

**Washoe County District Board of Health
Meeting Notice and Agenda**

CHANGE OF LOCATION

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Dr. George Hess
Kristopher Dahir
David Silverman
Oscar Delgado
Michael D. Brown

**Thursday, January 26, 2017
1:00 p.m.**

**Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

PUBLIC HEARING ITEMS SCHEDULED ON THIS AGENDA

(Complete item descriptions on second page.)

- **Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration**

Items for Possible Action. 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.

1:00 p.m.

- 1. *Roll Call and Determination of Quorum**
- 2. *Pledge of Allegiance**
- 3. *Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

- 4. Approval of Agenda**
January 26, 2017
- 5. Approval of Draft Minutes**
December 15, 2016
- 6. Recognitions**

- A. Years of Service
 - i. Nichole Sooudi, 10 years, hired 1/3/2007 – CCHS
 - ii. Byron Collins, 10 years, hired 1/8/07 – EHS
 - iii. Rebecca Gonzales, 15 years, hired 1/28/2002 – CCHS

- iv Julie Pomi, 25 years, hired 11/4/1991 – CCHS
- v. Cory Sobrio – 20 years, hired 11/25/1996 – CCHS
- vi. Katherine Sobrio – 20 years, hired 12/9/1996 - CCHS

B. Promotions

- i. Victoria Nicolson-Hornblower from Public Health Nurse I to Public Health Nurse II – CCHS

C. New Hires

- i. Blair Hedrick, 12/19/16, Office Assistant III in Vital Statistics - EPHP

D. Retirements

- i. Sandi Bridges – 1/1/17, Office Support Specialist, Vital Statistics – 21 years – EPHP

7. Consent Items

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. Approval of Draft Minutes

December 15, 2016

B. Budget Amendments/Interlocal Agreements/Purchases

- i. Approve the modification of the Community and Clinical Health Services immunization fee schedule to change the immunization administration fee to \$21.34.
Staff Representative: Nancy Kerns-Cummins
- ii. Presentation, discussion, and possible approval of an \$8,000 cash donation to supplement the Wood Stove Exchange Program administered by the University of Nevada, Reno Business Environmental Program
Staff Representative: Charlene Albee
- iii. Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through May 30, 2017 in the total amount of \$20,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Electronic Food Inspection Form – Reports and Training Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton
- iv. Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through October 31, 2017 in the total amount of \$2,818 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – United States Food and Drug Administration (FDA) Pacific Region Retail Food Seminar and Western Association of Food and Drug Officials (WAFDO) Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement..
Staff Representative: Patsy Buxton
- v. Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through December 31, 2017 in the total amount of \$2,970 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Food Establishment Inspection Placard Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Patsy Buxton

- vi. Approve FY17 Purchase Requisition #3000032104 issued to KPS3 (Request for Proposal #3001-17) in the amount of \$111,984 for Marketing, Advertising, and Media Buying Services for select Washoe County Health District Programs.

Staff Representative: Phil Ulibarri

- C. Recommendation for the Board to uphold an unappealed citation issued to Nevada Division of Forestry, Case No. 1192, Citation No. 5626 with a Supplemental Environmental Project as a negotiated settlement.

- i. Nevada Division of Forestry - Case No. 1192, Notice of Violation No. 5626

Staff Representative: Charlene Albee

- D. Consideration and possible approval of the Business Impact Statements regarding Proposed Revision of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program with a finding that the revised regulations do not impose a direct or significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for February 23, 2017 at 1:00 pm.

(This item was considered and approved by the District Board of Health on December 15, 2016. Due to an administrative error, the item was not properly noticed for public hearing for the January 26, 2017 meeting. To comply with NRS hearing regulations, it must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt, so it is being presented for approval a second time so it may be scheduled for a public hearing at the February 23, 2017 meeting.)

Staff Representatives: Jim English and Wes Rubio

- E. Acknowledge receipt of the Health District Fund Financial Review for December Fiscal Year 2017

Staff Representative: Anna Heenan

8. PUBLIC HEARING Review, discussion and possible approval of Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration.

Staff Representatives: Jim English and Wes Rubio

9. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

- A. Review and Acceptance of the REMSA Operations Reports for November, 2016
- B. *Update of REMSA's Community Activities during November, 2016
- C. Review and Acceptance of the REMSA Operations Reports for December, 2016
- D. *Update of REMSA's Community Activities during December, 2016

10. *Regional Emergency Medical Services Advisory Board January Meeting Summary

Staff Representative: Christina Conti

11. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2015 through 6/30/2016.

