

Washoe County



Matt Smith, Chair
Kitty Jung, Vice Chair
Denis Humphreys, OD
Neoma Jardon
George Hess, MD
David Silverman
Julia Ratti

Kevin Dick
District Health Officer

Leslie Admirand
Deputy District Attorney

Health District

WASHOE COUNTY HEALTH DISTRICT

1001 East Ninth Street, Reno, Nevada 89512
P.O. Box 11130, Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.3752
www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, October 23, 2014, 1:00 p.m.

Place of Meeting: Washoe County Health District
1001 East Ninth Street, Building B
South Auditorium
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

| Time/ Item | Agenda Item | Presenter |
|-------------------------|---|----------------------------------|
| 1:00 p.m. *1. | Call to Order Pledge of Allegiance - Led by Invitation | Ms. Kitty Jung |
| *2. | Roll Call | Ms. Dawn Spinola |
| *3. | Public Comment Limited to three (3) minutes per person. No action may be taken. | Ms. Kitty Jung |
| 4. | Approval of Agenda October 23, 2014 Regular Meeting | Ms. Kitty Jung |
| 5. | Approval of Draft Minutes September 25, 2014 Regular Meeting | Ms. Kitty Jung |
| *6. | Recognitions A. Years of Service 1. Angela Penny - 10 years, hired 7/15/04 – CCHS 2. Josefina Rivera - 15 years, hired 9/1/1999 - CCHS B. New Hires 1. William Collin Emmerson – Environmental Engineer 1 – AQM 9/22/14 C. New Staff 1. Guadalupe Gomes – CDC Associate 10/6/14 | Ms. Kitty Jung Mr. Kevin Dick |

| Time/ Item | Agenda Item | Presenter |
|---------------|---|---|
| | 2. Julie Baskin – CDC Associate 10/6/14 D.Promotions 1. Christina Conti - from Public Health Emergency Response Coordinator to Emergency Medical Services Program Manager 10/6/14 E. Excellence in Public Service Certificate Program 1. Ruth Castillo | |
| 7. | Consent Agenda Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval. A. Budget Amendments / Interlocal Agreements 1. Approve the abolishment of one vacant 40 hour-per-week benefitted Human Services Support Specialist II position (#70002305) | Ms. Patsy Buxton |
| 8. | Regional Emergency Medical Services Authority A. Review and Acceptance of the REMSA Operations Reports for August, 2014 *B. Update of REMSA’s Community Activities Since August, 2014 *C. Presentation Health Care Innovation Award Community Update | Mr. Jim Gubbels Ms. Brenda Staffan |
| 9. | Discussion and Possible Appointment of Dr. Andrew Michelson, Emergency Room Physician, and Ms. Katrina Heyder or Ms. Terri Ward, as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board | Mr. Kevin Dick |
| *10. | Presentation on Enterovirus D68 and Ebola Preparedness Activities | Mr. Kevin Dick Dr. Randall Todd |
| 11. | Discussion and Possible Appointment of Mr. Sergio Guzman to the Food Protection Hearing and Advisory Board (FPHAB) | Mr. Dave McNinch |
| 12. | Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date September, 2014 | Ms. Anna Heenan |
| 13. | Introduction, discussion, and possible direction to staff regarding new fees associated with Health District activities that are not currently on the Fee Schedule and beginning the process of updating of the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015 | Mr. Kevin Dick |

| Time/ Item | Agenda Item | Presenter |
|-----------------------|--|---|
| 14. | Discussion and Possible Direction to Staff Regarding the Change in Scope and Expected Outcomes that have been discussed with the Kansas University Center for Sharing Public Health Services regarding the Robert Wood Johnson Foundation Cross Jurisdictional Sharing Grant | Dr. Randall Todd |
| 15. | Presentation, Discussion, and Possible Direction to Staff regarding quarterly report on implementation of Fundamental Review Recommendations | Mr. Kevin Dick |
| 16. | Annual Performance Evaluation of the District Health Officer A. Discussion of the Evaluation Results and Possible Approval of the Board's Recommendation Specific to the Annual Performance Evaluation of the District Health Officer B. Consideration and Possible Approval of Compensation and Benefits for the District Health Officer | Ms. Kitty Jung |
| 17. | Election of District Board of Health Chair for 2015-2016 | Ms. Kitty Jung |
| 18. | Election of District Board of Health Vice Chair for 2015-2016 | Ms. Kitty Jung |
| *19. | Staff Reports and Program Updates A. Director, Air Quality Management Program Update – Accela Project Kick-Off, Successful Enforcement Outcome; Divisional Update – Monthly Air Quality Index; Program Reports B. Director, Community and Clinical Health Services Divisional Update, Program Reports C. Director, Environmental Health Services Food, Land Development, Vector-Borne Disease, Waste Management, and EHS Inspections / Permits / Plan Review D. Director, Epidemiology and Public Health Preparedness Communicable Disease, Public Health Preparedness, and Emergency Medical Services and Cross-Jurisdictional Sharing E. District Health Officer, Office of the District Health Officer REMSA/EMS, Ebola Preparedness, Community Health Needs Assessment, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts | Ms. Charlene Albee Mr. Steve Kutz Mr. Robert Sack Dr. Randall Todd Mr. Kevin Dick |
| *20. | Board Comment Limited to announcements or issues for future agendas. | Ms. Kitty Jung |
| 21. | Emergency Items | Mr. Kevin Dick |
| *22. | Public Comment Limited to three (3) minutes per person. No action may be taken. | Ms. Kitty Jung |
| 23. | Adjournment | Ms. Kitty Jung |

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a “\$.”

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV

Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Washoe County Health District Website www.washoecounty.us/health

State of Nevada Website: <https://notice.nv.gov>

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at dspinola@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Washoe County



Health District

Members
Matt Smith, Chair
Kitty Jung, Vice Chair
Dr. Denis Humphreys
Neoma Jardon
Julia Ratti
Dr. George Hess
David Silverman

**Thursday, September 25, 2014
1:00 p.m.**

**Washoe County Administration Complex
Health District South Conference Room
1001 East Ninth Street
Reno, NV**

The Washoe County District Board of Health met in regular session on Thursday, September 25, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order, Pledge of Allegiance

Chair Smith called the meeting to order at 1:02 p.m.

Commissioner Jung led the pledge to the flag.

2. Roll Call

The following members and staff were present:

Members present: Chair Matt Smith
Vice Chair Kitty Jung
Dr. Denis Humphreys
Dr. George Hess
Julia Ratti
David Silverman

Members absent: Neoma Jardon

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
James English, Supervisor, EHS
Dave McNinch, Supervisor, EHS
Anna Heenan, Administrative Health Services Officer, AHS
Randall Todd, DrPH, Director, EPHP
Kelli Goatley-Seals, Health Educator Coordinator, CCHS
Dawn Spinola, Administrative Secretary/Recording Secretary

3. Public Comment

As there was no one wishing to speak, **Chair Smith closed the public comment period.**

4. Approval/Deletions to Agenda

Dr. Humphreys moved to approve the agenda for the September 25, 2014, District Board of Health meeting. Dr. Hess seconded the motion which carried six in favor and none against.

5. Approval of Draft Minutes

Dr. Hess moved to approve the minutes of the August 28, 2014 District Board of Health regular meeting as written. Mr. Silverman seconded the motion which carried six in favor and none against.

6. Recognitions

Presented by Mr. Dick and Chair Smith

A. Years of Service

1. Angela Penny, 10 years, hired 7/15/04 – CCHS
2. Josephina Rivera – 15 years, hired 9/1/1999 – CCHS

Ms. Penny and Ms. Rivera were not in attendance. Mr. Dick acknowledged their years of service.

B. New Hires

1. Alexandria Johnson - Public Service Intern – AQM 8/25/14

Mr. Dick explained that Ms. Johnson was at a class and therefore unable to attend.

2. Mary Clauson – OA II – EPHP (Vitals) 9/8/14

Mr. Dick noted Ms. Clauson was a former employee who had returned.

3. Brantley Hancock – Department System Specialist – AHS 9/8/14

Ms. Heenan said that Mr. Hancock had stood out as the top candidate throughout the interview process and stated that the District is very happy to have him on board.

7. Proclamation

Presented by Mr. Dick and Chair Smith

A. National Preparedness Month

Mr. Dick read the proclamation.

Commissioner Jung moved to adopt the proclamation. Dr. Hess seconded the motion which was approved six in favor and none against.

Mr. Dick noted he would have presented the proclamation to the Preparedness staff but they were busy with a Preparedness exercise.

8. Consent Agenda

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Air Quality Management Cases

Staff Representative: Ms. Albee

1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board
 - a. Nevada Department of Transportation (NDOT) – Case No. 1165, NOV No. 5353

B. Budget Amendments / Interlocal Agreements:

1. Approve Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2014 through December 31, 2014 in the amount of \$335,053 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.
Staff Representative: Ms. Patsy Buxton
2. Approve amendments totaling an increase of \$60,802 in both revenue and expense to the FY15 Ryan White CARE Act Program – Health Education/Risk Reduction Federal Grant Program, IO 11147.
Staff Representative: Ms. Patsy Buxton
3. Approve amendments totaling an increase of \$32,241 in both revenue and expense to the FY15 Ryan White CARE Act Program – Outreach Services Federal Grant Program, IO 11201.
Staff Representative: Ms. Patsy Buxton
4. Retroactive approval of District Health Officer acceptance of an additional \$40,500 as reflected in Subgrant Amendment #3 from the Division of Public and Behavioral Health for the period October 1, 2012 to September 30, 2014 in the amount of \$2,184,496 in support of the Women, Infants and Children (WIC) Program
Staff Representative: Ms. Patsy Buxton

Dr. Humphreys moved to approve the consent agenda as presented. Dr. Hess seconded the motion which was approved six in favor and none against.

9. Regional Emergency Medical Services Authority

Presented by Jim Gubbels, President, REMSA

A. Review and Acceptance of the REMSA Operations Reports for August, 2014

Mr. Gubbels reported Priority One compliance in Zone A was 92 percent. For Zones B, C and D, it was 96 percent.

Average Priority One response times in minutes was 6:06 for Reno, 6:11 for Sparks and 9:07 for Washoe County. Average Priority Two response times in minutes was 6:54 for Reno, 6:51 for Sparks and 10:03 for Washoe County.

Councilmember Ratti moved to accept the REMSA operations report for August 2014. Mr. Silverman seconded the motion which was approved six in favor and none against.

B. Update of REMSA's Community Activities for August, 2014

Mr. Gubbels reported REMSA had had the privilege of hosting the International Roundtable for Community Paramedicine (IRCP). 210 participants from seven countries participated. He opined Community Paramedicine is not localized; it is a movement to change patient care around the world through a collaborative community approach. He encouraged a visit to the IRCP website.

Mr. Gubbels explained the preliminary results of their Community Health Programs were presented and the event had been well-attended by health and business leaders. He pointed out the Executive Summary that had been provided to the Board members (copy attached to minutes) which featured an explanation of the cost savings that had been achieved. He requested the opportunity for REMSA's program director, Brenda Staffan, to make a 10-15 minute presentation to the Board at the October meeting to explain how EMS is being integrated with community health care.

Chair Smith noted he had attended the event and opined the Board would be very interested in having Ms. Staffan present the information.

10. Presentation, Discussion, and Possible Direction to Staff regarding implementation of the opportunities outlined in the ACHIEVE status update

Staff Representative: Ms. Goatley-Seals

Ms. Goatley-Seals thanked the Board for their continued interest in the project. She offered to review it or answer questions.

Dr. Hess noted the suggestion to add staffing and requested clarification. Ms. Goatley-Seals explained the recommendation was for two staff per 100,000 citizens for a total of eight. Currently the program employs two full-time people. Dr. Hess asked how the new staff members might be funded and Ms. Goatley-Seals replied that they have been applying for grants but have so far been unsuccessful.

Mr. Dick pointed out the Chronic Disease (CD) program had come up in the Fundamental Review and he opined it was an area to look at and seek opportunities to expand.

Dr. Hess asked Ms. Goatley-Seals to prioritize the recommendations. She opined staffing would be the most important and the others were of equal value. Dr. Hess suggested that the budget would not accommodate additional staff. Ms. Goatley-Seals explained the program had explored other options such as increased cooperation and partnerships within the District.

Commissioner Jung noted she was not in favor of utilizing benchmarks developed by NACCHO, as Washoe County was unique. She does support the Fundamental Review recommendations. She recommended staff time be dedicated to monitoring the governing

boards and to work with a Board member to meet with the decision makers to explain how important some of these ideas are.

Commissioner Jung noted she had come back from the National Associations of Local Boards of Health annual meeting with the imperative that the county needed a Community Health Assessment. As the funds were not available at the time, the ACHIEVE study was a stopgap. It had identified obesity was the biggest health issue in the county. She had heard that obesity rates had declined in the United States and requested a future Board item describing how Washoe County compares.

Ms. Goatley-Seals stated the program is legislatively mandated to collect height and weight data for children and report BMI, so they have that data available. She could compare Washoe County data with other areas in the state and the country.

Councilmember Ratti agreed with Commissioner Jung regarding the national benchmarks, but opined there was a disconnect between the Health District and the cities when it came to proactive efforts. As a Councilmember, it was challenging to advocate policy changes without more of a relationship between the Health District and the City so the District staff can explain why it would be important. She supported the idea of an ombudsman or liaison. She opined the timing was right to change health policies for the region.

Ms. Goatley-Seals explained things are happening and there are opportunities. The Planning Department has been working with the County Commissioners and just passed an ordinance change to encourage community gardens and better access to food production. Another example was a presentation that was recently made to the Reno City Council to increase pedestrian and bicycle facilities along the Keystone corridor. She opined it would be great to play a larger role and assist facilitation of those types of efforts.

11. Reappointment of Steven Brigman and Michele Dennis to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for three-year terms, acknowledgement of the services of George Georgeson and Bruce MacKay to the Sewage, Wastewater and Sanitation Hearing Board and direction to staff to provide potential appointees for the vacant positions on the SWS Board at the October District Board of Health Meeting

Staff Representative: Mr. English

Mr. English presented the staff report and explained to the Board they were currently recruiting for replacements for the two seats. Recommendations will be presented to the Board for selection at the October meeting.

Dr. Humphreys asked if the individuals who will be reappointed had agreed to that and Mr. English assured him they had.

Commissioner Jung moved to approve. Dr. Humphreys seconded the motion which was approved six in favor and none against.

12. Acknowledgement of the service of Bill Miller to the Food Protection Hearing and Advisory Board (FPHAB) and direction to staff to provide potential appointees for the vacant position on the FP Board at the October District Board of Health Meeting

Staff Representative: Mr. McNinch

Mr. McNinch presented the staff report and noted they were in the process of recruiting for a replacement for the open seat on this Board as well. He emphasized that EHS wished to acknowledge Mr. Miller's service. EHS will be bringing regulation change proposals to the FPHAB prior to presenting them to the DBOH.

Chair Smith stated the Board thanked Mr. Miller for all of the time he had given to the FPHAB.

Councilmember Ratti asked if it was helpful to have a large property represented on the FPHAB. Mr. McNinch stated they would look at that and offered to contact anyone she might have in mind.

Ms. Admirand recommended the Board move that staff proceed with recruitment for the position.

Commissioner Jung moved to approve. Councilmember Ratti seconded the motion which was approved six in favor and none against.

13. Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date August, 2014

Staff Representative: Ms. Heenan

Ms. Heenan provided an overview of the current fiscal status of the Health District.

Commissioner Jung complimented the style of Ms. Heenan's report.

Commissioner Jung stated the employee bonus was the County Commissioner's way of thanking the employees and acknowledging how difficult things have been for the last seven years.

Commissioner Jung asked if the District paid out for compensatory time and Ms. Heenan clarified that all non-management staff are paid out up to 240 hours, which is the same for all county employees. The recent payout was driven by a grandfathered clause under which management previously received that benefit also.

Commissioner Jung moved to approve the report. Councilmember Ratti seconded the motion which was approved six in favor and none against.

14. Discussion and possible direction to staff to bring back a list of fees associated with Health District activities that are not currently on the Fee Schedule for consideration and possible adoption into the current schedule

Staff Representative: Mr. Dick

Mr. Dick explained the staff report contained a list of activities conducted by AQM and EHS that are not currently being charged fees for. Staff believes a proposed fee schedule should be developed, presented to the community for comment and brought back to the Board. This action is consistent with the Fundamental Review recommendation regarding cost recovery. He recognized the efforts of AQM and EHS staff in working to identify the gaps in the fees and compile a comprehensive list to be considered. He noted staff was requesting direction from the

Board to develop the fee schedule and go through the public process so that the final recommendations may be brought back to the Board for consideration.

Chair Smith opined the District should be paid for services it is providing. He stated he would like the staff to compile the recommendations, bring those to the Board for discussion, and then have the public hearings. In the past, the scheduling of the hearings has not allowed the Board enough time to adequately consider what is being recommended.

Dr. Hess noted he was not completely comfortable charging a fee to another tax-supported organization. He asked if that was normal. Mr. Dick explained the School District currently pays fees for asbestos abatement permits. The Counties and Cities also pay for abatement projects.

Ms. Albee explained the dust control fine money going to the school is earmarked by NRS to go to environmental programs for the students.

Mr. Dick noted staff had been directed to find areas where fees were not being charged and could be. He did not want them making policy decisions about who was and who was not going to be charged, that was why the Board had the complete menu. It was the Board's prerogative to create policy.

Chair Smith reiterated he would like to see the recommendations prior to a public hearing. Councilmember Ratti asked if there would be a meeting to receive public input to develop the charges or if they would be developed based on internal formulas and validated at the public hearing. He stated it would be the latter.

Ms. Admirand clarified the fees are typically discussed and voted on at a public hearing, but opined Chair Smith was requesting a non-action item just to introduce the fees and get some initial comments. The public would be invited to speak. Councilmember Ratti noted it was typical to conduct public outreach regarding the fees as well. She clarified with Chair Smith that he would like to have the non-action introduction prior to that.

Dr. Humphreys agreed with this approach, noting at some public hearings in the past they had been surprised by questions about how fees were calculated and not known the answers. Having the info prior to a public hearing and public meetings, they would understand the process so that would not be an issue during the public process.

Chair Smith requested a motion for staff to proceed and bring the recommendations back to the Board for informational purposes.

Dr. Humphreys moved to direct staff to bring back a list of services that are not currently on the fee schedule for Board consideration. Mr. Silverman seconded the motion which passed six in favor and none against.

15. Discussion of Process and Presentation of Evaluation Forms for District Health Officer's Annual Review and Possible Direction to Staff

Staff Representative: Chair Smith

Chair Smith stated he would like the Board to mirror County procedure for annual management reviews. He passed out a list of the people who would be receiving the survey (list and survey attached to minutes). He explained the survey would be sent out, the results graded

and returned to the Board, then a public hearing would be held to conduct the evaluation. If that plan was acceptable to the Board, the motion he would like to receive would be to follow County procedures for the District Health Officer reviews. Mr. Dick stated he would be in agreement with that.

Dr. Hess moved to follow County procedures for the District Health Officer reviews. Councilmember Ratti seconded the motion which passed six in favor and none against.

16. Presentation, Discussion and possible Direction to Staff regarding proposed District Board of Health Orientation Manual and Program (Continued from August 28, 2014 Meeting)

Staff Representative: Mr. Dick

Mr. Dick stated staff was looking for additional input or direction regarding whether the information provided in the manual is correct, if there are other things that could be added or if the proposed program should be altered.

Councilmember Ratti opined the manual should be a living document and that the manual itself and any changes made should not require Board approval. Mr. Dick noted the staff report stated that the information in the Orientation Manual will be updated by the District Health Officer to maintain the currency of the document. It also stated that significant changes to the contents would be brought before the Board for approval.

Mr. Dick clarified with Councilmember Ratti that she was proposing that this agenda item should just be informational. She acknowledged that was correct, but if significant changes are made to the manual and staff feels the Board should see them that would be fine too.

Dr. Hess noted the DVD version was challenging to navigate and suggested a table of contents and page numbers. He suggested an Introduction to Public Health section be included and passed out suggested language.

Councilmember Ratti added that the Board should be able to provide feedback without it being agendaized for a public hearing.

Ms. Admirand opined the agenda item was written broadly enough that the Board did not need to approve the manual. If they preferred, they could give specific direction to update the manual as suggested by Dr. Hess.

Mr. Dick stated the requested changes would be made and suggested any additional materials requested to be included be provided to Ms. Spinola.

No action was taken.

17. Staff Reports and Program Updates

A. Administrative Health Services Officer

Ms. Heenan stated she had nothing to add.

B. Director, Air Quality Management

Ms. Albee provided statistical information on the King Fire. The Air Quality agencies throughout the west have all acknowledged the benefits of social media. Key partners are tied in so they can be informed and ready for impacts.

The recommendations for athletics at the school districts regarding activity levels have been established and distributed. They are being widely used and appreciated.

Chair Smith asked if there was a problem with the monitoring stations and Ms. Albee explained all sites were up, the problem was with the EPA AirNow system nationwide in pushing out the results of the monitoring data.

C. Director, Community and Clinical Health Services

Mr. Kutz stated he had nothing to add to his report. Commissioner Jung asked when the Board members would be receiving their flu shots and he replied that could be done at the October meeting.

D. Director, Environmental Health Services

Mr. McNinch pointed out that next month's EHS report will include the fact that the number of temporary food permits that have been issued through August 2014 is approximately 1,800.

Dr. Hess asked where the Bella Vista Ranch was located and if there was any way to mitigate poor irrigation practices. Mr. McNinch told him it was in Hidden Valley and Mr. Dick stated he had recently received information that he would be discussing with Ms. Admirand regarding what the District's options are when working with them to seek improvements to the irrigation problems.

E. Director, Epidemiology and Public Health Preparedness

Dr. Todd stated he had nothing to add but would be happy to answer any questions.

F. District Health Officer, Office of the District Health Officer

Mr. Dick reported work on the Community Health Needs Assessment continues to move forward and is anticipated to be finished by the end of the year.

The Healthy Communities Conference will be held on January 8, 2015 at the Joe Crowley Student Union at UNR.

Mr. Dick reported he and Mr. English had met with Keep Truckee Meadows Beautiful (KTMB) and TMWA to discuss development of a Truckee River Management Plan. Previously KTMB had shown him and Mr. Sack some of the impacts of people living along the Truckee River. Mr. Sack had suggested it might be beneficial for the Health District to provide funding for the Truckee River Cleanup, that is currently supported with funds provided by TMWA through the Truckee River Fund. Mr. Dick and Mr. English met with KTMB and TMWA regarding supporting the cleanup with the tire fund to allow the Truckee River Fund resources to potentially be used to support the development of a Truckee River Management Plan.

18. Board Comment

Chair Smith noted he would be termed out in December. He requested the October agenda include an item to elect a new Chair and Vice Chair.

Commissioner Jung announced an issue had been brought up at the Board of Fire Commissioners about why REMSA was not considered a payee for dispatch. Information will be forthcoming.

Councilmember Ratti requested the presentation regarding the results of the REMSA community health programs be brought to the Board in October.

19. Emergency Items

None.

20. *Public Comment

None.

21. Adjournment

At 2:20 p.m., Dr. Humphreys moved to adjourn. Dr. Hess seconded the motion which was approved six in favor and none against.

Respectfully submitted,

Kevin Dick, District Health Officer
Secretary to the District Board of Health

Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2014.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: October 23, 2014

DATE: October 8, 2014

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approve the abolishment of one vacant 40 hour-per-week benefited Human Services Support Specialist II position (#70002305)

SUMMARY

It is recommended that the District Board of Health approve the abolishment of one vacant 40-hour-per-week benefited Human Services Support Specialist II position (#70002305).

District Board of Health strategic priority: Be assured that mandates are met and needed services are delivered.

PREVIOUS ACTION

There has been no previous action taken by the Board this fiscal year.

BACKGROUND

The Human Services Support Specialist II position (#70002305) has been vacant since June 29, 2013. The position resides in the Women, Infants, and Children (WIC) program and was funded with federal grant dollars. Currently, there is not sufficient grant funding to support this position and it is anticipated that future funding for this position will not become available. As such, the Washoe County Health District is requesting that this position be removed from the authorized position list effective October 23, 2014.

The WIC program has been unable to serve as many at risk mothers and children as a result of this vacancy. The number of clients served per month decreased by 509. Caseload went from 5,958 to 5,449 clients served per month.

FISCAL IMPACT

Should the Board approve to abolish this position, there will be no additional fiscal impact to the FY15 adopted budget.

RECOMMENDATION

Staff recommends that the District Board of Health approve the abolishment of one vacant 40 hour-per-week benefited Human Services Support Specialist II position (#70002305).

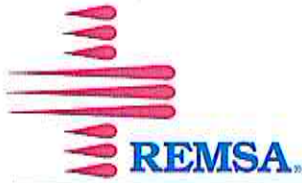
POSSIBLE MOTION

Move to approve the abolishment of one vacant 40 hour-per-week benefited Human Services Support Specialist II position (#70002305).

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2410 FAX (775) 328-3752

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



Regional Emergency Medical Services Authority

REMSA

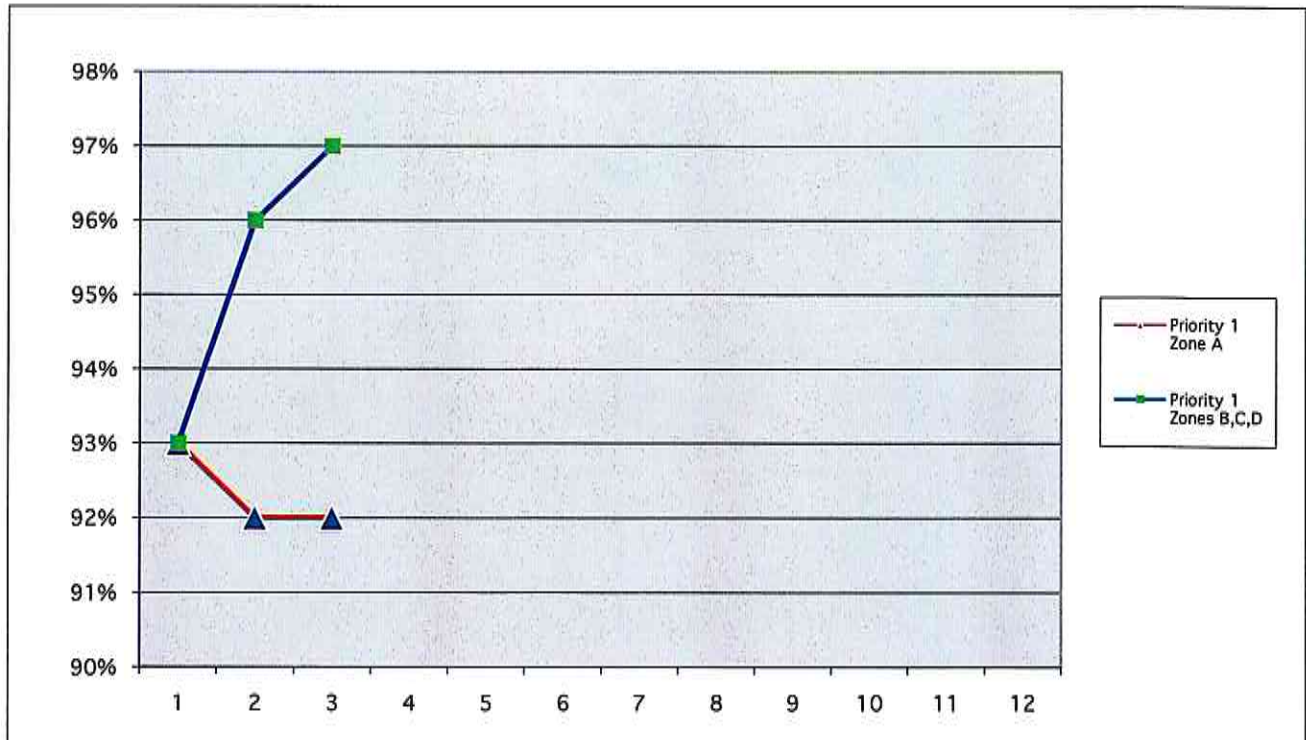
OPERATIONS REPORTS

FOR

SEPTEMBER 2014

Fiscal 2015

| Month | Priority 1 System-Wide Avg. Response Time | Priority 1 Zone A | Priority 1 Zones B,C,D |
|-----------|---|-------------------|------------------------|
| Jul. 2014 | 5 mins. 41 secs. | 93% | 93% |
| Aug. | 5 mins. 58 secs. | 92% | 96% |
| Sept. | 5 mins. 35 secs. | 92% | 97% |
| Oct. | | | |
| Nov. | | | |
| Dec. | | | |
| Jan. 2015 | | | |
| Feb. | | | |
| Mar. | | | |
| Apr. | | | |
| May | | | |
| June 2015 | | | |



September 2014

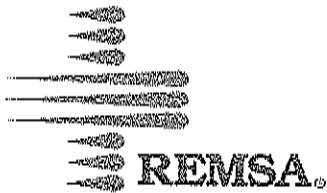
| Average Response Times by Entity | | | |
|----------------------------------|------|--------|---------------|
| Priority | Reno | Sparks | Washoe County |
| P-1 | 5:23 | 6:01 | 10:29 |
| P-2 | 5:54 | 7:02 | 10:19 |

REMSA

Fiscal 2015

| Month | #Patients | Gross Sales | Avg. Bill | YTD Avg. |
|---------------|--------------|---------------------|----------------|----------|
| July 2014 | 3767 | \$4,028,488 | \$1,069 | \$1,069 |
| Aug. | 3965 | \$4,234,791 | \$1,068 | \$1,069 |
| Sept. | 3674 | \$3,942,547 | \$1,073 | \$1,070 |
| Oct. | | | \$0 | \$1,070 |
| Nov. | | | \$0 | \$1,070 |
| Dec. | | | \$0 | \$1,070 |
| Jan. 2015 | | | \$0 | \$1,070 |
| Feb. | | | \$0 | \$1,070 |
| Mar. | | | \$0 | \$1,070 |
| Apr. | | | \$0 | \$1,070 |
| May | | | \$0 | \$1,070 |
| June 2015 | | | \$0 | \$1,070 |
| Totals | 11406 | \$12,205,827 | \$1,070 | |

Allowed ground avg bill - \$1,076.00



GROUND AMBULANCE OPERATIONS REPORT

September 2014

1. OVERALL STATISTICS:

| | |
|---|------|
| Total Number Of System Responses | 5558 |
| Total Number Of Responses In Which No Transport Resulted | 1835 |
| Total Number Of System Transports | 3723 |

2. CALL CLASSIFICATION REPORT:

| | | |
|----------------------------------|-------------------|-----|
| Cardiopulmonary Arrests | | 2% |
| Medical | | 43% |
| OB | | 1% |
| Psychiatric/Behavioral | | 6% |
| Transfers | | 17% |
| Trauma | | 28% |
| | Trauma -- MVA | 8% |
| | Trauma -- Non MVA | 20% |
| Unknown/Other | | 3% |
| Total Number of System Responses | 100% | |

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3109

Total number of above calls receiving QA reviews: 234

Percentage of charts reviewed from the above ALS transports: 8%

Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

| Date | Course Location | Students |
|-----------|----------------------|----------|
| 9/5/2014 | REMSA | 7 |
| 9/7/2014 | EMS CES 911 Training | 2 |
| 9/9/2014 | REMSA | 4 |
| 9/18/2014 | REMSA | 6 |
| 9/19/2014 | EMS CES 911 Training | 3 |
| 9/22/2014 | REMSA | 3 |

Advanced Cardiac Life Support Recert

| Date | Course Location | Students |
|-----------|-------------------------------|----------|
| 7/23/2014 | Tahoe Pacific Hospital | 1 |
| 8/19/2014 | Humboldt General Hospital | 1 |
| 9/4/2014 | Tahoe Forest Hospital - REMSA | 16 |
| 9/10/2014 | Eastern Plumas Healthcare | 4 |
| 9/11/2014 | EMS CES 911 Training | 1 |
| 9/16/2014 | EMS CES 911 Training | 2 |
| 9/17/2014 | REMSA | 6 |
| 9/20/2014 | REMSA | 4 |
| 9/23/2014 | Renown Hospitalist - REMSA | 9 |
| 9/23/2014 | David Larivee | 5 |

| | | |
|-----------|--------------------------------------|----|
| 9/24/2014 | David Larivee | 2 |
| 9/25/2014 | EMS CES 911 Training | 2 |
| 9/28/2014 | EMS CES 911 Training | 1 |
| 9/29/2014 | REMSA | 12 |
| 9/29/2014 | Saint Mary's Regional Medical Center | 6 |
| 9/30/2014 | Renown Hospitalist - REMSA | 10 |
| 9/30/2014 | EMS CES 911 Training | 1 |

Advanced Cardiac Life Support Skills

| Date | Course Location | Students |
|-----------|-----------------------------------|----------|
| 7/17/2014 | Tahoe Pacific Hospital | 1 |
| 7/30/2014 | Tahoe Douglas Fire Department | 1 |
| 9/3/2014 | REMSA | 1 |
| 9/30/2014 | Sierra Neurosurgery Group - REMSA | 5 |

Advanced Cardiac Life Support Prep Course

| Date | Course Location | Students |
|----------|-----------------|----------|
| 9/2/2014 | REMSA | 4 |

EMPACT

| Date | Course Location | Students |
|-----------|-----------------|----------|
| 9/26/2014 | REMSA | 7 |

Bloodborne Pathogen

| Date | Course Location | Students |
|-----------|---------------------------------|----------|
| 9/12/2014 | JC Penny's Distribution - REMSA | 5 |
| 9/16/2014 | JC Penny's Distribution - REMSA | 5 |
| 9/17/2014 | JC Penny's Distribution - REMSA | 7 |

| | | |
|-----------|----------|---|
| 9/18/2014 | ABC Fire | 9 |
|-----------|----------|---|

Health Care Provider CPR

| Date | Course Location | Students |
|-----------|-----------------------------------|----------|
| 8/27/2014 | Riggs Ambulance | 11 |
| 8/31/2014 | Shelly White | 2 |
| 9/1/2014 | EMS CES 911 Training | 1 |
| 9/2/2014 | ConAgra Foods - REMSA | 1 |
| 9/2/2014 | REMSA | 4 |
| 9/2/2014 | Eastern Plumas Healthcare | 1 |
| 9/3/2014 | Jennifer Kraushaar | 2 |
| 9/3/2014 | Milan Institute | 15 |
| 9/4/2014 | REMSA | 7 |
| 9/4/2014 | Colleen Duran | 20 |
| 9/4/2014 | Silver Legacy | 5 |
| 9/4/2014 | Colleen Duran | 3 |
| 9/5/2014 | Josh Duffy | 1 |
| 9/5/2014 | CPR 1st Aid Training | 1 |
| 9/5/2014 | Career College of Northern Nevada | 14 |
| 9/6/2014 | Riggs Ambulance | 3 |
| 9/7/2014 | EMS CES 911 Training | 1 |
| 9/8/2014 | CPR Plus | 7 |
| 9/8/2014 | CPR Plus | 9 |
| 9/8/2014 | Milan Institute | 17 |
| 9/9/2014 | EMS CES 911 Training | 1 |
| 9/10/2014 | Washoe County School District | 4 |
| 9/10/2014 | Milan Institute | 8 |

| | | |
|-----------|-----------------------------------|----|
| 9/11/2014 | CPR Plus | 4 |
| 9/11/2014 | CPR Plus | 5 |
| 9/11/2014 | Lander County Community Health | 4 |
| 9/12/2014 | Jennifer Kraushaar | 3 |
| 9/12/2014 | Alexandra Worsnop | 1 |
| 9/13/2014 | Wendover Ambulance Service | 3 |
| 9/13/2014 | Nye County Sheriff's Office | 11 |
| 9/13/2014 | REMSA | 7 |
| 9/13/2014 | REMSA | 1 |
| 9/15/2014 | EMS CES 911 Training | 1 |
| 9/15/2014 | Health Science Academy | 3 |
| 9/17/2014 | REMSA | 5 |
| 9/18/2014 | Health Science Academy | 8 |
| 9/19/2014 | Career College of Northern Nevada | 8 |
| 9/19/2014 | REMSA | 8 |
| 9/21/2014 | EMS CES 911 Training | 5 |
| 9/21/2014 | Lawrence Smith | 1 |
| 9/21/2014 | Fresenius Medical | 5 |
| 9/22/2014 | EMS CES 911 Training | 1 |
| 9/22/2014 | REMSA | 9 |
| 9/22/2014 | Milan Institute | 23 |
| 9/22/2014 | Nye County Sheriff's Office | 5 |
| 9/22/2014 | Milan Institute | 14 |
| 9/23/2014 | EMS CES 911 Training | 4 |
| 9/23/2014 | Riggs Ambulance | 2 |
| 9/24/2014 | REMSA | 7 |

| | | |
|-----------|----------------------------------|----|
| 9/25/2014 | Sandy Snider | 1 |
| 9/25/2014 | Carlin Volunteer Fire Department | 2 |
| 9/25/2014 | EMS CES 911 Training | 2 |
| 9/26/2014 | Nevada Air Guard | 7 |
| 9/27/2014 | Nampa Fire Department | 12 |
| 9/29/2014 | Barrick Goldstrike | 4 |
| 9/30/2014 | REMSA | 6 |

Health Care Provider Employee

| Date | Course Location | Students |
|-----------|-----------------|----------|
| 9/17/2014 | REMSA | 1 |
| 9/22/2014 | REMSA | 1 |
| 9/24/2014 | REMSA | 1 |
| 9/30/2014 | REMSA | 1 |
| 9/30/2014 | REMSA | 1 |

