at some point in time where we cannot only have this data on a regular basis but also be able to see trends over a period of time. Those trends would allow for us to have a red flag if something is going wrong in our systems. She explained that right now, as somebody in the governing body, she does not get any kind of meaningful information that provides a red flag if there is a gap. She added that when we were going through the recession, they had to make horrible decisions about where to cut, and they did not have any meaningful data that would allow them to determine where those cuts would have the least impact.	

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		Mr. Gubbels added that it make sense for the Health District to have this role, looking at the system overall.	**Dr. Furman** moved, seconded by **Dr. Hess**, to accept the EMS report as presented. **MOTION CARRIED**
12.	Presentation of Environmental Health Services Division Programs, Mandates, Fees – Activities and Mandates for the Waste Management Program **BOARD COMMENT**	Bob Sack, Division Director of Environmental Health Services (EHS), noted that this is the second presentation from Environmental Health Services in an overview of the Division's different programs, today taking a look at Waste Management. As a reminder, the division is setup by Food Protection, Land Development, Water Safety, Waste Management, Vector-Borne Diseases, and Institutions. Waste Management is made up of several different programs; they have Underground Storage Tanks, Hazardous Waste, Solid Waste Management, Recycling and Public Education, and Hazardous Materials Response. Within the agenda item, applicable NRS sections, enabling legislation, have been provided and are fairly extensive just as is the case with the Food Program. Starting with Underground Storage Tanks, they do that program under a contract with the State of Nevada, Division of Environmental Protection. Therefore, they are an arm of that state department; they do not have our own regulations. Under that, they do about 223 inspections per year, they then do re-inspections, and they also manage leaking underground tanks. For example, there are quite a few violations found on those inspections. Most of them will have some violation, requiring follow-up. As far as leaking tanks go, at any point in time, they will be working 15 – 20. Currently, they are working 17 or 18, and those cases are quite long-term. Sometimes, this causes noise complaints about the sound of a jet engine behind the gas station. They have gotten a lot quieter over the years, but those are both product removal out of the ground water, very complicated soil gas removal, a series of pipes underground, and a series of monitoring wells around that, it takes quite a bit of time to setup that system and then ongoing. For example, there is a former gas station site up at Lake Tahoe that is the entry point to Incline Village. That is a cleanup that has been going on up there for many years. There is quite a bit of staff involvement with all of this. Hazardous Waste is another one that they do under contract for the State. They only inspect exempt small-quantity generators of hazardous waste. It was 300 inspections per year, but as of July 1 this year, they are now doing 200 inspections of those. That is a list that the State provides on a quarterly basis of facilities they would like them to inspect. They go out and do those inspections and then report those results back into the State's system. Solid Waste Management is where they get into anything from the complaints	

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		that somebody would make regarding garbage in their neighbor's yard, or, such as happened recently in Sparks with the cat and rabbit house, that was in the news media a couple months ago, where the guy was arrested for felony animal cruelty, they dealt with all of the animal waste side of that and carcass and flies side of that. It was pretty extensive and took several weeks to resolve. It could be as simple as just your neighbor having too many dog droppings out there. Now, when they get a complaint, they may initially send letters, but they may end up going out there if they get repeat complaints. They also regulate the solid waste management system. They monitor all of the activities, outside of the franchise agreements with each jurisdiction, such as its transfer station, its trucks, how it handles its waste and transports it. The newest area of involvement regards the recycling end; they permit all of these recyclers. With the price of metals out there right now, such as copper and aluminum, there are a lot of businesses that have been cropping up. Between businesses coming to them wanting to start, having to get permitted as a recycler, to them finding out about entrepreneurs who have been operating without permits, they are seeing quite an upswing in that activity right now. All of them are very marginal on the edge of regulatory compliance; it takes a fair amount of work. **Dr. Furman** asked when they replace these tanks, if they are much better now. Mr. Sack responded that he will show some pictures that will cover that (provided within the agenda packet). He continued with his presentation to recap that recycling permitting is a big component of Environmental Health Services' Waste Management Program. The other thing that is new for them in dealing with neighbor complaints, issuing notices, and getting them to clean it up, is that the higher number of foreclosures has made it difficult to track down what bank shall receive the notice of violation, where are they located, or is it a H.U.D. property. This is not unique to them; all of the code enforcement agencies are also dealing with some of the same types of issues. Recycling and Public Education is an area with which they have not done as much lately; they have a Senior Environmentalist vacancy in the process of being filled. In the past, there has been the Recycle Man, etc. They are planning to put more effort into that area going forward. Part of that is also implementing the Waste Management Plan that was adopted by this Board a year and a half ago. Hazardous Materials Response is a component of Solid Waste Management; every hazardous materials response turns into a waste management issue at the end. There is some sort of waste that needs to be cleaned up, but they are unique. Those are typically waste oils, fuels, or whatever else somebody may spill in their yard, and quite a few of those are	