Staff Representative: Randall Todd

12. Presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan

Staff Representative: Kevin Dick

13. Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session, and consideration and possible approval of District Board of Health Legislative Principles

Staff Representative: Kevin Dick

14. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

B. Community and Clinical Health Services, Steve Kutz, Director

Divisional Update – 2016 Year in Review; Patagonia Health, Safe Sleep Campaign; Data & Metrics; Program Reports

C. Environmental Health Services, Bob Sack, Director

EHS Division and Program Updates – Childcare, Food, Invasive Body Decoration (IBD), Land Development, Vector-Borne Disease and Waste Management

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – 2017 Washoe Flood, Regional License/Permits Program, Quality Improvement, Public Health Accreditation, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

15. *Board Comment

Limited to announcements or issues for future agendas.

16. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

17. Adjournment

Possible Changes to Agenda Order and Timing. 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 agenda.

Special Accommodations. 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.

Public Comment. During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and

presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment. 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.”

Posting of Agenda; Location of Website.

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>

How to Get Copies of Agenda and Support Materials. 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 lr Rogers@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

Members

Kitty Jung, Chair
Vice Chair, Dr. George Hess
Oscar Delgado
Kristopher Dahir
David Silverman
Dr. John Novak
Michael D. Brown

Thursday, December 15, 2016
1:00 p.m.

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

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. George Hess
Dr. John Novak
Oscar Delgado
Kristopher Dahir

Members absent: Michael D. Brown
David Silverman

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer
Bob Sack, Director, EHS
Steve Kutz, Director, CCHS
Charlene Albee, Director, AQM
Randall Todd, Director, EPHP
Sara Behl, Director of Programs and Projects, ODHO
Laura Rogers, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Charlene Albee led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

December 15, 2016

Mr. Delgado moved to approve the agenda for the December 15, 2016, District Board of Health regular meeting. Dr. Hess seconded the motion which was approved five in favor and none against.

5. *Recognitions

A. New Appointment

- i. Sparks Councilman Kristopher Dahir, DBOH Board Member. Appointed 11/28/2016

Mr. Dick welcomed Mr. Dahir to the District Board of Health, participating as the elected representative from the City of Sparks.

B. Reclass/Promotion

- i. Lei Chen from Sr. Epidemiologist to Epidemiology Program Manager retroactive to 9/15/2016

Mr. Dick congratulated her on her promotion.

- ii Christina Conti Rodriguez, title changed from EMS Program Manager to Preparedness and EMS Program Manager – EPHP

Ms. Conti has taken on the additional responsibilities of Public Health Preparedness Supervisor due to Jeff Whiteside's retirement who acted in that capacity.

- iii. Carmen Mendoza, Office Assistant II to Office Assistant III – EPHP

Ms. Mendoza was not in attendance.

C. New Hires/Transfers

- i. Kerry Chalkley, 10/31/2016, Epidemiologist - EPHP

Dr. Todd introduced and welcomed Ms. Chalkley who was recruited from the state of Virginia and worked as an Epidemiologist there.

- ii. Falisa Hilliard, 11/14/16, Office Support Specialist - ODHO

Ms. Behl welcomed Ms. Hilliard who transferred from the Community Services Department. Ms. Hilliard will be working on the Public Health Accreditation activities.

- iii Laura Rogers, 11/14/16, Administrative Secretary – ODHO

Mr. Dick introduced Ms. Rogers who transferred from the Treasurer's Office and was promoted to the Administrative Secretary position. Ms. Rogers will serve as the Clerk for the District Board of Health.

- iv. Tim (Cuauhtemoc) Buitron, Office Assistant II reassigned from WIC to Central Clinic – CCHS

Mr. Dick was pleased to announce Mr. Buitron's reassignment and the support he will provide to the Central Clinic.

- v. Dawn Spinola, 11/15/16, Administrative Secretary – EPHP from ODHO

Mr. Dick announced Ms. Spinola's transfer to support the EPHP Division and stated he was happy that she will continue to be employed within the Health Department.

vi. Christina Sheppard, 11/28/16, Advance Practice Registered Nurse – CCHS

Mr. Kutz introduced Ms. Sheppard, reviewed her qualifications and expressed that they were happy to have her.

vii. Samantha Beebe, 11/28/16, Public Health Nurse – CCHS

Mr. Kutz welcomed Ms. Beebe who will be working in the STD Program as the Disease Intervention Specialist. She a Reno native and comes to us from West Hills Hospital.

viii. Jackie Lawson, 11/28/16, Office Support Specialist – EPHP

Dr. Todd welcomed Ms. Lawson who will be supporting both EMS and Public Health Preparedness, and comes to this department from Social Services.