Health Care Provider Recert

| Date | Course Location | Students |
|-----------|-------------------------------|----------|
| 8/19/2014 | Washoe County School District | 3 |
| 9/2/2014 | ConAgra Foods - REMSA | 12 |
| 9/5/2014 | REMSA | 1 |
| 9/8/2014 | REMSA | 3 |
| 9/9/2014 | REMSA | 5 |
| 9/11/2014 | REMSA | 6 |
| 9/11/2014 | Eastern Plumas Healthcare | 8 |
| 9/11/2014 | Nampa Fire Department | 2 |
| 9/11/2014 | Elko Fire Department | 10 |

| | | |
|-----------|----------------------------|----|
| 9/11/2014 | Alex MacLennan | 6 |
| 9/12/2014 | REMSA | 2 |
| 9/15/2014 | EMS CES 911 Training | 1 |
| 9/16/2014 | Tahoe Forest Hospital | 12 |
| 9/18/2014 | Regent Care Center Reno | 2 |
| 9/18/2014 | REMSA | 9 |
| 9/20/2014 | REMSA | 9 |
| 9/23/2014 | REMSA | 8 |
| 9/23/2014 | Renown Hospitalist - REMSA | 9 |
| 9/23/2014 | Janesville Fire Department | 8 |
| 9/24/2014 | EMS CES 911 Training | 6 |
| 9/24/2014 | EMS CES 911 Training | 6 |
| 9/25/2014 | REMSA | 5 |
| 9/25/2014 | Concentra - REMSA | 11 |
| 9/26/2014 | REMSA | 8 |
| 9/29/2014 | REMSA | 8 |
| 9/29/2014 | EMS CES 911 Training | 3 |
| 9/30/2014 | Renown Hospitalist - REMSA | 10 |

Health Care Provider Skills

| Date | Course Location | Students |
|-----------|----------------------------------|----------|
| 8/19/2014 | Nevada Department of Corrections | 3 |
| 8/27/2014 | Willow Springs Center | 1 |
| 8/27/2014 | Tahoe Forest Hospital | 1 |
| 8/27/2014 | Willow Springs Center | 1 |
| 9/2/2014 | Majen | 1 |

| | | |
|-----------|----------------------------------|----|
| 9/2/2014 | Tahoe Pacific Hospital | 1 |
| 9/2/2014 | REMSA | 2 |
| 9/4/2014 | Peggy Drussel | 2 |
| 9/4/2014 | Tahoe Forest Hospital | 1 |
| 9/4/2014 | Tahoe Forest Hospital | 2 |
| 9/10/2014 | Nevada Department of Corrections | 5 |
| 9/12/2014 | Tahoe Forest Hospital | 1 |
| 9/16/2014 | Tahoe Forest Hospital | 1 |
| 9/16/2014 | Tahoe Forest Hospital | 2 |
| 9/23/2014 | Tahoe Forest Hospital | 1 |
| 9/24/2014 | Willow Springs Center | 13 |
| 9/24/2014 | Tahoe Forest Hospital | 1 |
| 9/25/2014 | Majen | 1 |
| 9/25/2014 | Benu Clark | 1 |
| 9/25/2014 | Tahoe Forest Hospital | 1 |
| 9/26/2014 | Riggs Ambulance | 1 |
| 9/29/2014 | Majen | 1 |
| 9/29/2014 | Majen | 6 |
| 9/29/2014 | Tahoe Forest Hospital | 1 |
| 9/30/2014 | Willow Springs Center | 1 |
| 9/30/2014 | Tahoe Forest Hospital | 1 |

Heart Saver CPR/AED

| Date | Course Location | Students |
|-----------|-------------------------------|----------|
| 7/26/2014 | Washoe County School District | 3 |
| 8/6/2014 | Washoe County School District | 3 |
| 8/7/2014 | Washoe County School District | 3 |

| | | |
|-----------|--|----|
| 8/12/2014 | Washoe County School District | 6 |
| 8/13/2014 | Washoe County School District | 6 |
| 8/16/2014 | Washoe County School District | 4 |
| 8/18/2014 | Washoe County School District | 6 |
| 8/20/2014 | Washoe County School District | 5 |
| 8/20/2014 | Patagonia | 1 |
| 8/21/2014 | Washoe County School District | 3 |
| 8/23/2014 | Washoe County School District | 6 |
| 9/2/2014 | EMS CES 911 Training | 1 |
| 9/3/2014 | UNR EHS | 10 |
| 9/4/2014 | UNR EHS | 11 |
| 9/4/2014 | UNR EHS | 15 |
| 9/4/2014 | Washoe County School District | 4 |
| 9/5/2014 | Sierra Nevada Job Corps | 12 |
| 9/5/2014 | The Children's Cabinet - REMSA | 8 |
| 9/6/2014 | Elko County School District | 10 |
| 9/6/2014 | Washoe County School District | 6 |
| 9/8/2014 | Washoe County School District | 6 |
| 9/9/2014 | Washoe County School District | 3 |
| 9/10/2014 | REMSA | 7 |
| 9/10/2014 | iHeart Elko, Inc. | 6 |
| 9/10/2014 | iHeart Elko, Inc. | 6 |
| 9/10/2014 | Washoe County School District | 6 |
| 9/13/2014 | Washoe County School District | 6 |
| 9/13/2014 | Shephard of the Mountain Lutheran Church - REMSA | 15 |
| 9/15/2014 | UNR EHS | 8 |
| 9/22/2014 | Jennifer Kraushaar | 17 |

| | | |
|-----------|-------------------------------|---|
| 9/24/2014 | Washoe County School District | 4 |
| 9/24/2014 | Elko County School District | 9 |
| 9/24/2014 | Elko County School District | 4 |
| 9/25/2014 | Washoe County School District | 5 |
| 9/26/2014 | REMSA | 2 |
| 9/27/2014 | REMSA | 9 |
| 9/29/2014 | Washoe County School District | 4 |

Heart Saver CPR/First Aid

| Date | Course Location | Students |
|-----------|-------------------------------------|----------|
| 7/19/2014 | Lander County Community Health | 1 |
| 7/20/2014 | Atlantis Security | 3 |
| 8/18/2014 | Elko County School District | 5 |
| 8/19/2014 | Nevada Department of Corrections | 25 |
| 8/19/2014 | Patagonia | 4 |
| 8/21/2014 | Patagonia | 4 |
| 9/2/2014 | EMS CES 911 Training | 2 |
| 9/4/2014 | Majen | 3 |
| 9/4/2014 | Sierra Army Depot Training Division | 8 |
| 9/5/2014 | Pacific Coast Flange - REMSA | 6 |
| 9/6/2014 | REMSA | 8 |
| 9/8/2014 | Kenneth Cohen | 18 |
| 9/9/2014 | EMS CES 911 Training | 1 |
| 9/9/2014 | Majen | 7 |
| 9/9/2014 | Susan Phillips | 4 |
| 9/9/2014 | Susan Phillips | 4 |
| 9/10/2014 | Majen | 9 |

| | | |
|-----------|-------------------------------------|----|
| 9/10/2014 | Amazon Quidsi | 4 |
| 9/11/2014 | Nampa Fire Department | 1 |
| 9/12/2014 | Sierra Nevada Job Corps | 11 |
| 9/12/2014 | Pacific Coast Flange - REMSA | 5 |
| 9/12/2014 | JC Penny's Distribution - REMSA | 5 |
| 9/13/2014 | UNR EHS | 1 |
| 9/15/2014 | Sierra Nevada Job Corps | 1 |
| 9/16/2014 | Majen | 16 |
| 9/16/2014 | JC Penny's Distribution - REMSA | 5 |
| 9/16/2014 | EMS CES 911 Training | 1 |
| 9/16/2014 | Nampa Fire Department | 6 |
| 9/16/2014 | Susan Phillips | 3 |
| 9/16/2014 | Susan Phillips | 4 |
| 9/17/2014 | JC Penny's Distribution - REMSA | 7 |
| 9/20/2014 | REMSA | 9 |
| 9/21/2014 | Nevada Air Guard | 5 |
| 9/22/2014 | Elko County School District | 18 |
| 9/22/2014 | Sierra Nevada Job Corps | 1 |
| 9/23/2014 | Majen | 3 |
| 9/23/2014 | Community Living Options | 2 |
| 9/24/2014 | Majen | 20 |
| 9/24/2014 | Majen | 9 |
| 9/25/2014 | Newmont Mines | 13 |
| 9/26/2014 | Amazon | 2 |
| 9/26/2014 | Sierra Nevada Job Corps | 9 |
| 9/26/2014 | Sierra Army Depot Training Division | 5 |

| | | |
|-----------|------------------------------------|----|
| 9/27/2014 | Laura Stout | 4 |
| 9/28/2014 | UNR Circle K International - REMSA | 12 |

Heart Saver CPR/AED Skills

| Date | Course Location | Students |
|-----------|-----------------------------|----------|
| 8/28/2014 | Elko County School District | 1 |
| 9/23/2014 | EMS CES 911 Training | 1 |

Heart Saver First Aid

| Date | Course Location | Students |
|-----------|--|----------|
| 7/8/2014 | EMS CES 911 Training | 1 |
| 7/19/2014 | Lander County Community Health | 1 |
| 8/26/2014 | Washoe County School District | 6 |
| 8/28/2014 | Milan Institute | 8 |
| 9/2/2014 | Saint Mary's Regional Medical Center - REMSA | 7 |
| 9/2/2014 | Saint Mary's Regional Medical Center - REMSA | 4 |
| 9/3/2014 | Saint Mary's Regional Medical Center - REMSA | 2 |
| 9/3/2014 | Saint Mary's Regional Medical Center - REMSA | 3 |
| 9/4/2014 | Saint Mary's Regional Medical Center - REMSA | 4 |
| 9/4/2014 | Milan Institute | 16 |
| 9/5/2014 | Career College of Northern Nevada | 13 |
| 9/8/2014 | Saint Mary's Regional Medical Center - REMSA | 5 |
| 9/9/2014 | Saint Mary's Regional Medical Center - REMSA | 2 |
| 9/9/2014 | Majen | 1 |
| 9/9/2014 | Milan Institute | 18 |
| 9/11/2014 | Washoe County School District | 5 |
| 9/11/2014 | Patagonia | 8 |

| | | |
|-----------|--|----|
| 9/15/2014 | Saint Mary's Regional Medical Center - REMSA | 6 |
| 9/15/2014 | Saint Mary's Regional Medical Center - REMSA | 8 |
| 9/16/2014 | EMS CES 911 Training | 1 |
| 9/23/2014 | Milan Institute | 24 |
| 9/23/2014 | Milan Institute | 15 |
| 9/24/2014 | Majen | 1 |
| 9/25/2014 | Washoe County School District | 3 |

Heart Saver CPR/AED – Spanish

| Date | Course Location | Students |
|-----------|--------------------------|----------|
| 9/4/2014 | Barrick Pueblo Viejo MTC | 8 |
| 9/15/2014 | REMSA | 2 |

Heart Saver CPR/AED/ First Aid – Spanish

| Date | Course Location | Students |
|-----------|-----------------|----------|
| 9/15/2014 | REMSA | 1 |

Heart Saver Pediatric First Aid / CPR

| Date | Course Location | Students |
|-----------|---------------------------|----------|
| 9/6/2014 | Alex MacLennan | 7 |
| 9/13/2014 | REMSA | 6 |
| 9/20/2014 | Eastern Plumas Healthcare | 6 |
| 9/20/2014 | Jennifer Kraushaar | 8 |
| 9/22/2014 | Jennifer Kraushaar | 12 |

Pediatric Advanced Life Support

| Date | Course Location | Students |
|-----------|--|----------|
| 9/18/2014 | Reno Orthopedic Surgery Center - REMSA | 6 |
| 9/23/2014 | Chad Midgley | 1 |

Pediatric Advanced Life Support Recert

| Date | Course Location | Students |
|-----------|----------------------|----------|
| 9/2/2014 | EMS CES 911 Training | 2 |
| 9/3/2014 | REMSA | 3 |
| 9/7/2014 | Casey Quinlan | 4 |
| 9/10/2014 | EMS CES 911 Training | 4 |
| 9/14/2014 | EMS CES 911 Training | 1 |
| 9/23/2014 | David Larivee | 5 |
| 9/24/2014 | EMS CES 911 Training | 3 |
| 9/24/2014 | EMS CES 911 Training | 3 |
| 9/25/2014 | REMSA | 5 |
| 9/25/2014 | David Larivee | 3 |
| 9/28/2014 | EMS CES 911 Training | 3 |
| 9/30/2014 | REMSA | 1 |

CE Courses

| Date | Course Location | Students |
|---------|--|----------|
| 9/11/14 | REMSA - Management of T1 Burst fractures | 18 |

Ongoing Courses

| Date | Course Description / Location | Students |
|---------|-------------------------------|----------|
| 7/15/14 | REMSA Education - EMT | 23 |
| 8/11/14 | REMSA Education - EMT | 36 |
| 2/1/14 | REMSA Education - Paramedic | 13 |
| 8/26/13 | REMSA Education - Paramedic | 14 |

| | | |
|----------------------------|--|------|
| Total Students This Report | | 1575 |
|----------------------------|--|------|

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

| Date | Description | Attending |
|---------|---|------------------------|
| 9/13/14 | Child Safety Seat Checkpoint to kick off Child Passenger Safety Week, Baby Depot at Burlington Coat Factory, Reno; 16 cars and 18 seats inspected. | 15 volunteers, 4 staff |
| 9/20/14 | Seat Check Saturday Child Safety Seat Checkpoint in observance of Child Passenger Safety Week, hosted by Allstate agent Ramie Pratt, 2321 Kietzke Lane, Reno; 11 cars and 16 seats inspected. | 15 volunteers, 3 staff |
| 9/30/14 | Statewide Child Passenger Safety Advisory Board Meeting | 1 staff |

Northern Nevada Fitting Station Project

| Date | Description | Attending |
|------|---|-----------------------|
| | Fitting Station partners special meeting, Renown. | 1 staff, 3 volunteers |
| | Fitting Station partners special meeting, REMSA. | 6 volunteers |

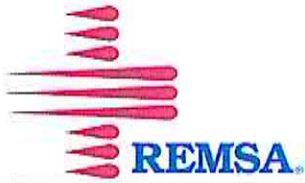
Safe Kids Washoe County

| Date | Description | Attending |
|---------|---|------------------------|
| 9/2/14 | 2014 Nevada Health Conference Planning meeting, Reno. | 1 staff |
| 9/9/14 | Mini Golf Tournament subcommittee meeting, Sparks. | 6 volunteers |
| 9/9/14 | Safe Kids Coalition monthly meeting, Sparks. | 15 volunteers, 1 staff |
| 9/10/14 | Cribs for Kids with Maternal Child Health meets with Life Change Center, Reno. | 1 staff |
| 9/11/14 | Chronic Disease Coalition quarterly meeting, Reno. | 1 staff |
| 9/15/14 | Northern Nevada Maternal and Child Health coalition monthly meeting, Reno. | 1 staff |
| 9/17/14 | Walk This Way conference call. | 1 staff |
| 9/18/14 | Washoe County Healthy Living Forum, Reno. Safe Kids Washoe County co-sponsored. | 1 staff |

| | | |
|------------|--|---------------------------------------|
| 9/18/14 | Robert Mitchell Walk This Way subcommittee meeting, Sparks. | 1 volunteer, 1 staff |
| 9/18-21/14 | Cribs for Kids attends Just Between Friends consignment sale for Mommies, babies, and children, Reno. | 1 staff |
| 9/23/14 | Esther Bennett Elementary School Safety Committee meeting, Sun Valley. | 8 volunteers, 1 staff |
| 9/25/14 | Mini Golf Tournament subcommittee meeting, REMSA. | 6 volunteers, 1 staff |
| 9/27/14 | 6th Annual Safe Kids Have a Ball Miniature Golf Tournament Fundraiser, Sparks. We raised more than \$9,000 for our programs. | 11 volunteers, 180 participants |
| 9/29/14 | Walk This Way pedestrian safety assemblies at Esther Bennett Elementary School, Sun Valley. | 17 volunteers, 1 staff, 560 attendees |

Public Relations

| Date | Description | Attending |
|-----------------|--|-----------|
| 9/17/14 | Interview with KOLO Channel 8 on Child Passenger Safety Week | 1 staff |
| 9/2/14 - 9/5/14 | International Roundtable on Community Paramedicine Conference, Reno. | 1 staff |
| 9/10/14 | Washoe County Crossroads open house, Reno. | 1 staff |
| 9/12/14 | Art of Childhood Children's Cabinet dinner, Carson City. | 1 staff |
| 9/13/14 | Story by KTVN Channel 2 on Point of Impact checkpoint. | |
| 9/20/14 | Story by KRNV Channel 4 on Point of Impact checkpoint. | |
| 9/20/14 | Reno Gazette Journal Winner's Column from SWAG/Blue Moon listing Safe Kids Washoe County as a grantee. | |
| 9/21/14 | REMSA donated 1500 Mini Medi Files to Rotary Club of Reno, Sunrise for their annual Edible Pedal ride. | |



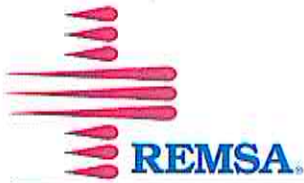
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
SEPTEMBER 2014**

INQUIRIES

September 2014

There were no inquiries in the month of September.



Regional Emergency Medical Services Authority

**CUSTOMER SERVICE
FOR
SEPTEMBER 2014**

GROUND AMBULANCE CUSTOMER COMMENTS SEPTEMBER 2014

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|----|---|---|---|
| 1 | Everything. | Nothing. | Your services have always been exemplary. My husband was always taken care of perfectly. He is now deceased but I would be honored to put myself in the hands of your staff. Thank you. |
| 2 | Everything. | Nothing. | You people are great. |
| 3 | Everything! Even though my husband died, the paramedics were wonderful. Thank you. | | |
| 4 | You told me what was going on at the time. | | Just keep on doing what you do. |
| 5 | Got me to the hospital. | | I don't remember the trip. |
| 6 | Everybody was very calming. | | |
| 7 | You were great. Nothing, everything was great. | | |
| 8 | EVERYTHING! Thank you. | | |
| 9 | Everything. They kept me calm when I was terrified. | Nothing. | |
| 10 | Response time - very respectful. | | |
| 11 | Timely arrival - well mannered. | | |
| 12 | The driver & attendant were kind & caring & funny & made me feel very at ease. | | I had hoped to never have to be transported by ambulance but the experience was actually pleasant & if I had not been in pain, enjoyable. Thank you! |
| 13 | The whole staff was very friendly & courteous. | Keep hiring friendly & professional personnel. | They made me feel comfortable. |
| 14 | As far as I know, your crew did an excellent job. They were quick and checked me over & lifted me up on my feet. I had fallen. | Be a little faster with the bills. The second trip the firemen put me in the REMSA and they delivered me to the hospital. | Since this incident, I had to have their help again and they arrived behind the firemen & took me to the hosp. |
| 15 | Very helpful and communicative. | Did everything right. | N/A |
| 16 | Thank you for being so kind to me during an extremely difficult time. | I was treated with dignity & respect - the staff was excellent. | |
| 17 | Transport. | Nothing. | |
| 18 | Everything. | Everything was great. | |
| 19 | Constant care. | | Speedy but also very professional. |
| 20 | Handled my wife very good. | | |
| 21 | Everything! All was most helpful. Thank you again! | | |
| 22 | All fine. | ? | |
| 23 | You helped us to keep my mom with us as long as possible. | Please forgive any outstanding balances, mom was poor and she passed away. | Everyone was very kind and helpful, always. |
| 24 | Response time was excellent - waiting at airport before we even completed landing - | | |
| 25 | Response time was excellent - at airport waiting as we landed - | | |
| 26 | Everything was very careful of movement and making me comfortable enroute to Renown. | | |
| 27 | Everything! The two young men that took care of me were awesome. I wish I knew their names so I could thank them. I was in so much pain and they took care of that right away and put me at ease! Thanks, guys. | | You were professional and concerned about me the second you came in my door. I felt safe and loved. |
| 28 | Professional, competent, attentive. | Maintain the excellent service to our community. | |
| 29 | Crew quick and efficient - continually spoke to me about what they were doing. | | |
| 30 | Communicated w/my father-in-law (pt) in a way that which made him at ease & comfortable. | | We've had multiple opportunities to interact w/REMSA staff/EMS and have been pleased each time. |
| 31 | Timely. | I was bruised very badly by the folks who loaded me. | |
| 32 | I was unconscious when they picked up! Don't remember anything! | | |
| 33 | Listened to me and were patient. | Nothing. | |
| 34 | All of it. Everyone was polite & efficient. I will use your co. anytime I need it. Thank you. | Not a thing. | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|----|---|---|--|
| 35 | Made my mother feel related and felt well cared for - good communication with her, as she was alone. Thank you. | | |
| 36 | Get there in a hurry. | | |
| 37 | Everything! | Have no complaints! | I trust & value you! |
| 38 | Your staff was very nice and friendly. | Lock my front door. | They made my mother feel very comfortable in an emergency. She LOVES REMSA Thank you! (daughter) |
| 39 | What good does it do if you dispatch well, professional, communicate, but (2) people can't lift the patient to get them to the hospital? | Make sure the fire department comes as my husband had acute renal failure (big guy) my neighbor & daughter had to help lift my husband. It was awful. Took a lot of tries!!! Thank you. | When it is a big person, there needs to be enough help! |
| 40 | Very good ride. | | |
| 41 | Good service. | | |
| 42 | The staff made sure that I got the medical attention needed and patient care. | Continue to give the best patient care and good service. | No comment. |
| 43 | Kept me calm, made me feel safe. | N/A | I never got a bill. How do I go about paying for the ambulance? |
| 44 | Calm me down. | | |
| 45 | Your staff was professional throughout the entire time. | | The EMTs were great! They didn't push us aside, but explained everything. |
| 46 | Diagnosed problem quickly. | | |
| 47 | They effectively processed our request for service and this service arrived quickly. | N/A | |
| 48 | Prompt, courteous, concerned. Could not have been better. | Nothing. | Many thanks. |
| 49 | Got me to the hospital in a timely manner. | | |
| 50 | Everything. | | Great as always. |
| 51 | Everything. | | |
| 52 | Prompt, professional. | ? | |
| 53 | The crew helped me relax, we even laughed. Couldn't have been better. | | |
| 54 | Made my trip to hospital relaxed & comfortable. | Everything was fine. | Good care as usual. |
| 55 | Getting me to the hospital in a short time - giving me oxygen. | Nothing different. Good job. | |
| 56 | Best care I have received during ER visit out of many in past 2 years. | | |
| 57 | All of it. | You do a wonderful job as it is. | Were very helpful, friendly & so on. |
| 58 | Everything!! | You did a fine job - very helpfull | |
| 59 | They communicated well. | Could have put a blanket on. | |
| 60 | Very professional and made the trip worry free. | No improvements I can think of. | I believe the techs went above board to make me feel relaxed. |
| 61 | Nurses and doctors were very helpful. | I was very pleased overall. | No other concerns, excellent care! |
| 62 | Giving first aid, to save life. | | Awesome. |
| 63 | Knowledgeable & friendly. Answered all our questions. Explained what they were doing and why. | Already doing fine. | Helpful. Put us at ease. |
| 64 | Everything. | Can't think anything. | We have used REMSA quite a few time, and always with your service. |
| 65 | Rapid response, excellent service in home & ambulance - crew showed real concern & competence. | Nothing except to send me their names so I can write a thank you. | |
| 66 | Our daughter 21 mos was very well cared for by the crew and were professional & explanatory of the situation. | May some toys in ambulance. | Appreciate their service. Thank you. |
| 67 | Everything. | Air in the back of the plane. | |
| 68 | Exceptional, professional service as usual - the team was outstanding. Thank you! | Nothing - All medical needs were legendary - What data is available for annual fee on REMSA 1 yr plan? I never hear about it? | Consistently more than once were outstanding. |
| 69 | Everything, they kept me informed. They were great. All of them. Even when I had to be transferred to another ambulance when the first one got hot. | Nothing. | Your staff was professional. Great bedside manner. They are KEEPERS! The world could use more people like them. Even my contact in billing. I have not received my bill. |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|----|--|---|--|
| 70 | | One of the EMTs said this is not a taxi. I was in an emergency. I was hurting physically & mentally! I didn't appreciate it! | |
| 71 | | | My husband was transported from the nursing home to the hospital. |
| 72 | I wasn't aware what was going on around me till I woke up at Renown. | I can't answer that, but I truly think you serve to the best of your ability. | |
| 73 | I didn't want to go back to the hospital but my nurse called ambulance. The guy, when I asked to go tinkle said we need to get you to the hospital now. He was right. After 4 hospital calls in 1 mo. they have so I'm having open heart surgery 9/18/14 to replace aorta valves. My heart's great. Praise God valve is not. The guy apologized for not letting me go. He said my life's more important. Really nice guy in the ambulance. I really liked him. They take great care of me. | You guys are great. Treat me good every time. | |
| 74 | Everything was handle well. | Nothing. Very well done. | Service was wonderful. |
| 75 | All went well. Thank you. | | |
| 76 | Gave some excellent advice on what I should ask for at the ER concerning my mother's mental statis. | | |
| 77 | Ambulance drivers professional & friendly & competent. | Nothing. | |
| 78 | The care was excellent! Thank you to everyone! | | |
| 79 | Take care of my problem. | | |
| 80 | Everything! Dispatcher - very helpful & kind. Personnel - reassuring & comforting. | Just keep up your excellent work. | Paramedic reassured me I did the right thing to call RESMA. My deep appreciation & gratitude & heartfelt thanks to the paramedic. |
| 81 | Arrived very quickly to the location, and communicated well with the family. | Nothing. | Everything was great. |
| 82 | Everyone was extremely kind and professional. | | |
| 83 | They were wonderful! They started an IV as soon as I got in the ambulance. | Nothing. They did it all perfectly. | |
| 84 | Assist very promptly. | Just be as you were. | Caring was excellent. Services I would not change anything, crews were very helpful. |
| 85 | Came to help at the casino where I became ill; were very capable & professional. | | The medics were great about communicating with me & my husband. |
| 86 | Treated me with respect & dignity in spite of me being on Medicaid & having to make at least 5-6 trips to my house. | Nothing, really. I keep having seizures but am scared to seek anymore medical attention for fear of being discarded by ER staff. | No, I just don't know what to do for my seizures & ongoing migraines. My neurologist appointment is on Sep. 9th. You are more than welcome to contact me, if you have any questions regarding my answers. I appreciate everything that REMSA has done for me. Thank you for providing top knotch service to me & all other patiens. Sincerely. |
| 87 | EMTs were friendly and courteous. Both were small ladies. I'm 6'5 260 lbs and one of them got me up and onto the gurney. | Nothing. | |
| 88 | Great communication! Knowledgeable, friendly, & went the extra mile to be accomodating. | - | Thankful for you! |
| 89 | Prompt service. | | They were fine. |
| 90 | Putting me & my family at easy. | | |
| 91 | Service in general. The ride could be so somber, but it wasn't. | | |
| 92 | Overall, very helpful. | | |
| 93 | Monitor my vitals. | I asked to be taken to the hospital. Instead they took about 10-15 minutes assessing me. There were three staff. One could have driven me while the others monitored me to the hospital. When I asked to be taken to hospital - one guy said wait we have to do a few things first. Like I said, one guy could have driven while the other two checked on me. I could have been having a heart attack and needed to get to hospital fast! | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|---|---|
| 94 | Got me to the hospital. They seemed (all 3 guys) were in a rush. I was in carefully. (Personnel helpful? - Not really. They seemed stressed.) | PR skills! I realize they service very traumatizing situations, but they can be a little more cheerful. | Keep up the good work! |
| 95 | Ambulance EMTs were very professional and explained conditions very well. | | |
| 96 | Were courtesie and professional and the ride was swift. | Do not know what could be done better. | |
| 97 | The girls were extremely helpful getting me there. | Hopefully, not happening again. | Everyone was very helpful. |
| 98 | Everything. | You guys are awesome, they were very helpful in calming me down. | |
| 99 | It was very brief, transfer from VA to Renown. | To much indifference. Communicate better with patient. | I know you folks are busy. Just a smile. |
| 100 | I, the patient's mother, believe everything was great! | N/A | |
| 101 | The calm, efficiency of the crew was MOST reassuring! | Nothing needed! | |
| 102 | Everyone was so very helpful and I don't think I would be writing this if it wasn't for their help. | | I couldn't have had better help. thank you all so much again. |
| 103 | The young man showed concern - very polite - gave good care. Focused on my care, not other things. | | |
| 104 | Your staff is always caring & gentle. Wonderful. | | |
| 105 | You were very kind and helpful, you were patient and very careful. | You are doing great! Stay as you are. | |
| 106 | They guys that came were very professional, yet compassionate. | | |
| 107 | Everything. | Nothing. | |
| 108 | | | All of our crews are very well trained and very compitent is exicutting their training. I have Medicare and Medicaid for my health insurance. |
| 109 | Everything. | | |
| 110 | All of the emergency personnel were fantastic! Very professional, yet polite and kind. Could not have asked for better care!! Thank you! | | |
| 111 | Friendly, as well as perfessional. | Always stay that way. | I didn't call but the lady who did was pleased. Thank you. |
| 112 | | Communicate just a little more info to family, if possably. | The were very good. Thank you all. |
| 113 | Helpful, kind, professional. | Not a thing. | |
| 114 | Great service, timely & proffesional. | | |
| 115 | They kept me comfortable and well informed as to what was happening at all time. | | As a former teacher, I would give you a well earned A+. |
| 116 | Kept her calm. | She doesn't know. | |
| 117 | Transporting me to the hospital. | N/A. Everyone was very kind, pleasant & explained everything they were doing. | |
| 118 | Everything. | Nothing. | |
| 119 | Took care of me very well. | Nothing. | |
| 120 | Everything. | Keep up good service. | |
| 121 | Came quickly. | | |
| 122 | Brother said you did a good job. | | |
| 123 | Everything, Jerry Rig structure on golf cart to get me out of there & onto hosp. Thank you. | Very professional on my ride. | Call if you need billing adress again. I gave it to girl in billing. |
| 124 | Very patient & careful with me - am wheelchair patient & aged. | | Good. |
| 125 | Informative, attentave, quick responses, respectful, and compassionate. | | Communicated in lay terms I could understand. |
| 126 | Everything. | I don't know. | Everyone & everything went well. |
| 127 | Got me to ER in a timely manner. | | |
| 128 | Kept calm & patient. Listened to my needs & explained what I needed. | | You always have calm, effective kind staff. |
| 129 | The billing staff was awesome. REMSA's VA rep especially helpful! Customer service. Your staff, especially VA rep, were excellent! Put me at ease. | Absolutely nothing!! | As I said, REMSA VA rep especially was excellent. |
| 130 | Caring attitude, constant monitoring, calmness. | The attendants did a wonderful job!! I have no complaints the people who took care of me. | Well trained and able to get things done - thank you. |
| 131 | Very caring in all care to me personally. | | Very good. |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|---|--|
| 132 | Arrival after phone call from hotel was quick. | | |
| 133 | The EMTs were calm when I was not which helped me to relax. They listened well and noted what I said. | I am a large lady. I am always afraid of being dropped when loaded. Better loading beds. | |
| 134 | Everything. | Nothing, really. | Thank you for your attention. |
| 135 | Everything. | | |
| 136 | The ambulance came quickly. Everyone worked together to figure out how to get me on the gurney with no pain. | Nothing I observed. | This was the second time in 3 months I needed an ambulance. Both times were excellent. |
| 137 | Very compassionate. | Just keep doing what your doing. | |
| 138 | Professional, courteous, compassionate, genuine concern for my care & welfare. | Please continue your training methods and selection of employees. | Thank you for your help and care. They were truly appreciated in my time of need. |
| 139 | | | Good & timely service. |
| 140 | Your caring and respect for the patient was great. | | |
| 141 | Everything was excellent. | I can't think of anything right off hand. | I was mad because I was restrained to bed, but I do understand now, I always get mad at that time but I'm very glad y'all do that, because I know your are looking out for my own well being. I need to also thank y'all & y'all's whole staff for doing excellent job at what y'all do for me, & I'm feeling so much better now. Thanks again. |
| 142 | Everything, made me feel safe & in good hands. | N/A | |
| 143 | Service was excellent. | | |
| 144 | | Can't name anything. | |
| 145 | They took the time to reassure my very frightened granddaughter. | | |
| 146 | Transported my wife safely & efficiently from our home to the ER. | N/A | They did an excelant job. |
| 147 | Everything. | ? | |
| 148 | Transport. | | Excellent care. |
| 149 | Everything. | | |
| 150 | Everything. | Speak Spanish. | |
| 151 | Made assesment of medical problem and addressed problem! | Nothing, performed treatment very professionally! | |
| 152 | Professional and calming. | You are wonderful. We at the Vistas have always been satisfied with your service. We know we will get the best of care when our office staff calls you. | |
| 153 | Everything. | Nothing! The attendants were very pleasant and made me feel I was in good hands. | |
| 154 | Everything! Both responders were excellent! | N/A | |
| 155 | Paramedics were very fast at getting him (patient) to hospital. Very professional & kind. Thanks so much. | Keep up the good work. | Have not talked to billing staff. In fact, all who came to help are very good at what they do. The only reason I know the 2 paramedics came to me in hospital & told me they were the ones who took patient to hospital. I was at work at the time. Thanks again. |
| 156 | Kept me calm! | Keep doing what you are doing. | Great care. Thank you. |
| 157 | Service was excellent. | | |
| 158 | The EMTs were quick & efficient. I felt safe in their care. | | The REMSA nurse seemed a little flustered until she got a list of questions to ask me. She was very nice. |
| 159 | Everything. | | Everthing above care & service. Been politte, communication. Professional. Were very helpful. Thank you for the wonderful communication. |
| 160 | Everything was excellent. We are from another state & were very nervous & upset. We were treated wonderfully. Would recommend this REMSA anytime. | | Thank you so much for your service. |
| 161 | | | Patient died 8-8-14. This is the second time we have received your computer generated survey regarding a deceased family member. Perhaps you should cross reference before hitting the "send" button and causing family members additional distress. Your medics may be very competent, but your business practices are severely lacking! (Daughter/POA) |
| 162 | Took me to the hospital. | | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|---|---|
| 163 | Crew was truly outstanding. | Ambulance was here in a moment's notice & got me to the hospital in time to save my life. | |
| 164 | Everything went like clock work. Very pleasant dispatchers. A+ rating. | | |
| 165 | I had fallen outside my home; my stepson called REMSA! They arrived in very few moments - picked me up into vehicle. | Could not have been better service, I'm sure! Took me to St. Mary's Emergency for check up including REMSA med staff! | I thank you for this splendid care! Sincerely. |
| 166 | You did a great job. Thank you. | | |
| 167 | Polite, friendly - put us at ease. | Keep up the good work. | |
| 168 | They did an outstanding job! | | |
| 169 | Fast, professional, very friendly, caring. | | |
| 170 | The facility my mother lives at contacted REMSA for transport. Everything went well. | | |
| 171 | Everything was good. | Nothing. | |
| 172 | Resolve my pain. | Respond to call light sooner. | |
| 173 | Everything. | | The next time I have to call REMSA - I hope you have a nurse that will not take the blood from your wrist. |
| 174 | | | Everyone was kind, efficient and helpful. |
| 175 | Everything. | | We are really glad that you are around. It's nice to know that we are so well taken care of. |
| 176 | Everything. | | |
| 177 | They were very nice. All of them. | I was scare they help me out. Very good. | Everyone did there job good! |
| 178 | Lots of love & calm care. | Wonderful care continue. | |
| 179 | Very nice - personable! Everything was very professional - great! | | I have never needed an ambulance or EMT before. This was absolutely better than what I was thinking it would have been like. The boys were terrific! Thank you all! P.S. - I didn't die after all - thanks again! |
| 180 | Good. | | |
| 181 | The fire department was here first. They did most of the work when a seizure was occurring & couldn't control it. Put needles in arms for when the ambulance got here for medication to control seizure. | | The work done there at home was good. Appreciated that. |
| 182 | Showed up quickly; diagnosed my injury properly; delivered me to emergency room quickly. | | I did not talk to the dispatcher or billing staff. |
| 183 | As always, everything was as it should be. GREAT - | How? | I have filled many of there always good. |
| 184 | REMSA has always been extra kind and supportive to our family. | | |
| 185 | Helped me big time. | You couldn't have done better. | |
| 186 | You guys got me to the hospitale right away when I was bleeding really bad. | | Keep up the good work and thank you for helping. |
| 187 | Everything. | | |
| 188 | Everything always courteous, friendly, professional always - | Do the same. | Always excellent. Very impressed - |
| 189 | Everything. | -0- | Thanks. |
| 190 | They kept calm and made me feel like everything was going to be fine. | Faster response time! | The EMS crew was awesome. They helped me stay calm and positive. |
| 191 | Listened to us and the problem. | Can't help the lay of the house, but form a better plan to get patient out. | |
| 192 | Everyone was terrific. Everything. | Nothing. | |
| 193 | | Everything. | Very good. |
| 194 | I was well cared for. | Everything was just fine. | |
| 195 | They talked it over with me - I consider it excellent care throughout. | I don't know. | Excellent. |
| 196 | Transported me without incident. | Nothing. | |
| 197 | Were gud and professional. | We get the best service. | Exelent. |
| 198 | You did perfect! If it weren't for your help, I'd be dead! Thank you. | Everything was perfect. | All is good! Thank you! |
| 199 | Very attentive. | N/A | Your guys were awesome!!! |
| 200 | Everything. | Nothing. | Excellent. |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|--|---|
| 201 | Very attentive and helpful. | N/A | Your guys were awesome!!! |
| 202 | The two young fellows lifted me properly and took me to St. Mary's quickly. | I think a blanket would have helped me control my shaking. It was pouring rain. I got wet. | This question is not clear to me. I requested an ambulance after I fell. Two guards at Circus Circus saw me fall, helped me get up, offered to drive me to St. Mary's. (I thanked them but said I needed people who knew how to lift me: two artificial hips), and then followed my request for an ambulance. Immediately I noticed a fire engine on the scene. |
| 203 | Polite and efficient. | | |
| 204 | Everything was fine! | | |
| 205 | Exelent profesional service. | | Exelent. |
| 206 | Everything was perfect. | All is great. | Everything was wonderful. |
| 207 | I was transported safely. | | |
| 208 | Discussed what had happened - w/knot on (size of egg) my head - they should check that - I agreed. | Can't see anything better than what I received - very good. | |
| 209 | Do just fine - very caring. | Keep up the good work. | |
| 210 | Kept me informed, answered questions I had. | Faster response time. | |
| 211 | Everything. | Not a thing. | Excellent. |
| 212 | Put me at ease with my situation. Was very polite. | Nothing. You are wonderful!! | Thank you for all that you do! You are amazing! |
| 213 | Commiccate. | OK | Good. |
| 214 | The personal paramedic on your team are great and caring and very good at remman calm, and direct to the response time. | They were very good, and ask the I was doing asking about the pain level and what the can do to make me comforted. | They very personal and they are well train in their help and make patient feel comforted ride in ambulance. Me and (wife) would to thank REMSA for acting on the reponse to my call for assiting me, and we thank you and your personal for helping me. Yours truly. |
| 215 | Kind & caring. | - | |
| 216 | Everything. You guys are wonderful. | Nothing. | Just fantastic in everything. P.S. - Please send me a ins form to get your ins for a year. I need that cause I have no extra money. |
| 217 | The male tecniltion was kind and showed compassion. | The female technician was short, irritable, unkind, uncompassionate. | |
| 218 | Everything!! | These crew members were wonderful!!! - very kind & considerate. | |
| 219 | Gave kindness & courtesy. | Very good. Very helpful. | Excellent. |
| 220 | The paramedic was extremely knowledgeable, informative & helpful in all he did, he was great!! | | Always great. |
| 221 | | | Thank you. |
| 222 | Very good. | | |
| 223 | Everything expected. | Keep up the good work. | |
| 224 | Everything. You were all wonderful. | Just keep up the good work. | Awesome. |
| 225 | Paramedic on run was wonderful. | Everything is great. | Professional in every way. |
| 226 | Everyone was very kind. | | |
| 227 | Everything. | Nothing. Keep up what you are doing the same way. Thank you. | |
| 228 | Everything was done great. You guys took realy great care of me. | Nothing. Just keep up the good work. | |
| 229 | You attended to her immediately. | Continue fine care. Great. | Great. |
| 230 | I felt very comfortable & safe & was transported from one facility to S. Meadows ER. | Hoping my family or self never need your services again. | The two young ladies were very good to me & made me feel they cared & knowledgeable. |
| 231 | I have no idea what happen before I woke at the hospital. | Unknown. | |
| 232 | | | I have no idea about any of the services. I was not there. It was for my husband, but he is still in the hospital & cannot answer any of these questions. |
| 233 | They got here promptly; were all caring and worked together to get him off the ground to the ambulance and gave him prompt care. | I was distraught and the whole crew helped me get him immediate care, much appreciated - thank you! | Husband is a Vietnam Vet and I ask them to transport him to the VA Hospital. |
| 234 | Hand the situation fast & well. I was not aware of what was happening. | Unknown. | Did not know what happened. |
| 235 | Always professional - I would always want to use REMSA. | I can't think of anything you could do any better. | |
| 236 | Everything. | I can't think of anything. | Care and concern was excellent. |
| 237 | Real thorough & explained things to me. | Nothing. Everything was great. | |
| 238 | 219215-14R | | Excellent. |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|--|--|
| 239 | Ambulance crew (especially one paramedic) was so far above wonderful that words are not sufficient. They were efficient, kind, caring and went out of their way to ensure I knew what was happening and what process I could expect. Your crew saved my husband - not just his life, but his quality of life. Thank you. | | |
| 240 | Paramedics were nice and professional. | | |
| 241 | Everything. | | |
| 242 | All aspects. | | |
| 243 | Made a 3-1/2 year old very happy and not scared. Thank you! She loves Bobby Bear. | None. | Thank you to the two EMTs. Please tell them - they made a big difference. |
| 244 | Everything. | Nothing. | Good and professionally handled care & transportation. |
| 245 | You were always very first class. | I can't see anyone being better. | Thank you for being so great in my hour of need. |
| 246 | Everything!!! | All perfect...thank you so much for saving my life. I will take good care of me. | Medicaid in effect for August. |
| 247 | Patient care was awesome. Staff professional, courteous, and informative. | | Great all around. Tremendous care. Thanks for everything. |
| 248 | I was VERY VERY dissatisfied with service. Nothing in my eyes. | Become more knowledgeable on the disease my husband has Cyclic Vomiting Syndrome. | Why would you send rude & unknolegable people to rescue a patient |
| 249 | | | We (parents) were not informed that our son was being transported to the hospital. Would have been helpful if someone notified us. Although the responders did a very good job taking care of our son... That was #1 priority. |
| 250 | Everything was professionally executed. | | |
| 251 | | I am completely satisfied. | |
| 252 | All services rendered were well performed. | | |
| 253 | Comfort, fast, trained. | Not much, I am pleased with REMSA & staff. | No questions, staff has skill, helpful. |
| 254 | | | Everyone was professional, caring and courteous. |
| 255 | Transport from rehab center to hospital and return. | | Only contact I had was w/EMTs which were polite, professional & friendly. |
| 256 | All. | | |
| 257 | Staff assisted in getting pt. comfortable & positioned in bed. | | |
| 258 | All services rendered were well performed. | | |
| 259 | The responders were professional and caring. | | |
| 260 | Extremely efficient. | - | Very careful & caring. |
| 261 | I suffered a "fall" (service was quick, careful and attentive). Rushed me to hospital & checked me in for examination (injury, x-ray, tests??). | I could not imagine any finer service & treatment as thier patient. Thank you sincerely! | |
| 262 | I don't remember anything about the trip I took with REMSA that day. The crew members on your REMSA ambulances are very well trained and they do their job very well. | | |
| 263 | Everything was very nice. | OK | OK |
| 264 | Care and concern for patient. | Nothing. You are wonderful! | |
| 265 | The paramedic/EMT who rode in the back with me was so personable, professional, yet funny & comforting. | | Thank you! |
| 266 | My hole experice was very good. | Nothing. | |
| 267 | Yes. | | |
| 268 | Everything - very personable! | | |
| 269 | My husband had a massive heart attack & the staff did everything possible. | Nothing - you were exceedingly prompt. | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|--|---|
| 270 | Prompt, professional, service, staff was knowledgeable in MOST of what was required to transport. | The transport of my father from inside of our home to the inside of the ambulance was very rough, but the staff handled everything exactly to our needs. | Everyone took extreme care & concern for myself & my daughter. |
| 271 | Service was professional excellent. | This was best service. | Excellent. |
| 272 | All staff members that we dealt with were helpful and professional. | N/A | We were seeking services from Northern Nevada Med Center and were transported to Saint Mary's by REMSA. Both REMSA professionals that helped us were friendly and helpful. We also needed REMSA services because my son was put in a Spica cast and can not fit in his car seat. We are borrowing a special Britax car seat and the gal from the REMSA office that helped us with the car seat was also very helpful |
| 273 | Everything. | Absolutely nothing - everything was done to perfection. | The service is wonderful - and I'd like to say thank you once more. |
| 274 | | You have great service. | |
| 275 | Everything. | It was fine as is. | |
| 276 | Crew was excellent! | | |
| 277 | Everything was well. | Nothing now. | |
| 278 | Got me to the hosp. alive & pre-op medded. Kept my wife from freaking out. | Expand the post discharge visit - as it was the only form of rehab & dr. comms I received. | Super. |
| 279 | Fast to respond, polite, professional, the very best - competent I've ever witnessed. | I can't think of one thing. I commend the young men. | I assume you got my insurance information from the hospital. |
| 280 | All went well. | - | - |
| 281 | Everyone was very kind & supportive. | Keep up the great work! | |
| 282 | | | I think REMSA gives the best service. I really love those guys. |
| 283 | Everything - fast response. | | |
| 284 | The dispatcher was very calming. The 2 paramedics were polite, calming and kept me informed. | I cannot think of anything you could improve on. | Everything was great. You have great employees. |
| 285 | The way your employees talk to the patient. How they handle themselves - so very professional. | Nothing - your crew are outstanding. | |
| 286 | Attentive concern for patient's well being. First ambulance service, extremely impressed. | | |
| 287 | Quick response, thoughtful caring service, competent diagnosis & interim treatment, you listened to my history. | | |
| 288 | Got me there. | | |
| 289 | Everything. | | |
| 290 | Got me to hospital in good time because of heart and blood pressure were doing a number on me. | Just keep up the good work. | - |
| 291 | I was so out of it. I remember almost nothing! | Gave me total help. | Sorry I could not be more helpful |
| 292 | Same as below. | | Professional, polite, attentive to needs. |
| 293 | Everything. | | |
| 294 | | | The EMS crew was great. |
| 295 | Everything - the paramedics were very caring & professional and made me feel like I was in good hands - as they did on Aug. 13, 2014. | | |
| 296 | Both crew members were very professional & very concerned about my comfort. Very impressed with my care & transport. 1st ambulance ride ever & they made me relaxed as possible. | | |
| 297 | The crew calmed me in a very stressful situation, and made me feel safe and cared for while they worked to assess my condition. | If you know who the crew were on that call on 8/11/14 at around 9:30-10 AM, please thank them for me, and God Bless you all for what you do. | |
| 298 | Called family to determine further care. | | |
| 299 | Kept me calm & reassured me with humor. | Unknown. | |
| 300 | Very nice. | Nothing. | Care was very good. Thank you. |
| 301 | Made me feel comfortable at a very stressful time - I felt safe and cared for. | Can not think of anything - | Excellent care and a feeling of safety and care - |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|--|
| 302 | I am grateful for the staff that helped me. I felt they cared for my well being. Thank you, both of you. | I can't think of anything. I am very pleased. | I felt there caring for the job. I feel that it wasn't just a job - I was one as their own. Thank you. |
| 303 | Very pleasant & professional. | | |
| 304 | Staff was calm and helpful, which made me calm for the transport. | Continue to have good staff and caregivers. | |
| 305 | | | I am very satisfied with the speed in which you arrived, and the politeness of your staff. |
| 306 | Gave the medication needed. | Let patient know to be dressed appropriately before the ambulance leaves you stranded. When someone is having a panic attack don't patronize and keep repeating "your fine" because we (I) think, at the moment, are about to die. You should take that seriously. | |
| 307 | Everything. | | |
| 308 | Everything was fine - thank you. | | |
| 309 | I was home with my 5 yr. old son, who was sleeping. The staff was really great in getting him up, getting him dressed and let him ride (in the captain's chair). He was jazzed over that!!! | Honestly - I can't think of anything - eliminate bumps in the road. | These guys/and gal/were great - I was in severe pain and the did their best. |
| 310 | Polite & caring paramedics & pilot. | | |
| 311 | EMTs were very professional and me feel at ease. | Nothing. Keep doing what you are doing. | Service was an A+. |
| 312 | 224016-14R | | In all aspects. |
| 313 | I do not remember the events of the REMSA ride. I was having trouble breathing and I had pneumonia. I was taken to Renown Medical Center. | | |
| 314 | Everything. | All ready doing it. | |
| 315 | Response time was good. | | |
| 316 | The staff was very polite. | | |
| 317 | Everything - very helpful & polite. | | |
| 318 | Everything, as far as I could tell. | | Question above should be answered by a professional person. |
| 319 | Very caring & professional. | | |
| 320 | 225114-14R | Communicate w/patient's family. | |
| 321 | Performed tasks well. Were calm and professional. | Nothing more. Service was excellent. | Service was timely and professional. |
| 322 | Very polite. | | |
| 323 | The entire crew was very professional and calming. Very informative. Treated me very kind. They were reassuring. | | |
| 324 | Very fast. | | |
| 325 | Was able to carry him out, being a big man, with their new "carrier" that had 6 holes on each side for 6 people to carry him. | Nothing that we can think of. | The crew let me answer ?s for Michael when he couldn't. |
| 326 | Yes! All. Keep it up. | | |
| 327 | All. | | |
| 328 | Everything - the paramedics were very caring & professional and made me feel like I was in good hands - as they did on Aug 11, 2014. | | |
| 329 | All was handled very well. | | Care was great - patient has since passed away. |
| 330 | Everything! | | |
| 331 | Everything. | Not much. | |
| 332 | The crew was very patient - the hospital bed was late being delivered - but they just took it in their stride. | | |
| 333 | Husband 92 and we wanted to go to Reno VA - they cleared us to go to St. Mary's. | Nothing. | Polite and was concious of all his syptoms - great service. |
| 334 | Rapid response, professional handling - good communication with me & with hospital. | N/A | Tax money well spent! |
| 335 | Figure out what was wrong w/the patient. | Your service is already excellent. | |
| 336 | Everything. | The service was very good. | Care & service was very good - thank you. |