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		done in conjunction with fire agencies. Mr. Sack presented a series of pictures, as provided within the agenda packet, illustrating some of the work done by Waste Management, including removal of HIV-positive medical waste and sharps containers dumped in Washoe County, leaking drums contaminating the soil and nearby environment, containers of urine that tested positive for methamphetamine, and leaking underground storage tank replacement. **Ms. Jung** asked a question regarding the Waste Management Program, specifically under the Solid Waste Management, in terms of dog waste, if Mr. Sack's division oversees this County-wide. Mr. Sack responded in the affirmative. **Ms. Jung** asked how staff interfaces with the code enforcement officers for the County and the cities. Mr. Sack responded that they interface pretty closely with them. Code enforcement agencies will typically route those types of complaints to them first. They interact generally on similar types of complaints when they have a house that is really bad with a variety of issues. **Ms. Jung** provided an example where she had a complaint within her District in the City of Reno involving dog feces in the backyard, and she never heard a thing about them being involved. She talked with the code enforcement officer, as well as animal enforcement, but she never heard anything about them. She asked if she should have called EHS. Mr. Sack responded in the affirmative and explained that they would probably route that type of complaint to them anyway. **Ms. Jung** responded that in this case they did not; Regional Animal Services went out and made their own individual assessment and said that they could not file a complaint because of how weird the NRS is written. Mr. Sack responded that part of it is because the Health District has the authority to do that, and they really do not, when it comes to just feces. **Mr. Jung** commented that she will see this constituent and pass that information along. She asked if EHS does the recycling outreach and encouragement, then how do they interface with the franchisee, Waste Management.	

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		Mr. Sack responded that they have monthly meetings with Waste Management. Part of that is Waste Management has within the franchise agreement, which the Health District does not oversee, they have outreach requirements also. EHS has not been real happy with some of their efforts, but, overall, EHS does try to interact with them. For example, Keep Truckee Meadows Beautiful does their cleanups every year; EHS provides dumpsters and other support. **Ms. Jung** inquired about the picture regarding the HIV-positive medical waste and if an individual would have dumped it or a clinic. Mr. Sack responded that in this case it was an individual. They have not really seen much in the last 15 years from actual clinics in illegal dumping. Typically, when they see this, either something got into a dumpster at a clinic or someone has died and had accumulated these items. This used to be a real problem with clinics disposing of these items in their dumpsters. **Ms. Jung** asked if they test this waste. Mr. Sack responded in the negative, but through follow-up of trying to figure out who dumped it, they can get the story. **Ms. Jung** inquired about the containers of urine and how this occurs. Mr. Sack responded that methamphetamine use leads to some very weird human behavior, including hording. He continued with explanation of the pictures provided, showing the metal storage tanks next to the newer, fiberglass tanks. The replacement of these tanks at a gas station costs hundreds of thousands of dollars. There is a whole set of equipment and piping associated with those tanks, including the vapor recovery for air quality reasons, pulling hydrocarbon vapor and reducing hydrocarbon mass. In regards to illegal dumping, with the current high price of metal, Mr. Sack explained it is amazing how clean the environment is currently as it relates metal. The only metal in these hills currently is cars that need to be taken out by helicopter that are otherwise quite inaccessible. Refrigerators or stoves are generally not seen due to the high price of metal; these are bulky items that would be difficult to remove. Some of the efficiencies that EHS has had to create over the last few years, regarding waste management, include no longer taking anonymous complaints in this area. They tend to find that a good portion of the complaints they receive are neighborhood complaints where they really do not like their neighbors. Ultimately, their grass may be	