D. Achievements

i. Charlene Albee – Elected to the Board of National Association of Clean Air Agencies (NACCA) – AQM

Mr. Dick congratulated her on her election and stated that he was pleased she was participating on that Board and representing the Health Department.

ii. Suzanne Dugger – Completion of the Excellence in Public Service Certificate – AQM
Ms. Dugger was not in attendance.

iii. Laurie Griffey – Completion of Essentials of SAP for HR Reps Certificate – AHS

Mr. Dick congratulated Ms. Griffey on the completion of this certificate program.

6. Proclamations

Radon Action Month Proclamation

Mr. Dick presented the Proclamation for Radon Action Month for January 2017 to Nadia Noel and Susan Howe from the UNR Cooperative Extension. Mr. Dick read the Proclamation to those assembled. Ms. Noel spoke of the dangers of radon, the importance of testing, and percentage of homes by zip code in Washoe County that may have elevated levels of radon. She announced that the Cooperative Extension is giving free radon test kits to residents of Nevada and the dates and locations of upcoming presentations for the education of Nevada residents to the dangers of radon.

There was no public comment on this item.

Dr. Novak moved to adopt the resolution and Dr. Hess seconded the motion which was approved five in favor and none against.

7. Consent Items

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. Approval of Draft Minutes

October 27, 2016

B. Budget Amendments/Interlocal Agreements

i. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2016 through July 31, 2017 in the total amount of \$296,295 in support of

the Epidemiology and Laboratory Capacity (ELC) Grant Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Patsy Buxton

- ii. Approve the modification of the Community and Clinical Health Services laboratory fee schedule to add semen analysis for \$105.82.

Staff Representative: Nancy Kerns-Cummins

- iii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to October 1, 2016 through September 30, 2017 in the total amount of \$1,062,144 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; approve the abolishment of one vacant permanent full-time Office Assistant II position (PC# 70002141); and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- iv. Approve Subgrant Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2016 through March 31, 2017 in the total amount of \$78,201.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program IO# 10028, IO# 10029 and IO# 11319 and authorize the District Health Officer to execute the Subgrant Amendment.

Staff Representative: Nancy Kerns-Cummins

- v. Approval of Award from the National Association of County and City Health Officials (NACCHO) for the period upon approval through August 31, 2017 in the total amount of \$7,595.75 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards Mentorship Program, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Patsy Buxton

- C. Acknowledge receipt of the Health Fund Financial Review for October and November, Fiscal Year 2017

Staff Representative: Anna Heenan

Dr. Novak moved to accept the Consent Agenda as presented. Kristopher Dahir seconded the motion which was approved five in favor and none against.

8. PUBLIC HEARING - Presentation, discussion and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD)

Staff Representative: Charlene Albee

Ms. Albee presented the staff report and gave an overview of the proposed regulations as they relate to a decision made by US Supreme Court regarding the greenhouse gas rules. The proposed revisions to the DBOH regulations expedite the licensing of businesses that are not subject to the federal permitting process which will benefit the economy. Also implemented are strengthened administrative processes with a focus on notification to EPA for facilities subject to PSD and ensures public notice and notification to the facility.

Kristopher Dahir moved to adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management. Dr. Novak seconded the motion which was approved five in favor and none against.

9. *Update on the Hillside Cemetery disinterment permit

Staff Representative: Bob Sack

Mr. Sack presented the staff report in regards to the disinterment permit that was issued in 2014, was renewed twice and remains valid. In September 2016, the Health Officer also required Sierra Memorial Gardens to submit a health and safety plan. To date, the plan has not been received and there is no active disinterment.

Dr. Hess asked if the legal status of the heirs has been clarified in regards to ownership of the burial sites.

DDA Admirand stated that the three parcels that the permit was issued for are owned by Sierra Memorial Gardens, and they are the burial authority for those three permits. She explained that there is controversy between the parties as to the status of the ownership of the graves. DDA Admirand stated that she does not have a position on this issue, that it should be decided in a court of law should the issue arise.

Mr. Sack commented that the Health District issued this permit in response to an application, and that the Health District's interest in the matter is limited to public health safety.

Mr. Dahir requested clarification that Health District's interest is solely public health and that all other permitting and legalities are the responsibility of Sierra Memorial Gardens. Mr. Sack confirmed.