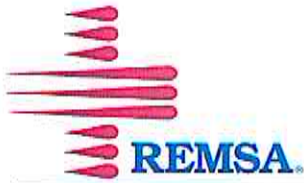
| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|--|
| 337 | Please tell the ER people thank you for saving my life. They gave me IV antibiotics (needed them). Sadly, they (antibiotics) make me vomit. I can't breathe when I vomit. Thank you ER for not letting me die while the meds were trying to work, and if I was short with anyone, I apologize. I am sincerely grateful for the skills, and kindness shown to me. Thank you. | | |
| 338 | I took sick at the GS hotel, security called the service took me down in wheelchair. When they arrived (10 min.) they were professional & compassionate. | I don't know how they could perform their responsibilities any better. | |
| 339 | 226083-14R | They were great - such a good helpful crew!! | |
| 340 | Since I was not conscious on this ride before or after, I can only report on my son's tales. He had no bad remarks. | | |
| 341 | Transported me to the airport. | Nothing - all was superb. | |
| 342 | 226079-14R | | |
| 343 | You are always professional, helpful, patient, kind. The driver was great. He kept me engaged in conversation whether to be polite or distract me from the crisis at hand. They were great w/my 7 yr. old daughter (the patient). Very kind and friendly w/a sense of humor appropriate to the mood & circumstances. | | Since you have been to the house so often, I should stop answering the dispatcher questions before he is finished asking them. Sorry! |
| 344 | | | I almost never fill our follow up surveys. But they really were above & beyond IMO. |
| 345 | Helped, calmed me while I waited for help. | Everything was great. | Gentle - got control of dogs nicely - couldn't ask for more. |
| 346 | Got to house quickly. Great service. | Not a thing. | |
| 347 | Staff was awesome! | Keep employing compassionate people. | |
| 348 | Check blood pressure, temperature, checking all the way till we got to the hospital. | | |
| 349 | Everything. | Everything. | Great. |
| 350 | Very calm and reassuring. | | Satisfactory. |
| 351 | The gentlemen were very nice - gave me a shot to calm my anxiety and racing heart - sorry to say, but your gentlemen gave me better care than the hospital did - I didn't get their names, so please thank them for me. Sincerely, | | |
| 352 | Everything. | | |
| 353 | Everything. Took care in moving patient. Explained all they did and why. | Nothing. | |
| 354 | Driver was very friendly - I sat in front seat. They patiently waited while patient was loaded onto plane. | Everything was great. | |
| 355 | You got me from my house to the hospital during my heart attack. | Continue great service! | Great experience. Very professional. |
| 356 | Packed some clothes so I could come home in something other than PJs. | Feed my cats, if it looks like I may be gone a few days. | |
| 357 | | | When calling for fall assist, don't think I need 10 people in my house. |
| 358 | Everything possible! | Not anything comes to mind. | |
| 359 | Compassionate. | | |
| 360 | Everything. | Don't change. | |
| 361 | Response was fast, evaluation was accurate, care was amazing. | Stay the way you are! | |
| 362 | All your employees were calm and level headed in the face of my hysteria. | Can't think of anything. | Your people's professionalism and kindness made me feel like I was going to be well cared for and that I was in trustworthy and knowledgeable hands. |
| 363 | Explain - | N/A | |
| 364 | The crew informed my husband and the reason for my dizziness and blacking out could do to my heart. | Nothing. Keep up the good work. | I didn't talk to the dispatcher. One of the security officers at Meadowood Mall called for ambulance. |
| 365 | Everything was OK. | | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|---|---|
| 366 | Excellent - promptness, efficiency, knowledgeable, compassionate, concern. | | |
| 367 | Excellent service. | | |
| 368 | I never spoke to REMSA & waited quite a while for my son to arrive. | Talk to the parent before leaving child. | Was told by my son's girlfriend that they were kind & helpful to the 15 & 16 year olds. |
| 369 | Explained clearly why they were taking me to Renown rather than Reno VA. | | |
| 370 | Everything! | Everything was perfect! | Wonderful care. Thank you for caring for me! |
| 371 | When they got there they were really helpful asking if OK and they were polite and nice. | They did everything good. | I like the service they got there really fast. |
| 372 | You have caring people! | | |
| 373 | Paramedics were great! | ? | |
| 374 | Paramedics were nice & comforting. They provided excellent care. | -0- | No complaints. |
| 375 | Personnel was very professional. | Provide a little more padding when transporting by airplane. | |
| 376 | The emergency service was excellent. Very professional and friendly. | Nothing. Just keep doing what your doing. | |
| 377 | Everything in emergency was done very professional way. | Nothing. Keep doing as you are. | |
| 378 | Fast response, very helpful personell. | | |
| 379 | Everything! | it couldn't have been any better than it is already. | We love the REMSA crew - always so nice & professional and made us feel comfortable and better. God Bless each & every one of you. |
| 380 | 232204-14R | | From Renown for 1 day surg. |
| 381 | Everything under the circumstances. | Nothing - your very good. | I'm very pleased. Thank God for my REMSA insurance - Where lives - Thank - You. |
| 382 | Great staff, very professional and polite. | | |
| 383 | Everything. | N/A | Very satisfied! |
| 384 | Everything was great. Thanks. | No need. | |
| 385 | Everything. | You do a great job. Don't change anything. | |
| 386 | Everything was done well. The doctor, nurses and staff at your Front Desk were all very kind and did their best to help me and my wife. | The treatment I received was excellent. Everyone made me feel like they were there for me and my wife; and all they wanted to do was help us. | I do not know what you could do to improve on your patient care. Doctor Albright and the nurses made me feel comfortable and secure while in their care. The young lady at the Front Desk was very helpful and polite (as were all of the people in your facility). The men attending the wheelchairs were nice and helpful. The ambulance personnel were very knowledgeable and caring. Thank you. |
| 387 | I was not there (wife)! | Nothing. | |
| 388 | | Remind me that I have a REMSA card in my pocket and have for years. I forgot to call you. | |
| 389 | Transfer. | | |
| 390 | 233087-14R | | Return to Renown ER pt toxic. |
| 391 | Kept me informed and were kind and informative. | Can't think of a thing. | I have had good experiences with all visits. |
| 392 | Everything. | | |
| 393 | Yes. | Everything was just fine. The ride to the hospital was good. | |
| 394 | "Excellent service" - I was in A-Fib. One of the EMTs was most helpful - kept me comfortable. | Does not need any improvement. Very nice and caring - thank the whole crew for me. | |
| 395 | Speedy response. | | |
| 396 | Arrive on time. Talked with me. | Help me with my problem. | |
| 397 | The EMT staff was very professional & very helpful. The took excellent care of me. Very good crew. | | |
| 398 | 234236-14R | Very professional and helpful - sense of humor. | Very pleased. |
| 399 | Everything. | Nothing. | None. |
| 400 | REMSA personnel were extremely understanding of our situation and VERY helpful and explained well! | | |
| 401 | Everything was done on a very professional manor. The 2 EMTs are a good team. | Everything is just fine. | The 2 EMTs are real good as a team. |
| 402 | 234044-14R | | The ER people were very nice & very efficient. Thanks for saving my life. |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|--|---|
| 403 | Manners really count a lot and they were very polite. | Not a thing. | Thank you very much! |
| 404 | Got me to the hospital fast due to my contractions. | N/A | |
| 405 | Everything. | Can't think of anything. | |
| 406 | All. | Everything was, "the best of service." | In the 60s, I drove & was attendant of the Willits Ambulance with the Shifters Car Club. This was my very first time as a patient!! Thank you very much. |
| 407 | Arrived quickly, communicated well with us (parents) and our 10 yr. old (patient). | In this incident everything went very well. | Very nice ambulance staff. |
| 408 | Made my son feel very comfortable and tried to ease his fear. | Maybe smile a little, also make the parents/other passenger w/patient feel @ ease. | |
| 409 | The pilot & nurses on the flight were just fantastic. They were very professional & helpful. Loved the nurses. | You did great. Team was professional & loving. | They took good care of my husband. |
| 410 | Your crew was very professional, helpful & friendly - good crew. | I don't know. | |
| 411 | Very personable. Let me (mom) ride with my 14 year old son. | | At Renown they were unsure if they would let me ride with him. They said sometimes they don't allow it, I was very concerned by that. Every mother should be able to ride with their child. |
| 412 | 235125-14R | | REMSA was called because of a fall at Manor Care. I had no contact with any of the personnel. |
| 413 | Acted like normal, real people. Made me laugh, and feel comfortable. | "Not a damn thing." If it is not broken? Don't fix it. | #NAME? |
| 414 | Made us feel better about the situation. Made us feel more secure. | N/A | |
| 415 | Very nice guys. | | |
| 416 | All great. | Keep up the good work. | |
| 417 | Everything! | Nothing, your personal did a fine job helping us. | Keep up the good work. We thank you. |
| 418 | You even were mindful of possibly dirty shoes & careful around all of the furniture, etc. Cannot think of anything you didn't do well!!! | Cannot think of anything! Really!!! | This experience was the "BEST" worst experience of my adult life - especially as a wife watching her husband start to bleed to death after a tonsillectomy. What a night! |
| 419 | Everything. | | |
| 420 | The EMTs were very nice & treated me & my mother very well. They made me feel at ease. | Nothing. | |
| 421 | The gentlemen were very polite and sweet to my daughter. | Everything was handled very well. | None. |
| 422 | Very caring of my husband. | | |
| 423 | Your staff was very considerate of the patient and family members understanding their concern. | No suggestions. | |
| 424 | A number of things. | Put the patient in a wheelchair or something other than a STEEL BED. Like a hammock. | Generally quite good. Except for the above. |
| 425 | Prompt. | Continue good work. | Efficient. |
| 426 | Helpful, placing pt into own hosp bed & bed linens removed with help from REMSA staff. | | |
| 427 | Considering the amount of pain I was in, everyone was very caring, helpful and efficient. | Nothing. | I was in a very awkward position and the staff, along with the firemen, got me moved to the ambulance with minimal pain. I REALLY appreciated all that everyone did. Thank you! |
| 428 | Was treated with respect & kindness. | Just keep up the good work & hire people who CARE! | Your personnel couldn't have been more helpful & nice. |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|---|--|
| 429 | Everything. | Don't think you could improve from my personal experience. | <p>DEAR Ladies and Gentlemen of REMSA. Sorry that I do not know the names of the crew that took me to Saint Mary's on Sunday, 8-24-14 but I am certain you can research your records.</p> <p>I was sitting in my easy chair when a pain, that I had never experienced before, hit my chest and lasted until my wife and I agreed that we needed help. She notified 911 and both Sparks Fire and your great team arrived and upon their entry into our home, I had a secure feeling that all was going to be OK. After initial examination in the home, I asked to be taken to Saint Mary's and this was done with all the professionalism that I have ever seen. Your people were so kind, probably sensing my apprehension, and they made me feel at ease. Upon arrival at Saints, my pain was easing somewhat but after their departure, it again returned while in ER. I was admitted for evaluation and the following day I underwent a nuclear stress test, echocardiogram, chest x-ray, a number of EKGs and the usual blood evaluations.</p> <p>After consultation with my family physician and cardiologist, they can find nothing cardiovascular in nature that could have caused that severe pain. I am going back to my cardiologist tomorrow for another consultation and aside from being very thankful that no heart malfunction has been detected, hopefully the cause can be found in further evaluations. My thanks to you guys who made me feel a lot easier on August 24, 2014 and between you and SFD, you make a great combination. God Bless each of you for your care and consideration on that day. My sincere thanks.</p> |
| 430 | Quickness and helpful. | | |
| 431 | Very nicely done. Nice professional people. Thanks again! | | |
| 432 | Everything. | Nothing. | The personnel were wonderful, caring individuals. |
| 433 | The guys took care of me very well. | Not much, as I am happy with the care as is. | |
| 434 | Very accomodating, professional. | Not sure... | Excellent service/very efficient, polite, understanding and professional. Team arrived within a few minutes! |
| 435 | I have no comments. The service was good. I was very pleased. | No comment. | |
| 436 | I don't remember a lot. As far as I know, all went well. | ? | |
| 437 | Crew was wonderful. | Lower cost of service. | |
| 438 | All yes. | | All good. |
| 439 | Calmned me down. Assured me I would be OK. | - | |
| 440 | All of it. | | |
| 441 | YOU ARE PERFECT | | |
| 442 | The crew that drove me to the hospital were great. Very nice. | I can't think of anything. | Good job you all. And thank you. |
| 443 | Very careful when they put me on the gurney. Young lady went back to the bathroom with me while I brushed my teeth. | | |
| 444 | Everything. | | |
| 445 | | Unit number 15 is putting out excessive diesel exhaust. I noticed the exhaust yesterday afternoon around 5:30 downtown and on 180. Maybe the crew hasnt noticed or the problem hasnt been reported. | |
| 446 | Was very calming and helpful when he called us at 2:30 a.m. regarding mont-in-law. | | Thanks for your help! |
| 447 | Calm & compassionate care. | | |
| 448 | Prompt, courteous. | Nothing, satisfied. | Good. |
| 449 | Everything. | Nothing. Your fine already. | Perfect. |
| 450 | Fast service. | | |
| 451 | I am so glad I have REMSA. They have looked after me more than once and they are always professional and courteous. Thank you. | | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|---|--|
| 452 | Fast arrival. | Hard to say! Crew was wonderful! | |
| 453 | Very good job! | Keep going help people. | N/A |
| 454 | Personable medic; reassuring. | Soften the ride. The darned ambulance is a jolting, rough ride. | |
| 455 | Everything. | Nothing. Your fine already. | Perfect. |
| 456 | 245080-14R | Put a chair in your vehicles for those patients who can sit up. A hammock for those who need to lie down. | Please do not put me on a steel bed again. |
| 457 | Everything. | You cannot improve perfection! | Your staff is very kind. |
| 458 | MEMO FROM RETURNED MAIL: Just a note to say thank you! To the ambulance crew of REMSA that took such great care of me on Sept. 3rd at the Gold Ranch accident scene to the emergency room at Renown! Thank you much! | | |
| 459 | Everything was done perfect. | Everything was great. | |
| 460 | The service was prompt. | | |
| 461 | 247211-14R | | We don't really know. The ride was for our son. You would have to ask him. |
| 462 | Everything and then some. | Keep up the good work. | Excellent service. Thank you & God Bless each of you. |
| 463 | 247081-14R | | Just for your info I'm 95. |
| 464 | Everything. | | Good job by both EMTs. Unfortunately, patient died 2 days later. Thank you for your service. |
| 465 | Everything. I felt very safe. They were cheerful & i tried to be. | Not a thing. | Everything was very good. Those EMTs do a great job. If I ever need them when I'm dying, I want any of them. I know it would make me a lot easier to let go...of course I don't want to rush it. |
| 466 | Both women were great and caring and a great sense of humor. | | |
| 467 | 226052-14R | What is the charge for the service? | |



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
SEPTEMBER 2014

PUBLIC RELATIONS

September 2014

| ACTIVITY | RESULTS |
|--|--|
| Wrote and distributed press release regarding International Roundtable on Community Paramedicine conference. | Channel 4 covered the event and ran the story on Sept. 3. |
| Assisted in press conference regarding the announcement of results for the Community Health Programs. | Channels 2, 4 and 8 covered the event on Sept. 16, as well as the RGJ. |
| Wrote and distributed Child Passenger Safety Week release. | Channel 8 did a story on the week that ran on Sept. 17. |
| Wrote and distributed EMS Memorial Bike Ride press release. | Channel 4 did online story. |

FOR IMMEDIATE RELEASE:

September 10, 2014

CONTACT: Scott Walquist, KPS3, 686-2116, scott@kps3.com

Safe Kids Washoe County and REMSA Proudly Support National Child Passenger Safety Week

Reno, NV –Safe Kids Washoe County and the Regional Emergency Medical Services Authority's (REMSA) Point of Impact program will once again participate in Child Passenger Safety Week (CPS) from Sept. 14-20 to remind parents and caregivers of the need to keep children of all ages properly restrained in the seat that meets their weight and height requirements.

To begin the week, Safe Kids Washoe County and REMSA will hold its CPS Kickoff event on Saturday, Sept. 13 at Baby Depot at Burlington Coat Factory, 4015 S. Virginia St., in Reno. Safe Kids Washoe County and REMSA will also have its "National Seat Check Saturday" on Saturday, Sept. 20 starting at 10 a.m. at 2321 Kietzke Lane in Reno and will be hoisted by Allstate Agent Ramie Pratt. Each event will include car seat inspections by Certified Child Passenger Safety technicians. Technicians will be on hand to teach parents and caregivers how to choose the right car seats for their children and how to install them correctly. Inspections are limited to the first 30 cars, so participants are urged to arrive early.

Motor vehicle crashes are the leading cause of death for children ages 1 to 13. Crash data from the U.S. Department of Transportation's National Highway Traffic Safety Administration for 2010 showed that each day about 2 children 12 or younger were killed and 325 were injured in passenger vehicles.

"Car seats, booster seats, and seat belts are often used incorrectly and one child under age 13 is involved in a crash every 34 seconds," said Vickie Fisher, Point of Impact program coordinator at REMSA. "No parent wants to ever get it wrong when it comes to their children's safety."

Safe Kids Washoe County and REMSA also urge parents to follow NHTSA's car seat recommendations that recommend parents and caregivers keep children in their restraint types for as long as possible according to manufacturer instructions before moving them to the next type. For maximum safety, a parent or caregiver should have the car seat installation inspected by a certified Child Passenger Safety Technician to ensure their children are in the right seats for their age and size. Children 12 and under should always ride in the back seat.

Birth – 12 months

For the best possible protection, your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats: infant-only seats can only be used rear-facing.





Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 – 3 years

Your child should remain in a rear-facing car seat until the child reaches the top height or weight limit allowed by your car seat's manufacturer. This may result in many children riding rear-facing to age 2 or older. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.

4 – 7 years

Keep your child in a forward-facing car seat with a harness until the child reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 – 12 years

Keep your child in a booster seat until the child is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face.

Remember:

- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it on every trip, every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

About Safe Kids Washoe County

Safe Kids Washoe County works to prevent unintentional childhood injury, the leading cause of death and disability to children ages 1 to 14. Safe Kids Washoe County is a member of Safe Kids Worldwide, a global network of organizations dedicated to preventing unintentional injury. Safe Kids Washoe County was founded in 2000 and is led by REMSA.

About REMSA

REMSA is a private, non-profit emergency medical services system serving northern Nevada. REMSA's state-of-the-art 9-1-1 dispatch communications center is fully accredited, as are all emergency medical transport services of the company. REMSA provides quality patient care with no taxpayer support or other subsidies.



Discovery Museum 911 Calls Show Panic in Caller Voices

Steve Timko, Reno Gazette Journal 3:41 p.m. PDT
September 11, 2014

Four 911 calls made seconds after a flash flame injured 13 at the Terry Lee Wells Discovery Museum reveal panic in the voices of parents and guardians of the children.

The city of Reno released four calls for paramedics after a fire tornado demonstration went awry Sept. 3. One patient was held overnight at Renown Regional Medical Center for observation after suffering second-degree burns and released. The rest were treated and released that day.

One caller punctuated her pleas help with an obscenity.

"I need you take a deep breath and answer my questions," the Regional Emergency Medical Services Administration dispatcher tells the caller.

"It was an experiment that went wrong," the caller says. "We have children burnt."

"My niece's face is completely scorched," she later says.

A caller who got through seven seconds earlier tells dispatch, "We have tons of children injured."

That caller is also asked to calm down.

"I can't hear or understand you. You are screaming," says the city of Reno dispatcher.

The caller is transferred to the REMSA dispatcher who asks about the location of the victims.

"They are all over," the caller replies. "There was an explosion. I have three children of mine who were burnt."

The emergency call then picks up the sounds as the caller attempts to comfort her burned children.

In the fourth call, the caller speaks to the city of Reno dispatcher but not the REMSA dispatcher. Robert Chisel, city of Reno director of finance and administration, said it appears that caller hung up.

Calls with this kind of emotion happen daily in Reno, said Aaron Abbott, REMSA's director of operational services.

"What you're listening to were people who had injured children, and I think that provokes a certain level of emotion that you wouldn't normally get," Abbott said. "The callers, although they were alarmed, they were very good about giving information, they were getting instructions and were following instructions."

One of the four seems to be from a Discovery Museum employee. She uses the word "we" in describing the incident and also shows little emotion. The Discovery Museum declined to comment on whether the caller was an employee, saying the case is under investigation.

When calls go into the emergency center, a public employee takes the initial call. If paramedics are needed, the call is transferred to a REMSA employee also working at the dispatch center.

REMSA employees who take the dispatch calls are trained as paramedics and emergency medical technicians and have worked in the field, noted Brian Taylor, REMSA's emergency medical services



division manager who worked at the scene of the Discovery Museum incident overseeing medical operations.

The REMSA employees working in dispatch have a list of questions they ask to help them determine the severity of the incident and to help determine if the patient's life is at risk.

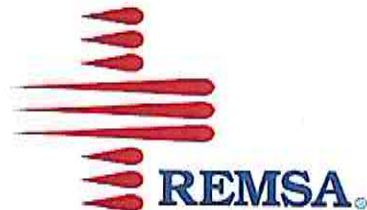
"In a panicked or in a very urgent situation they are trained how to ask the questions and what questions to ask to calm people down," Taylor said.

Abbott supervises the REMSA employees who take the calls and has reviewed the calls. He rated his employees' efforts during the museum incident 10 out of 10.

He noted that although it was a sensational event, none of the patients' lives were at risk.

REMSA Doubles Down on Community Paramedics

Jason Hidalgo, Reno Gazette Journal 4:16 p.m. PDT September 16, 2014



What happens when you turn paramedics into caregivers and divert patients in ambulances away from the emergency room?

Apparently, you save millions of dollars.

More accurately, you save \$10.5 million in area healthcare expenditures for three years, according to Regional Emergency Medical Services Authority.

That's the total amount of savings that REMSA projects through 2015 for its Community Health Programs effort, which started two years ago.

Created through a \$9.8 million grant REMSA received from the U.S. Department of Health and Human Services in 2012, the program is a collection of three services: a nurse healthline, community paramedicine and ambulance transport alternatives.

The program is specifically designed to introduce new ideas to the standard emergency medical services or EMS model. After all, the grant's actual name is the Health Care Innovation Award, which ties into the goals set by the federal government for the Affordable Care Act. These include raising the quality of care and the healthcare experience, improving health populations and reducing total healthcare costs.

"We selected these three services because we believed they could help reduce unnecessary ambulance transport, emergency department visits, and hospital admissions and re-admissions," said Brenda Staffan, REMSA's director of community health programs. "We felt we could redesign our EMS system by adding these new services and referring patients to the right care."

From Oct. 2103 to June 2014, for example, preliminary data shows that the new Nurse Health Line helped patients avoid 1,149 ER visits and 190 ambulance transports by referring them to a more appropriate medical solution.

Advanced assessments for ambulance transport also allows REMSA to transport 911 patients directly to places such as detoxification centers or mental health facilities based on their needs. Prior to the program, 911 patients had to be transported to the emergency room. The transport program cut 550 unnecessary ER visits and 55 ambulance transports in the last year and a half.

The concept is simple, said Dr. Trudy Larson, Director of the School of Community Health Sciences at the University of Nevada, Reno.

"It's the right care at the right time at the right place for the right amount of money," Larson said.

The program also ties in to a more community-centered approach to healthcare. This includes the creation of community paramedics who do in-home tasks for patients to help them with their transition from a hospital stay. Not only does this reduce post discharge complications, it also cuts hospital readmissions. REMSA paramedics did 2,024 in-home visits in a year through June.

"Community paramedics take on a new role as caregivers," Larson said. "It's a new characteristic ... that helps keep the linkage of care."

With its federal grant ending in 2015, however, REMSA needs to find new funding sources to make the program self-sufficient. Potential partners for the program include private insurance, Medicare and

Medicaid. The Centers for Medicare and Medicaid Services, for example, is doing its own independent evaluation to verify the claims made by REMSA about its community program.