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		longer, and they think that is trash. Also, the dog may have defecated on the ground, and it is going to potentially emit a smell. When they stopped taking anonymous complaints and people had to record who they are along with their phone number, they have been better able to communicate by following-up and asking questions and/or providing the complainant with notification of the results of what EHS has done. Typically with a dog dropping complaint, they will send a letter the first time. They will also copy the complainant with that letter in saying that if they receive more complaints, they will send somebody out and take further enforcement actions. That actually seems to work on a lot of feces complaints. Mr. Sack reported that their hazardous materials and response load has reduced dramatically. They used to have two hazardous materials specialist when they were dealing with two or three hundred drug labs in a year and two or three hundred responses. For a variety of reasons, mainly regulatory over the last 20 years, improvements there have really cut down the actual releases that are out there. They eliminated one position in the middle of all this a few years ago and reclassified a second one to a Registered Environmental Health Specialist who is still doing this work but allows flexibility on how they utilize that position. All of their complaint data is now being captured electronically in Permit Plus; therefore, across the County, agencies can see all inputs on a particular address, cutting down on duplication of effort. There has been a lot of discussion with local agencies getting back and forth between all of the code enforcement agencies, the Health District, and the State Division of Environmental Protection. There is a lot of communication to ensure that there is not duplication, such as on a particular case, deciding who will take the lead on certain items and ensuring that all other agencies are informed. Mr. Sack displayed a picture of a special event crowd and explained that their goal is to ensure that those crowds continue to come to the area.	**Dr. Furman** moved, seconded by **Dr. Hess**, to accept the Waste Management report as presented. **MOTION CARRIED**
13.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for June, 2013. **BOARD COMMENT**	Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for June 2013, stating that Staff recommends the Board accept the report. Ms. Stickney pointed out that this is a preliminary report, because they are in the process of closing out. A lot of the revenues on the grants are on reimbursement basis; therefore, they have not yet been brought in. Also, upon the conclusion of the closeout, Ms. Buxton will come before the Board and provide the Board an update as where we landed within the different divisions. Any of the line items that have large exceedances are noted and reviewed during the budget, making adjustments for future years if forecasted to occur on an ongoing basis. **Dr. Hess** asked if we are $2 million out of balance or are funds coming from	

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		reserves. Ms. Stickney responded that this reported is only what is budgeted and does not include the opening fund balance that then becomes the ending fund balance. **Dr. Hess** commented that next year could be pretty tight. Ms. Stickney responded that the current year we are in now (FY 14) is very tight but is also a balanced budget.	**Dr. Hess** moved, seconded by **Council Member Ratti**, to accept the Health Fund Revenue and Expenditure Report for June, 2013. **MOTION CARRIED**
14.	Presentation, Discussion, and Possible Direction to Staff regarding Health Board Participation in a Public Health Study.	Mr. Dick explained that he was contacted by Adele Solomon who is working on a Master of Public Health for the University of Liverpool. She is proposing to them a study toward her degree, "Exploring Key Stakeholder Beliefs, Understanding and Practice of the Need and Ability for State and Local Health Departments to Improve Public Health Outcomes and Health Department Sustainability in its relationship to Health Department Accreditation." She is looking to conduct interviews with 20 people from health districts across the state including members of boards of health; therefore, he is seeking whether any of the Board Members would be willing to spend the time to be interviewed by her or the people on her team. If so, he would recommend a motion to approve this. Mr. Dick pointed out one typo to be corrected in the motion: It is Ms. Solomon, not Ms. Solon. **Dr. Hess** inquired about the amount of time dedication necessary for these interviews. Mr. Dick responded that he does not have the specifics in regards to the amount of time, but he would anticipate that it would be less than a day. **Ms. Jung** pointed out that other Board of Health Members, absent from this meeting, should also be informed of this study.	**Council Member Ratti** moved, seconded by **Dr. Furman**, to participate in the study conducted by Adele Solomon. **MOTION CARRIED**
15.	Presentation, Discussion, and Possible Direction to Staff regarding a Fundamental Review.	Mr. Dick commented that at the June 27, 2013 District Board of Health meeting, there was a discussion about the conceptual scope of work received from NACCHO to conduct a fundamental review. Specific items and approaches were identified that some Board Member wanted to ensure were part of the fundamental review as well as some concerns expressed. Mr. Dick and Ms. Stickney had a conference call with NACCHO representatives, and Mr. Dick also met with them at the NACCHO conference that he attended. Ultimately, through the discussions, they have concluded that NACCHO is not	