Mr. Gordon, with Lewis Roca Rothgerber Christie LLP and representing City View Terrace LLC who holds the option to purchase Hillside Cemetery with Sierra Memorial Gardens, and who is authorized to do so, spoke on behalf of Sierra Memorial Gardens. He stated that Sierra Memorial Gardens is a legal cemetery authority and had the right to disinter and reinter the entire cemetery. He acknowledged the letter regarding the health and safety plan and advised that they intend to fully comply. Mr. Gordon requested that Sierra Memorial Gardens be notified when related items appear on future agendas.

Dr. Novak asked why the disinterment was taking place. Mr. Gordon replied that it was to consolidate and create a fund for the preservation of the graves.

10. Review, discussion and possible approval of the Business Impact Statements regarding Proposed Revision of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program with a finding that the revised regulations do not impose a direct or significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for January 26, 2017 at 1:00 pm.

Staff Representative: Jim English

Mr. English presented the Business Impact Statement and explained that this efficiency measure will benefit the business owners as well as the Health District. While the requirement for certification remains in effect for swimming pool and spa operators, this measure would eliminate the additional identification card currently required by Washoe County Health District.

Councilman Dahir asked what the fiscal impact would be. Mr. English indicated it would have no impact, since the fees received for the card would approximately equal the salary and equipment expenses.

Dr. Novak moved to approve the Business Impact Statements. Mr. Dahir seconded the motion which was approved five in favor and none against.

11. Review, discussion and possible approval of Business Impact Statements regarding Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration, with a finding that the revised regulations do not impose a direct or significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations, and possible adoption of proposed fees for January 26, 2017 at 1:00 pm.

Staff Representative: Wes Rubio

Mr. Rubio stated that the largest impact proposed would be the requirement for testing of autoclaves by a certified lab. The cost for the monthly service provided locally is \$20 per visit per year, a total of \$240 per year. Online services will provide the spore testing kits ranging from \$84-\$186 depending on the amount of spore testing strips ordered. The testing can be free depending on the online service selected.

There are types of facilities that are not currently regulated but would be if this Business Impact Statement is approved. Tattoo removal services would now be required to obtain an annual operating permit; the current cost for that permit is \$189 and involves one inspection per year and the requirement to maintain the facility according to Health District regulations. A broad geographic range was searched for this business type and all were mailed notifications and all operators were emailed that have operated within Washoe County in the last two years.

Two non-recurring fees are proposed. One is a construction fee that would be required when a facility is being built or remodeled. This provision would require that plans associated with building permits issued by local governmental agencies be routed to EHS to conduct a review. Included in the review would be the plan review and onsite inspections prior to the facility being able to open.

A promoter fee is also proposed to be paid for shows or conventions where any operator would be providing tattoo or other types of body art. The revenue from these fees would pay for the inspection of the location to assure it is a safe venue for the public to receive these types of services.

Additional impacts to all permitted facilities would be the requirement to have a current certificate demonstrating that all personnel have completed and passed a blood-borne pathogen training. Also required would be for operators to have either certification of a current Hepatitis B vaccination or a declination form on site if that is their preference.

These proposed changes to the regulations were requested by operators. The proposals were written and formatted to ensure that there were minimal impacts to all existing facilities while updating the regulations to meet the current industry and national standards. Minimization of external requirements was important in drafting these requirements so as not to disrupt business and allow for continued operation.

Dr. Novak asked if the permit for conventions would be paid by the individual operators or for the promoter. Mr. Rubio clarified that it would be at the promoter level, and that historically, the services have been provided without compensation. This fee would fund the inspections and promote public health. Mr. Rubio went on to explain that individual operators are currently required to obtain a permit to operate, but the new fee paid by the

promoter would assure that the venue and what they are proposing to do will be in accordance with DOH regulations and be safe for the persons obtaining these services.

Dr. Novak also asked if the \$503 Promotor Fee cover the expected costs, and Mr. Rubio confirmed that it should be sufficient.

Dr. Hess moved to adopt the Business Impact Statements. Mr. Delgado seconded the motion which was approved five in favor and none against.

12. Regional Emergency Medical Services Authority

Presented by Don Vonarx

A. Review and Acceptance of the REMSA Operations Report for October 2016

Mr. Vonarx made the suggestion for process improvement that would allow them to report a month in arrears to assure accuracy. This would allow for adjustment due to insurance and contractual obligation.

Dr. Hess noted that the patient's age does not show on the report's demographics. Mr. Vonarx indicated that this information would be reported going forward.

Kristopher Dahir moved to accept the REMSA Operations Report for October 2016 with the noted changes. Dr. Novak seconded the motion which was approved five in favor and none against.