Meanwhile, the same challenges still remain for EMS services even as the Affordable Care Act reduces the number of uninsured and healthcare costs overall, Staffan said.

"The Affordable Care Act certainly makes progress in terms of coverage expansion but does not eliminate the uninsured," Staffan said. "As a safety net provider, we still have to respond to medical emergencies regardless of insurance status."

One factor that has been critical in reducing costs and expanding access are collaborations with other stakeholders in the area such as the Washoe County Health District and the university as well, according to Staffan. The collaboration is a reflection of the stronger emphasis on a community-centered approach to healthcare, said Jim Gubbels, president and CEO of REMSA.

"It takes all of us to take care of our community ... so we want to grow those collaborations and partnerships," Gubbels said.

REMSA Program Helps Reduce Hospital Visits

Tue, 16 Sep 2014

For kids 4 to 8 years old, with the high cost of health care, just one trip to the emergency room can set you back thousands of dollars - and many uninsured often turn to the emergency room for their **primary care**.

REMSA launched a new program a couple of years ago designed to cut down on unnecessary hospital visits and our Jeff Martinez has a progress report. Here at the REMSA call center they field everything from **major accidents** to aches and pains and bumps and bruises. In the past, just about everyone would get a ride to the emergency room, but today if you have a non life-threatening ailment you may get patched through to the nurse hotline - where they will give you free health care advice. 24/7.

Elaine Messerli "Then at the end of the call we determine the level of care the patient needs, whether it be go the emergency room, if necessary send an ambulance, or go to urgent care, or stay home and talk to your physician the next day."

REMSA received a 9.8 million dollar **federal grant** two years ago to create the nurse hotline as well as specially trained community health paramedics. They can better assess the situation and determine if the patient needs transport to the e-r or a different facility, like less expensive urgent care saving you money.

Trudy Larson MD "Almost a thousand people who go to the ER 12 times in a single year. That's 65 million in charges - many are uninsured, there's a real need for a program that will keep them out of the **emergency department**."

Jeff Martinez "Since the program began back in 2012 REMSA says more than 1,800 emergency room transports have been avoided saving millions in health care dollars while providing better care" and REMSA says the program is a success and will reduce patient **health care costs** locally by 10 point five million dollars over 3 years while better serving those in need.

The average cost of an ambulance ride to the hospital is 1500 dollars compared to urgent care - that costs about 150 dollars. The number for the REMSA nurse hotline is 775-858-1000. And again it's available 24/7.

Covering the story Jeff Martinez Channel 2 News.

09/17/2014

4 ways EMS leaders can better collaborate

Collaborative leaders use "persuasion, technical competence, relationship skills and political smarts" to get to the desired goal

By Keith Griffiths

When more than 200 people from eight countries gathered earlier this month in Reno, Nev. to share best practices related to their community paramedic and mobile integrated health care programs, they took away many lessons.

After three days of presentations at the 10th annual meeting of the International Roundtable on Community Paramedicine, hosted by Reno's Regional EMS Authority (REMSA), there was a general sense that this whole movement was at a tipping point and that a common set of outcome measures was critical as it evolved to the next level.

One idea in particular permeated the conference. Mentioned over and over again — using different words to the same effect — was the critical importance of collaboration to be successful, and the earlier collaboration happens in the process, the better.

This was evident during a session by Brenda Staffan, the project director for Reno's Center for Medicare and Medicaid Services (CMS) Health Care Innovation Award grant, which funded REMSA's community health program. For the first time, she was able to release preliminary outcome data, which had been developed to meet CMS specifications. From just about every perspective, Reno's results, available in her [powerpoint presentation](#), were terrific — which bodes well for the potential to transform policy.

What is collaboration?

In programs like community paramedicine and mobile integrated health, building trust and creating true collaboration with other stakeholders is essential to success, as presenter after presenter made clear.

But just what does "collaboration" mean, and just how do you make it happen?

It's a lot more than just trying to get buy-in. Especially since the 9/11 terrorist attacks, when the lack of collaboration was so evident between public safety agencies, this topic has gained much currency, with federal agencies even requiring examples of collaboration as a requirement when awarding grants.

Embracing collaboration means more than inviting representatives from different agencies into a room to talk. It's more than saying you value and seek the input of others. You must back up those words with action — and a commitment to do the hard work to create true collaboration.

Compelling, charismatic, individualistic, take-charge leaders are often chronicled in the press (and through their autobiographies) as the model of modern success. But those characteristics aren't necessarily the ones needed to further collaboration. You seldom hear about the most successful collaborative leaders, because they typically don't draw attention to themselves as much as their work.

In his essay "[The Discipline of Collaboration](#)," Russ Linden, a management consultant, educator and writer, describes collaborative leadership as the art of pulling people together from disciplines or organizations to accomplish a task that none of them could accomplish — at all or as well — individually. Having no formal authority over their peers, he says, collaborative leaders use "persuasion, technical competence, relationship skills and political smarts" to get to the desired goal.

Such leaders don't get headlines, but they do get results.

"It's an unusual person," writes Linden, "who can get and keep the parties working well together, move the ball down the field and tend to the relationships involved as well as the business needs of the partner groups."

He notes that effective collaborative leaders tend to be technically competent in an area related to the task, are typically comfortable with risk and accept responsibility when the risk doesn't pan out, know how to deal with changing, chaotic environments, and tend to be future oriented — they don't let past problems or hurdles slow them down.

"They usually have good political skills in the sense of understanding where the power is in the core group, who the potential rivals are, and what might keep some senior leaders from supporting the initiative," Linden writes. "They have a keen sense of timing and know how to capture the voice of the project's key stakeholders. And they almost always have good interpersonal skills, the most important of which (in partnerships) is careful listening."



REMSA community paramedics Ryan Ramsdell, Katrina Travis, and Jake Beck. (Image Keith Griffiths/REMSA)

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4 traits of collaborative leaders

According to Linden, four key qualities distinguish effective collaborative leaders.

1. High energy

Collaborative leaders "have boundless energy, refuse to be deterred, yet keep their egos in check [which] ensures that there's plenty of space for others in the core group to make a contribution."

2. Passion

"They are passionate about achieving the desired outcome ... and seek other talented people who have creative ideas to contribute. Because the passion is about the outcome and not about their résumé, they tend to build trust and goodwill."

3. Non-authoritative motivation

Collaborative leaders pull others rather than push them. "By definition, these leaders have no formal authority over their peers. They must find nondirective ways to move people in a positive direction."

To do so, they "tap some inner need or value in others, and show how to meet that need through collaboration." Essentially, they pull talented people into a partnership through "creative ideas, a compelling purpose, impassioned champions who are willing to take risks to move the project along, and the chance to work with other great people."

4. Ability to make connections

Finally, collaborative leaders think systemically. "They see the interconnections in complex systems and are comfortable working interdependently."

"Effective collaborative leaders understand their partners' organizations, the dynamics between them, their customers, the technology involved, and how it may change. Like world-class chess players, they know how to think several moves ahead and factor in what other players may do."

There was much evidence of true collaborative leadership at the IRCP in Reno.

Keith Griffiths is a writer and consultant in communications and outreach for public safety and health.

09/18/2014

REMSA anticipates \$10.5M savings through community health program

The Reno, Nev. EMS agency expects the savings through 2015 its 2-year-old program that includes a nurse healthline, community paramedicine and ambulance transport alternatives

Reno Gazette-Journal

RENO, Nev. — What happens when you turn paramedics into caregivers and divert patients in ambulances away from the emergency room?

Apparently, you save millions of dollars. More accurately, you save \$10.5 million in area healthcare expenditures for three years, according to Regional Emergency Medical Services Authority.

That's the total amount of savings that REMSA projects through 2015 for its Community Health Programs effort, which started two years ago.

Read full story: [REMSA doubles down on smarter transport, community paramedics](#)



Preliminary Outcomes

Executive Summary

REMSA's *Community Health Programs* (CHP) are creating new care and referral pathways which assure patients who have entered the 9-1-1 emergency medical services system with urgent, low-acuity medical conditions receive the safest, and most appropriate, levels of quality care at a lower overall cost. Funded by a Centers for Medicare and Medicaid Services Health Care Innovation Award, these programs will reduce total patient care expenditures by \$10.5 million over three years:

- **Nurse Health Line** – Nurse Navigators provide 24/7 assessment, clinical education, triage and referral to health care and community services via a non-emergency number available to all Washoe County residents (launched October 2013).
- **Community Paramedicine** – Specially trained Community Health Paramedics perform in-home delegated tasks to improve the transition from hospital to home, perform point of care lab tests and improve care plan adherence (launched June 2013).
- **Ambulance Transport Alternatives** – Following an advanced assessment in the field, paramedics provide alternative pathways of care for 9-1-1 patients, including transport of 9-1-1 patients with low acuity medical conditions to urgent care centers and clinics, transport of inebriated patients directly to the detoxification center, and transport of psychiatric patients directly to a mental health hospital (launched December 2012).

Preliminary Outcomes Show Progress in Achieving the Triple Aim

Nurse Health Line – This intervention has experienced extraordinary levels of community demand with callers and referral sources representing a broad spectrum of individuals, community groups and healthcare professionals. A recent independent call review was highly complementary and shows very high overall protocol compliance. Preliminary results, based upon data from October 2013 to June 2014, include:

- 1,149 ED visits avoided
 - 190 ambulance transports avoided
 - 4.6% NHL to 9-1-1 transfer rate
 - 15,941 total calls (2,000 calls/month)
 - 5,128 protocols
- Estimate of savings to date
- \$4.3 million (avg. charges)
 - \$1.5 million (avg. payments)

Community Paramedicine – Preliminary results show that Community Health Paramedics can safely avoid hospital readmissions while simultaneously improving care coordination, as well as, patient quality of life and satisfaction scores. Preliminary results, based upon data from June 2013 to June 2014, include:

- 28 readmissions avoided
 - 97 ED visits avoided
 - 109 ambulance transports avoided
 - 444 total patients enrolled
 - 2,024 total in-home visits
- Estimate of savings to date
- \$1.6 million (avg. charges)
 - \$560,000 (avg. payments)

Ambulance Transport Alternatives – Preliminary results demonstrate that transport to alternative destinations is a safe and reliable way to help patients receive the right care at lower cost. However, barriers still remain including: frequency of patient consent, operating hours of participating facilities, facility consent to accept patient, and facility acceptance of patient's insurance. Preliminary results, based upon data from December 2012 to June 2014, include:

- | | |
|--|---|
| <ul style="list-style-type: none">• 550 ED visits avoided• 55 ambulance transports avoided• 4.4% repatriation rate | <p>Estimate of savings to date</p> <ul style="list-style-type: none">• \$2 million (avg. charges)• \$700,000 (avg. payments) |
|--|---|

Community Health Programs Summary – Preliminary results show progress in achieving all program aims:

- | | |
|--|--|
| <ul style="list-style-type: none">• 43,466 Contacts• 15,941 Nurse Health Line Calls• 2,024 Community Paramedic Visits• 574 Alternative Transports | <ul style="list-style-type: none">• 1,795 ED Visits Avoided• 354 Ambulance Transports Avoided• 28 Hospital Readmissions Avoided• \$7.9 million Program Savings (charge)• \$2.8 million Program Savings (payment) |
|--|--|

Future Opportunities

With a strong early foundation supported by these preliminary outcomes, we look forward to working with payors and partners to sustain and expand the gains achieved to the benefit of the entire health care delivery system and, more importantly, the patients the system serves. REMSA's Community Health Programs will:

1. Improve 24/7 access to assessment, triage, referral
 - o Navigate patients to appropriate levels of care
2. Improve overall patient satisfaction and quality of care
3. Lower the total cost of care
 - o Reduce ED visits, ambulance transports, all-cause admissions and readmissions

Our goal is to develop new payment models based upon these preliminary results to preserve and sustain program savings.

A Note about Preliminary Outcomes – The preliminary outcomes presented herein are initial estimates and reflect a best faith effort to present an accurate description of our progress in improving the quality and experience of care, improving the health of populations and reducing the overall cost of care. All savings estimates are calculated based upon average charges from data provided by the Nevada Center for Health Statistics & Informatics at UNR. The estimate of payments avoided is based upon a generic 35% reimbursement rate. We continue to test and confirm the methodology and the data sources. These savings estimates will be updated as new data is identified and our methodologies are validated.

The project described was supported by Grant Number 1C1CMSS30971 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.



REMSA's Ambulance Transport Alternatives Program

REMSA's Ambulance Transport Alternatives program provides pathways of care other than transport to the emergency department for 9-1-1 patients. This includes transport of patients with low acuity medical conditions to urgent care centers and clinics for treatment, the transport of medically stable inebriated patients directly to the Community Triage Center for detoxification, and the transport of medically stable psychiatric patients directly to a facility for medical clearance and admission.

**For more information, call
REMSA's Community Health
Programs at 775-858-5758.**

REMSA, 450 Edison Way, Reno, NV 89502



Services

The Ambulance Transport Alternatives program expands the options for transportation destinations when a patient dials 9-1-1 with a non-life-threatening, non-emergent, low acuity medical condition that could be treated safely outside of the emergency department.

The program features medical director oversight, additional training for paramedics and EMTs, specific protocols for low acuity, intoxicated and psychiatric patients, additional data fields in our electronic medical record system, and includes a rigorous quality assurance/quality improvement process.

The core element is an early destination evaluation — an advanced assessment performed in the field to determine if a 9-1-1 patient could be treated at an alternative medical facility, such as an urgent care center, community clinic, medical group office, detoxification center, or mental health hospital. The paramedic conducts the advanced assessment in the field to first confirm that no priority symptoms exist that require treatments that can only be performed in an emergency department. The paramedic will then explain to the patient that their medical condition may be appropriately treated at an alternative care location. The selection of a location will depend upon: insurance accepted, facility hours, facility capability and capacity, and nearest appropriate location. Within clinical triage and destination guidelines, patient choice and consent will always be the final determinant.



For more information, call REMSA's Community Health Programs at 775-858-5758.



Benefits

In cooperation with the community's health care partners, this program will safely:

Improve patient-centered care

Reduce patient out-of-pocket costs

Reduce patient wait-times for non-emergency care

Reduce unnecessary emergency department visits

Improve patient satisfaction

Reduce overall health care costs

Assure care is delivered where patient's insurance is accepted

This program is supported by grant #1C1CMS330971-01-00 from the Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents of this document are solely the responsibility of the authors and have not been approved by the Department of Health & Human Services, Centers for Medicare & Medicaid Services.

Rev. 01/06/14



REMSA's Community Health Programs

Responding to our Community's healthcare needs.

REMSA's Community Health Programs offer new care and referral pathways which assure patients who have entered the 9-1-1 emergency medical services system with urgent and non-urgent low acuity medical conditions receive the safest, and most appropriate, levels of quality care. In cooperation with the community's health care partners, these programs will safely improve patient-centered care, improve patient satisfaction, and reduce ambulance transports, emergency department visits, hospital readmissions, and overall health care costs.



The Nurse Health Line provides 24/7 access to assessment, clinical education, triage and referral to health care and community services via a non-emergency nurse health line available to all Washoe County residents and visitors regardless of insurance status. **Visit www.nursehealthline.com for more information.**

Community Health Paramedics are specially trained to perform in-home tasks delegated by a physician to improve the continuity of care from hospital to home, perform point of care lab tests and improve care plan adherence.

The Ambulance Transport Alternatives program provides alternative pathways of care for 9-1-1 patients, including transport of 9-1-1 patients with low acuity medical conditions directly to urgent care centers and clinics, transport of inebriated patients directly to the detoxification center, and transport of psychiatric patients directly to a mental health facility.

**For more information, call
REMSA's Community Health
Programs at 775-858-5758.**



For more information, call REMSA's Community Health Programs at 775-858-5758.



The Regional Emergency Medical Services Authority (REMSA) of Reno, Nevada, is a non-profit regional provider of emergency and non-emergency paramedic ambulance services. Partners include:

- | | |
|---|--|
| HAWC Clinic | Saint Mary's Regional Medical Center |
| Nevada State Health Officer | Sparks Fire Department |
| Nevada State Office of Emergency Medical Services | Truckee Meadows Fire Protection District |
| Northern Nevada Adult Mental Health Services | University of Nevada, School of Community Health Sciences |
| Northern Nevada HOPES | U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services |
| Northern Nevada Medical Center | Washoe County Health District |
| Reno Fire Department | WestCare Community Triage Center |
| Renown Regional Medical Center | |

REMSA's Community Health Programs are supported by grant #1C1CMS330971-01-00 from the Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents of this document are solely the responsibility of the authors and have not been approved by the Department of Health & Human Services, Centers for Medicare & Medicaid Services. The grant is part of the national Health Care Innovation Awards, and the purpose of this national program is to "identify, test, and spread new models of care and payment that continuously improve health & healthcare for all Americans." The goal of the Community Health Program is to improve early access to the most appropriate and safest levels of quality care and reduce health care costs for Washoe County residents.



REMSA's Nurse Health Line

Your healthcare starts with a call.

Services

Any time a person believes that urgent medical care is required, especially if the situation is potentially life-threatening, call 9-1-1 immediately! For all other medical issues or questions, everyone now has the option to speak to a registered nurse simply by calling 775-858-1000.



Assess: Nurses will assess each patient's non-emergency illness or injury, including specific symptoms, medical history, medications, allergies, and complicating conditions.

Care: Nurses will provide personalized care guidance in real time and provide assistance in determining how soon to seek additional care (such as follow self-care instructions, seek care immediately, seek care within 1-to-3 days or schedule appointment within 1-to-2 weeks).

Triage: Nurses will triage patients to the appropriate level of care and assist patients in identifying and arranging for appropriate treatment.

Refer: Nurses will assist patients to help them gain access to an array of available local community resources, such as urgent care centers, primary care doctors, medical clinics, mental health services, community service agencies and public assistance programs.

Educate: Nurses will educate patients on medical concerns, proper medication usage, wellness strategies, injury prevention, diagnosis/disease processes and improve knowledge of how to effectively use local resources which will help patients to manage their health care costs.

Confirm: Nurses will use sophisticated protocols to confirm whether the patient has a serious symptom requiring immediate emergency medical services. In this case, the patient is directly transferred to the emergency medical dispatchers, then an ambulance and fire department first responders are sent immediately.

Follow up: The nurses will make a follow up call to each patient within 24 hours to see if they followed the plan of care identified, as well as to see how the patient is doing the next day.

Call REMSA's Nurse Health Line at 775-858-1000 or go to nursehealthline.com.

REMSA, 450 Edison Way, Reno, NV 89502



Call REMSA's Nurse Health Line at
775-858-1000 or go to nursehealthline.com.

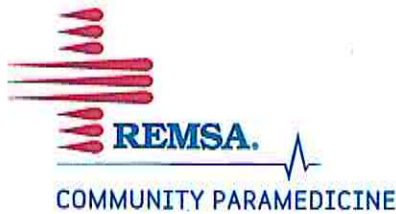
REMSA's Nurse Health Line offers 24/7 access to assessment, clinical education, triage and referral to health care and community services via a non-emergency nurse health line available to all Washoe County residents and visitors regardless of insurance status. This new program provides patients with quicker access to medical information and more care choices from our team of specially-trained experienced registered nurses. REMSA's nurses cannot diagnose problems and are not a substitute for care by a primary care doctor, but our nurses can help patients access the right level of care. If the patient has health insurance, nurses will refer patients to that insurance provider's network. If the patient has no health insurance or does not have a primary care physician, nurses will provide referrals that meet each patient's needs. For non-English speaking patients, nurses will still provide medical information via a language translation service.

There is only one reason to call 9-1-1: an emergency. There are hundreds of reasons to call the REMSA Nurse Health Line.



All services are provided at no charge to the patient. This program is supported by grant #1C1CMS330971-01-00 from the Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents of this document are solely the responsibility of the authors and have not been approved by the Department of Health & Human Services, Centers for Medicare & Medicaid Services.

Rev. 01/06/14



REMSA's Community Health Paramedics

This group of experienced paramedics are specially trained to perform tasks assigned and coordinated by primary care physicians, cardiologists, case managers, discharge planners, and other healthcare providers to enhance each patient's adherence to their care plan. Our goal is to improve the continuity of care from the hospital to the home in order to reduce complications for patients and avoid unnecessary readmissions to the hospital.

**For more information,
call REMSA's Community
Paramedicine Program at 858-5758.**

REMSA, 450 Edison Way, Reno, NV 89502

Services

Our program includes protocols for congestive heart failure care, frequent 9-1-1 users care, post myocardial infarction care and task oriented care. Services include:

Regular in-home visits to patients with feedback to referring provider as requested; scheduling may be as frequent as daily, but is typically 2-3 visits per week for 30 days post discharge

Point of care lab work (BMP, H&H, blood glucose, blood alcohol, clean catch UA) and home blood draws delivered to local labs; results are made available to the patient's care team for timely follow-up

12-lead EKG with interpretation and transmission

Reinforcement of discharge instructions and the treatment plan in the patient's home; including, education for the patient's health literacy level and facilitation of patient's attendance to flu appointments

Identification of recommended versus actual medication usage

Avoidance of exacerbations of chronic illness through close observation and early reporting of symptoms

Monitoring and trending of vital signs, weight, medications, and appointments

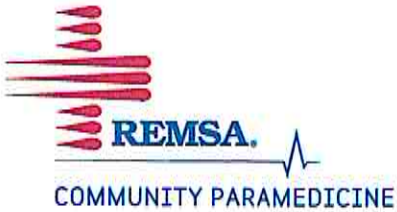
Assist patients with locating appropriate community resources

Protocol-driven in-home IV diuresis and hydration with follow up lab work

Timely communication of abnormal findings to the referring provider

Assistance coordinating urgent (same or next day) physician appointments as appropriate





For more information, call REMSA's Community Paramedicine Program at 775-858-5758.



Benefits

- Improve each patient's understanding and adherence with their care plan
- Improve each patient's satisfaction with their overall health care experience
- Improve the provider's knowledge of the patient's home environment, including: medication usage, health knowledge and living habits
- Improve the provider's access to accurate and timely early warning signs of worsening conditions

All services are provided at no charge to the patient through June 2015. REMSA reserves the right to accept or deny any patient based solely on program criteria which may change at any time. This program is supported by grant #1C1CMS330971-01-00 from the Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents of this document are solely the responsibility of the authors and have not been approved by the Department of Health & Human Services, Centers for Medicare & Medicaid Services.

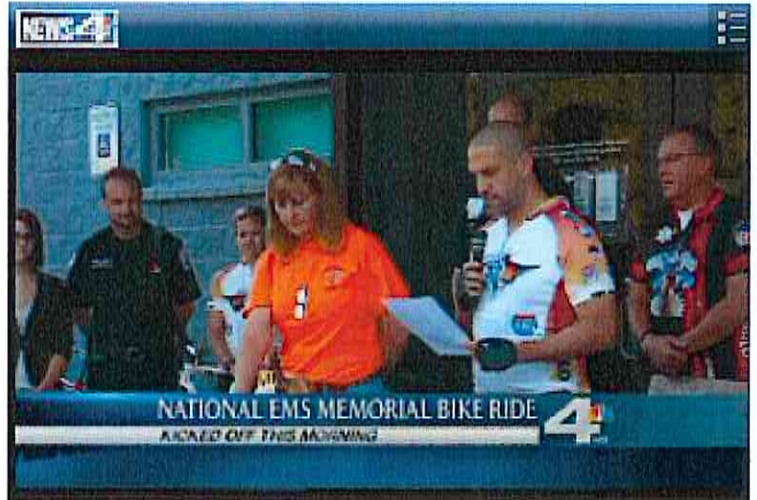


National EMS Memorial Bike Ride to begin

Published: 9/22 1:43 pm

Updated: 9/22 2:45 pm

RENO, Nev. (MyNews4.com & KRNV) -- For the second consecutive year, the National EMS (Emergency Medical Services) Memorial Bike Ride, also known as the Muddy Angels, will hold a west coast cycling event that started in Reno on Monday, Sept. 22 and will conclude in San Francisco on Saturday, Sept. 27.



The bike ride -- which will feature cyclists from across the county -- held a pre-race ceremony at REMSA, located at 450 Edison Way in Reno, at 8 a.m. on Monday, Sept. 22 prior to the racers starting.

The bike ride was created to honor EMS personnel by organizing and implementing long distance cycling events that memorialize and celebrate the lives of those who serve everyday, those who have become sick or injured while performing their duties, and those who have died in the line of duty. The bike ride has been in existence since 2000.

Prior to creating the west coast event, the National EMS Memorial Bike Ride has only gone as far west as Colorado.

Route details include:

Sept. 22 Reno, Nev. to Stateline, Nev.

Sept. 23 Stateline, Nev. to Stateline, Nev. (around Lake Tahoe)

Sept. 24 Stateline, Nev. to Placerville, Calif.

Sept. 25 Placerville, Calif. to Sacramento, Calif.

Sept. 26 Sacramento, Calif. to Napa, Calif.

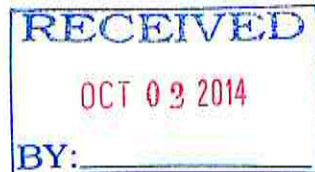
Sept. 27 Napa, Calif. to San Francisco, Calif.



For more information, visit Muddyangels.com



WASHOE COUNTY SHERIFF'S OFFICE HONOR GUARD



Dear REMSA/Care Flight:

The Washoe County Sheriff's Office Honor Guard would like to send their appreciation and heartfelt "Thank You" for your generous donation to the 3rd Annual Washoe County Sheriff's Office Honor Guard Golf Tournament on July 25, 2014.

\$150 Hole Sponsorship

Your donation contributes to the Honor Guard, supporting fallen law enforcement brothers and sisters and their families, by attending law enforcement Line of Duty Death funeral services and memorial services locally, statewide and nationwide.

In May, the Honor Guard attends and proudly represents the Washoe County Sheriff's Office at the local Hoff Police Memorial, the state Police Memorial in Carson City, the Southern Law Enforcement Police Memorial in Las Vegas and the National Police Memorial in Washington, D.C.

Thank you and we appreciate your support!

Sergeant Michelle Bello
WCSO Honor Guard Commander
911 Parr Blvd
Reno, NV 89512
Phone: 775-321-4944
Email: mlbello@washoecounty.us

Sparks Railyard Hazmat Situation Cleared

By: Catherine Van - Email

Posted: Tue 12:11 AM, Sep 30, 2014



SPARKS, Nev. -- The Sparks Railyard is back open after a HazMat evacuation Monday evening.

A railroad worker reported that he had smelled a possible gas leak in a rail tank car after 7 p.m.

About 30 personnel from the Sparks Fire Department and REMSA responded to the call. About 15 railroad employees were evacuated while a regional HazMat triad team assessed the situation.

After the investigation, the team found there was no gas leak or any danger at the time.

All employees can return to their work and the railyard has reopened.

SPARKS - A HazMat team is investigating a railcar at the Sparks Rail Yard for a possible gas leak.

A KOLO 8 News Now crew is at the scene gathering more information.



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: October 23, 2014

TO: District Board of Health

THROUGH: Matt Smith, Chairman
District Board of Health

FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us

SUBJECT: Discussion and possible appointment of Dr. Andrew Michelson, Emergency Room Physician, and Ms. Katrina Heyder or Ms. Terri Ward, as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board

SUMMARY

The Interlocal Agreement (ILA) for Regional Emergency Medical Services (EMS) Oversight establishes a Regional EMS Advisory Board. The Regional EMS Advisory Board includes two District Board of Health (DBOH) appointed positions.

On August 28, 2014, the Board directed Mr. Dick to continue working with the hospitals to ascertain anybody's interest in the two positions. Mr. Dick has located one Emergency Room Physician and two Hospital Continuous Quality Improvement (CQI) Representatives that are interested in participating in the program. The DBOH must appoint the members in order for the Advisory Board to be established and begin its work.

District Health Strategic Objective supported by this item: *Strengthen district-wide infrastructure to improve public health*

Fundamental Review recommendation supported by this item: *Continue current collaborative action plan to resolve REMSA oversight issues with engagement of key partners and stakeholders.*

PREVIOUS ACTION

The ILA for Regional EMS Oversight has been approved by the governing bodies of Reno, Sparks, Truckee Meadows Fire Protection District, Washoe County, and the Washoe County Health District.

Article 2 of the ILA establishes a Regional EMS Advisory Board. The Board is composed of the following members

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

BACKGROUND

The Advisory Board will be responsible for electing a chair and vice-chair and for establishing bylaws. The Advisory Board must meet at least once each fiscal year to review reports, evaluations and/or recommendations of the Regional EMS Oversight Program, and discuss issues related to regional emergency medical services. The Advisory Board may make recommendations to the District Health Officer and/or DBOH.

The names of the potential appointees are listed here and their resumes/CVs are attached to this report for reference:

- Emergency Room Physician: Andrew C Michelson, MD
- Hospital Continuous Quality Improvement (CQI) Representative: Katrina Heyder RN, BSN, MHA
- Hospital Continuous Quality Improvement (CQI) Representative: Terri L. Ward

Each individual has indicated they are willing to serve on the Advisory Board if appointed.

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget anticipated from this item.

RECOMMENDATION

Staff recommends the Board appoint Dr. Andrew Michelson, Emergency Room Physician, and Ms. Terri Ward, as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board.

POSSIBLE MOTION

If the Board agrees with staff's recommendation, a possible motion would be: "Move to appoint Dr. Andrew Michelson, Emergency Room Physician, and Ms. Terri Ward, as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board."

Andrew C Michelson, MD
4415 Starwood Ct.
Reno, NV 89519
(775) 250-0455
emdoc@me.com

Education:

2008-'11 Emergency Medicine Residency, UNSOM

2004-'08 University of Nevada, School of Medicine
-Degree: Medical Doctor

2003-'04 University of Nevada, Reno - Post-Baccalaureate courses:
-Immunology
-Metabolic Regulation

1999-'03 University of Colorado at Boulder
-Degree: Bachelor of Science

Licenses and Certifications:

| | | |
|-----------|---------------------|---------|
| Oct. 2012 | ABEM Oral Boards | passed |
| Nov. 2011 | ABEM Written Boards | passed |
| July 2009 | USMLE step 3 | passed |
| Feb. 2008 | USMLE step 2 CS | passed |
| July 2007 | USMLE step 2 CK | passed |
| July 2006 | USMLE step 1 | passed |
| | ACLS, PALS | current |

Research:

2010-'11 “In the presentation of Acute Aortic Dissection in the
Emergency Department, are there ECG changes suggestive
of ischemia and if so could the ECG be used towards early
recognition of dissection.” (UNSOM EMR project with Dr Slattery)

2010-'11 Health Care Delivery project: Lumbar Puncture video
consent – promotes efficiency and quality improvement of
procedural consent in the ED.

2003-'04 “Reactive radical interactions with clean and adsorbate
covered semiconductor surfaces” (An NSF funded project of
the Dept. of Chemistry at University of Nevada, Reno with mentor Dr.
Casey - Involvement: Conducting High Resolution Transmission Electron
Microscopy of the substance in study)

Professional Activities:

2014-present UNSOM FP SMRMC ED Rotation Physician Coordinator
2013-present UNSOM Medical Education Admissions Committee
2011-present UNSOM EM Career Advisory Group Physician Leader

2010-2011 Paramedic School Lectures:
 -Head and Neck Emergencies
 -Cardiovascular Emergencies
 -Pulmonary Emergencies

2008-2011 Resident Lecture Series:
 -Prehospital Airway Management
 -“Red Herring” or Epidural Abscess
 -Viruses and Your Patients’ Protection
 -Non-CNS Headaches and Their Management
 -Interesting case: Mesenteric Ischemia, NSTEMI, Sick Sinus
 -“To Line or Not to Line” Invasive Management of Sepsis

2008-present American College of Emergency Physician – member
2008-present American Academy of Emergency Medicine - member

Employment/Volunteer:

2011-present Reno Emergency Physician Associates

2010-‘11 UNSOM EM Residency – Chief Resident
 -Academic conference coordinator
 -Resident clinical scheduler
 -Applicant interview panel

2010-2011 Nellis Air Force Base Tactical Training and Paratrooper
 Education

2010-2011 NASCAR Resident Physician

2005 Child Family Health International - South Africa, Capetown

2004-‘06 UNSOM Student Outreach Clinic

2002-‘04 Saint Mary’s Regional Medical Center -Reno, NV
 -Radiology Technician aide and Patient Transport

Extracurricular Activities:

Skiing, mountain/road biking, rock climbing, Cello and
woodworking

Professional References:

Dr. David Nelson MD, Pediatric EM ddnelson1@cox.net
Dr. Marc Burdick DO, EM marc_yale@yahoo.com

Katrina Heyder RN, BSN, MHA
1766 Van Epps Drive
Carson City, NV 89701
Home: 775-882-2047
Cell: 775-230-0681
E-mail: kheyder@primehealthcare.com

Summary of Professional Experience:

2013 to Present Director of Performance Improvement – Saint Mary’s, Reno, NV, USA

Responsible and accountable for the Hospital’s Performance Improvement and Regulatory Readiness programs. Works collaboratively with the Medical Staff and Hospital Leadership to further advance performance improvement and regulatory readiness in the most effective and efficient manner. Direct the implementation and ongoing performance improvement of interdisciplinary teams that results in the provision of quality services, focused on participants' health and functional outcomes within established medical necessity criteria and regulations. Provide expert consultation, analysis and complex project leadership for major programmatic or policy initiatives to cabinet Secretaries or principals of health care organizations in health, human services or health insurance matters. Oversee the collection, integration and evaluation of diverse, aggregate data related to performance in a number of areas, including infection control, risk management, clinical incidents, clinically-related complaints, peer review, audit findings, and internal process and outcome reporting. Identifies trends and recommends and facilitates the action plan toward organization-wide improvement.

2012 to 2013 Night House Supervisor – Saint Mary’s, Reno, NV, USA

Responsible for the management of all department service functions on his/her shift. Moves throughout Facility to monitor, correct, and direct as needed, as appropriate. Directly supervises and communicates with all staff house-wide. In addition, in the absence of the Hospital Administrative staff, this responsibility is extended to all services within the hospital. Ensures efficient functions of the department. Performs direct patient care, only as needed, within the scope of practice. Continually assess care provided in the hospital.

2009 to Present Night House Supervisor – Carson Valley Medical Center, Gardnerville, NV, USA

Responsible for directing and coordinating the patient care activities for the entire medical center. This includes responding to security and other emergency incidents; assessing patient needs; and ensuring appropriate staffing and resource levels. Act in place of Director of Clinical Services, Director of Out Patient Services and / or the Administrator. Responsible for coordinating interdepartmental care for patients; maintain accurate documentation and recordkeeping to support day-to-day activities of hospital; facilitates admissions while assuring patient safety and regulatory compliance; clinical consultant; facilitator for patient complaints; responsible for facilitating any patient, public, or staff concerns. Participator of different hospital committess and participates in all education provided to staff. Performed disciplinary and employee evaluations as appropriate.

2006 to 2009 Inpatient and ICU Manager – Carson Valley Medical Center, Gardnerville, NV, USA

Inpatient Manager. Member of the ICU development committee for implementation of the ICU. Responsible for opening new ICU unit, managing both Medical Telemetry and ICU departments with approximately 50 employees, developing policies, procedures, and quality standards etc., staffing, training, coordinating with all departments, and being available to the nursing units 24 hours a day, 7 days a week. Together with the Director of Nursing, develop quality, and resource utilization tools and protocols for the Inpatient and ICU Nursing Units. Perform evaluation of the clinical performance of staff members and audit charts for quality of clinical performance.

2005 to 2006 Registered Nurse - Kaiser Permanente, Vallejo, CA, USA

Employed as a staff Registered Nurse for the ICU Step-Down Unit, participated in CALNOC pressure ulcer prevalence and restraint usage survey, developed new graduate nurse orientation for facility, and responsible for skill testing newly hired RN's, participated in multidisciplinary Health Connect council, and participated in Relationship Based Care classes.

2004 to 2005 Monitor Tech, Unit Clerk - Northbay Hospital, Fairfield, CA, USA

Employed as a monitor technician for Transitional Care Unit and ICU, provided administration support in absence of unit clerk, responsible for monitoring, transcribing orders, working with physicians, nurses, and ancillary departments in meeting the needs of the patients admitted to the ICU. Developed a training program for new technicians hired at the organization and participated in the quality care committee.

2003 to 2006 Clinical Skills Evaluator, Nursing Tutor - Pacific Union College, Angwin, CA, USA

Assisted with evaluation and testing of nursing students' clinical skills laboratory, tutored nursing students during nurse training, developed tutor sessions for dosage and calculations, and responsible for developing clinical curriculum for the skills lab.

2000 to 2003 Lifeguard supervisor, program coordinator and lead swim Instructor – Carson Aquatic Facility, Carson City, NV, USA

Employed as a supervisor and program coordinator for the swim center. Was appointed the lead swim instructor and lead trainer of the swim center. Was the head trainer for Carson City Recreation Department for swim instructors, lifeguards, and recreation staff. Developed teaching curriculum for swim lessons and safety classes. Responsible for scheduling, development of training programs, performance evaluation and oversight of 50 employees. Accountable for night and weekend facility operations.

1998 to 2002 EMT and Aquatic Director – Camp Wawona, Yosemite, CA, USA

Employed as outpost Aquatic Director. Responsible for oversight of 20 employees. Developed and created the safety protocols, policies, procedures, and quality measures for the department. Improved camp attendance and decreased rate of injuries.