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	BOARD COMMENT	the right fit for achieving the desired full scope of the fundamental review. He does have some recommendations of consultants from NACCHO. He has sent e-mails to a couple of them who he would like to discuss this further. He does not want to put out any names at this point, however, because he has not yet had that dialogue with them. He believes that the District may have the opportunity to work with a couple of the individuals, if we can get them to work together on this project, who he believes would create a strong team. One if a former health official from a local health department, and he was involved in the turnaround of the health district. They were having fiscal problems, and he is actually an author of a paper that was referenced at one of the financial sessions that he attended at the NACCHO conference. He is also on the editorial board of the *Journal of Public Health Management and Practice*. The other individual is a former state health commissioner, has experience with local health departments, and is now at a state university in a medical school program for public health. His specialty area is performance management and quality improvement. Mr. Dick advised that if the Board is amenable to it, he would like to proceed. **Ms. Jung** commented that she would also look to who did the County fundamental review and ask if this is not their area of expertise, who they also might recommend. Mr. Dick responded that it was Management Partners who performed the fundamental review.	**Dr. Furman** moved, seconded by **Council Member Ratti**, to direct DHO to continue seeking possible consultants for a fundamental review and to bring recommendations to the Board for approval. **<u>MOTION CARRIED</u>**
16.	Proposed Approval of Out of Class Pay in the amount of $132,520.96 (22%) for Mr. Kevin Dick, Interim District Health Officer Retroactive to April 26, 2013 and Until a Permanent District Health Officer is Appointed.	Ms. Griffey, Administrative Assistant I H.R. Rep. for the Health District, reported that she has spoken with Chairman Smith, and to keep in accords in what has been done in the past in 2010, by the recommendations made by previous Human Resources Director Katie Fox, a 10% above the highest earning division director that does not require a doctorate would be appropriate for an interim district health officer. To reach that point, Kevin Dick would need a 22% increase.	**Council Member Ratti** moved, seconded by **Dr. Furman**, to approve out-of-class pay in the amount of $132,520.96 for Mr. Kevin Dick, Interim District Health Officer, retroactive to April 26, 2013 and until a permanent district health officer is appointed. **<u>MOTION CARRIED</u>**

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*17.	**Staff Reports and Program Updates** A. Director, Epidemiology and Public Health Preparedness	Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record. Dr. Todd added that within his written report, under Public Health Preparedness – Strategic National Stockpile, he mentioned the Local Technical Assistance Review which they undergo from the state and is quite the big deal for staff. Last year, they received a 91% out of 100 possible, a significant improvement for them last year. He was happy to report that they have heard from the state, and their score this year is 96%. They are very pleased with that upgrade to their score. This has to do with their readiness and ability to mass-dispense antibiotics or vaccines in the event of a public health emergency. Dr. Todd also mentioned that they did have an interesting communicable disease issue that came in after his report was prepared. A local family traveled up to their cabin in Northeastern California, encountered bats in the cabin, shewed them out, but one of the family members woke up the next morning with one on his neck. He also observed some bite marks on his arm. The mother in this family decided to do some laundry; as she was pulling the sheets from her bed out of the dryer, there was a bat twisted up in the sheets. She also discovered bite marks on what he recalls was her shoulder. This family clearly had some significant bat exposure. They did return here to Reno and received post-exposure prophylaxis. This is not shots in the stomach like it used to be; it is rabies immune globulin and some vaccines that are shots in the arm. It is a series of he believes four vaccinations. They completed the series on a Friday, and they went back to the cabin the next weekend. Not surprisingly, there were more bats, and they experienced more exposures. Dr. Todd explained that he has dealt with a fair number of bat exposure recommendations, but he does not think he has ever dealt with one where they no sooner finish their prophylaxis then get re-exposed. Fortunately, that prophylaxis becomes pre-exposure prophylaxis so that they can go forward. However, one of the family members, and this made it complicated enough that they had to get CDC to weigh in, was immunocompromised due to some immunosuppresive drugs that that person has to be on. They were not quite sure without some of CDC's guidance how to deal with that to ensure that he was adequately protected. **Dr. Furman** asked how many doctors are in the medical reserve corps now. Dr. Todd responded that he did not have the number, but he does know that it	