B. *Update of REMSA's Public Relations Activities during October 2016

Mr. Vonarx indicated that Mr. Romero is not present and that the operational updates are not available.

Dr. Novak expressed his appreciation of the addition of the Ground Ambulance Customer Comments and responses to those comments in the Educational and Training Report/Statistics section. He commented that it adds a layer of transparency to the operation.

13. Presentation, discussion and possible acceptance of the 2016 Solid Waste Management Plan for Washoe County as drafted, and direction to staff to submit the plan to the Nevada Division of Environmental Protection for final approval as required in NRS 444.510 and if the plan is approved with no edits, to enact the plan and objectives.

Staff Representative: Jim English

Mr. English presented the updated 2016 Solid Waste Management Plan for Washoe County, which includes the entire Health District. He stated that the Washoe County Health District is the Solid Waste Management Authority for Washoe County which includes the cities of Sparks, Reno, unincorporated Washoe County and the GID's.

The Plan Mr. English presented is the state-required five year Solid Waste Management Plan that is used to base their activities upon as the Solid Waste Management authority.

He was pleased to announce that this is the first time that the plan was updated within the five year time frame as is required by law. He expressed thanks to Lee Bryant who recently left the Division, and Luke Franklin, Senior Environmentalist of this program who made sure this deadline was met. This completion of this plan is part of the Strategic Objectives and the Health District's overarching goals that were set last April.

This Plan is the framework that will be used in the next five years as they collaborate with the stakeholders in the Waste Management sector to increase recycling and increase waste diversion, as well as properly manage and dispose of waste.

Chair Jung asked if this is the five year update of the Plan, and Mr. English confirmed that it is.

Dr. Hess congratulated Mr. English on the excellent report that he presented. He then asked how waste management was monitored for the residents north of Gerlach. Mr. English stated that they work with these residents as necessary to provide options for waste disposal. They have the option to haul waste to the Gerlach Transfer Station or to divert the waste to eastern California. The seven-day rule for waste disposal is not enforced as strictly in that area, nor are there many complaints.

Mr. Dahir asked why the report indicated that Washoe County had not signed the franchise agreement. Mr. English responded that Washoe County Health District is not part of the franchise negotiations, and that it is Washoe County who would have that authority. He stated that the report was finalized a month before it was to go the Board in November, and that Washoe County has since signed and updated the franchise agreement - he thought that occurred on November 28, 2016. He also noted that the County's agreement closely mirrors the City of Sparks's agreement.

Dr. Novak moved to accept the report as presented. Mr. Dahir seconded the motion which was approved five in favor and none against.

- 14. Recommend to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2016, a 3.5% COLA effective July 1, 2017, and a 2.5% COLA effective July 1, 2018 in base wage; and updated sick leave/bereavement calculations, holidays and health plans to keep the District Health Officer's position in alignment with the other Unclassified Management positions (Item tabled during original meeting date of October 27, 2016).**

Staff Representative: Chair Kitty Jung

Chair Jung read the proposal and stated that these recommendations are in alignment with the increases received by the bargaining units. She explained that unrepresented employees receive the same adjustments to salary as the bargaining units that the DBOH oversees.

Dr. Hess stated that it seemed odd that the proposed increases were extended three years into the future; he thought increases to salary should be decided from year to year. He indicated that cost of living in Washoe County increase is from 0-1%. Chair Jung confirmed that these increases were the result of collective bargaining, and that by evaluating these increases for multiple years as opposed to every year provides savings to taxpayers. She opined that this method also provides the employees consistency and predictability. Chair Jung also stated that, during the recession, bargaining had to be done year to year, but a limit of three years is set for prudent financial planning. The direction was received from the Board of County Commissioners to have multi-year contracts at this point in time. She noted that there is an escape clause.

Dr. Novak moved to accept the report as presented. Mr. Delgado seconded the motion which was approved five in favor and none against.

- 15. Review and Approval of the District Health Officer's Annual Performance Evaluation Results and Possible Approval of a 2% Wage Increase, retroactive to his annual evaluation date of October 24, 2016.**

Staff Representative: Chair Kitty Jung

Chair Jung read the proposal and asked the Board would like to go over the review, if there were any points they'd like to discuss, and if they had any guidance for Mr. Dick or any new goals they would want him to achieve this next fiscal year.

Mr. Dahir stated that, since he is new to the Board, it is a pleasure to meet Mr. Dick. He said that he'd read the review, noting comments regarding the "larger picture" that were the only negative inference, but that the overall review looked positive.