1997 to 2000 Aquatics Director – Triton Aquatics Club, Sunnyvale, CA, USA

Develop and coordinate programs for the Aquatic Facility

Educational Background:

Credit Based Degrees

Masters of Health Care Administration, University of Phoenix – 2008

Bachelor of Science in Nursing, Pacific Union College, Angwin, CA - 2006.

Associates of Science in Nursing, Pacific Union College, Angwin, CA. - 2005.

Associates of General Studies, Western Nevada Community College, Carson City, NV - 2002

Certifications

American Heart Association - ACLS

American Heart Association - BLS

Licensure

Registered Nurse. California. Nevada. Current

Professional Memberships

Member, American Red Cross

Member, American Nurses Association

Member, California Nurses Association

Member, American College of Health Care Executives

Member, Nevada Organization of Nurse Leaders

Member, Nevada Quality and Assurance Association

Terri L. Ward

6181 Boyle Court * Sparks Nevada 89436
kaseycasey01@hotmail.com* 775-223-6823

PROFILE:

- Organized with exceptional follow through abilities and a comprehensive grounding in management.
 - Strong interpersonal skills; proven ability to work well with individuals at all levels.
 - Possess strong problem solving skills
 - Dedicated individual; achieving a reputation for consistently going above and beyond.
 - Detail oriented and resourceful in completing projects able to multitask effectively.
-

EXPERIENCE:

Northern Nevada Medical Center (UHS Inc.) 2013-Present
Administrative Director
Director, Quality/Performance Improvement, Risk Management, Medical Staff, Corporate Compliance, and Infection Control

West Hills Hospital (UHS Inc.) 2008- 2013
Regulatory Compliance Officer
Director, Performance Improvement, Risk Management, Medical Staff, Transportation, Materials Management, Safety and Security, and Medical Records

Nevada State Board of Medical Examiners 2004 - 2008
Investigator/Compliance Officer

Rite of Passage Inc. 1999 - 2004
Case Manager/Unit Manager

Lyon County Sheriff's Department 1999- 2004
Reserve Deputy/Control Room Officer

EDUCATION:

University of Phoenix
Masters of Business Administration 2005-2007

University of Phoenix 2001-2003
B.S. Human Services Management

Western Nevada Community College 1997-1999
A.A.S. Law Enforcement
A.A.S Parole and Probation

PROFESSIONAL MEMBERSHIPS:

National Association of Drug Diversion Investigators (NADDI) 2004 – Present
Nevada Association of Healthcare Quality (NvAHQ) 2009 – Present
National Association of Healthcare Quality (NAHQ) 2009 - Present
American College of Healthcare Executives (ACHE) 2010 - Present
National Association of Professional Women (NAPW) 2011 – Present
Nevada Inter-Hospital Coordination Counsel (IHSS) 2012 - Present



WASHOE COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

DBOH MEETING DATE: 10/23/2014

DATE: October 23, 2014

TO: District Board of Health Members

FROM: David McNinch, Environmental Health Specialist Supervisor
dmcninch@washoecounty.us 775-328-2645

SUBJECT: Discussion and Possible Appointment of Mr. Sergio Guzman to the Food Protection Hearing and Advisory Board (FPHAB)

RECOMMENDATION

Environmental Health Services staff recommends that the Washoe County District Board of Health (Board) appoint Mr. Sergio Guzman as an industry representative to the FPHAB. Mr. Guzman works as the Executive Steward with the Atlantis Hotel and Casino and would bring several years of expertise in the food industry to the FPHAB.

BACKGROUND

The FPHAB considers appeals by aggrieved persons and variance applications pertaining to the Regulations Governing Food Establishments. The FPHAB also serves as a forum to conduct workshops for regulation development (new and/or amended) associated with food establishments and would provide direct advisory input into any proposals.

A vacancy exists on the FPHAB due to the departure of Mr. Bill Miller who also served as a representative of the food industry.

FISCAL IMPACT

There will be no fiscal impact to the Washoe County Health District associated with new appointments.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be "Move to appoint Mr. Sergio Guzman to the Food Protection Hearing and Advisory Board.

ALTERNATIVES

The Board may decide to direct staff to consider other candidates and/or advertise for applicants.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: October 23, 2014

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date September, 2014

SUMMARY

The first quarter of fiscal year 2015 (FY15) ended with a cash balance of \$754,749. Total revenues for the first three months of the fiscal year were \$3.8 million, 19.7% of budget and an increase of 74.6% compared to fiscal year 2014 (FY14). The increase in revenues continues to be from aggressively requesting reimbursement for the grant funded programs. FY15 grant reimbursements have increased \$513,617 over FY14. The Health Fund received \$1.8 million from the County General Fund to help cover costs for the first quarter of the fiscal year. With 25.0% of the fiscal year completed the expenditures totaled \$4.9 million, 23.9% of the budget and 7.7% more than FY14.

District Health Strategic Objective supported: Secure and deploy resources for sustainable impact.

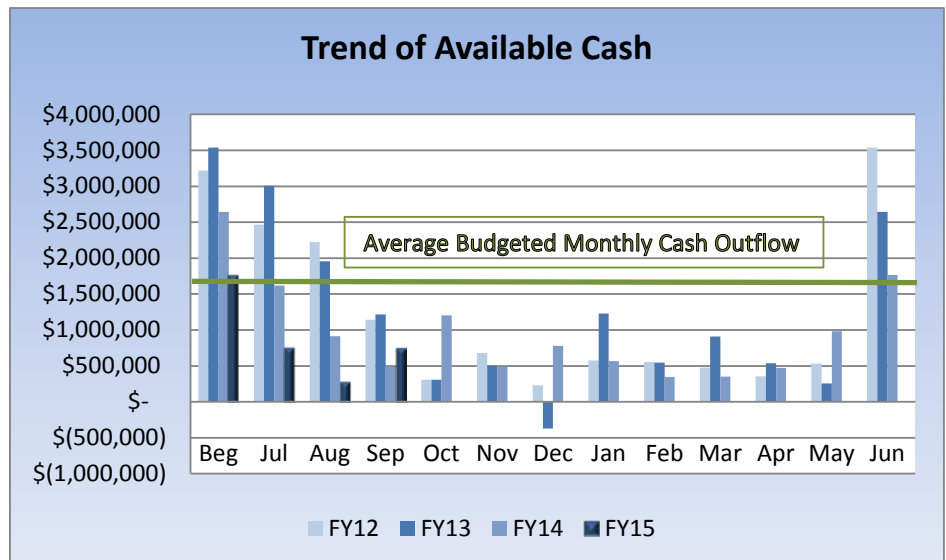
PREVIOUS ACTION

Fiscal Year 2015 Budget was adopted May 19, 2014.

BACKGROUND

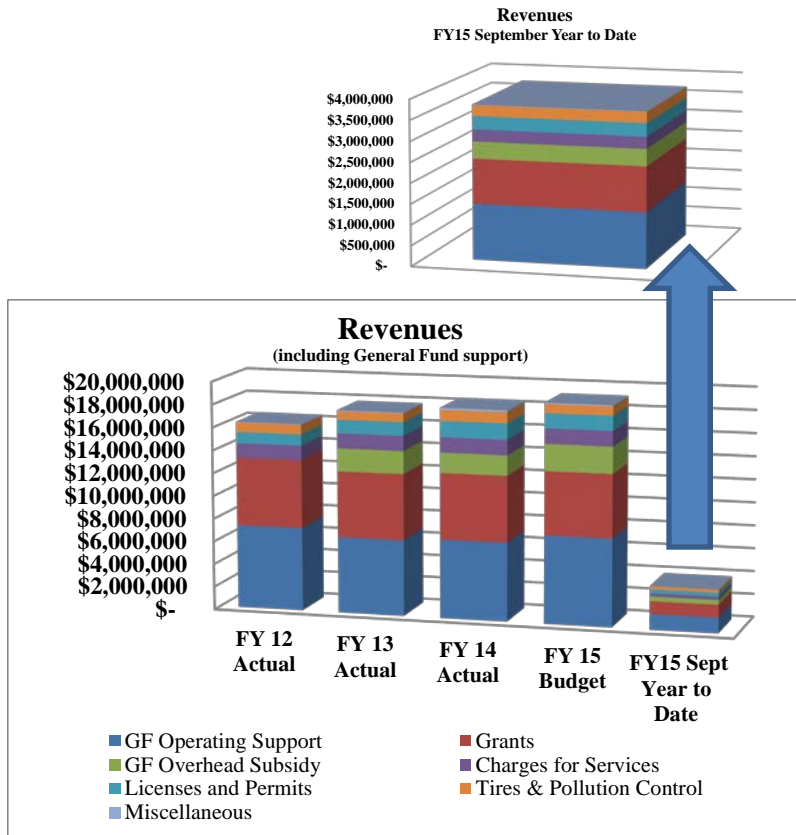
Review of Cash

The available cash at the end of the third month of FY15 was \$754,749 which was 44% of the average budgeted monthly cash outflow of \$1.7 million. This level of cash is where the fund ended at the end of July FY15 so with the general fund transfer of \$1.8 million the Health Fund cash balance has been restored to a level greater than the decline reported in August, as shown in the “Trend of Available Cash” graph. The Health fund continues to have a cash flow that allows for financial stability.



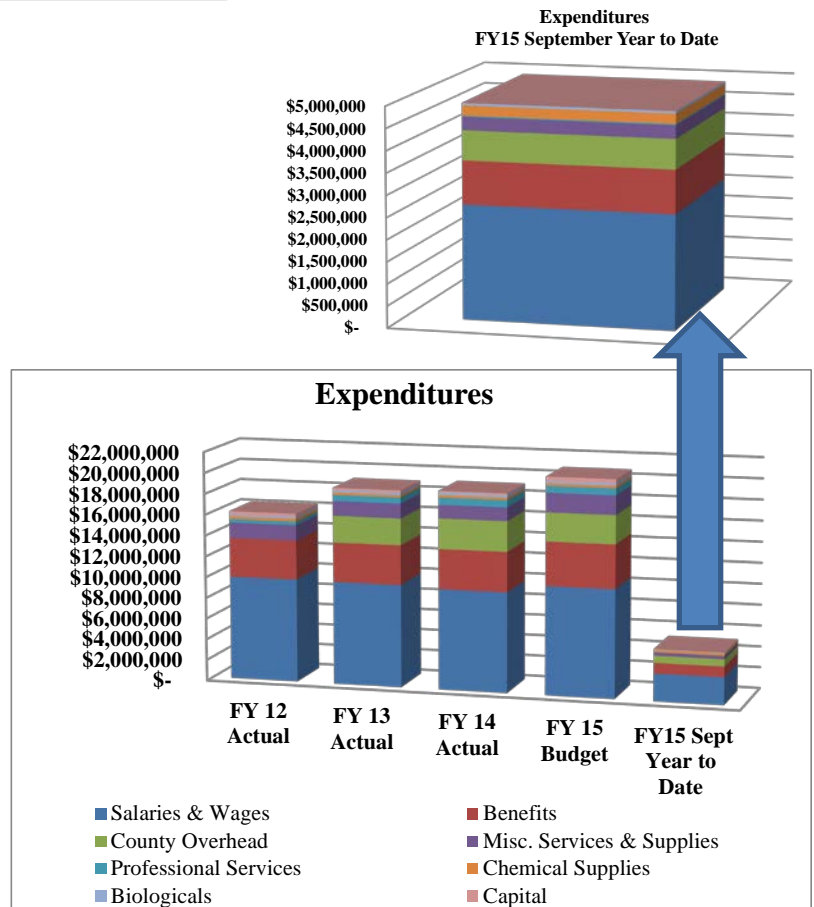
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund.

Review of Revenues (including transfers from General fund) and Expenditures by category



Revenues for FY15 year to date September were up 74.6% from the same time last fiscal year and were 19.7% of budget. The increase continues to be from the reimbursements received from the grant funded programs. FY15 has received \$513,617 greater than the reimbursements in FY14. Licenses and permits are down \$32,475, 9.2%, and charges from services are down \$20,787, 6.7%, with most of the decrease in the sewage and environmental permits program. The annual budgeted General Fund support is \$10.0 million and \$1.8million of that funding was transferred during the first three months of the fiscal year to cover expenditures.

Expenditures for year to date September increased 7.7%, \$353,151, compared to the same time frame for last fiscal year 2014. Salaries and benefits expenditures for the three months of FY15 were \$3.6 million, 11.2% increase, \$366,650, over the prior year. Salaries and benefits are 73.6% of the total expenditures for the fiscal year and services and supplies were the balance of the expenditures at 26.4%, \$1.3 million, up just \$16,009, 1.2%, over the same time in FY14. There has been zero capital dollars spent year to date.



Review of Revenue and Expenditures by Division

As noted last month, grant funding is coming in faster than the prior year. AQM received an additional \$57,000 in direct federal funding over the month of September FY14 and CCHS received \$253,000 greater than FY14; with \$135,000 coming from Family Planning and \$46,000 from the Immunization program. The Epidemiology and Public Health Preparedness program received \$67,000 more federal direct reimbursement compared to FY14. County General Fund transferred \$1,771,699 of the budgeted transfer to help pay for the expenditures in the first quarter of FY15.

With 25.0% of the fiscal year completed the total expenditures were slightly less at 23.9% of total budget, \$4.9 million. Two divisions that significantly deviated from a level spending pattern are AHS, 31.0% of budget, and AQM, 18.6% of budget. AHS is due to an unbudgeted retirement and AQM is mainly due to unspent capital funding of \$258,000. The County General Fund overhead charges for the three months totaled \$685,265, 25% of budget, but down 5.4% from FY14 due to the overall decline in the overhead charge, \$2.8 million in FY15 compared to \$2.9 million in FY14. No other major expenditure variances are noted.

| Washoe County Health District | | | | | | | | |
|--|----------------------|-----------------------|-----------------------------|------------------------|-----------------------|------------------------|-------------------|-------------------------|
| Summary of Revenues (including County General Fund transfers) and Expenditures | | | | | | | | |
| Fiscal Year 2011/2012 through July Year to Date Fiscal Year 2014/2015 (FY15) | | | | | | | | |
| | Actual Fiscal Year | | Fiscal Year 2013/2014 | | Fiscal Year 2014/2015 | | | |
| | 2011/2012 | 2012/2013 | Actual Year End (unaudited) | September Year to Date | Adjusted Budget | September Year to Date | Percent of Budget | FY15 Increase over FY14 |
| Revenues (all sources of funds) | | | | | | | | |
| ODHO | - | - | - | - | - | - | - | - |
| AHS | 8 | 33,453 | 87,930 | 32,276 | 61,113 | - | 0.0% | -100.0% |
| AQM | 1,966,492 | 2,068,697 | 2,491,036 | 494,672 | 2,116,070 | 552,846 | 26.1% | 11.8% |
| CCHS | 3,706,478 | 3,322,667 | 3,388,099 | 363,764 | 3,435,055 | 608,307 | 17.7% | 67.2% |
| EHS | 1,755,042 | 1,828,482 | 1,890,192 | 343,955 | 1,862,623 | 469,213 | 25.2% | 36.4% |
| EPHP | 1,670,338 | 1,833,643 | 1,805,986 | 197,555 | 1,566,507 | 349,513 | 22.3% | 76.9% |
| GF Operating | 7,250,850 | 6,623,891 | 6,853,891 | 571,158 | 7,666,420 | 1,358,233 | 17.7% | 137.8% |
| GF Overhead Subsidy | - | 2,000,000 | 1,750,000 | 145,833 | 2,333,772 | 413,466 | 17.7% | 183.5% |
| Total Revenues | \$ 16,349,208 | \$ 17,710,834 | \$ 18,267,134 | \$ 2,149,213 | \$ 19,041,559 | \$ 3,751,576 | 19.7% | 74.6% |
| Expenditures | | | | | | | | |
| ODHO | - | - | - | - | 437,477 | 106,039 | 24.2% | - |
| AHS | 1,202,330 | 1,305,407 | 1,247,924 | 286,866 | 1,004,343 | 311,430 | 31.0% | 8.6% |
| AQM | 1,955,798 | 2,297,077 | 2,170,911 | 476,506 | 2,752,520 | 511,053 | 18.6% | 7.3% |
| CCHS | 6,086,866 | 5,757,304 | 5,779,003 | 1,331,036 | 5,894,603 | 1,430,044 | 24.3% | 7.4% |
| EHS | 4,848,375 | 4,772,942 | 4,804,597 | 1,315,812 | 5,533,991 | 1,428,692 | 25.8% | 8.6% |
| EPHP | 2,084,830 | 2,129,310 | 2,022,331 | 450,095 | 2,287,196 | 465,452 | 20.4% | 3.4% |
| GF Overhead Charge | - | 2,553,372 | 2,898,034 | 724,508 | 2,741,061 | 685,265 | 25.0% | -5.4% |
| Total Expenditures | \$ 16,178,200 | \$ 18,815,411 | \$ 18,922,800 | \$ 4,584,825 | \$ 20,651,191 | \$ 4,937,975 | 23.9% | 7.7% |
| Revenues (sources of funds) less Expenditures: | | | | | | | | |
| ODHO | - | - | - | - | (437,477) | (106,039) | | |
| AHS | (1,202,322) | (1,271,953) | (1,159,994) | (254,590) | (943,230) | (311,430) | | |
| AQM | 10,694 | (228,380) | 320,125 | 18,166 | (636,450) | 41,793 | | |
| CCHS | (2,380,389) | (2,434,637) | (2,390,904) | (967,272) | (2,459,548) | (821,737) | | |
| EHS | (3,093,333) | (2,944,460) | (2,914,405) | (971,858) | (3,671,368) | (959,480) | | |
| EPHP | (414,492) | (295,666) | (216,345) | (252,540) | (720,689) | (115,939) | | |
| GF Operating | 7,250,850 | 6,623,891 | 6,853,891 | 571,158 | 7,666,420 | 1,358,233 | | |
| GF Overhead Subsidy | - | (553,372) | (1,148,034) | (578,675) | (407,289) | (271,799) | | |
| Surplus (deficit) | \$ 171,008 | \$ (1,104,577) | \$ (655,666) | \$ (2,435,612) | \$ (1,609,632) | \$ (1,186,399) | | |
| Fund Balance (FB) | \$ 3,916,042 | \$ 2,811,465 | \$ 2,155,799 | | \$ 546,168 | | | |
| FB as a % of Expenditures | 24.2% | 14.9% | 11.4% | | 2.6% | | | |

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

The environmental oversight account balance is \$108,337.57 for September, 2014.

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date September, 2014.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date September, 2014.

Attachment:

Health District Fund summary report with line item detail

Period: 1 thru 3 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

| Accounts | 2015 Plan | 2015 Actuals | Balance | Act% | 2014 Plan | 2014 Actual | Balance | Act% |
|-------------------------------------|------------|--------------|------------|------|------------|-------------|------------|------|
| 422503 Environmental Permits | 46,317- | 7,344- | 38,973- | 16 | 63,177- | 15,171- | 48,006- | 24 |
| 422504 Pool Permits | 97,000- | 11,409- | 85,591- | 12 | 74,690- | 9,114- | 65,576- | 12 |
| 422505 RV Permits | 11,000- | 2,583- | 8,417- | 23 | 13,306- | 2,867- | 10,439- | 22 |
| 422507 Food Service Permits | 420,000- | 101,949- | 318,051- | 24 | 492,181- | 105,072- | 387,109- | 21 |
| 422508 Wat Well Const Perm | 30,000- | 6,931- | 23,069- | 23 | 23,567- | 10,928- | 12,639- | 46 |
| 422509 Water Company Permits | 5,000- | 4,731- | 269- | 95 | 3,200- | 891- | 2,309- | 28 |
| 422510 Air Pollution Permits | 474,103- | 126,021- | 348,082- | 27 | 584,012- | 133,728- | 450,284- | 23 |
| 422511 ISDS Permits | 75,000- | 17,234- | 57,766- | 23 | 66,522- | 26,815- | 39,707- | 40 |
| 422513 Special Event Permits | 105,000- | 35,337- | 69,663- | 34 | 99,623- | 40,609- | 59,014- | 41 |
| 422514 Initial Applic Fee | 31,000- | 6,433- | 24,567- | 21 | 35,226- | 7,252- | 27,974- | 21 |
| * Licenses and Permits | 1,294,420- | 319,972- | 974,448- | 25 | 1,455,504- | 352,447- | 1,103,057- | 24 |
| 431100 Federal Grants | 4,968,692- | 918,682- | 4,050,010- | 18 | 5,301,515- | 381,440- | 4,920,075- | 7 |
| 431105 Federal Grants - Indirect | 235,667- | 48,580- | 187,087- | 21 | 243,178- | 15,918- | 227,260- | 7 |
| 432100 State Grants | 311,068- | 128,007- | 183,061- | 41 | 741,802- | 185,180- | 556,622- | 25 |
| 432105 State Grants-Indirect | 16,026- | 886- | 15,140- | 6 | 2,205- | | 2,205- | |
| 432310 Tire Fee NRS 444A.090 | 468,548- | 184,685- | 283,863- | 39 | 468,548- | 63,665- | 404,883- | 14 |
| 432311 Pol Ctrl 445B.830 | 318,667- | 81,771- | 236,896- | 26 | 300,000- | 78,739- | 221,261- | 26 |
| * Intergovernmental | 6,318,669- | 1,362,612- | 4,956,057- | 22 | 7,057,248- | 724,943- | 6,332,306- | 10 |
| 460162 Services to Other Agencies | | | | | | | | |
| 460500 Other Immunizations | 89,000- | 7,566- | 81,435- | 9 | 89,000- | 14,563- | 74,437- | 16 |
| 460501 Medicaid Clinical Services | 8,200- | 507- | 7,693- | 6 | 8,200- | 334- | 7,866- | 4 |
| 460503 Childhood Immunizations | 20,000- | 3,514- | 16,486- | 18 | 20,000- | 4,408- | 15,592- | 22 |
| 460504 Maternal Child Health | | | | | | | | |
| 460505 Non Title X Revenue | | | | | | | | |
| 460508 Tuberculosis | 4,100- | 1,557- | 2,543- | 38 | 4,100- | 1,144- | 2,956- | 28 |
| 460509 Water Quality | | | | | | | | |
| 460510 IT Overlay | 35,344- | 8,132- | 27,212- | 23 | 35,344- | 10,245- | 25,099- | 29 |
| 460511 Birth and Death Certificates | 480,000- | 112,190- | 367,810- | 23 | 450,000- | 114,205- | 335,795- | 25 |
| 460512 Duplication Service Fees | | | | | | 34- | 34 | |
| 460513 Other Healt Service Charges | | | | | | | | |
| 460514 Food Service Certification | 18,000- | 5,452- | 12,548- | 30 | 19,984- | 5,145- | 14,839- | 26 |
| 460515 Medicare Reimbursement | | | | | | | | |
| 460516 Pgm Inc-3rd Prty Rec | 1,750- | 123- | 1,627- | 7 | 1,750- | 183- | 1,567- | 10 |
| 460517 Influenza Immunization | 7,000- | 53- | 6,948- | 1 | 7,000- | 37- | 6,964- | 1 |
| 460518 STD Fees | 21,000- | 3,117- | 17,883- | 15 | 21,000- | 5,657- | 15,343- | 27 |
| 460519 Outpatient Services | | | | | | | | |
| 460520 Eng Serv Health | 50,000- | 6,999- | 43,001- | 14 | 50,707- | 12,736- | 37,971- | 25 |
| 460521 Plan Review - Pools & Spas | 3,600- | 1,086- | 2,514- | 30 | 3,816- | 1,466- | 2,350- | 38 |
| 460523 Plan Review - Food Services | 20,000- | 1,183- | 18,817- | 6 | 18,765- | 6,441- | 12,324- | 34 |
| 460524 Family Planning | 32,000- | 7,576- | 24,424- | 24 | 27,000- | 9,350- | 17,650- | 35 |
| 460525 Plan Review - Vector | 42,000- | 7,752- | 34,248- | 18 | 36,021- | 14,863- | 21,158- | 41 |
| 460526 Plan Review-Air Quality | 57,889- | 10,403- | 47,486- | 18 | 65,272- | 6,919- | 58,353- | 11 |
| 460527 NOE-AQM | 116,984- | 29,245- | 87,739- | 25 | 113,934- | 29,307- | 84,627- | 26 |

Period: 1 thru 3 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

| Accounts | 2015 Plan | 2015 Actuals | Balance | Act% | 2014 Plan | 2014 Actual | Balance | Act% |
|-------------------------------------|------------|--------------|------------|------|-------------|-------------|------------|------|
| 460528 NESHAP-AQM | 99,333- | 22,514- | 76,819- | 23 | 135,389- | 22,100- | 113,289- | 16 |
| 460529 Assessments-AQM | 51,336- | 11,904- | 39,432- | 23 | 57,888- | 12,958- | 44,930- | 22 |
| 460530 Inspector Registr-AQ | 2,162- | 607- | 1,555- | 28 | 14,655- | 2,113- | 12,542- | 14 |
| 460531 Dust Plan-Air Quality | 142,403- | 36,841- | 105,562- | 26 | 187,690- | 26,808- | 160,882- | 14 |
| 460532 Plan Rvw Hotel/Motel | | 2,530- | 2,530 | | | | | |
| 460533 Quick Start | | | | | | | | |
| 460534 Child Care Inspection | 8,514- | 3,280- | 5,234- | 39 | 10,560- | 2,952- | 7,608- | 28 |
| 460535 Pub Accomod Inspectn | 19,000- | 4,725- | 14,275- | 25 | 22,540- | 4,955- | 17,585- | 22 |
| 460570 Education Revenue | | | | | 2,900- | 720- | 2,180- | 25 |
| * Charges for Services | 1,329,615- | 288,855- | 1,040,760- | 22 | 1,403,515- | 309,643- | 1,093,872- | 22 |
| 484050 Donations Federal Pgm Income | 37,550- | 7,096- | 30,454- | 19 | 37,550- | 10,398- | 27,152- | 28 |
| 484195 Non-Govt'l Grants | 55,988- | | 55,988- | | 88,263- | 32,276- | 55,987- | 37 |
| 484197 Non-Gov. Grants-Indirect | 5,125- | | 5,125- | | 5,125- | | 5,125- | |
| 485100 Reimbursements | | | | | | | | |
| 485121 Jury Reimbursements | | | | | | | | |
| 485300 Other Misc Govt Rev | | 1,341- | 1,341 | | 62,229- | 2,515- | 59,714- | 4 |
| * Miscellaneous | 98,663- | 8,437- | 90,226- | 9 | 193,167- | 45,189- | 147,978- | 23 |
| ** Revenue | 9,041,367- | 1,979,877- | 7,061,490- | 22 | 10,109,435- | 1,432,222- | 8,677,213- | 14 |
| 701110 Base Salaries | 9,153,739 | 2,287,276 | 6,866,463 | 25 | 9,191,190 | 2,082,025 | 7,109,165 | 23 |
| 701120 Part Time | 467,728 | 122,032 | 345,696 | 26 | 565,940 | 99,443 | 466,497 | 18 |
| 701130 Pooled Positions | 504,876 | 112,328 | 392,548 | 22 | 464,481 | 110,683 | 353,798 | 24 |
| 701140 Holiday Work | 4,319 | 1,507 | 2,811 | 35 | 2,819 | 1,808 | 1,011 | 64 |
| 701150 xcContractual Wages | | | | | | | | |
| 701200 Incentive Longevity | 155,100 | 496 | 154,604 | 0 | 165,426 | 525 | 164,901 | 0 |
| 701300 Overtime | 62,180 | 18,195 | 43,985 | 29 | 69,920 | 18,598 | 51,321 | 27 |
| 701406 Standby Pay | | | | | | 100- | 100 | |
| 701408 Call Back | 1,000 | | 1,000 | | 1,000 | | 1,000 | |
| 701412 Salary Adjustment | 21,019 | | 21,019 | | 230,085- | | 230,085- | |
| 701413 Vac Payoff/Sick Pay-Term | | 79,863 | 79,863- | | | 15,518 | 15,518- | |
| 701417 Comp Time | | 11,796 | 11,796- | | | 3,012 | 3,012- | |
| 701419 Comp Time - Transfer | | | | | | 1,849 | 1,849- | |
| 701500 Merit Awards | | | | | | | | |
| * Salaries and Wages | 10,369,961 | 2,633,492 | 7,736,469 | 25 | 10,230,689 | 2,333,361 | 7,897,329 | 23 |
| 705110 Group Insurance | 1,457,971 | 353,246 | 1,104,725 | 24 | 1,422,035 | 331,962 | 1,090,073 | 23 |
| 705210 Retirement | 2,517,459 | 591,009 | 1,926,450 | 23 | 2,515,667 | 550,935 | 1,964,732 | 22 |
| 705215 Retirement Calculation | | | | | | | | |
| 705230 Medicare April 1986 | 135,173 | 36,139 | 99,034 | 27 | 136,701 | 31,391 | 105,311 | 23 |
| 705320 Workmens Comp | 67,787 | 16,947 | 50,840 | 25 | 66,992 | 16,535 | 50,458 | 25 |
| 705330 Unemply Comp | 15,179 | 3,795 | 11,384 | 25 | 15,375 | 3,795 | 11,580 | 25 |
| 705360 Benefit Adjustment | 4,540 | | 4,540 | | | | | |
| * Employee Benefits | 4,198,109 | 1,001,135 | 3,196,974 | 24 | 4,156,770 | 934,617 | 3,222,153 | 22 |
| 710100 Professional Services | 646,556 | 27,526 | 619,030 | 4 | 1,211,770 | 15,330 | 1,196,440 | 1 |
| 710105 Medical Services | 9,323 | 290 | 9,034 | 3 | 9,173 | 1,788 | 7,385 | 19 |

Period: 1 thru 3 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

| Accounts | 2015 Plan | 2015 Actuals | Balance | Act% | 2014 Plan | 2014 Actual | Balance | Act% |
|------------------------------------|-----------|--------------|---------|------|-----------|-------------|---------|------|
| 710108 MD Consultants | 83,908 | 5,338 | 78,571 | 6 | 46,950 | 9,325 | 37,625 | 20 |
| 710110 Contracted/Temp Services | 14,085 | 5,945 | 8,140 | 42 | 53,500 | 11,629 | 41,871 | 22 |
| 710119 Subrecipient Payments | | | | | | | | |
| 710200 Service Contract | 120,720 | 28,132 | 92,587 | 23 | 103,593 | 40,393 | 63,200 | 39 |
| 710205 Repairs and Maintenance | 5,538 | 2,692 | 2,847 | 49 | 11,470 | 2,478 | 8,992 | 22 |
| 710210 Software Maintenance | 15,235 | 9,363 | 5,872 | 61 | 15,636 | 12,000 | 3,636 | 77 |
| 710300 Operating Supplies | 116,634 | 16,622 | 100,012 | 14 | 134,870 | 19,802 | 115,068 | 15 |
| 710302 Small Tools & Allow | 22,685 | 200 | 22,485 | 1 | 10,685 | 230 | 10,455 | 2 |
| 710308 Animal Supplies | 1,600 | | 1,600 | | 1,600 | 583 | 1,017 | 36 |
| 710319 Chemical Supplies | 231,900 | 231,713 | 187 | 100 | 232,300 | 168,802 | 63,498 | 73 |
| 710325 Signs and Markers | | | | | | | | |
| 710334 Copy Machine Expense | 25,885 | 6,997 | 18,888 | 27 | 28,447 | 5,368 | 23,079 | 19 |
| 710350 Office Supplies | 54,744 | 7,644 | 47,100 | 14 | 41,074 | 5,588 | 35,486 | 14 |
| 710355 Books and Subscriptions | 6,964 | 1,324 | 5,640 | 19 | 7,594 | 2,721 | 4,873 | 36 |
| 710360 Postage | 21,420 | 4,152 | 17,268 | 19 | 24,435 | 3,941 | 20,494 | 16 |
| 710361 Express and Courier | 560 | 28 | 532 | 5 | 735 | 48 | 687 | 7 |
| 710391 Fuel & Lube | 100 | | 100 | | 100 | | 100 | |
| 710412 Do Not Use | | | | | | | | |
| 710500 Other Expense | 26,970 | 2,969 | 24,002 | 11 | 24,932 | 2,350 | 22,582 | 9 |
| 710502 Printing | 21,636 | 3,360 | 18,276 | 16 | 33,970 | 3,609 | 30,361 | 11 |
| 710503 Licenses & Permits | 6,331 | 1,285 | 5,046 | 20 | 7,887 | 670 | 7,217 | 8 |
| 710505 Rental Equipment | 1,800 | | 1,800 | | 1,900 | | 1,900 | |
| 710506 Dept Insurance Deductible | | | | | | 34 | 34- | |
| 710507 Network and Data Lines | 11,295 | 2,762 | 8,533 | 24 | 5,530 | 2,609 | 2,921 | 47 |
| 710508 Telephone Land Lines | 42,878 | 8,672 | 34,206 | 20 | 42,484 | 9,280 | 33,204 | 22 |
| 710509 Seminars and Meetings | 45,498 | 4,413 | 41,086 | 10 | 36,065 | 6,168 | 29,898 | 17 |
| 710512 Auto Expense | 14,185 | 1,468 | 12,717 | 10 | 19,102 | 3,354 | 15,748 | 18 |
| 710514 Regulatory Assessments | 11,920 | 9,319 | 2,601 | 78 | 11,920 | 5,960 | 5,960 | 50 |
| 710519 Cellular Phone | 15,714 | 3,392 | 12,322 | 22 | 15,660 | 3,549 | 12,111 | 23 |
| 710524 Utility relocation | | | | | | 200 | 200- | |
| 710529 Dues | 11,867 | 2,982 | 8,885 | 25 | 10,756 | 1,600 | 9,156 | 15 |
| 710535 Credit Card Fees | 12,665 | 4,174 | 8,491 | 33 | 11,925 | 3,693 | 8,232 | 31 |
| 710546 Advertising | 263,720 | 3,883 | 259,837 | 1 | 47,600 | 1,264 | 46,336 | 3 |
| 710551 Cash Discounts Lost | | 7 | 7- | | | 21 | 21- | |
| 710563 Recruitment | | 301 | 301- | | | | | |
| 710577 Uniforms & Special Clothing | 12,350 | 1,289 | 11,061 | 10 | 25,500 | 200 | 25,300 | 1 |
| 710585 Undesignated Budget | 90,642 | | 90,642 | | 62,229 | | 62,229 | |
| 710598 Telecomm Charge-out contra | | | | | | | | |
| 710600 LT Lease-Office Space | 109,115 | 26,564 | 82,551 | 24 | 109,115 | 22,434 | 86,681 | 21 |
| 710620 LT Lease-Equipment | | | | | | | | |
| 710703 Biologicals | 224,882 | 56,215 | 168,667 | 25 | 246,791 | 77,227 | 169,564 | 31 |
| 710714 Referral Services | | | | | 6,328 | | 6,328 | |
| 710721 Outpatient | 88,786 | 12,347 | 76,439 | 14 | 93,093 | 811 | 92,281 | 1 |

Run by: AHEENAN
 Run date: 10/10/2014 07:39:45
 Report: 400/ZS16

Washoe County
 Plan/Actual Rev-Exp 2-yr (FC)

Period: 1 thru 3 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

| Accounts | 2015 Plan | 2015 Actuals | Balance | Act% | 2014 Plan | 2014 Actual | Balance | Act% |
|--------------------------------|-------------|--------------|------------|------|------------|-------------|------------|------|
| 710872 Food Purchases | 5,089 | 72 | 5,016 | 1 | 10,176 | 138 | 10,037 | 1 |
| 711010 Utilities | | | | | 180 | | 180 | |
| 711100 ESD Asset Management | 66,526 | 16,465 | 50,061 | 25 | 47,436 | 12,328 | 35,108 | 26 |
| 711113 Equip Srv Replace | 27,586 | 6,761 | 20,825 | 25 | 27,084 | 6,902 | 20,182 | 25 |
| 711114 Equip Srv O & M | 41,538 | 10,935 | 30,602 | 26 | 46,869 | 11,907 | 34,962 | 25 |
| 711115 Equip Srv Motor Pool | 5,000 | | 5,000 | | 16,741 | | 16,741 | |
| 711117 ESD Fuel Charge | 48,591 | 14,724 | 33,866 | 30 | 55,492 | 13,870 | 41,623 | 25 |
| 711119 Prop & Liab Billings | 74,502 | 18,626 | 55,877 | 25 | 74,502 | 18,626 | 55,877 | 25 |
| 711210 Travel | 200,848 | 24,639 | 176,209 | 12 | 269,811 | 21,876 | 247,935 | 8 |
| 711300 Cash Over Short | | | | | | 20 | 20- | |
| 711399 ProCard in Process | | 680 | 680- | | | | | |
| 711400 Overhead - General Fund | 2,741,061 | 685,265 | 2,055,796 | 25 | 2,898,034 | 724,508 | 2,173,526 | 25 |
| 711504 Equipment nonCapital | 83,575 | 31,814 | 51,762 | 38 | 135,712 | 32,108 | 103,605 | 24 |
| * Services and Supplies | 5,684,427 | 1,303,348 | 4,381,079 | 23 | 6,328,754 | 1,287,339 | 5,041,415 | 20 |
| 781004 Equipment Capital | 373,694 | | 373,694 | | 332,748 | 29,508 | 303,240 | 9 |
| 781007 Vehicles Capital | 25,000 | | 25,000 | | 100,000 | | 100,000 | |
| * Capital Outlay | 398,694 | | 398,694 | | 432,748 | 29,508 | 403,240 | 7 |
| ** Expenses | 20,651,191 | 4,937,975 | 15,713,215 | 24 | 21,148,962 | 4,584,825 | 16,564,138 | 22 |
| 485193 Surplus Supplies Sales | | | | | | | | |
| * Other Fin. Sources | | | | | | | | |
| 621001 Transfer From General | 10,000,192- | 1,771,699- | 8,228,493- | 18 | 8,603,891- | 716,991- | 7,886,900- | 8 |
| * Transfers In | 10,000,192- | 1,771,699- | 8,228,493- | 18 | 8,603,891- | 716,991- | 7,886,900- | 8 |
| 818000 Transfer to Intrafund | | | | | | | | |
| * Transfers Out | | | | | | | | |
| ** Other Financing Src/Use | 10,000,192- | 1,771,699- | 8,228,493- | 18 | 8,603,891- | 716,991- | 7,886,900- | 8 |
| *** Total | 1,609,632 | 1,186,399 | 423,233 | 74 | 2,435,636 | 2,435,612 | 25 | 100 |



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: October 23, 2014

TO: District Board of Health

FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
328-2416, kdick@washoecounty.us

SUBJECT: Introduction, discussion, and possible direction to staff regarding new fees associated with Health District activities that are not currently on the Fee Schedule and beginning the process of updating of the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

SUMMARY

The Washoe County District Board of Health must approve changes to the Health District Fee Schedule. Prior to introduction of new fees to the community, staff is seeking direction from the Board on whether to proceed with the fees not currently on the Fee Schedule for consideration and possible adoption into the current schedule and further seeking direction to start the process to update the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

District Health Strategic Objective supported: Secure and deploy resources for sustainable impact.