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		is not very many, probably one or two at most. **Ms. Jung** asked for clarification on the symptoms of hand, foot and mouth disease. Dr. Todd responded that you get bumps and sores, usually on your hand, feet, and/or mouth. The thing that is somewhat unusual about this novel strain is you can get them on the rest of your body too. When they started seeing these cases last summer, not only were they seeing an unusual distribution of lesions, a lot of these kids would have them in the diaper area, for example, the lesions were more severe. Epidemiologists usually understate things, so they said that it was a remarkable rash, but seeing the pictures may lead you to describe it as spectacular. Although adults rarely get this disease, they were seeing adults get it as well. They do not have any lab evidence that it is the CDA6 causing it this summer. The symptomatology, rash distribution, and who is getting it suggests that it is probably the same thing. It is usually somewhat self-limiting. It is more likely with this novel strain that some weeks after recovering from the rash that their fingernails shed. It scares people, but it is generally self-limiting. They have tried to get the word out to physicians and daycare operators that it is still around. He believes that this novel strain will no longer be novel; it is going to be here for awhile. It remains to be seen if the severity of the illness will abate as the population get more accustomed to dealing with it. **Ms. Jung** asked how it is treated. Dr. Todd responded that people use topical ointments for comfort. However, it is a virus, and you cannot do much to treat it. **Dr. Furman** commented on the mention of rabies and advised that he has seen people die of rabies and that it is a horrible death. Dr. Todd commented that his first year in public health practice, they had a fatal case of rabies where he was working. It was terrible. It was a two-year-old girl who had no history of a bite, but there had been a bat in her house. You would not necessarily expect a two-year-old to know that they had been bitten. It was a wake-up call for a lot of people that if they have bats in their house, they may not always know if they have been bitten.	
	B. Director, Community and Clinical Health Services	Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record. He commented that he was hoping to introduce Lisa Lottritz who	

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		was recently promoted to Supervisor, but she was unable to attend due to training. She will be supervising the Maternal Child And Health (MCAH) as well as the tuberculosis (TB) program. Also, as a reminder, under the immunization program, they are moving into their back-to-school season, and they are planning to have additional staff the week before school in order to accommodate the need. Of interest this year is that school is starting two weeks earlier now that the school district has shifted their calendar. They are also planning two outreach clinics, partnering with Immunize Nevada. Over the last nine months or so, they have reported on the various school-located vaccination clinics to provide primarily TDAP, which is a seventh grade entry requirement, and of course, they also offered flu immunization clinics. Under the TB Prevention and Control Program, program staff continue to work with the aggregate setting provider, maintaining anonymity and confidentiality there, to do an increased assessment and symptoms review, and they may conduct additional TB testing, if necessary. Mr. Kutz expressed appreciation to the EPHP, namely Kyra Morgan, and AHS Tech. Support, namely Curtis Splan. **Ms. Jung** called to the attention of the Board Item No. 2 on Page 2 of Mr. Kutz's report which points out that two staff members received prestigious awards. Cory Sobrio, who is a Disease Intervention Specialist, received an award for his work with the Sexual Assault Response Team (SART), which is a County District Attorney's program, and he assists them by providing sexual assault victims with their and their perpetrator's STD / HIV test results. Jennifer Howell, who is a Program Coordinator, received the 2013 Silver Dollar Court Humanitarian Award for her outstanding devotion and leadership in an effort to preserve the dignity and rights of all human beings. This is a non-political, social organization promoting the positive image of the gay, lesbian, bisexual and transgender community. In acting as the Chairperson, Ms. Jung wanted to send her personal congratulations, and she hopes that the PIO is getting that out to all media so that they can see the level of great people who work for the Health District. She added that the work that staff does is biblical in that they are taking care of the most vulnerable with dignity and compassion, and it also shows that we do not pre-judge. She believes that is a good message to provide to our taxpayers.	
	C. Director, Environmental Health Services	Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record. He highlighted that Southern Nevada is seeing West Nile Virus cases, including a death. They heard this morning that the first positive mosquito pool in the North was identified yesterday by the State Ag. Lab in the Genoa area. That was from mosquitoes, not a human exposure.	