Dr. Novak stated that he'd like to see a greater percentage of response going forward than the District Board of Health's 29% response received in this review. Dr. Hess requested clarification, as he was under the impression that the DBOH was 29% of the overall response to the review. Chair Jung indicated Dr. Hess was correct, and that there were five out of the seven Board members who responded. Dr. Novak stressed the importance of participating in the reviews.

Dr. Hess stated that things seem to be coming along nicely.

Mr. Delgado expressed his pleasure in working with Mr. Dick in his capacity as DHO as well as with Truckee Meadows Healthy Communities. He praised Mr. Dick for the scope of the work he has done and congratulated him on a job well done.

Chair Jung stated that this is the first District Health Officer that she's been pleased with. She said that she'd strongly encouraged Mr. Dick to take the DHO appointment because it was apparent to her that an administrator would be a better fit for the position than a doctor. She stated that it was difficult to gain acceptance of this idea, and expressed her gratitude for the work former Vice Chair Julia Ratti did to change the perception that the DHO should be a physician. Chair Jung stated that she was very pleased with Mr. Dick's performance and praised his level of activity in community health services, giving the Truckee Meadows Healthy Communities as an example. Chair Jung's only suggestion for goals would be to continue work on the large projects already in progress.

Mr. Dick expressed his gratitude to have the opportunity to serve as the District Health Officer. He wished to acknowledge the work that has been done by the Health District staff and the Leadership Team. Mr. Dick stated that the Health District Staff had been asked to do a lot over the past three years and have responded remarkably well, moving the Health District forward. He said he was proud of the achievements that were realized in that period time.

Mr. Dick also expressed his gratitude of the Division Directors, Supervisors and Seniors who are working together very well and provide support to him in serving our community and advancing public health.

Chair Jung moved to accept the report as presented. Dr. Novak seconded the motion which was approved five in favor and none against.

Chair Jung congratulated Mr. Dick on his successful review, stating that it was well deserved.

16. Possible Approval of 2017 Washoe County District Board of Health Meeting Calendar

Staff representative: Kevin Dick

Mr. Dick introduced the item and stated that the 2017 Washoe County District Board of Health Meeting Calendar was included in the Board member's packets along with a staff report. He explained that it is standard for the DBOH meetings in November and December to be held on the third Thursday instead of the fourth Thursday of those months due to the holidays, but that in 2017, the third Thursday in December falls on the 21st. Because of its proximity to the Christmas holiday, it is proposed that the meeting be moved to second Thursday of the month, placing the meeting on the December 14, 2017.

Mr. Dick noted that a date for the annual review of the Strategic Plan had not been set for 2017, but suggested that it not be scheduled in December if the calendar is accepted as proposed. He opined that early November might be better timing, and noted that he will be meeting with Erica Olsen of OnStrategy to discuss the District's progress and potential date for the meeting, and will be setting a date as soon as possible.

Dr. Hess stated that he is involved in other organizations who meet early in the month and would prefer to have the meeting on December 21st, but would decide with the majority.

Chair Jung stated that she had no preference, but it might be better for those who travel or have children due to the school holiday.

Mr. Delgado was agreeable to either date, and Mr. Dahir expressed that December 14th would be better for him. Chair Jung suggested that they agree on December 14th.

Mr. Dahir moved to accept the 2017 Washoe County District Board of Health Meeting Calendar as presented. Dr. Novak seconded the motion which was approved five in favor and none against.

17. Election of the District Board of Health Chair for 2017-2018

Mr. Dick announced the item as the election of the District Board of Health Chair for 2017-2018. Mr. Dick deferred to the Board on how to proceed.

Mr. Dick confirmed that the term length for Chair is two years and thought there was no limit on the amount of terms.

DDA Admirand indicated that there is a limit to the number of terms in the Bylaws for serving on the Board, not as an officer..

Dr. Novak stated that he would nominate the current Chair to continue to be the Chair for the DBOH, and opined that she is doing a good job.

Dr. Hess moved to elect Chair Jung as District Board of Health Chair for 2017-2018. Mr. Delgado seconded the motion which was approved five in favor and none against.

As there was no public comment, Chair Jung closed the Public Comment Period.

Chair Jung stated that this is her favorite board that she serves on.

18. Election of the District Board of Health Vice Chair for 2017-2018

Chair Jung read the item and asked the Board if there was anyone who wanted to be elected as Vice Chair. Dr. Novak volunteered, and Chair Jung explained that she would support Dr. Novak as Vice Chair because of his dedication. She further explained that Dr. Novak is in the Leadership at the national level with the National Association of the Boards of Health. He attends the annual meetings and returns to teach us all of his best practices. She opined that Dr. Novak has paid his dues here on the Board and praised his enthusiasm and diligence in examining issues put before the Board.