PREVIOUS ACTION

April 25, 2013 the Board approved the current Fee Schedule.

September 25, 2014 the Board gave staff direction to bring back the proposed new fees.

BACKGROUND

During a review of our business processes for the Accela Regional License and Permits project and the reassessment of all other business processes and associated fees it was discovered that there are several activities that the current fee schedule does not allow for the Health District to charge a fee. At the September 25, 2014 board meeting staff was directed to develop those fees for the activities identified and bring them back to the Board for discussion and direction.

The current fee schedule does not include the cost of living adjustments, benefit increases, and indirect cost rates approved for fiscal year 2015. So that the fee structure stays in line with the cost of doing business, staff is asking for direction to start the process of updating the current fee schedule for the salaries, benefits, and indirect rate increases that are already in place for expenditures.

The methodology of the Health District is to identify the amount of time it takes to perform the activities associated with the fee. Then the most current personnel rate (salaries & benefits) is multiplied by the time. The calculated figure is multiplied by the Health District approved Indirect Cost Rate Agreement and the Washoe County Health District Indirect Cost Rate (CoWCAP), both prepared with a federally-

Date: September 25, 2014

Subject: Direction to staff to bring back new fees

Page 2 of 21

approved methodology by an independent contractor for the Washoe County Health District. The direct and indirect expenditures are added together and the fee is rounded to the nearest whole dollar.

As a cost recovery measure, we are requesting direction from the Board as to whether staff should pursue including the fees in the current Fee Schedule for the following list of services in the Air Quality Management Division and the Environmental Health Division.

Air Quality Management

The following new fees will generate approximately \$10,167.00 annually for the Air Quality Division.

- 1) National Emission Standards for Hazardous Air Pollutants (NESHAP) Asbestos Abatement Notifications when an administrative modification is necessary for a change in general or abatement contractors.
 - The proposed fee is \$47.00; the anticipated annual volume is 5 for total estimated revenue of \$235.00 (see ***Attachment AQM1*** page 5 for details).
- 2) NESHAP demolition notifications following abatement. The current schedule only allows for non-NESHAP demolition notices.
 - The proposed fee is \$162.00; the anticipated annual volume is 10 for total estimated revenue of \$1,620.00 (see ***Attachment AQM2*** page 6 for details).
- 3) Dust control permit administrative modifications for change of contractor, developer, and size of project.
 - The proposed fee is \$47.00; the anticipated annual volume is 50 for total estimated revenue of \$2,350.00 (see ***Attachment AQM3*** page 7 for details).
- 4) Transfer of Woodstove Certificates of Compliance for a change of title or loan companies.
 - The proposed fee is \$13.00; the anticipated annual volume is 10 for total estimated revenue of \$130.00 (see ***Attachment AQM4*** page 8 for details).
- 5) Review of Smoke Management Plans for annual review of overall plan and review of individual project units prior to commencement of burns.
 - The proposed fee is \$72.00 with a per unit fee of \$18.00; the anticipated annual volume is 27 with an average 8 units/plan for a total estimated revenue of \$5,832.00 (see ***Attachment AQM5*** page 9 for details).

Environmental Health Services (EHS)

The following fees will generate approximately \$89,823.00 annually in revenue for the Environmental Health Division.

- 1) New application/Change of ownership fee for every facility with a recurring permit. The following facilities are currently not being charged this type of fee: Invasive Body Decoration Establishments, Hotel/Motel, Child care, Mobile Home or Recreational Vehicle Park, Schools (public and private), Pool/Spa, Recreational Vehicle Dump Station, all Biohazardous and Solid Waste Annual Permits, Biohazardous Waste Generator, and Liquid-Oil-Waste Hauler Vehicles.

- The proposed fee is \$102.00; the anticipated annual volume is 75 for total estimated revenue of \$7,650.00 (see **Attachment EHS1** page 10 for details).
- 2) School Institution inspections pursuant to requirements under NRS 444.335 related to the state school regulations for environmental and safety standards.
 - The proposed fee is \$151.00; the anticipated annual volume is 138 for total estimated revenue of \$20,838.00 (see **Attachment EHS2** page 11 for details).
 - 3) Underground Storage Tank Inspection fee. This would include new construction, remodels, and decommissioning of systems. (Pending legal review)
 - The proposed fee for the Underground Storage Tanks New Construction permit fee is \$1,603.00; the anticipated annual volume is 10 for total estimated revenue of \$16,030.00 (see **Attachment EHS3** page 12).
 - The proposed fee for the Underground Storage Tanks (UST) Remodel/Upgrade/Repair Construction Permit Fee (UST Repair) New Construction permit fee is \$1,603.00; the anticipated annual volume is 10 for total estimated revenue of \$16,030.00 (see **Attachment EHS3** page 13 for details).
 - The proposed fee for the Underground Storage Tanks (UST) Decommissioning Permit Fee is \$1,333.00; the anticipated annual volume is 10 for total estimated revenue of \$13,330.00 (see **Attachment EHS3** page 14 for details).
 - 4) Expand the Limited Advisory Inspection Fee to a Per Hour Fee for all customer service based requests that don't fit within current fee structure. This is for Normal Working Hours and Non-standard Working Hours requests. Currently this fee can only be charged for Food Inspections.
 - The proposed fee is \$71.00; the anticipated annual volume is 10 for total estimated revenue of \$1,420.00, assuming the 2 hours minimum (see **Attachment EHS4** page 15 for details) for services during normal working hours.
 - \$105.00 for services during non-standard working hours with a volume of 10 the estimated revenue is \$2,100.00, assuming the 2 hours minimum (see **Attachment EHS4** page 15 for details).
 - 5) Implement a Re-inspection Fee for re-inspections above what is included in an original permit fee. The current fee schedule only allows for re-inspection fees to be charged to Foods, Special Events, Pool/Spa Construction, and Pool/Spa Inspection.
 - The proposed fee is \$71.00; the anticipated annual volume is 30 for total estimated revenue of \$2,130.00 (see **Attachment EHS5** page 16 for details).
 - 6) Adjust the current refund fee to reduce staff time and customer confusion.
 - At this time the health district is reevaluating the refund policy to consider all perspectives including the implementation of the Accela project. No determination will be made at this time; however, if decisions are made they will be brought forward to the community, and brought back to the board, with the other fees (see **Attachment EHS6** page 17 for details).
 - 7) Cost recovery fee for verified Foodborne Illness Outbreak(s) or verified Permitted Facility Complaints.
 - The proposed fee is \$71.00; the anticipated annual volume is infrequent; therefore, no annual revenue is estimated (see **Attachment EHS7** page 18 for details).

- 8) Expand Quick Start. Currently the Quick Start Fee is only charged for Food Construction Establishments and services are being requested for other construction activities. Expanding the definition will allow us to charge for these services.
 - The proposed fee is \$37.00; the anticipated annual volume is 10 for total estimated revenue of \$370.00 (see **Attachment EHS8** page 19 for details).
- 9) Water System Construction Plan Review Fee. Currently the fee justification allows for a \$1.00 charge for each water connection in addition to the base fee. We are not currently charging the additional water connection fee.
 - The proposed change would be between \$500.00 and \$1,000.00 a year. This dramatically fluctuates within the year; the volume of water projects is currently high, however, it is anticipated to slow down with the merger of the water departments in Washoe County. (see **Attachment EHS9** page 20 for details).
- 10) Late payment fee for all permitted facilities. Air Quality Management currently charges a 25% Permit to Operate Late Fee. Adding this fee for EHS would increase timely payment and provide consistency across divisions.
 - The proposed fee is 25%; the anticipated annual volume is 276 for total estimated revenue of \$8,925.00 (see **Attachment EHS10** page 21 for details).

These activities require staff time to be able to work with contractors, developers, Land Managers and other parties involved with the activities and the cost is currently not being recovered. The activities are fundamental for the protection of public health so it is recommended that staff be directed to work with the public to educate them about the new fees and return to the board for adoption.

Direction to bring back the new fees is consistent with the Fundamental Review Recommendation goal 5: update fee schedules and billing processes for all clinical and environmental services; section b and c, identify costs for regulatory programs and permits and services that could be included in the fee schedule.

FISCAL IMPACT

If all new fees are adopted by the DBOH it is anticipated that the Air Quality Division will have an increase in revenue of \$10,167.00 and the Environmental Health Division will have an increase of \$89,823.00, for a total annual increase in revenue of \$99,990.00 to the Health Fund.

RECOMMENDATION

Staff recommends that the District Board of Health give direction regarding new fees associated with Health District activities that are not currently on the Fee Schedule and begin the process of updating the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

POSSIBLE MOTION

Move to direct staff to present to the community the new fees presented and bring back to the Board the fees for consideration and possible adoption into the current Fee Schedule and begin the process of updating the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

Attachment AQM1:

Air Quality Management Division - National Emission Standards for Hazardous Air Pollutants (NESHAP) Asbestos Abatement Notifications when an administrative modification is necessary for a change in general or abatement contractors.

NESHAP NOTIFICATION ADMINISTRATIVE MODIFICATION FEE

A Notification of Asbestos Demolition/Renovation is required for construction activities in order to demonstrate compliance with the Federal Asbestos Regulations adopted in the DBOH Regulations Governing Air Quality Management. These regulations were adopted in order for the AQMD to implement the Federal CAA under delegation from the EPA and in accordance with NRS 445B.

The NESHAP Administrative Modification Fee is based upon the staff time to review the revised notification, enter the new contractor contact information into the permitting system, retrieve the original notification from the files to attach the revision, and notify the inspector of the change in contractor. The inspector will then make arrangements to meet with the new contact on site to review the scope of the project and current status.

The average time for the Office Support Specialist to complete the revision is 15 minutes.

The average time for the Air Pollution Specialist II to complete the review of the project with the new contractor is 30 minutes.

The hourly salary, including fringe benefits for an Office Support Specialist is \$39.45.

The hourly salary, including fringe benefits for an Air Quality Specialist II is \$51.32.

The computation of the NESHAP Administrative Modification fee is as follows:

| Personnel | Hourly Rate | # of Hours | Cost |
|-------------------------------|-------------|-------------------------------|----------------|
| Office Support Specialist | \$39.45 | 0.250 | \$9.86 |
| Air Quality Specialist II | \$51.32 | 0.500 | \$25.66 |
| Subtotal | | | \$35.52 |
| AQM Indirect Cost Rate | 26.08% | Indirect Cost-AQM | \$9.26 |
| CoWCAP (County) Indirect Cost | | Indirect Cost-CoWCAP (County) | \$2.65 |
| Rate-AQM Division | 7.46% | Total Cost | \$47.44 |

The NESHAP Administrative Modification fee is \$47.00.

Attachment AQM2:

NESHAP demolition notifications following abatement. The current schedule only allows for non-NESHAP demolition notices.

NOTIFICATION OF ASBESTOS APPLICATION/REMOVAL FEE

A Notification of Asbestos Demolition/Renovation is required for construction activities in order to demonstrate compliance with the Federal Asbestos Regulations adopted in the DBOH Regulations Governing Air Quality Management. These regulations were adopted in order for the AQMD to implement the Federal CAA under delegation from the EPA and in accordance with NRS 445B.

The Notification fee is based upon the staff time to conduct a review of asbestos removal or demolition plans, meet with consultants/abatement contractors prior to project start up, conduct field inspections of control strategies during the actual demo/removal process, and maintain the necessary documentation and paperwork that will ensure compliance with Federal NESHAP regulations for friable and non-friable asbestos projects.

The average time for the Air Quality Specialist II and Plans/Permits Aide to complete the project review, inspection, and encode the project information is directly proportional to the quantity of asbestos being removed.

The hourly salary, including fringe benefits for an Air Quality Specialist II is \$51.32.
 The hourly salary, including fringe benefits for a Plan/Permit/App Aide is \$36.99.

Demolition Notifications

| Personnel | Hourly Rate | # of Hours | Cost |
|---|--------------------|-------------------------------|-----------------|
| Air Quality Specialist II | \$51.32 | 2.000 | \$102.64 |
| Plan/Permit/App Aide | \$36.99 | 0.500 | \$18.50 |
| | | Subtotal | \$121.14 |
| AQM Indirect Cost Rate | 26.08% | Indirect Cost-AQM | \$31.59 |
| CoWCAP (County) Indirect Cost Rate-AQM Division | 7.46% | Indirect Cost-CoWCAP (County) | \$9.04 |
| | | Total Cost | \$161.76 |

Attachment AQM3:

Dust control permits administrative modifications for change of contractor, developer, and size of project.

DUST CONTROL PERMIT ADMINISTRATIVE MODIFICATION FEE

A Dust Control Plan Review is required for grading activities that have the potential to emit air contaminants above the levels established in the DBOH Regulations Governing Air Quality Management. These regulations were adopted by the DBOH in order for the AQMD to implement the Federal CAA under delegation from the EPA, and in accordance with NRS 445B.

The Dust Control Permit Administrative Modification Fee is based upon the staff time to review the application for modification, enter the modified information into the permitting system, retrieve the original application to attach the modification, issue the modified permit to all of the contacts, and notify the inspector of the changes. The inspector will then make arrangements to meet with the contractor on site to review the scope of the project and current status.

The average time for the Office Support Specialist to complete the revision is 15 minutes.

The average time for the Air Pollution Specialist II to complete the review of the project with the contractor on site is 30 minutes.

The hourly salary, including fringe benefits for an Office Support Specialist is \$39.45.

The hourly salary, including fringe benefits for an Air Quality Specialist II is \$51.32.

The computation of the Dust Control Permit Administrative Modification fee is as follows:

| Personnel | Hourly Rate | # of Hours | Cost |
|---|-------------|-------------------------------|----------------|
| Office Support Specialist | \$39.45 | 0.250 | \$9.86 |
| Air Quality Specialist II | \$51.32 | 0.500 | \$25.66 |
| Subtotal | | | \$35.52 |
| AQM Indirect Cost Rate | 26.08% | Indirect Cost-AQM | \$9.26 |
| CoWCAP (County) Indirect Cost Rate-AQM Division | 7.46% | Indirect Cost-CoWCAP (County) | \$2.65 |
| Total Cost | | | \$47.44 |

The Dust Control Permit Administrative Modification fee is \$47.00.

Attachment AQM4:

Transfer of Woodstove Certificates of Compliance for a change of title or loan companies.

TRANSFER OF WOODSTOVE CERTIFICATE OF COMPLIANCE FEE

A Woodstove Certificate is required to demonstrate a solid fuel burning device is in compliance with the Fireplace/Woodstove Regulations adopted in the DBOH Regulations Governing Air Quality Management. These regulations were adopted in order for the AQMD to implement the Federal CAA under delegation from the EPA and in accordance with NRS 445B.

The fee for a Transfer of a Woodstove Certificate of Compliance is based upon the staff time to review the application for transfer, enter the modified information into the permitting system, issue the amended Certificate to the Title Company to be included in the escrow paperwork.

The average time for the Office Support Specialist to complete the revision is 15 minutes.

The hourly salary, including fringe benefits for an Office Support Specialist is \$39.45.

The computation of the Transfer of Woodstove Certificate fee is as follows:

| Personnel | Hourly Rate | # of Hours | Cost |
|-------------------------------|-------------|-------------------------------|----------------|
| Office Support Specialist | \$39.45 | 0.250 | \$9.86 |
| Subtotal | | | \$9.86 |
| AQM Indirect Cost Rate | 26.08% | Indirect Cost-AQM | \$2.57 |
| CoWCAP (County) Indirect Cost | | Indirect Cost-CoWCAP (County) | \$0.74 |
| Rate-AQM Division | 7.46% | Total Cost | \$13.17 |

The Transfer of Woodstove Certificate of Compliance fee is \$13.00.

Attachment AQM5:

Review of Smoke Management Plans for annual review of overall plan and review of individual projects prior to commencement of burns.

SMOKE MANAGEMENT PLAN REVIEW FEE

A Smoke Management Plan Review is required for prescribed burn activities that have the potential to emit air contaminants above the levels established in the DBOH Regulations Governing Air Quality Management. These regulations were adopted by the DBOH in order for the AQMD to implement the Federal CAA under delegation from the EPA, and in accordance with NRS 445B.

The Smoke Management Plan Review Fee is based upon the staff time to review the Smoke Management portion of the Land Managers Burn Prescription, enter the information into the permitting system, and issue the plan approval with appropriate conditions. A Notification of Prescribed Burning is submitted for review and approval for each unit to confirm burn activity information and ensure favorable air quality conditions prior to the burn.

The average time for the Senior Air Quality Specialist to complete the initial review is 1 hour.

The average time for the Senior Air Quality Specialist to review and track each of the unit burn notifications is 15 minutes.

The hourly salary, including fringe benefits for a Senior Air Quality Specialist is \$53.85.

The computation of the Smoke Management Plan Review fee is as follows:

Base Fee

| Personnel | Hourly Rat | # of Hours | Cost |
|---|-------------------|-------------------------------|----------------|
| Sr. Air Quality Specialist | \$ 53.85 | 1 | \$ 53.85 |
| Subtotal | | | \$53.85 |
| AQM Indirect Cost Rate | 26.08% | Indirect Cost-AQM | \$14.04 |
| CoWCAP (County) Indirect Cost Rate-AQM Division | 7.46% | Indirect Cost-CoWCAP (County) | \$4.02 |
| Total Cost | | | \$71.91 |

The Smoke Management Plan Review base fee per permit is \$72.00

Per Unit

| Personnel | Hourly Rat | # of Hours | Cost |
|---|-------------------|-------------------------------|----------------|
| Sr. Air Quality Specialist | \$53.85 | 0.250 | \$13.46 |
| Subtotal | | | \$13.46 |
| AQM Indirect Cost Rate | 26.08% | Indirect Cost-AQM | \$3.51 |
| CoWCAP (County) Indirect Cost Rate-AQM Division | 7.46% | Indirect Cost-CoWCAP (County) | \$1.00 |
| Total Cost | | | \$17.98 |

The Smoke Management Plan review fee (per unit) is \$18.00.

Attachment EHS1:

New application/Change of ownership fee for every facility with a recurring permit. The following facilities are currently not being charged this type of fee: Invasive Body Decoration Establishments, Hotel/Motel, Child care, Mobile Home or Recreational Vehicle Park, Schools (public and private), Pool/Spa, Recreational Vehicle Dump Station, all Biohazardous and Solid Waste Annual Permits, Biohazardous Waste Generator, and Liquid-Oil-Waste Hauler Vehicles.

NEW FACILITY/CHANGE OF OWNERSHIP - APPLICATION FEE

The Facility Application fee is based upon the average amount of staff time necessary to conduct inspections at establishments with a recurring permit and for those facilities the Health District is legally required to inspect.

Except as noted, the application fee is assessed only at the time an application for permit to operate is submitted and will be combined with the applicable routine inspection fee for the first year. At the time of permit renewal, only the applicable routine inspection fee will be assessed.

NOTE: Applications for permit to operate associated with a plan submittal will not be assessed the application fee - only the applicable routine inspection fee will be assessed. Fees for conducting opening inspections at facilities involving plan reviews are accounted for in the 'base fee' associated with plan reviews.

Per NRS and the Regulations of the Washoe County District Board of Health, the facilities outlined in the justification must be inspected by the Health District.

The average time spent by an Environmental Health Specialist to conduct inspections and associated paperwork is 1 hour, 15 minutes.

The hourly salary, including fringe benefits, for an Environmental Health Specialist is \$51.32.

Processing an application includes, but is not limited to: collection of applicable fees and generation of a receipt; initializing a record in the Permits system; creation of a file; initial inspection of facility; if applicable meeting with new owner; reviewing procedures; and determining if facility is eligible for a permit or appropriate equivalent.

The average time spent by an Office Assistant II-Plans/Permit/Application Aide combination to process the application is 20 minutes.

The hourly salary, including fringe benefits, of an Office Assistant II/PPAA combo is \$35.53.

The computation of the New Facility/Change of Ownership - Application fee is as follows:

| Personnel | Hourly Rate | # of Hours | Cost |
|-------------------------------|-------------|------------|--------------------------------------|
| Environmental Health Spec. | \$51.32 | 1.250 | \$64.15 |
| OAI/PPAA combo | \$35.53 | 0.333 | \$11.84 |
| EHS Indirect Cost Rate | 21.13% | | Indirect Cost-EHS \$16.06 |
| CoWCAP (County) Indirect Cost | | | Indirect Cost-CoWCAP (County) \$5.45 |
| Rate-EHS Division | 7.17% | | Subtotal \$97.50 |
| | | | IT Overlay \$4.00 |
| | | | Total Cost \$101.50 |

The New Facility/Change of Ownership- Application Fee is \$102.00.

Attachment EHS2:

School Institution inspections pursuant to requirements under NRS 444.335 related to the state school regulations for environmental and safety standards.

| School Institutions | | | |
|--|--------------------|-------------------------------|-----------------|
| <p>The School Institution Permit fee is based upon the average time it takes to conduct semi-annual routine inspections/re-inspections of school premises and complete associated paperwork. Pursuant to NRS 444.335 bathrooms, areas used for sleeping, common areas and areas located outdoors used by children at the facility must be inspected twice per year. Semi-annual routine inspections include, but are not limited to, validating that: building exteriors/interiors are in good repair, classrooms/gymnasiums meet applicable lighting, ventilation and heating standards, laboratory supplies are properly stored, and school grounds are in good repair.</p> <p>The average time spent by an Environmental Health Specialist to conduct each semi-annual routine inspection of a school facility is 1 hour.</p> <p>The average time spent by an Office Assistant II-Plans/Permit/Application Aide combination to process the application is 20 minutes.</p> | | | |
| Personnel | Hourly Rate | # of Hours | Cost |
| Sr. Environmental Health Specialist/Env Hlth Spec. | \$51.32 | 2.000 | \$102.64 |
| OAI/PPAA combo | \$35.53 | 0.333 | \$11.84 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$24.19 |
| CoWCAP (County) Indirect Cost Rate-EHS Division | 7.17% | Indirect Cost-CoWCAP (County) | \$8.21 |
| Subtotal | | | \$146.88 |
| IT Overlay | | | \$4.00 |
| Total Cost | | | \$150.88 |
| The annual School Institutions Inspection fee is \$151. | | | |

Attachment EHS3:

Underground Storage Tank Inspection fee. This would include new construction, remodels, and decommissioning of systems.

| Underground Storage Tanks (UST) New Construction Permit Fee | | | |
|---|-------------|------------|---------------------------------------|
| <p>The UST Construction Fee is based upon the staff time to conduct the plan review and associated construction inspections associated with a new UST Facility. The permit fee would be assessed at the time of construction plan plan submittal and building permit application. Staff reviews the construction permit application and associated construction plans with regard to compliance with the Code of Federal Regulations Chapter 40 Part 280 and Nevada Administrative Code (NAC) Chapter 459. The construction plan review includes an advisory inspection as part of the plan review process. Staff performs construction inspections to ensure the system is constructed in compliance with 40 CFR 280, NAC 459 and according to the approved plans.</p> | | | |
| <p>A minimum of 4 field inspections are necessary, requiring a total of 20 hours (2 staff members at 10 hours each): tank set inspection of 6 hours, primary inspection of 4 hours, secondary inspection of 4 hours and a final inspection of the leak detection system, including the case/regulatory file creation of 6 hours. The two staff members completing the work consist of a Senior Environmental Health Specialist and an Environmental Health Specialist.</p> | | | |
| <p>An average of three hours of office time is spent on the plan review for each permit which includes one onsite advisory inspection. Plan review is completed by a Senior Environmental Health Specialist.</p> | | | |
| <p>The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.</p> | | | |
| <p>The hourly salary, including fringe benefits, for a Plans/Permit/App Aid is \$36.99.</p> | | | |
| <p>The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process permit applications, enter plans and inspection reports and route construction plans is 1 hour.</p> | | | |
| Personnel | Hourly Rate | # of Hours | Cost |
| Sr. Environmental Health Specialist/Env Hlth Spec. | \$52.59 | 23.000 | \$1,209.46 |
| Plan/Permit/Application Aid | \$36.99 | 1.000 | \$36.99 |
| EHS Indirect Cost Rate | 21.13% | | Indirect Cost-EHS \$263.37 |
| CoWCAP (County) Indirect Cost Rate-EHS Division | 7.17% | | Indirect Cost-CoWCAP (County) \$89.34 |
| | | | Subtotal \$1,599.16 |
| | | | IT Overlay \$4.00 |
| | | | Total Cost \$1,603.16 |
| <p>The Underground Storage Tanks (UST) New Construction Permit fee is \$1,603.</p> | | | |

Attachment EHS3 (continued):

Underground Storage Tanks (UST) Remodel/Upgrade/Repair Construction Permit Fee (UST Repair)

The UST Repair Fee is based upon the staff time to conduct the plan review and associated construction inspections associated with an UST Facility undergoing remodels, upgrades or repairs. The permit fee would be assessed at the time of construction plan submittal and building permit application for the associated work. Staff reviews the construction permit application and associated construction plans with regard to compliance with the Code of Federal Regulations Chapter 40 Part 280 and Nevada Administrative Code (NAC) Chapters 445A and 459. The construction plan review includes an advisory inspection as part of the plan review process. Staff performs construction inspections to ensure the system is constructed in compliance with 40 CFR 280, NAC 459 and according to the approved plans.

A minimum of 5 field inspections are necessary, requiring a total of 20 hours (2 staff members at 10 hours each): existing piping inspection prior to removal of 2 hours, sampling inspection of 6 hours, primary inspection of 3 hours, secondary inspection of 3 hours and a final inspection of the leak detection system, including the case/regulatory file creation of 6 hours. The two staff members completing the work consist of a Senior Environmental Health Specialist and an Environmental Health Specialist.

An average of three hours of office time is spent on the plan review for each permit which includes one onsite advisory inspection. Plan review is completed by a Senior Environmental Health Specialist.

The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.

The hourly salary, including fringe benefits, for a Plans/Permit/App Aid is \$36.99.

The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process permit applications, enter plans and inspection reports and route construction plans is 1 hour.

| Personnel | Hourly Rate | # of Hours | Cost |
|--|--------------------|-------------------------------|-------------------|
| Sr. Environmental Health Specialist/Env Hlth Spec. | \$52.59 | 23.000 | \$1,209.46 |
| Plan/Permit/Application Aid | \$36.99 | 1.000 | \$36.99 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$263.37 |
| CoWCAP (County) Indirect Cost | | Indirect Cost-CoWCAP (County) | \$89.34 |
| Rate-EHS Division | 7.17% | Subtotal | \$1,599.16 |
| | | IT Overlay | \$4.00 |
| | | Total Cost | \$1,603.16 |

The Underground Storage Tanks (UST) Remodel/Upgrade/Repair Construction Permit Fee is \$1,603.

Attachment EHS3 (continued):

Underground Storage Tanks (UST) Decommissioning Permit Fee

The UST Construction Fee is based upon the staff time to conduct the plan review and associated construction inspections associated with a new UST Facility. The permit fee would be assessed at the time of construction plan submittal and building permit application. Staff reviews the construction permit application and associated construction plans with regard to compliance with the Code of Federal Regulations Chapter 40 Part 280 and Nevada Administrative Code (NAC) Chapter 459. The construction plan review includes an advisory inspection as part of the plan review process. Staff performs construction inspections to ensure the system is constructed in compliance with 40 CFR 280, NAC 459 and according to the approved plans.

A minimum of 3 field inspections are necessary, requiring a total of 16 hours (2 staff members at 8 each): field inspection of the UST system and associated components prior to removal for 2 hours, piping removal inspection and associated sampling oversight for 6 hours, tank removal inspection and associated sampling oversight for 8 hours. The two staff members completing the work consist of a Senior Environmental Health Specialist and an Environmental Health Specialist.

An average of two hours of office time is spent on the plan review for each permit which includes one onsite advisory inspection. Plan review is completed by a Senior Environmental Health Specialist.

The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/
 Environmental Health Specialist combo is \$52.59.

The hourly salary, including fringe benefits, for a Plans/Permit/App Aid is \$36.99.

The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process permit applications, enter plans and inspection reports and route construction plans is 1 hour.

| Personnel | Hourly Rate | # of Hours | Cost |
|--|--------------------|-------------------|---------------------------------------|
| Sr. Environmental Health Specialist/Env Hlth Spec. | \$52.59 | 19.000 | \$999.12 |
| Plan/Permit/Application Aid | \$36.99 | 1.000 | \$36.99 |
| EHS Indirect Cost Rate | 21.13% | | Indirect Cost-EHS \$218.93 |
| CoWCAP (County) Indirect Cost | | | Indirect Cost-CoWCAP (County) \$74.26 |
| Rate-EHS Division | 7.17% | | Subtotal \$1,329.30 |
| | | | IT Overlay \$4.00 |
| | | | Total Cost \$1,333.30 |

The Underground Storage Tanks (UST) Decommissioning Permit fee is \$1,333.

Attachment EHS4:

Expand the Limited Advisory Inspection Fee to a Per Hour Fee for all customer service based requests that don't fit within current fee structure. This is for Normal Working Hours and Non-standard Working Hours requests. Currently this fee can only be charged for Food Inspections.

| LIMITED ADVISORY INSPECTION FEE | | | |
|---|-------------|-------------------------------|-----------------|
| <p>The Limited Advisory Inspection fee is a customer service based fee and may or may be not associated with specific permitting, certification or application processes. Service requests typically involve on-site inspections to evaluate a facility, operation or building. Results are presented in a formal report.</p> <p>Individuals requesting Limited Advisory Inspections will be assessed a fee equal to a minimum of 2 hours of staff time at the Sr. Environmental Health Specialist/Environmental Health Specialist level. On-site inspections exceeding the 2 hour minimum will be assessed an additional fee for each 30 minutes, or portion thereof, beyond the 2 hour minimum. This additional fee will be assessed at the rate for a Sr. Environmental Health Specialist/Environmental Health Specialist combo.</p> <p>The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/Environmental Health Specialist combo is \$52.59.</p> <p>The computation of the Limited Advisory Inspection fee is as follows:</p> | | | |
| Normal Working Hours Request | | | |
| Personnel | Hourly Rate | # of Hours | Cost |
| Sr. Environmental Health Specialist/Env Hlth Spec. | \$52.59 | 1.000 | \$52.59 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$11.11 |
| CoWCAP (County) Indirect Cost | | Indirect Cost-CoWCAP (County) | \$3.77 |
| Rate-EHS Division | 7.17% | Subtotal | \$67.47 |
| | | IT Overlay | \$4.00 |
| | | Total Cost | \$71.47 |
| <p>The Limited Advisory Inspection fee during normal working hours is \$71 per hour with a 2 hour minimum charge.</p> <p>Non-standard Working Hours Request</p> <p>For any portion of a Limited Advisory Inspection conducted during non-standard working hours, the hourly, overtime salary (including fringe benefits), for a Senior Environmental Health Specialist/Environmental Health Specialist shall be applied.</p> <p>For inspections related to activities that are conducted during Non-standard working hours, the Non-standard Working Hours Request rate applicable will be assessed.</p> <p>The overtime hourly salary, including fringe benefits, of a Sr. Environmental Health Specialist/Environmental Health Specialist is \$78.88.</p> | | | |
| Personnel | Hourly Rate | # of Hours | Cost |
| Sr. Environmental Health Specialist/Env Hlth Spec. | \$78.88 | 1.000 | \$78.88 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$16.67 |
| CoWCAP (County) Indirect Cost | | Indirect Cost-CoWCAP (County) | \$5.65 |
| Rate-EHS Division | 7.17% | Subtotal | \$101.20 |
| | | IT Overlay | \$4.00 |
| | | Total Cost | \$105.20 |
| <p>The Limited Advisory Inspection fee during non-standard working hours is \$105 per hour with a 2 hour minimum charge.</p> | | | |

Attachment EHS5:

Implement a Re-inspection Fee for re-inspections above what is included in an original permit fee. The current fee schedule only allows for re-inspection fees to be charged to Foods, Special Events, Pool/Spa Construction, and Pool/Spa Inspection.

| REINSPECTION OF FACILITIES FEE | | | |
|---|-------------|-------------------------------|----------------|
| <p>The non-routine reinspection fee is based upon the cost to conduct a reinspection of any permitted facility or those establishments the Health District is legally required to inspect where limited progress to correct previously noted violations or deficiencies has occurred. During the inspection cycle, one routine inspection is conducted and, in cases where violations or deficiencies are noted during the routine inspection, a reinspection may also be conducted to validate compliance. The fee would only be assessed when more than one reinspection is conducted during the inspection cycle and when limited progress to correct previously noted violations or deficiencies has occurred.</p> <p>The average reinspection time for all Facilities is one (1) hour.</p> <p>The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.</p> <p>The computation of the Reinspection of Facilities fee is as follows:</p> | | | |
| Facilities | | | |
| Personnel | Hourly Rate | # of Hours | Cost |
| Sr Env/Env Health Specialist Combo | \$52.59 | 1.000 | \$52.59 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$11.11 |
| CoWCAP (County) Indirect Cost Rate-EHS Division | 7.17% | Indirect Cost-CoWCAP (County) | \$3.77 |
| | | Subtotal | \$67.47 |
| | | IT Overlay | \$4.00 |
| | | Total Cost | \$71.47 |
| The Reinspection of Permitted Facilities fee is \$71.00. | | | |

Date: September 25, 2014

Subject: Direction to staff to bring back new fees

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Attachment EHS6:

Adjust the current refund fee to reduce staff time and customer confusion.

Refund Policy

At this time the health district is reevaluating the refund policy to consider all perspectives including the implementation of the Accela project.

No determination will be made at this time, however, if decisions are made they will be brought forward to the community with the other fees.