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		Dr. Furman commented that he thinks that our mosquito team has done a very good job. He went out with them on an orientation, going through sewers, etc. He believes the team has done the best job in the state.	
	D. Acting Director, Air Quality Management	Mr. Daniel Inouye, Interim Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record. He added that on July 16th, AQM began their Facebook page, meeting one of their goals to improve delivery of air quality information to the public. They feel the partnerships they have with traditional media and the weather service will help them meet their goal to deliver that information to the public more quickly. To get there in two clicks, go to www.ourcleanair.com and then Like them on Facebook. Also, this Sunday, July 28th, they will have a booth at the Tour de Nez event. They will be there all day with their electric vehicle, and that will help them promote biking as alternative transportation as well as kickoff their Keep it Clean nO_3zone campaign. The biking portion of their outreach aligns not only with Air Quality but also with Community Health and the Chronic Disease Prevention Program.	
	E. Administrative Health Services Officer	The Administrative Health Services Officer's Reports for this month were addressed in other agenda items.	
	F. Interim District Health Officer and Health District Updates	Mr. Kevin Dick, Interim District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record. Mr. Dick expressed appreciation for Chairman Smith's support of his attendance at the NACCHO Conference that was held in Dallas. It was a great opportunity to be able to go to conference; he learned quite a bit from it and was able to meet other health officers. He attended several sessions regarding financial management and budgeting for health districts and also obtained contacts at that time for potential assistance with the fundamental review. He also heard a very interesting presentation from Spokane, WA where they have actually used decision analysis software to assist with their budgeting process. There was a vast amount of information. Mr. Dick also mentioned that he did not meet with the Director of the Nevada State Public Health Lab on July 18th, although it was printed in his report. They have rescheduled for the following week. He did meet with Dr. Larson, Director of the School of Public Health Sciences at UNR. She informed him that Renown is embarking upon their community health assessment with the UNR School of Medicine's Dr. Packham. Mr. Dick contacted Greg Boyer, CEO of Renown, to discuss with him how the Health District may be able to collaborate in that	

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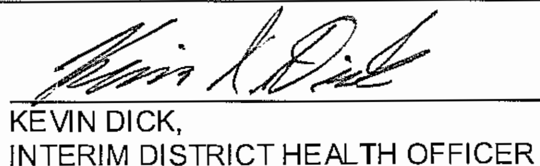
		study as it will help us with some of the needs assessment type of information we would need to embark on a strong strategic planning process.	
*18.	Board Comment – Limited to Announcements or Issues for Future Agendas	**Dr. Hess** asked how they start the process of appointing a permanent District Health Officer, such as a subcommittee or placing on a future agenda. Ms. Admirand responded that it can be placed on the next meeting agenda to allow the Board to have a full discussion on how they would like to proceed. **Ms. Jung** commented that one of the individual Board Member privileges is being able to place any desired topic on the agenda.	
19.	Emergency Items	None.	
*20.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Ms. Stickney announced that the Health District will be losing Ms. Lori Cooke, but she is going to be staying with the organization. She has a promotional opportunity which she accepted. This is her last Board meeting, and staff wanted to thank her for her service. She has a MBA degree, and she has made significant contributions to this team. All are invited to enjoy cake directly following adjournment.	
21.	**Adjournment**	There being no further business to come before the Board, the meeting was adjourned.	**Council Member Ratti** moved, seconded by **Dr. Hess**, that the meeting be adjourned. **MOTION CARRIED** The meeting was adjourned at 2:55 p.m.



KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER

WILLIAM FLORES,
RECORDING SECRETARY