Chair Jung moved to elect Dr. Novak as the District Board of Health Vice Chair for 2017-2018. Dr. Hess seconded the motion which was approved five in favor and none against.

19. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$550, to attend the 2017 NALBOH Interim Board Meeting in St. Louis MO in early 2017.

Staff Representative: Kevin Dick

Mr. Dick read the item to the Board, and commented that Chair Jung did a great introduction to this item, that Dr. Novak is on the NALBOH Board. They are anticipating a meeting coming up in early January 2017. The meeting date is not set, but wanted to make sure the item was on the agenda to be able to approve the travel.

Dr. Hess moved to approve travel for Dr. Novak to attend the NALBOH Interim Board Meeting . Mr. Dahir seconded the motion which was approved five in favor and none against.

20. Staff Reports and Program Updates – November and December

A. Air Quality Management, Charlene Albee, Director Program Update, Divisional Update, Program Reports

Ms. Albee stated that she had nothing to add but was available to answer questions.

Dr. Novak commended Ms. Albee and her staff in the work they'd done over the last six to eight months involving the EPA, and stated that it appeared as though the beginnings of a good rapport with the EPA had been formed.

Chair Jung agreed with Dr. Novak's statements.

B. Community and Clinical Health Services, Steve Kutz, Director Divisional Update – Patagonia Health; Program Reports

Mr. Kutz stated that he had nothing to add but was available to answer questions.

Dr. Hess asked if it was known the number or percentage of persons in Washoe County who have had flu shots.

Mr. Kutz stated that they do not have County totals for flu shots because of the many points of distribution of the flu shots.

Dr. Novak asked if there was a mechanism to discover the number of flu shots given, due to the number of points of delivery making it difficult to track. He also queried if these providers had to report to the Health Department at month's end.

Mr. Kutz stated that, per the NRS, immunizations are a reportable event to the state immunization system, WebIZ. Mr. Kutz said he would check with the Informatics Department at the State Health Division to obtain the requested immunization data and report on his findings at the January DBOH Meeting.

Dr. Novak expressed his appreciation, stating that the information could highlight opportunities for increasing the number of persons receiving flu immunization.

Mr. Kutz stated that the DOH community partner, Immunize Nevada, which is a statewide immunization coalition, promotes immunization throughout the state not only for flu, but for all immunizations.

Mr. Dahir asked if the Health Department dispensed the immunizations to the various providers, or if they received from multiple sources.

Mr. Kutz replied that there are limited manufacturers that produce flu vaccines. Out of those, not all are approved by the FDA. For example, FluMist, the intranasal influenza vaccine was not approved by the Advisory Committee on Immunization Practices, so was pulled from the market. The immunizations that are administered are approved by the

FDA and recommended by the Advisory Committee on Immunization Practices and made available by immunization manufacturers and vendors. The Health District and other providers order these approved immunizations to administer to persons six months of age and older. Pharmacies often don't provide inoculation to anyone under the age of nine. Immunize Nevada is working to encourage pharmacies to offer this service to younger recipients. Mr. Kutz commented on the number of influenza cases seen at the clinic and at the Family Health Festivals, the next one scheduled for January 25th, and stated that it is never too late to get the flu vaccine. He reported that the number of flu cases are up. Mr. Kutz reiterated that the vaccines are FDA approved, ACIP recommended flu vaccines.

C. Environmental Health Services, Bob Sack, Director
EHS Division and Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review

Mr. Sack stated that he had nothing further to add, and that he was available to answer questions.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd stated that he had some information regarding the number of administered flu vaccinations in Nevada from last year from the CDC. Roughly a third of the state population receives the flu vaccination. He opined that this was not a sufficient number, and stated that he had information that this was the worst percentage in the nation.

Dr. Todd informed the Board that the flu information included in the packet was already a bit dated, and that he had the more recent report with information through December 10th. He stated that, in tracking the influenza-like illnesses, EPHP had asked twelve providers in the county to report weekly the number of patients seen in their practice, and of that number, how many had what appeared to be the flu. For week 49, the number of instances of flu is up about 3.3%. There have been approximately 240 laboratory confirmed cases of influenza. Per the graph shown, the instance of the increase in flu cases has occurred earlier and at a steeper rate than in the past five years. The reason for this is not known as the ILI's (influenza like illnesses) do not appear abnormal, but the lab-confirmed cases do. The rest of the nation does not appear having a particularly abnormal flu season.