Attachment EHS7:

Cost recovery fee for verified Foodborne Illness Outbreak(s) or verified Permitted Facility Complaints.

| VERIFIED FOODBORNE ILLNESS OUTBREAK or VERIFIED FACILITY COMPLAINTS | | | |
|--|-------------|-------------------------------|----------------|
| <p>The Verified outbreak or complaints fee is based upon the staff time necessary to conduct a field inspection, research, interview, consumers, conduct inspections, review lab results, and analyze data. This purpose of the fee is to recover staff costs related to investigative activities, review of corrective action plans and remediation plans.</p> <p>It also includes the time necessary to meet and consult with representatives of the "responsible party".</p> <p>The amount of time necessary will vary according to the scope of the problem and the time it takes to remediate the public health concern. Staff will provide documentation on approved forms in order to recover costs.</p> <p>The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.</p> <p>The computation of the Verified Outbreak and Complaint fee is as follows:</p> | | | |
| Personnel | Hourly Rate | # of Hours | Cost |
| Sr. Environmental Health Specialist/Env Hlth Spec. | \$52.59 | 1.000 | \$52.59 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$11.11 |
| CoWCAP (County) Indirect Cost | | Indirect Cost-CoWCAP (County) | \$3.77 |
| Rate-EHS Division | 7.17% | Subtotal | \$67.47 |
| | | IT Overlay | \$4.00 |
| | | Total | \$71.47 |
| <p>The Verified Outbreak and Complaint fee (per hour) is \$71.00</p> | | | |

Attachment EHS8:

Expand Quick Start. Currently the Quick Start Fee is only charged for Food Construction Establishments and services are being requested for other construction activities. Expanding the definition will allow us to charge for these services.

| ESTABLISHMENT CONSTRUCTION - QUICK START FEE | | | |
|--|------------|-------------------------------|----------------|
| <p>In an effort to provide contractors an opportunity to conduct limited construction activities while their plans are being processed through various agencies, local building departments have established varying levels of a service generally referred to as a "quick start". As a partner in the plan review process, personnel from the Environmental Health Services Division regularly attend these "quick start" meetings to evaluate the feasibility, from the Health Department's standpoint, of allowing the contractor to proceed with certain construction activities while plans are being reviewed for approval.</p> <p>This fee is charged based on the NRS requirement that we review construction plans of some facilities. This insures that facilities are constructed in a manner that minimizes the risk of a negative public health outcome.</p> <p>The average amount of plan review time involved in a Quick Start meeting is 30 minutes.</p> <p>The hourly salary, including fringe benefits, for an Environmental Health Specialist is \$51.32.</p> <p>The computation of the Establishment Construction-Quick Start fee is as follows:</p> | | | |
| Personnel | Hourly Rat | # of Hours | Cost |
| Environmental Health Spec | \$51.32 | 0.500 | \$25.66 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$5.42 |
| CoWCAP (County) Indirect Cost | | Indirect Cost-CoWCAP (County) | \$1.84 |
| Rate-EHS Division | 7.17% | Subtotal | \$32.92 |
| | | IT Overlay | \$4.00 |
| | | Total Cost | \$36.92 |
| <p>The Establishment Construction-Quick Start fee is \$37.00.</p> <p>NOTE: The quick start fee is not a mandated fee; it is a service fee. Customers are purchasing our time to expedite their projects. The 30 minutes assessed is consistent with the time the Sparks Building Department assesses per quick start and is a minimum fee. If more staff time is required the customer will be charged for additional time in 30 minute increments.</p> | | | |

Attachment EHS9:

Water System Construction Plan Review Fee. Currently the fee justification allows for a \$1.00 charge for each water connection in addition to the base fee. We are not currently charging the additional water connection fee.

| WATER SYSTEM CONSTRUCTION PLAN REVIEW FEE | | | |
|---|--------------------|-------------------------------|-----------------|
| Expansion or Modification of Community or Non-Community System | | | |
| <p>The Water System Construction Plan Review-Expansion/Modification fee is based on the cost of engineering services required and the cost of support services necessary to complete the review. Engineering staff reviews the water system construction plans and reports with regards to compliance with Federal, State and Health District Regulations. The engineering staff reviews the plans and reports for compliance with Nevada Administrative Code (NAC) 445A.65505 to 6731 and water quality standards. This includes review of the source water capacity and water quality, water storage capacity for fire and emergency needs, water system minimum and maximum pressures, water line size and setback and back flow prevention and cross-connection requirements.</p> <p>This fee is based on the requirement in NRS that the District Board of Health approve the design, construction, and operation of water systems</p> <p>Because of the varying size and the differing complexities of the public water systems, the type of construction is broken out into two categories. In addition, a per lot charge is used because of the complexities associated with the larger systems. The fees were determined using the following information:</p> <p>The minimum amount of engineering time required to review an application for a permit to construct to expand or modify an existing water system is three (3) hours, 15 minutes for a community system and two (2) hours for a non-community system. This includes time for in-office plan review, 1 initial site visit and 1 final inspection.</p> <p>The hourly salary, including fringe benefits, for a Licensed Engineer is \$67.51.</p> <p>The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process the applications, type and send correspondence is 20 minutes. The hourly salary, including fringe benefits, for a Plans/Permit/App Aide is \$36.99.</p> <p>The computation of the Water System Construction Plan Review-Expansion/Modification is as follows:</p> | | | |
| Expansion or Modification of an Existing System - Community Water | | | |
| Personnel | Hourly Rate | # of Hours | Cost |
| Licensed Engineer | \$63.43 | 3.250 | \$206.15 |
| Plan/Permit/App Aide | \$36.99 | 0.333 | \$12.32 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$46.16 |
| CoWCAP (County) Indirect Cost Rate-EHS Division | 7.17% | Indirect Cost-CoWCAP (County) | \$15.66 |
| Subtotal | | | \$280.29 |
| IT Overlay | | | \$4.00 |
| Total Cost | | | \$284.29 |
| The Water System Construction Plan Review-Expansion/Modification - Community Water fee is \$284.00 | | | |
| Expansion or Modification of an Existing System - Non-Community Water | | | |
| Personnel | Hourly Rate | # of Hours | Cost |
| Licensed Engineer | \$63.43 | 2.000 | \$126.86 |
| Plan/Permit/App Aide | \$36.99 | 0.333 | \$12.32 |
| EHS Indirect Cost Rate | 21.13% | Indirect Cost-EHS | \$29.41 |
| CoWCAP (County) Indirect Cost Rate-EHS Division | 7.17% | Indirect Cost-CoWCAP (County) | \$9.98 |
| Subtotal | | | \$178.56 |
| IT Overlay | | | \$4.00 |
| Total Cost | | | \$182.56 |
| The Water System Construction Plan Review-Expansion/Modification - Non-Community Water fee is \$183.00 | | | |
| Note: A fee of \$1.00 for each connection will be added to the plan review. | | | |

Date: September 25, 2014

Subject: Direction to staff to bring back new fees

Page **21** of **21**

Attachment EHS10:

Late payment fee for all permitted facilities. Air Quality Management currently charges a 25% Permit to Operate Late Fee. Adding this fee for EHS would increase timely payment and provide consistency across divisions.

LATE PAYMENT- PERMIT INVOICE FEE

The late payment fee is based upon the time spent processing a late payment (past due) invoice, recording late payments, and the cost of postage. If the permit fee is not received, the Department, within 15 working days following the permit renewal due date, mails a 30 Day Delinquency Letter. Facilities that fail to pay may have their permits suspended. The processing of late payment invoices and recording of late payments requires clerical time to prepare and mail the correspondence and administrative time in the Health District.

Following the precedent set by the Nevada Division of Environmental Protection, NAC 445B.330.9, the assessed late fee will be 25% of the total amount due, unless otherwise stated in regulations.

The late fee must be paid in addition to the annual permit to operate fee.



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS



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STAFF REPORT

BOARD MEETING DATE: October 23, 2014

DATE: October 14, 2014

TO: District Board of Health

FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us

SUBJECT: Discussion and Possible Direction to Staff Regarding the Change in Scope and Expected Outcomes that have been discussed with the Kansas University Center for Sharing Public Health Services regarding the Robert Wood Johnson Foundation Cross Jurisdictional Sharing Grant

SUMMARY

The Robert Wood Johnson Foundation (RWJF) Cross Jurisdictional Sharing Grant has supported activities including meetings and conducting surveys in seven rural and frontier counties in Northern Nevada. Sharing public health services across jurisdictional lines does not appear practical at this time. However, one of the counties has made significant progress in having their Board of Health take a more active role in looking at public health issues. We've discussed a change in the scope and focus of grant activities and expected outcomes that are based on sharing this experience and methodology with the other counties, which as an important preliminary step toward eventual sharing of services in Northern Nevada. We are seeking District Board of Health support for this change.

PREVIOUS ACTION

The Washoe County District Board of Health approved the application and acceptance of a grant from the Robert Wood Johnson Foundation for this project on January 24, 2013.

BACKGROUND

Cross-jurisdictional sharing is one way policymakers, public health practitioners and others can protect and improve the health of their communities. The Center for Sharing Public Health Services is an initiative funded by the Robert Wood Johnson Foundation. One piece of the Center's work involves collecting evidence from 16 teams who are working to strengthen their ability to provide essential public health services while improving effectiveness and efficiency. The teams which make up the Shared Services Learning Community are from 14 states and are made up of 76 public health departments, districts and tribal health agencies that provide services to 126 geopolitical jurisdictions and tribes.

The Northern Nevada site includes Washoe County plus seven rural and frontier counties in the northern part of the State. The grant proposal project description provided an expectation of developing and implementing cross-jurisdictional arrangements among public health agencies and jurisdictions in Northern Nevada. Based on the findings from the grant meetings and survey activities to date, this is not feasible during the period of the grant.

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www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Subject: Robert Wood Johnson Foundation Grant Status
Meeting Date: October 23, 2014

The Northern Nevada project visited each of the counties and conducted a survey of available public health services as well as a survey of the relative importance of these services. Some of the key findings of the process were as follows:

1. Several of the rural and frontier Counties do not have an appointed health officer.
2. Other than the Washoe County Health District, only Churchill County routinely convenes a local board of health.
3. Many local public health services are provided through the Nevada Division of Public and Behavioral Health.
4. Often, local leadership does not have a thorough understanding of the importance or the work involved in providing these services.
5. Local understanding of public health issues is typically not data driven.
6. Distances between population centers and the lack of local infrastructure make sharing difficult.

One notable exception to the general pattern was Churchill County. Not only has Churchill County consistently maintained the position of County Health Officer, but they have also convened the County Board of Health. Even here, local board members expressed a need to have local data to drive their discussion. Project staff created a dashboard with local data which Churchill County has been using for the last several months to drive discussion and strategic planning.

Because of the way in which services are provided, the distances involved, and the lack of local infrastructure, it was determined that any robust discussion of service sharing was premature. Based on these observations project staff have discussed and agreed upon a change of scope to provide a more reasonable expectation of outcomes with the Kansas University Center for Sharing Public Health Services that is leading the RWJF cross-jurisdictional sharing initiative. Rather than attempting to develop and implement cross-jurisdictional sharing arrangements, it was determined that a more feasible and appropriate use of the funds would be to provide assistance to the Churchill County, which is the County best poised to revitalize their Board of Health and engagement in public health activities. This could then allow the other rural and frontier counties in the project area to benefit from an opportunity to observe the Churchill County Board of Health in action and an opportunity to discuss how the use of local data might be used to engage leadership within their own communities.

A site visit has been scheduled for December 9, 2014 during which individuals from the Center for Sharing Public Health Services, representatives from other projects across the nation, and representatives from other Northern Nevada Counties will convene in Fallon for discussion and observation.

POSSIBLE MOTION

Move to accept the report and support the change in scope and expected outcomes that have been discussed with the Kansas University Center for Sharing Public Health Services regarding the Robert Wood Johnson Foundation Cross Jurisdictional Sharing Grant



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER

**Public Health**
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DATE: October 10, 2014
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
SUBJECT: Presentation, Discussion, and Possible Direction to Staff regarding quarterly report on implementation of Fundamental Review Recommendations

Summary

The Washoe County Health District Fundamental Review was presented to the District Board of Health on February 27, 2014. On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in the Fundamental Review. This report provides an update on implementation that has occurred since that time. A dashboard providing color-coded status of recommendations is attached.

Implementation

Staff recommends that the DBOH consider the proposed implementation of the Fundamental Review recommendations as each is addressed below. The timeframes noted are the groupings from the fundamental review, and the recommendations are numbered sequentially rather than separately for each timeframe grouping.

1. Place the WIC program organizationally where it is most closely aligned with other similar programmatic functions.
 - a) **Completed.** WIC was moved to CCHS effective January 21, 2014. The integration of delivery of other CCHS services to WIC clients is underway with scheduling of other clinical services in conjunction with WIC client scheduling beginning on July 15, 2014.
2. Develop a Washoe County District Board of Health orientation manual and program.
 - a) **Completed.** An orientation program and draft manual was developed and presented to the DBOH for consideration August 28, 2014. The Board moved to table any direction to staff until the next meeting. At the meeting of September 25, 2014, the Board indicated the manual and program should be updated at the discretion of any member of the Board and/or the District Health Officer without requiring Board approval. No formal action was taken.
3. Strengthen customer focus within regulatory programs exploring the potential for User Groups to share consumer viewpoints while continuing to focus on the purpose of regulatory efforts.
 - a) **Implement** this recommendation by establishing a land development and construction user group, and a food service user group to share consumer viewpoints of the regulatory programs provided through AQM and EHS. Establish user groups with initial meetings by July 1, 2014.

Underway. A land development and construction user group (land development group) was established and met on May 15, and June 12. On August 12, the

group discussed potential approaches to allow mass grading activities to occur prior to final map approval. On October 9, the User Group met to discuss work that EHS is conducting with the state to propose regulation changes to the State Environmental Commission that would allow mass grading permits to be issued prior to final map approval. A plan was developed to provide training on expectations and the checklist for septic system plans approval in conjunction with BANN. Also discussed was flexibility in requirements for catchment areas adjacent to streets. The next meeting is scheduled for December 11.

4. Critically examine clinic appointment scheduling from a patient access perspective.

- a) **Implement** this recommendation initially by shifting CCHS staff resources as budget allows to begin providing immunization services at the Health District five days a week. If funding for a vital records position is provided in the FY14/15 budget begin providing vital records services five days a week and during lunch hours. Provide walk in access for immunization services.

Complete. Home visiting program resources were shifted and additional staff hired to provide five day per week immunization program services at the health district. This has been implemented and walk-ins are being accepted on a limited basis.

- b) **Longer term:** Assess current after hours and weekend services provided and provide this information to DBOH. Consider opportunities and costs for extended hours/weekend provision of clinical services.

Underway. Immunization service hours will be extended to provide evening access by scheduling staffing from 10 am to 7 pm on the first, third, and fifth Wednesdays of the month beginning in December. This provides expanded hours of access at no additional cost by shifting staff schedules and utilizing extended hours security services already provided for the family planning program and sexual health services.

- c) **Implement** this recommendation by adding staffing with funding included in the FY 14/15 adopted budget.

Complete. An Office Assistant II has been hired and trained, allowing the program to provide service to the public five days per week and over the lunch hour.

- d) **Longer Term:** Explore opportunity to utilize Interactive Voice Response (IVR) software, which will be acquired for the regional permit software platform to automate clinical services scheduling.

Underway. Discussion has begun with Selectron, the IVR provider for the permit software project and Netsmart, the Insight software supplier. Netsmart is not willing to interface with Selectron but is developing an automated scheduling capability.

5. Update fee schedules and billing processes for all clinical and environmental services provided.

- a) **Implement** this recommendation initially by improving clinical billing through utilization of a third-party billing service by August 1, 2014. Establish contracts with insurance providers and Medicaid for reimbursement by July 1, 2014.

Underway. Third-party billing began on July 1, 2014 using Netsmart's Insight Revenue Cycle Management (RCM) Program. The CCHS Division Director met with the Deputy District Attorney July 17, 2014, to discuss her concerns and answer questions regarding the four contracts submitted for legal review.

- b) **Intermediate Term:** Identify costs for permits and services, which currently are not being charged, but are clearly a cost that should be included in fee schedules under the existing fee determination approach and adjust fees or propose new fees as appropriate to be included in the FY16 budget cycle.

Underway. On September 25, 2014, staff presented an item to the Board regarding discussion and possible direction to staff to bring back a list of fees associated with Health District activities that are not currently on the Fee Schedule for consideration and possible adoption into the current schedule. The Board directed staff to bring back a list of services that are not currently on the fee schedule for Board consideration. The proposed fees will be initially presented to the Board prior undertaking outreach and workshops, and then brought back for a public hearing and possible adoption for implementation as of July 1, 2015.

- c) **Longer Term:** Determine what costs of regulatory programs may be included in fee schedules. Determine these costs and discuss potential changes to the fee schedule with the regulated community. As directed by DBOH, propose updated fee schedules and hold workshops and public hearings.
- d) **Intermediate and Longer Term:** Identify community and clinical services that are offered, or might be offered through the Health District for which reimbursement is available and would benefit the community. Provide and bill for these services.

6. Explore and vet a tiered level of services for environmental health regulatory programs and inspections

- a) **"Parking Lot."** Consider the desire and support for this type of tiered structure in the user groups, potential impacts to overall service levels, and consider this item in the larger context of the updated fee schedules addressed under Recommendation 5 (above).

7. Participate in the business process analysis currently underway across all building permitting in the county.

- a) **Underway.** The DBOH, Reno, Sparks, and Washoe County signed an Interlocal Agreement to formalize participation in the Regional Business License and Permit Software Project in June, 2014. On June 30, 2014, Washoe County signed a contract with Accela for subscriptions to the software and implementation of the project. A 16-month implementation schedule has commenced.

8. Strengthen organizational effectiveness by developing infrastructure to support the District Health Officer.

- a) **Underway.** The Office of the District Health Officer (ODHO) was established July 1, 2014 under the adopted FY14/15 budget. The ODHO includes the Health Officer, Public Health Communications Program Manager, QI Officer, and Administrative Secretary. In addition, the Nevada Public Health Foundation Independent Contractor conducting the Community Health Assessment is housed in the ODHO. A reclassification request has been submitted to HR to change the Public Health Nurse II position of the QI Officer to a new position as Programs and Projects Director that will support cross-divisional initiatives, and outreach, collaboration, and partnership with other organizations in the community.
9. Implement time coding for employees in order to generate an accurate accounting of how employee time/costs are allocated.
 - a) **Implement:** Time Coding in EHS has been expanded to better capture employee time allocations. Assess expanding enhanced time coding in AQM and other programs, and the ability to further refine this time coding within limitations of existing time accounting software, opportunities that may exist with other software investments, and in consideration of additional future capabilities of the regional permitting software platform.

Underway. Time Coding in EHS and AQM is underway and the time accounting data is being evaluated.
 10. Perform cost analysis of all programs
 - a) **Implement** this recommendation by developing a schedule for conducting cost analysis of programs, and a cost analysis methodology. Report progress to DBOH quarterly.

Underway: DBOH approved the phased schedule for cost analysis of Health District programs presented on June 26, 2014. The “pilot” phase cost analysis of AHS has begun.
 11. Perform assessment of needed administrative and fiscal staffing to increase efficiencies
 - a) **Assess** need for fiscal staffing and administrative staffing as workload for program cost analysis is conducted.
 12. Demonstrate a concerted effort among all parties to address the tensions regarding overhead/direct costs
 - a) **Underway.** Approval of an additional \$1.4 million in the FY 14/15 General Funds Transfer from Washoe has substantially reduced current tensions regarding overhead/direct costs. However, work with the County Manager and Board of County Commissioners, cost control, and revenue generation, must continue to maintain the County’s support for the Health District in the future. Even with the substantial increase in the General Fund transfer the adopted FY 14/15 Health District budget would not have balanced without an ending fund balance of over \$650,000 largely attributable to vacancy savings during FY 13/14.
 13. Align programs and services with public demand for services to reflect burden of disease and effective public health intervention

- a) **Implement** this recommendation initially by shifting home visiting resources to provide additional clinical services to mothers and children visiting the WIC program and to provide immunization services five days a week. Consider some provision of more targeted home visiting program services for failure to thrive and special medical need infants where services are desired and can be delivered effectively.

Completed. Home visiting services were curtailed effective June 1, 2014. Resources have been redeployed to support MCH and immunization clinical services to clients at the Health District and to integrate the delivery of these services with the WIC program.

- b) **Assess** changes in service levels and program alignment in light of results of the Community Health Assessment, Community Health Improvement Plan, and Strategic Plan actions, or as needed to respond to service level reductions required by reductions in funding.

14. Conduct a Community Health Assessment (CHA) in concert with current partner organizations for Washoe County Health District and constituent communities.

- a) **Implement** this recommendation. Discussions are underway for a collaborative effort to conduct a Community Health Assessment involving Renown, the Health District, Human Services, and potentially Saint Mary's as supporters of the initiative. \$20,000 has been included in the FY15 budget to support this effort.

Underway. In collaboration with Renown the Health District has established a contract with the Nevada Public Health Foundation to conduct a Community Health Needs Assessment. Charles Schwab Bank has committed funding to the project, and Washoe County Human Services has also agreed to provide funding support to the project. An Independent Contractor hired by the NPHF began work on the project in May 2014. The work is guided by a subcommittee to the Truckee Meadows Healthy Communities Conference planning committee that includes the Health District, Renown, Michael Johnson (formerly with St. Mary's Foundation and Community Health Alliance), and Northern Nevada Medical Center. Current work includes analyses of health status and risk data, and conducting focus groups to receive input from low to moderate income populations on their views of a healthy community and their health needs. The Community Health Assessment is expected to be completed by January 2015.

15. Develop metrics for organizational success and improved community health

Implement this recommendation.

- a) **Implement** this recommendation. During FY15, programs will continue to identify metrics that help to manage programs and resources and which tell our story to our partners and the community. Outcome based measures will also be developed which can be used in assessing progress to address public health issues and which provide opportunities to critically evaluate delivery of Health District services. This will be an ongoing continuous quality improvement process. These metrics will be reported to the Board.

Underway. On October 1, 2014, the Division Directors and Supervisors met to discuss the metrics identified for each program, along with the standardized methodology and theory that would be utilized across all divisions.

16. Continue current collaborative action plan to resolve REMSA oversight issues with engagement of key partners and stakeholders

- a) **Underway.** An Amended and Restated Franchise for Emergency Ambulance Services with REMSA was signed by REMSA and DBOH in May 2014. The agreement provides for additional data reporting by REMSA, and enhanced oversight by DBOH.

An Interlocal Agreement for the District Board of Health to provide Regional Emergency Medical Services Oversight of REMSA, Reno Fire Department EMS, Sparks Fire Department EMS, Truckee Meadows Fire Protection District EMS, and associated EMS dispatch functions has been signed by all governing bodies.

Budget for additional Health District EMS program staffing was included in the FY14/15 adopted budget and the Emergency Medical Services Program Manager position has been filled.

Scheduling is underway for the initial meeting of the EMS Advisory Board and the DBOH will provide names for the two Board-appointed EMS Advisory Board members at the October 23, 2014 meeting.

17. Maintain current levels of local and state financial support

- a) **Implement.** Action on this recommendation is captured under Recommendation 12 above.
- b) **Implement.** Advocate to sustain or enhance funding through State Agencies that aligns with Health District Programs and priorities.

18. Conduct a governance assessment utilizing the National Association of Local Boards of Health (NALBOH) Version 3 of the National Public Health Performance Standards.

- a) **Completed** January 16, 2014. Determine future schedule to conduct the assessment.

19. Undertake an organizational strategic plan to set forth key health district goals and objectives so that priorities are clearly articulated for the Board, staff, stakeholders and community.

- a) **Implement** recommendation by conducting a strategic planning initiative following the completion of the Community Health Assessment and a Community Health Improvement Plan.

Not Yet Underway. Planning to conduct a Community Health Improvement Planning Process in calendar 2015 is underway. It is anticipated to take six to nine-months to develop the plan.

20. Implement a performance management system

- a) **Longer Term:** Utilize the results of the program cost analysis, metrics developed under Recommendation 15, and the Strategic Plan developed under

Recommendation 19 to develop and implement a performance management system.

Not Yet Underway. A grant proposal was submitted to NACCHO to provide funding support for development of a performance management system. It was not funded.

21. Consider alternative governance structures in order to accommodate multiple related but potentially competing objectives

a) This is **not a recommendation** for staff action.

22. Take a greater leadership role to enhance the strong current State/Local collaboration

a) **Short Term:** The Health District needs to be prepared to respond to legislative and regulatory issues. However, it is recommended that the initial Health District efforts in response to the Fundamental Review recommendations are to focus on internal and local issues.

Underway. Staff are tracking BDRs in preparation for the legislative session and will provide a legislative update to DBOH in December 2014.

b) **Longer Term:** Seek direction from DBOH on a greater leadership role once the bulk of the fundamental review recommendations are implemented and the Health District is operating sustainably, and is engaged and supported at the local level.

Not Yet Underway.

23. Develop an organizational culture to support quality by taking visible leadership steps.

a) **Underway.** Training and discussion sessions have been provided to develop management team support and investment for a Quality Improvement Initiative. The initiative established a cross-divisional Quality Team (Q Team) and trained and coached these staff members through pilot project implementation. Presentations on the QI projects were provided by each Division during the July General Staff meeting.

The Q-Team is wrapping up initial projects and is undergoing role transition to provide feedback towards creation of the District QI Plan.

On October 1, 2014, the Division Directors and Supervisors reviewed a document that had been compiled based on the QI goals survey of October 2013 and agreed to by the DDs and Supervisors. It had recently been updated and percentages of completion had been added.

The Division Directors and Supervisors are undergoing QI training through a series of webinars supported by facilitation and discussion. Beginning in January of 2015, all Health District staff will be trained in the same manner.

An update on the QI initiative was provided at the October General Staff meeting including efforts which will be undertaken to help staff better understand the application of QI concepts in their day-to-day decision-making. A simplified QI overview/guideline template for staff use was discussed and supported.

24. Seek Public Health Accreditation Board accreditation

Subject: Fundamental Review Quarterly Report
Meeting Date: October 10, 2014

- a) **Longer Term:** Seek DBOH direction on this recommendation once the Community Health Assessment, Community Health Improvement Plan, and the Strategic Plan have been completed.

Not Yet Underway.

Possible Motion

A possible motion would be:

Accept the Fundamental Review Quarterly Project Report and direct staff to continue with implementation of the plan approved by DBOH in March 2014.



WASHOE COUNTY HEALTH DISTRICT



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Fundamental Review Recommendation Status April 15, 2014

Legend:

| |
|--|
| Complete |
| Underway |
| Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process |
| Underway but Progress Stalled or Delayed |
| Not Yet Underway - No Changes Necessary |
| Parking Lot or Not Recommended |

Status Goal

| | | |
|--|----------|---|
| | 1 | Place WIC organizationally where it is most closely aligned with similar functions |
| | a. | WIC moved to CCHS effective 1/21/14 |
| | 2 | Develop a DBOH orientation manual and program |
| | a. | Design an orientation program and compile a draft manual for possible approval 8/28/14 |
| | 3 | Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints |
| | a. | Establish a Land Development and Construction User Group and a Food Service User Group |
| | 4 | Critically examine clinic appointment scheduling from a patient access perspective |
| | a. | Staffing IZ and Vital Statistics five days a week, accept IZ walk ins |
| | b. | Consider opportunities and costs for extended hours/weekend clinical services |
| | c. | Explore opportunity to utilize Interactive Voice Response software |
| | 5 | Update fee schedules and billing processes for all clinical and environmental services |
| | a. | Improve clinical billing through utilization of a third-party billing service by 8/1/14 |
| | b. | Identify costs for permits and services that could be included in fee schedules/propose |
| | c. | Identify costs for regulatory programs that could be included in fee schedules/propose |
| | d. | Identify community and clinical services for which reimbursement is available/bill |
| | 6 | Explore tiered level of services for Environmental Health programs and inspections |
| | a. | Consider the desire & support for this type of tiered structure and this item within the larger context |
| | 7 | Participate in the business process analysis across all building permitting in the county |
| | a. | Continue to implement this recommendation through DBOH approval of an ILA |

Fundamental Review Recommendation Status

| | | |
|--|-----------|---|
| | 8 | Develop infrastructure to support the District Health Officer |
| | a. | The Office of the District Health Officer is established in the FY14/15 budget |
| | 9 | Implement time coding for employees |
| | a. | Time coding in EHS has been expanded, assess expanding enhanced time coding in other programs |
| | 10 | Perform cost analysis of all programs |
| | a. | Develop a schedule and methodology for conducting cost analysis of programs |
| | 11 | Perform assessment of needed administrative and fiscal staffing to increase efficiencies |
| | a. | Assess need for fiscal staffing and administrative staffing as program cost analysis is conducted |
| | 12 | Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs |
| | a. | Continue to work with County Manager and Finance |
| | 13 | Align programs and services with public demand |
| | a. | Shift home visiting resources to provide additional clinical services |
| | b. | Assess changes in service levels and program alignment with respect to CHIP, SP or funding |
| | 14 | Conduct a CHA in concert with current partner organizations |
| | a. | Discussions are underway for a collaborative effort |
| | 15 | Develop metrics for organizational success and improved community health |
| | a. | In FY15, continue to identify metrics that help to manage programs and resources and tell our story |
| | 16 | Continue current collaborative action plan to resolve REMSA oversight issues |
| | a. | Guiding documentation approved. Update franchise agreement and ILA, implement |
| | 17 | Maintain current levels of local and state financial support |
| | a. | Action on this recommendation is captured under Recommendation 12 above |
| | b. | Advocate sustaining or enhancing funding through State agencies |
| | 18 | Conduct a governance assessment utilizing NALBOH criteria |
| | a. | Completed January 16, 2014. Determine future schedule to repeat |
| | 19 | Undertake an organizational strategic plan to set forth key Health District goals and objectives |
| | a. | Conduct a strategic planning initiative following the completion of the CHA and a CHIP |
| | 20 | Implement a performance management system |
| | a. | Use results of program cost analysis and SP to develop and implement performance mgmt. system |
| | 21 | Consider alternative governance structures |
| | a. | This is not a recommendation for staff action |
| | 22 | Take a greater leadership role to enhance the strong current State/Local collaboration |
| | a. | Health District efforts to focus on internal and local issues |
| | b. | Seek direction from DBOH on a greater leadership role |

Fundamental Review Recommendation Status

| | | |
|--|-----------|--|
| | 23 | Develop an organizational culture to support quality by taking visible leadership steps |
| | | a. Training & discussion sessions provided to develop management support and invest in QI |
| | 24 | Seek Public Health Accreditation Board accreditation |
| | | a. Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed |

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement



WASHOE COUNTY HEALTH DISTRICT



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Fundamental Review Recommendation Status

Legend:

October 15, 2014

| |
|--|
| Complete |
| Underway |
| Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process |
| Underway but Progress Stalled or Delayed |
| Not Yet Underway - No Changes Necessary |
| Parking Lot |
| Not Recommended |

Status Goal

| | | |
|--|----------|---|
| | 1 | Place WIC organizationally where it is most closely aligned with similar functions |
| | a. | WIC moved to CCHS effective 1/21/14 |
| | 2 | Develop a DBOH orientation manual and program |
| | a. | Design an orientation program and compile a draft manual |
| | 3 | Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints |
| | a. | Land development user group established |
| | 4 | Critically examine clinic appointment scheduling from a patient access perspective |
| | a. | Staffing IZ five days a week, accept IZ walk ins on a limited basis |
| | b. | Extended IZ hours established. Consider opportunities and costs for weekend clinical services |
| | c. | Staffing Vital Statistics five days a week |
| | d. | Discussion has begun with Interactive Voice Response software companies |
| | 5 | Update fee schedules and billing processes for all clinical and environmental services |
| | a. | Third-party billing service began July 1, 2014 |
| | b. | Identify costs for permits and services that could be included in fee schedules/propose |
| | c. | Identify costs for regulatory programs that could be included in fee schedules/propose |
| | d. | Identify community and clinical services for which reimbursement is available/bill |
| | 6 | Explore tiered level of services for Environmental Health programs and inspections |
| | a. | Consider the desire & support for this type of tiered structure and this item within the larger context |
| | 7 | Participate in the business process analysis across all building permitting in the county |
| | a. | ILA and contract with Accela signed. 16-month implementation |

Fundamental Review Recommendation Status

| | | |
|--|-----------|--|
| | 8 | Develop infrastructure to support the District Health Officer |
| | a. | The Office of the District Health Officer was established on July 1, 2014 |
| | 9 | Implement time coding for employees |
| | a. | Time coding in EHS has been expanded, AQM timecoding is underway. |
| | 10 | Perform cost analysis of all programs |
| | a. | A proposed schedule approved on June 26, 2014 by DBOH. Pilot will commence in August. |
| | 11 | Perform assessment of needed administrative and fiscal staffing to increase efficiencies |
| | a. | Will be performed in conjunction with program const analysis. See 10a |
| | 12 | Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs |
| | a. | Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs. |
| | 13 | Align programs and services with public demand |
| | a. | Shifted home visiting resources to provide additional clinical services on June 1, 2014 |
| | b. | Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding |
| | 14 | Conduct a CHA in concert with current partner organizations |
| | a. | The CHA is being conducted. |
| | 15 | Develop metrics for organizational success and improved community health |
| | a. | In FY15, continue to identify metrics that help to manage programs and resources and tell our story |
| | 16 | Continue current collaborative action plan to resolve REMSA oversight issues |
| | a. | Franchise Agreement approved, EMS Oversight ILA approved by all agencies. |
| | 17 | Maintain current levels of local and state financial support |
| | a. | Action on this recommendation is captured under Recommendation 12 above |
| | b. | Advocate sustaining or enhancing funding through State agencies |
| | 18 | Conduct a governance assessment utilizing NALBOH criteria |
| | a. | Completed January 16, 2014. Determine future schedule to repeat |
| | 19 | Undertake an organizational strategic plan to set forth key Health District goals and objectives |
| | a. | Conduct a strategic planning initiative following the completion of the CHA and a CHIP |
| | 20 | Implement a performance management system |
| | a. | Use results of program cost analysis, performance metrics and SP to develop and implement performance mgmt. sy |
| | 21 | Consider alternative governance structures |
| | a. | This is not a recommendation for staff action |
| | 22 | Take a greater leadership role to enhance the strong current State/Local collaboration |
| | a. | Health District efforts to focus on internal and local issues |
| | b. | Seek direction from DBOH on a greater leadership role |

Fundamental Review Recommendation Status

| | | |
|--|-----------|--|
| | 23 | Develop an organizational culture to support quality by taking visible leadership steps |
| | | a. <u>Cross-Divisional Q-Team established and Divisional QI projects conducted</u> |
| | 24 | Seek Public Health Accreditation Board accreditation |
| | | a. <u>Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed</u> |

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement
 DBOH - District Board of Health
 NALBOH - National Association of Local Boards of Health



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

DIRECTOR STAFF REPORT

BOARD MEETING DATE: October 23, 2014

DATE: October 10, 2014

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update – Accela Project Kick-Off, Successful Enforcement Outcome;
Divisional Update – Monthly Air Quality Index; Program Reports

1. Program Update

a. Accela Project Kick-Off

The official kick-off meeting for the Regional Licensing & Permitting Software Project (Accela Project) occurred on September 2nd at the City of Reno Council Chambers. To reinforce the importance of and dedication to the successful implementation of the project, approximately 100 staff members representing the participating agencies were addressed by each of the four project sponsors, including Andrew Clinger (Reno City Manager), Steve Driscoll (Sparks City Manager), John Slaughter (Washoe County Manager), and Bob Sack (Acting Health Officer). Staff was introduced to the Accela Automation System, provided an overview of the project, and a schedule of events including the projected “Go Live” date of January, 2016. Following the kick-off meeting, Subject Matter Experts (SMEs) from each of the agencies participated in a training session to learn the functionality of the system.

On September 23rd, analysis sessions commenced to identify the as-is-processes and begin working towards the design of the to-be-processes. Each of the participating agency departments/divisions were tasked with identifying their top 5 record (permit) types and creating a portfolio for each one on the project Share Point Site. The portfolios provide the Accela Staff with all of the permit applications, workflow diagrams, screenshots of the existing Permits Plus System, fee schedules, data dictionaries, inspection forms, report forms, and permit outputs. The AQM and EHS staffs worked diligently to complete the program portfolios prior to the established deadlines and included streamlining business processes wherever appropriate. Upon review of the data collected, Washoe County IT and the Accela Project Management Team made the decision to start the analysis sessions with the Health District since those were the most complete portfolios available. AQM successfully completed analysis sessions on September 23rd and 30th. To date, four of the top five record types have completed the to-be-analysis sessions. Completion of the final analysis sessions should provide enough information necessary for Accela staff to begin the next phase of the project which is configuration of the solution foundation.

b. Successful Enforcement Outcome

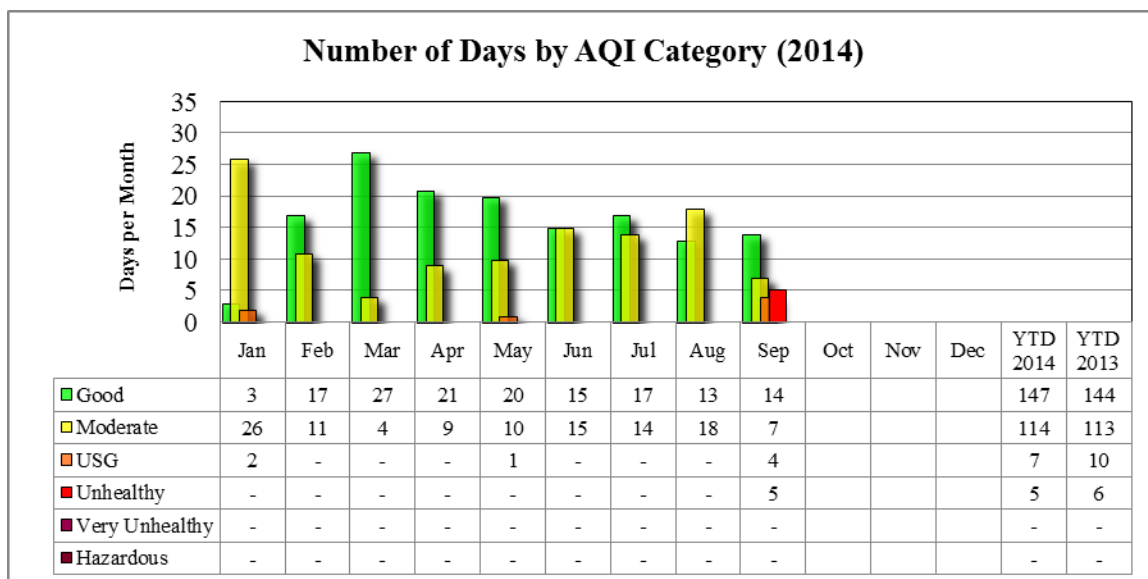
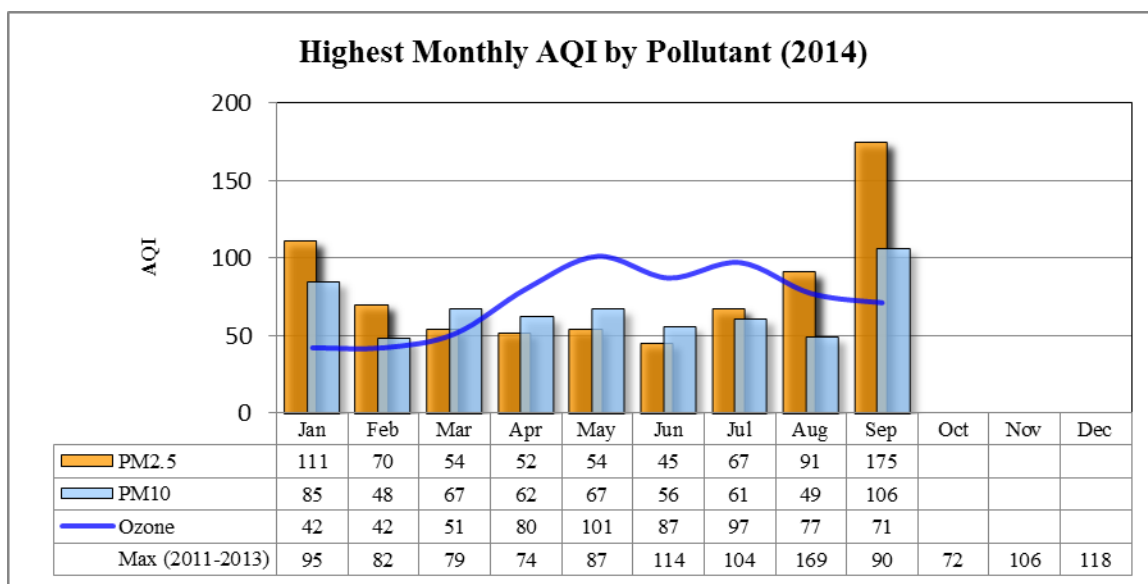
The ultimate goal of any enforcement action is public health and safety. The AQM Enforcement Staff encourages education to avoid any future violations whenever appropriate. At the February meeting, the District Board of Health upheld a citation and penalty issued to Lobo Construction for a violation of the Air Quality Management asbestos regulations. The terms of the negotiated settlement included a monetary fine and the successful completion of a 16-hour Asbestos Awareness Training Course.

The AQM has received a copy of the certificate issued to Mr. Jorge Cruz verifying his completion of the 16-hour Initial Asbestos Operations & Maintenance Course provided by Wise Consulting & Training. Upon completion of the course, Mr. Cruz acknowledged the tremendous amount of information he had obtained regarding asbestos health effects and the potential liabilities, both personal and professional, associated with the construction industry. Mr. Cruz expressed his concern that many other non-English speaking workers may not be aware of the dangers of asbestos. In order to assist in the dissemination of the information, Mr. Cruz is working with Mr. Tom Wise and a third party interpreter to develop a Spanish version of the course. Once completed, the Spanish version of this course will provide a significant benefit to the public health and safety of the community. The AQM Enforcement Staff is excited about the prospect of utilizing a new resource to provide educational opportunities which may prevent future compliance issues.

Charlene Albee, REM
Director, Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of September. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit www.OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

There were 6 exceedances of the PM_{2.5} standard and 1 exceedance of the PM₁₀ standard during the month of September. The Air Quality Index levels occasionally reached the Very Unhealthy category (AQI between 201 and 300) during the episode.

These PM_{2.5} and PM₁₀ exceedances were due to smoke from the King Fire near Pollock Pines, CA. An exceptional events demonstration will be prepared requesting EPA not to include these data when determining compliance with National Ambient Air Quality Standards. The Nevada Division of Environmental Protection also monitored PM_{2.5} exceedances during the episode. As with the Rim Fire exceptional events demonstration, AQM staff will coordinate with NDEP staff in developing the demonstration.

AQM staff attended two American Planning Association, Nevada Chapter brownbag meetings. These meetings included presentations about Truckee Meadows Tomorrow and Safe Routes to School. AQM is a member the APA Chapter. These events provide AQM staff opportunities to meet and collaborate with local planners. Planners can shape our community design which is a critical element to encouraging active transportation, reducing air pollution, reducing chronic diseases, and improving the community's health.

EPA approved an AQM request to discontinue monitoring carbon monoxide at the South Reno site based on low CO concentrations. The South Reno CO monitor was shut down on October 1. Based on population, EPA guidance requires a minimum of two CO monitors in Washoe County. Without South Reno, AQM maintains five other CO monitors including locations where we see the highest concentrations in downtown Sparks, downtown Reno, and near the Spaghetti Bowl. The monitor removed from the South Reno site will be used to replace an older monitor located at the Toll Road site.

Daniel K. Inouye
Chief, Monitoring and Planning

a. Permitting & Enforcement

| Type of Permit | 2014 | | 2013 | |
|---|---------------------------|-----------------------------|----------------------------|-----------------------------|
| | September | YTD | September | Annual Total |
| Renewal of Existing Air Permits | 108 | 750 | 119 | 1339 |
| New Authorities to Construct | 11 | 91 | 6 | 88 |
| Dust Control Permits | 9 (67 acres) | 92 (947 acres) | 7 (112 acres) | 105 (1420 acres) |
| Wood Stove Certificates | 18 | 255 | 39 | 329 |
| WS Dealers Affidavit of Sale | 4 (2 replaced) | 68 (45 stoves removed) | 6 (4 replacements) | 134 (83 replacements); |
| WS Notice of Exemptions | 519 (5 stoves removed) | 5099 (53 stoves removed) | 939 (11 stoves removed) | 7346 (83 stoves removed) |
| Asbestos Assessments | 76 | 609 | 65 | 828 |
| Asbestos Demo and Removal (NESHAP) | 11 | 148 | 16 | 199 |

Staff reviewed twenty six (26) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- There have been 2 inquiries for potential new facilities investigating moving to the area solely in response to and in support of the new proposed Tesla factory. In addition, one existing facility has submitted an application for a modification to their existing air permit to add new production for the Tesla facility, and another that is investigating possibly adding process capabilities for Tesla.
- Permitting staff in cooperation with DRI has performed basic air sampling at a medical marijuana cultivation facility located in Truckee, California. The sampling consisted of collecting known quantities of air at a known rate from within the cultivation facility. Two sampling days were selected to attempt to capture the highest potential emission days based on the growth cycle of the plants. These samples are currently being analyzed by DRI. The data will provide the permitting staff with crucial emission factors for the permitting of the cultivation facilities.

| COMPLAINTS | 2014* | | 2013 | |
|---------------------|-----------|------------|-----------|--------------|
| | September | YTD | September | Annual Total |
| Asbestos | 2 | 18 | 0 | 18 |
| Burning | 0 | 4 | 1 | 8 |
| Construction Dust | 4 | 27 | 4 | 0 |
| Dust Control Permit | 0 | 13 | 2 | 7 |
| General Dust | 4 | 39 | 0 | 46 |
| Diesel Idling | 0 | 3 | 0 | 8 |
| Odor | 2 | 14 | 0 | 16 |
| Spray Painting | 0 | 4 | 2 | 5 |
| Permit to Operate | 0 | 25 | 2 | 55 |
| Woodstove | 0 | 8 | 1 | 16 |
| TOTAL | 12 | 155 | 12 | 209 |
| NOV's | September | YTD | September | Annual Total |
| Warnings | 1 | 26 | 1 | 46 |
| Citations | 1 | 8 | 1 | 40 |
| TOTAL | 2 | 34 | 2 | 86 |

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Staff conducted fifty-seven (57) stationary source renewal inspections in September 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.



WASHOE COUNTY HEALTH DISTRICT

COMMUNITY & CLINICAL HEALTH SERVICES DIVISION

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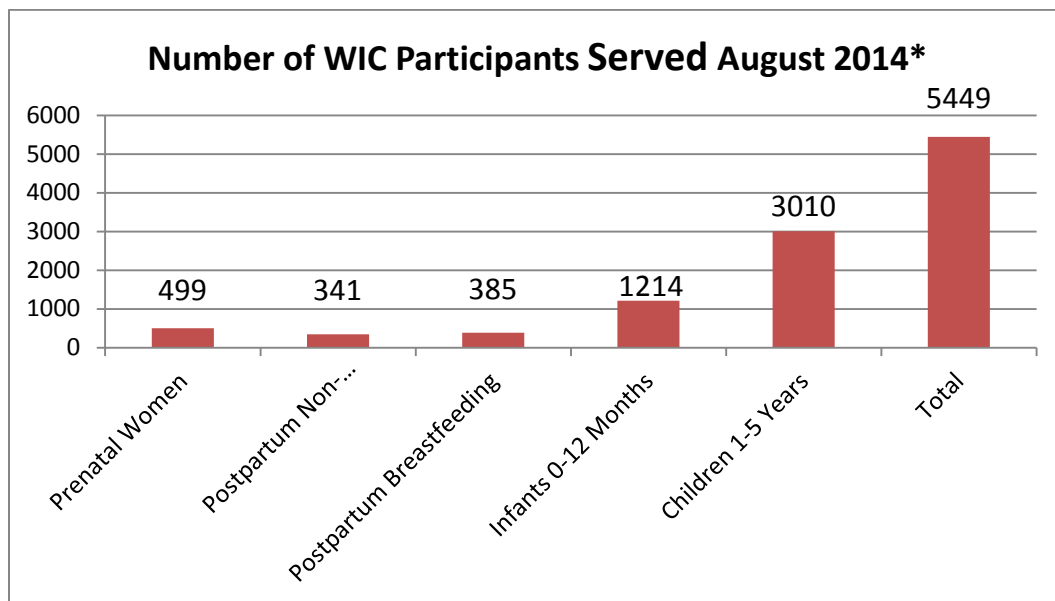
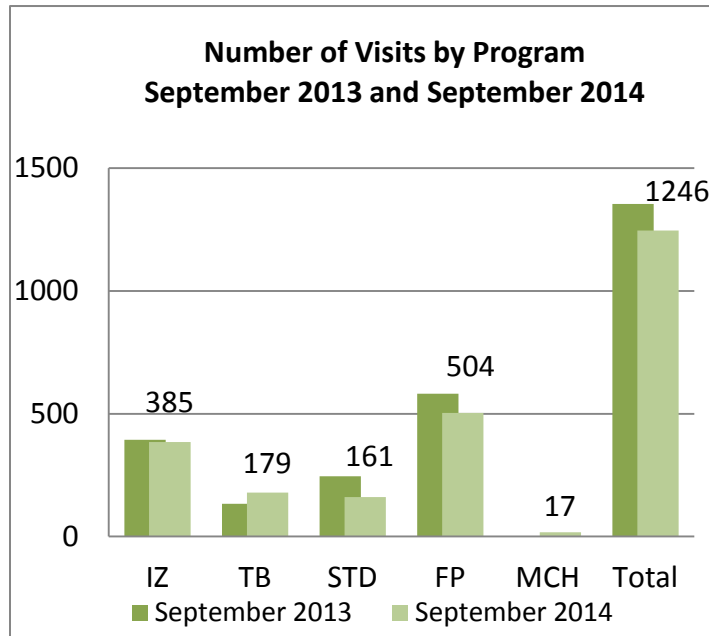
DIVISIONAL STAFF REPORT BOARD MEETING DATE: October 23, 2014

DATE: October 10, 2014
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update, Program Reports

1. Divisional Update

- a. Insight – Lisa Lottritz, Public Health Nurse (PHN) Supervisor, and Brantley Hancock, Department Systems Specialist, attended the 2014 Netsmart (parent company for Insight) “Connections” conference. This combination of staff attendance allowed for Health District staff to best network with other Insight users and technical experts from both the clinical and database management sectors, learn the latest in electronic health record (EHR) capabilities and requirements, as well as the intricacies of database management. Their participation poises CCHS to best plan and strategize database needs for the coming year.
- b. Affordable Care Act (ACA) – I am in the process of reviewing the Aetna Health Insurance contract prior to legal review. CCHS has also been contacted by MultiPlan, a network for various health plans, to contract with them for clinical services. The Anthem Health plan has been updated per legal review recommendations, and we are now awaiting a revised contract from Anthem for final legal approval. Upon this approval the contract, along with a credentialing packet, will be submitted to Anthem for CCHS to participate in their healthcare network and bill Anthem clients for their services.

c. Data/Metrics –



*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – STD staff continues to meet weekly to review program priorities and establish assignments. Staff had their annual lab evaluation/training this month. Staff will attend Couples Testing training in November 2014.
- b. **Immunizations** – Linda Gabor and Lynnie Shore (program supervisor and coordinator, respectively) attended the 2014 National Immunization Conference in September, bringing back the latest information regarding immunizations and vaccine preventable diseases to share with staff.

Three School Located Vaccination Clinics were held at Traner Middle School, Lemelson and Stead Elementary Schools. A total of 493 students and adults received 477 doses of flu vaccine and 101 doses of Tdap. Additionally, a clinic was held at the Northern Nevada Children's Cancer Foundation where 68 doses of flu vaccine were administered.

- c. **Tuberculosis Prevention and Control Program** – Staff attended a web-based Nurse to Nurse training on September 23, 2014, which was provided by the Curry International Tuberculosis Center and the Southern Nevada Health District. Holly McGee will be attending the Curry International Tuberculosis Center, Case Management and Contact Investigation Intensive in November 2014. Staff is planning the Northern Nevada 2013 Cohort Review, which the TB Program is hosting, and is scheduled for December 16, 2014.
- d. **Family Planning/Teen Health Mall** – The vacant nurse practitioner position has been filled, after six months and two unsuccessful recruitments. Christine Cefelli, APRN, is scheduled to join the Family Planning Program at the end of October.
- e. **Chronic Disease Prevention Program (CDPP)** – The 2014 Healthy Living Forum, held September 18, 2014, was a successful event with a total of 165 participants registered, including 28 students. Formerly the Obesity Forum, this year's conference included a variety of healthy living topics including nutrition, physical activity, youth and marketing, tobacco (including e-cigarettes) and marijuana.

Staff attended a tobacco training with speakers from the CDC, Americans for Nonsmokers' Rights, and other leaders from across the nation. Information from the conference will be incorporated into current work on local tobacco prevention and control efforts for creating smoke free spaces.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff completed 14 data abstractions in the first quarter of the Fetal Infant Mortality Review (FIMR) program. The first Case Review Team (CRT) meeting will be held on October 15, 2014. This meeting consisted of orientation to the CRT process and the review of two fetal death

Subject: CCHS Division Director's Report

Date: September 25, 2014

cases. Staff continues to work closely with National FIMR and is coordinating an on-site training for the CRT and the Community Action Team. The MCAH program and the Maternal Child Health Coalition of Northern Nevada will host a lunch and learn on October 15, 2014, where Dr. Lynn Kinman will present on Fetal Alcohol Syndrome.

- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – WIC received a one-time end of federal fiscal year budget supplement of \$40,500 for needed operating items. Staff participated in an advanced “Bridges Out of Poverty” training. WIC clients are transitioning to fat free and 1% milk. The WIC Program is providing a learning experience for a UNR Community Nutrition student this semester.



WASHOE COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES DIVISION



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DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: October 23, 2014

DATE: October 13, 2014
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
 775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division Update, Program Updates - Food, Land Development, UST/LUST, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- EHS completed an information workshop with Reno, Sparks and Washoe County Code Enforcement Agencies outlining what our authorities are and how the Health District and Code can work together to meet compliance within the community.
- EHS will begin interviews the week of October 20 to fill the two remaining vacancies within the Division.
- EHS staff is working closely with the City of Reno Code Enforcement Agency on several housing issues and complaints related to single family residences, apartments and weekly or long-term rental hotel/motels.

PROGRAM UPDATES

Food

- Special Events/Temporary Food: Summer season is starting to wind down and annual events are still consistent.

Land Development

- Staff is continuing to see increases of plans and special use permits for new construction, projects and subdivisions within the community.
- Over the past few months, staff has seen an increase in the number of well deepening or new well construction requests resulting from older wells failing to produce adequate water supplies. Currently the areas of East Washoe Valley and Verdi have been impacted the most.

UST/LUST

- Staff completed the upgrading and re-piping of the Alamo Truck Stop in Sparks, this upgrade was done in stages over eight weeks. Staff took the opportunity to train new staff on construction standards and educate AHS staff on how EHS conducts construction inspections in the program.

Vector-Borne Disease

- Our mosquito season is nearly over after an early start in April. Our first positive St. Louis encephalitis adult female mosquito collection was trapped the first week of June. Between August 5 and September 24, eleven other samples collected were positive for West Nile virus. As with all positive collections, the areas were fogged with subsequent trappings to determine if additional adulticiding was required. The first human case in Washoe County occurred September 24. Surveillance trappings were performed near their residence with the adult female collection negative for West Nile virus. Travel history for the individual included a fishing trip in Tehama County, CA which had four human cases and one death. The presumption is the patient contracted West Nile virus during this fishing trip. The positive collections and increases in adult female populations are due to the longer interval between helicopter treatments and summer rains. Staff and interns adulticided a total of 54 times, similar to last year. Over the past several years, the program has seen an inverse relationship in larvaciding/adulticiding resulting in more fogging with less helicopter applications.
- Containment of West Nile virus and St. Louis encephalitis to the mosquito populations prevented any human cases from contracting these mosquito transmitted diseases in the Truckee Meadows. This would not have been possible without the tremendous efforts of staff and the public health interns. They conducted surveys, treated small sources and catch basins along with the treatment of large bodies of water with helicopter applications. This included disease trapping surveillance and identification of mosquito species. Our public health interns will be finishing the season with their last day on October 30.
- Staff and the public health interns are currently sampling and treating catch basins. Catch basins are organic incubators producing several species of mosquitoes that transmit West Nile virus. Jensen Precast, a manufacturer of catch basins, has a tentative design that our program staff reviewed that may eliminate colonization in new catch basins. This process of a new design will take time, effort, redesign and agreement of all entities for it to be accepted in the public infrastructure.
- Staff is active in community development projects working with engineers and contractors to assure infrastructure meets our design criteria. In several projects, staff is working with engineers to redesign detention basins that are ponding water. Ten projects have been inspected and signed off with the certificate of occupancy (C of O) issued. Our Health Officer requested staff present to the Land Development User Group on October 9, a vector catchment design for the typical front lot to reduce nuisance water runoff. From the positive discussion by the development community, the wording should in the future state the criteria with the landscape firm providing the design features in the catchment area.

Waste Management

- Bear and trash conflict complaints are beginning to trend upward. Staff has been educating the public with regards to these complaints. Some responsible parties have switched to animal-resistant containers voluntarily.
- Citizens continue to inquire about single stream recycling within Washoe County and the City of Sparks. Our agency continues to forward those citizen comments and requests to the appropriate entities for consideration. The current single stream recycling program in the City or Reno will be dramatically increasing the Health District's residential recycling rate for the 2014 calendar year.

EHS 2014 Inspections/Permits/Plan Review

| | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEP | YTD | Avg |
|------------------------------------|------------|------------|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Child Care | 6 | 3 | 7 | 13 | 10 | 27 | 25 | 14 | 25 | 130 | 14 |
| Complaints | 70 | 74 | 68 | 96 | 101 | 97 | 139 | 117 | 128 | 890 | 99 |
| Food | 499 | 312 | 452 | 388 | 475 | 364 | 288 | 420 | 429 | 3,627 | 403 |
| General | 63 | 67 | 118 | 62 | 383 | 134 | 190 | 290 | 101 | 1,408 | 156 |
| Plan Review (Comm. Food/Pool/Spas) | 14 | 3 | 4 | 3 | 14 | 14 | 4 | 3 | 10 | 65 | 7 |
| Plan Review (Residential Septic) | 21 | 29 | 32 | 39 | 41 | 47 | 46 | 39 | 37 | 331 | 37 |
| Residential Septic Inspections | 22 | 29 | 37 | 45 | 33 | 74 | 44 | 27 | 43 | 354 | 39 |
| Temporary Food/Special Events | 28 | 33 | 62 | 84 | 132 | 420 | 337 | 765 | 271 | 2,132 | 237 |
| Well Permits | 11 | 0 | 5 | 6 | 6 | 15 | 12 | 12 | 7 | 74 | 8 |
| Waste Management | 12 | 20 | 29 | 9 | 12 | 21 | 13 | 13 | 13 | 142 | 16 |
| TOTAL | 746 | 570 | 814 | 745 | 1,207 | 1,209 | 1,098 | 1,700 | 1,064 | 9,153 | 1,017 |

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

Multiple Cases of West Nile Found in Nevada; Expect Fogging This Week

Updated: Wed 10:36 AM, Sep 17, 2014

By: Pat Thomas/News Release [Email](#)



- **Related Links**
- [FIGHT THE BITE Video: West Nile Virus in Nevada](#)
- [Mosquito Abatement Information](#)

SPARKS, NV - The Nevada Department of Agriculture's (NDA) Animal Disease and Food Safety Laboratory has detected numerous cases of West Nile Virus in Nevada.

The laboratory has tested more than 3,300 mosquito pools from all counties since May. Positive mosquito pools have been identified from Carson City (3), Elko County (4), Humboldt County (1), Lincoln County (3), Mineral County (1), Nye County (1) Pershing County (1), Washoe County (11) and Clark County (68).

The statewide mosquito surveillance program is conducted by vector control agencies in Washoe, Clark, Lyon, Churchill, County and Douglas counties, as well as Mason Valley.

All samples are submitted to NDA's Animal Disease and Food Safety Laboratory for testing of West Nile Virus, Saint Louis Encephalitis Virus and Western Equine Encephalitis Virus, all of which can cause severe disease and death in humans.

Mosquito season is expected to end with the first frost in October.

While warmer temperatures persist, all Nevada residents are advised to take precautions such as eliminating any standing water around houses and barns, using insect repellents and keeping horses vaccinated against West Nile Virus and Western Equine Encephalitis.

"All horse owners should update their animals' West Nile Virus vaccination," said Dr. Anette Rink, supervisor of the Animal Disease and Food Safety Laboratory.

Four effective vaccines exist for horses, but vaccine development for humans is still underway with no available product in sight.

"Nevada has had cases of West Nile Virus since 2003," Dr. Rink said. "This should serve as a reminder, especially to people 50 years and older, to use repellent containing DEET and to wear long sleeves, pants and socks when outside, especially during dawn and dusk."

Washoe County Vector Control will do anti-mosquito fogging Thursday and Friday (September 18/19) from 5:30-6:30 both mornings. Fogging will happen in the areas of Damonte Ranch, Sage Hill Road, Veterans Parkway and Steamboat Parkway.

West Nile Case Confirmed In Washoe County

By: KOLO News Now Channel 8 ABC Press Release

Updated: Tue 4:32 PM, Sep 30, 2014

Sparks, NV - The first confirmed human WNV case in the County this year has been reported to the Washoe County Health District. The case is a male over the age of 50, with a recent travel history outside of Washoe County. This case is the third confirmed case in Nevada during 2014.

The WCHD confirms that a sample of adult mosquitos in the Spanish Springs/Kiley Ranch area has tested positive for West Nile **Virus**.

The Health District monitors for mosquitos carrying diseases and has identified multiple positive samples during the sample collection period starting in May to the present. Sampling will take place until there is a hard freeze in the area.

Due to the WNV identification, the Health District will be increasing mosquito surveillance and conducting controlled early-morning fogging in the Henry Orr Parkway, Turnberry Drive and Vista del Rancho area, during the early morning hours on Wednesday, October 1, 2014.

“Washoe County residents should remain attentive in preventing WNV,” said Washoe County District Health Officer Kevin Dick. “Increased standing water in the area due to the recent rains has created a prime habitat for the mosquitos that can carry transmittable disease.” Dick added that this is a reminder to all of us that we need to take precautions to keep the mosquitos at bay and bites to a minimum.

Dick stresses that to reduce contact with mosquitos and mosquito bites, people should remember to clear standing water from around their **homes**. “Any area can become a problem and a potential breeding-ground, including small puddles, pools, planters, children’s sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls. Anything that can hold even a capful of water can give mosquitos the space they need to survive.”

Some additional precautionary mosquito facts include:

- Mosquitoes bite in the early morning and evening so it is important to wear proper clothing and repellent containing DEET, picaradin, oil of lemon eucalyptus or IR3535 according to label instructions. Repellents keep the mosquitoes from biting you. DEET can be used safely on infants and children 2 months of age and older.
- Make sure that your doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes; and,
- Vaccinate your horses for WNV.

The Washoe County Health District’s Communicable Disease Program investigates all reported cases of diseases like WNV and presents those cases in the Communicable Disease Weekly Report. Residents may report night-time mosquito activity to the District Health Department at 328-2434.

More information on WNV and the Washoe County Health District’s Vector-Borne Disease Prevention Program can be found at www.washoecounty.us/health/ehs/vbdp.html.



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS

**Public Health**
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DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: October 23, 2014

DATE: October 14, 2014
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Public Health Preparedness, Emergency Medical Services, and Cross Jurisdictional Sharing

Communicable Disease (CD) -

Pertussis - CD staff have continued investigating pertussis cases. During the past 30 days, 3 more cases were investigated. To date, 50 cases have been reported and investigated in 2014. By comparison 22 cases were reported for the whole year in 2013. Each case has had an average of six contacts needing management for post-exposure prophylaxis. This increase in cases and contact investigation has caused a significant increase in workload.

Ebola - CD staff members have been actively participating in local Ebola preparedness working group. The Outbreak Response Team has convened to assess the current status of local preparedness and make assignments for key staff members.

Enterovirus D68 – CD staff are investigating a suspected case of EV-D68.

Influenza – The influenza season has officially begun. Although surveillance continues throughout the year, sentinel surveillance is increased during the official flu season. A total of 12 sentinel healthcare providers are participating this season. Two additional pediatric providers are participating in the Pediatric Early Warning Sentinel Surveillance (PEWSS) program which will focus on specimen collection among children who meet the Influenza-like Illness (ILI) definition. These specimens will be tested for six common respiratory viruses.

Public Health Preparedness (PHP) –

Public Health Preparedness (PHP) exercised the point of dispensing (POD) plan for a pandemic influenza response on October 9, 2014 at the Reno Sparks Livestock Event Center. During this exercise, Washoe County employees, their family members (age 3+) and members of our community had the opportunity to learn how the Washoe County Health District would collaborate with local emergency response personnel when community needs (during a pandemic) exceed Health District resources.

Participating organizations included: Amateur Radio Emergency Services; City of Reno on behalf of Reno Fire Department and Reno Police Department; City of Sparks on behalf of Sparks Fire Department; Community Emergency Response Team; Immunize Nevada; Northern Nevada Medical Center; Reno Sparks Livestock Event Center; Renown Medical Group; Saint Mary's

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Regional Medical Center; Truckee Meadows Fire Protection District; and the University of Nevada, Reno. A total of 95 volunteers from these organizations staffed the POD exercise, and an additional 40 volunteers attended as Evaluators, Controllers and Observers.

Public Health Preparedness (PHP) provided school preparedness information at the request of the Nevada Division of Emergency Management, to provide to the Nevada Department of Education. Epidemiology staff prepared this information regarding Enterovirus D68, one of many non-polio enteroviruses, to inform parents and school staff of precautions they can take to prevent the spread of disease and information specific information to Enterovirus D68.

Emergency Medical Services (EMS) –

As part of the Health District's new responsibilities for Oversight of the Regional Emergency Medical Services System (EMS provided by Fire, REMSA and Dispatch) an EMS Oversight Program is being established in EPHP. The Health District completed the initial step of building the Program by hiring the EMS Program Manager. An internal candidate was selected as the top applicant, Christina Conti. Ms. Conti started in this capacity on October 6, but will continue to assist with hospital preparedness activities over the next several months.

The Washoe County Health District hosted an After Action meeting on Friday, September 12 to debrief the Discovery Museum MCI that occurred on September 3, 2014. The community partners and first-responders in attendance provided positive feedback as well as areas for improvement. The meeting's discussion focused on the MCIP and updates that could improve the region's disaster response. A first draft of the AAR/IP has been sent to those involved in the incident for comments and suggestions. A final draft of the document will be completed by October 30.

As mentioned in previous months, EMS staff created an Improvement Plan based on experiences from the full-scale Broken Wing exercise in May 2014. Seven areas for improvement are complete and four are currently in progress. Some highlights of projects include WebEOC and patient tracking trainings for local hospitals' staff and the establishment of a Family Assistance Center (FAC) Annex to the Multi-Casualty Incident Plan.

EMS staff recently updated the Mutual Aid Evacuation Annex (MAEA) training materials/content and will facilitate the new training on Thursday, October 16 to several hospital nurses and REMSA personnel. Additionally, EMS staff updated the Mutual Aid Evacuation Annex to include multiple facility evacuations and will host a workshop on Tuesday, October 21 with various community partners to review and discuss the changes to the annex.

Robert Wood Johnson Cross Jurisdictional Sharing Grant –

Dr. Todd along with Dr. John Packham from the School of Medicine completed a tour of the seven rural counties in the project area meeting with key personnel involved in local public health efforts. Several of these counties have not appointed a health officer and only one is regularly convening the county board of health. The project had conducted earlier surveys of available public health services and the relative importance of those services to community leaders. The county with regular board of health meetings appeared to have a markedly higher level of appreciation for the importance of services. During the rural tour invitations were extended for County Commissioners, Health Officers, and other key leaders to attend an all day event in Fallon on December 9. This event will include a site visit from the Center for Cross

Jurisdictional Sharing and potentially staff from other funded projects from across the nation. The Churchill County Board of Health will also convene during this event. It is hoped that this will encourage other rural counties to consider taking a more active role in public health. This may lead to future discussions on the possibility of sharing services among two or more jurisdictions.



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER

**Public Health**
Prevent. Promote. Protect.

DISTRICT HEALTH OFFICER STAFF REPORT

BOARD MEETING DATE: October 23, 2014

DATE: October 14, 2014

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us

SUBJECT: District Health Officer Report - REMSA/EMS, Ebola Preparedness, Community Health Needs Assessment, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts.

REMSA / EMS

Christina Conti was promoted to the EMS Program Manager position following an open national recruitment. Potential candidates for appointment to the EMS Advisory Board were recruited and provided to the District Board of Health. A reclassification of the existing part time EMS coordinator position to Statistician is currently underway to best provide the skill needs identified by the program.

Dick Barnard has resigned from the REMSA Board. Potential candidates to fill the remainder of his term will be recruited and provided to DBOH for appointment of a CPA to the REMSA Board. (Fundamental Review Item 16).

Ebola Preparedness

The Health District continues to work with hospitals, healthcare providers, EMS agencies and other regional partners to provide information and distribute or develop protocols for use in the event a case of Ebola Virus Disease presents in our community. A state sponsored Ebola Situation Update weekly conference call was initiated 10/15.

On 10/15 the Health District activated an ICS structure to provide a better structure for our Ebola preparedness activities and communication and coordination with our regional partners. This also enables informational updates and communications on our activities through WebEOC. This is a continuation of our activities to prepare for an event which we believe is highly unlikely to occur, but necessary to prepare for.

Community Health Needs Assessment

Work continues on the Community Health Needs Assessment (CHNA) through the Nevada Public Health Foundation's Independent Contractor, Heather Kerwin. An initial draft of completed sections was provided to subject matter experts at the University of Nevada, Reno, as well as immunization and sexual health staff at the Nevada States Division of Public and Behavioral Health. Feedback regarding the presentation, information, and data analyses are being provided by the subject matter experts.

Ms. Kerwin's work is directed through a Community Health Needs Assessment Subcommittee of the Truckee Meadows Healthy Communities Conference Planning Committee. The subcommittee meets biweekly and updates to the planning committee are provided on a monthly basis. The CHNA is

expected to be completed by the end of December 2014. The Truckee Meadows Healthy Communities Conference will be held on January 8th 2014. (Fundamental Review Item 14)

Fundamental Review

A grant proposal submitted to NACCHO seeking funding for additional training and support from the Public Health Foundation for development of a performance management system for the Health District did not receive funding.

Staffing

Recruitments are underway for two Environmental Health Specialists and two Public Health Nurses.

Other Events and Activities

I met with the Division Directors/Supervisors on October 1, and the Division Directors on October 15. I conduct individual meetings with the Division Directors, Communication Manager, and QI Coordinator on a bi-weekly schedule. My monthly meeting with the County Manager occurred on October 6.

A Health District General Staff Meeting was held on October 7.

I was interviewed by Carol Ford, Tahoe Forest Health as part of a Community Health Needs Assessment they are conducting for their hospital system on September 30.

I attended a meeting with the Builders Association of Northern Nevada (BANN) on October 2 to discuss ideas for changes to state regulations to provide for issuance of mass grading permits prior to final map approval. I attended a meeting of the full Land Development User group hosted by BANN on October 9.

I participated in a Nevada Public Health Foundation Board meeting on October 8.

I provided remarks at a Flood Awareness Press Event held at Wingfield Park on October 10.

I attended the Regional Transportation Committee Blue Ribbon Committee for Transit meeting on October 16.

I attended the REMSA Board Meeting on October 17.

I attended the Healthy Nevada Conference organized by Immunize Nevada on October 20.

I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit Home Performance with Energy Star Provider for the State of Nevada. The DOE grant to the Nevada Office of Energy has concluded.

I will be attending our regional Integrated Emergency Management Course at the FEMA Training Center in Emmitsburg, MD the week of November 17 and will not be able to attend the November 20, 2014 DBOH meeting.

Health District Media Contacts: September 17 - October 13, 2014

| <u>DATE</u> | <u>MEDIA</u> | <u>REPORTER</u> | <u>STORY</u> |
|-------------|------------------------------|-------------------|---|
| | KKOH Radio - 780 AM ABC News | | |
| 10/13/2014 | Reno | Ross Mitchell | Used Syringe Disposal - Ulibarri |
| 10/10/2014 | All Media Event | Various | Flood Awareness Press Conference - Dick |
| 10/10/2014 | UNIVISION | Ivet Contreras | EVD68/Hand, Foot and Mouth - Ulibarri |
| 10/9/2014 | KOLO CH8 - ABC Reno | Terri Russell | EVD68 - Ulibarri |
| 10/9/2014 | KRNV CH4 - NBC Reno/FOX 11 | Terri Hendri | Hot Shots/POD Exercise - Ulibarri |
| 10/7/2014 | KTVN CH2 - CBS Reno | Jennifer Burton | Ebola - Ulibarri |
| 10/7/2014 | KRNV CH4 - NBC Reno/FOX 11 | Terri Hendri | Hand, Foot and Mouth - Ulibarri |
| 10/7/2014 | KTNV | Larry Dish | EVD68 - Ulibarri |
| 10/7/2014 | Reno Gazette - Journal | Jason Hidalgo | Ebola - Todd |
| 10/6/2014 | KTVN CH2 - CBS Reno | Kristin Remington | EVD68 - Ulibarri |
| 10/3/2014 | KTVN CH2 - CBS Reno | Kristin Remington | EVD68 - Ulibarri |
| 10/2/2014 | KRNV CH4 - NBC Reno/FOX 11 | Ashley Cullins | EVD68 - Bullock |
| 10/2/2014 | KRNV CH4 - NBC Reno/FOX 11 | Terri Hendri | Ebola - Bullock |
| 10/1/2014 | KRNV CH4 - NBC Reno/FOX 11 | Terri Hendri | WNV/EVD68/Flu/Ebola - Bullock |
| 9/30/2014 | KOLO CH8 - ABC Reno | Terri Russell | West Nile - Bullock |
| 9/30/2014 | UNIVISION | Ivet Contreras | RSV & EVD68 - Bullock |
| 9/30/2014 | KOLO CH8 - ABC Reno | Van Chieu | Insect infestations - McNinch |
| 9/29/2014 | KOLO CH8 - ABC Reno | Terri Russell | Ebola - Bullock |
| 9/29/2014 | UNIVISION | Ivet Contreras | Contraceptives - Hardie |
| 9/29/2014 | KOLO CH8 - ABC Reno | Terri Russell | Enterovirus - Bullock |
| 9/26/2014 | KOLO CH8 - ABC Reno | Colin Lygren | Nevada Clean Indoor Air - Seals |
| 9/24/2014 | KOLO CH8 - ABC Reno | Catherine Van | King Fire - Inouye |
| 9/23/2014 | Reno Gazette - Journal | Jason Hidalgo | Influenza - Seals |
| 9/23/2014 | KOLO CH8 - ABC Reno | Paul Harris | Influenza - Seals |
| 9/23/2014 | KOLO CH8 - ABC Reno | Colin Lygren | King Fire - Inouye |
| 9/22/2014 | KOLO CH8 - ABC Reno | Colin Lygren | AirNow AQI - Schnieder |
| 9/22/2014 | KTVN CH2 - CBS Reno | Andi Guevara | King Fire - Inouye/Peterson |
| 9/19/2014 | Reno News & Review | Sage Leehey | King Fire - Inouye/Schnieder |
| 9/18/2014 | KOLO CH8 - ABC Reno | Ray Kinney | Healthy Living Forum - Seals |
| 9/18/2014 | KUNR 88.7 FM - NPR Reno | Michelle Bliss | King Fire - Inouye |
| 9/18/2014 | Reno Gazette - Journal | Marcella Corona | King Fire - Inouye |
| | KKOH Radio - 780 AM ABC News | | |
| 9/18/2014 | Reno | Jim Fannon | King Fire - Inouye/Schnieder |
| 9/17/2014 | KRNV CH4 - NBC Reno/FOX 11 | Terri Hendri | West Nile - Shaffer |
| 9/17/2014 | KOLO CH8 - ABC Reno | Terri Russell | King Fire - Inouye/Schnieder |
| | | Adam | |
| 9/17/2014 | KTVN CH2 - CBS Reno | Varahachaikol | King Fire - Inouye/Schnieder |
| 9/17/2014 | USA Today/Kaiser Health | Phil Gallewitz | Medicaid Expansion - Dick |

Press Releases/Media Advisories/Editorials

| | | | |
|-----------|----------------|-----------------|------------------------------------|
| 10/8/2014 | Media Advisory | PIO Ulibarri | Point of Dispensing (POD) exercise |
| 10/8/2014 | Press Release | PIO Ulibarri | Enterovirus |
| 9/30/2014 | Press Release | Jennifer Howell | West Nile Virus |
| 9/17/2014 | Media Advisory | PIO Ulibarri | Mosquito Fogging |
| 9/17/2014 | Media Advisory | PIO Ulibarri | Healthy Living Forum |