Dr. Todd discussed the antibiogram shown in his presentation, explaining that it is a tool for physicians in their decision of the type of antibiotic to prescribe. He stated that this is Dr. Chen's project, and that this information is available online for public review. In the 2015 antibiogram, Dr. Todd indicated that not all of the bacteria shown are reportable diseases but are important bacterial infections that frequently occur in hospitals. Using staphylococcus aureus as an example, he explained that by clicking on that bacteria, the list of antibiotics appear to assist the physician in choosing the best antibiotic for the case.

Dr. Todd went on to explain that the EPHP Division has been producing an antibiogram since 2003, and is Dr. Chen's project. Subsequently, other agencies have followed suit, citing the Southern Nevada Health District and Las Vegas areas. Also being discussed is a state-wide antibiogram, but explained that they are most useful when

based on local data. Dr. Todd also stated that some hospitals have antibiograms specific to their agency, which is beneficial for their patients.

The different formats that are available of the antibiograms are the wall mounted, the pocket version and the online version.

Dr. Hess opined that this is one of the most valuable things that the Health Department does for the health of our community and the individual resident. He used the instance of contracting one of two different types of pneumonia and how vital it is to receive the right antibiotic.

Dr. Hess explained that the antibiotic companies are do not produce new antibiotics frequently. As the number of antibiotic-resistant organisms increase, it creates a situation that could potentially return humanity to the pre-antibiotic era. The more physicians use the antibiogram, the more effective the treatment of the patient will be, helping forestall the development of further antibiotic-resistance.

At a lecture Dr. Todd was giving at the Med School, the professor in whose class he was speaking interrupted to emphasize to the students the importance of this tool in their practice of medicine.

Dr. Todd presented the 2015 CD Annual Report, and stated that it is online for review. He explained the year of the report, indicating that it takes nearly a year to compile the information. In the summary section, he discussed the report by selected diseases with information from 2011-2015. Dr. Todd showed while some instances of diseases remain nearly the same, some are increasing rather dramatically. Using chlamydia, gonorrhea, and salmonella as examples, Dr. Todd presented charts showing the dramatic increases. He also showed that the incidence of syphilis and pertussis have decreased somewhat. He then showed that a chart contained within this report can be used by groups such as the STD Clinic to target the group of persons most effected by a disease, enabling them to more effectively target interventions.

Dr. Novak asked, of the sentinel providers listed in the report, what type of practices they were. Dr. Todd stated that they are individual practices, hospitals and UNR student health; then asked Kerry Chalkley to complete the list. She stated that four of the providers are emergency departments, seven are urgent cares, and the last is the UNR Student Health Center. Dr. Novak commented that it was a good cross section of the population. Dr. Todd informed that, for the size of our population, the CD guidelines recommend one or two sentinel providers and our number far exceeds that amount.

- E. Office of the District Health Officer, Kevin Dick, District Health Officer Staffing, Regional License/Permit Program, Panther Drive, NALHO, Quality Improvement, Truckee Meadows Healthy Communities (TMHC), Community Health Improvement Plan, Accreditation, Washoe County District Board of Health Scholarship, 2017 Legislative Session, Other Events and Activities and Health District Media Contacts

Mr. Dick stated that the Health District has been live with the Accela Permit Software Program since October 31st, and commented on the difficulties encountered by staff in obtaining reports and billing, as well as in regards to the workflow with other jurisdictions. He explained that the Health District's situation is unique in that we not only process permits for our district, but need to receive payments for Health District services made to the cities of Reno and Sparks.

He explained that we are still working on implementation, and that an open meeting is scheduled for Wednesday, 12/21/2016, with the oversight group for the interlocal agreement for this regional permitting project. The timing of the transfer from Accela's implementation group to Accela's ongoing support group will be discussed. Mr. Dick expressed he wanted the Board to be aware that the focus of the meeting will be to ensure Accela understands the issues must be resolved before going forward.

Mr. Dick expressed the Board's pleasure that Sharon Zadra is now the Project Director of Truckee Meadows Healthy Communities. He detailed the lengthy work history they've shared since Ms. Zadra had her own communications and marketing business, also during her time as a Reno City Councilwoman and a member of the Board of Health. Ms. Zadra was selected through a competitive recruitment process that resulted in her selection.

He explained the rapid progress being made in establishing Truckee Meadows Healthy Communities as a not-for-profit corporation. Mr. Dick announced that TMHC is now a legal entity with an IRS Employee Identification Number and are working on the bylaws and the other details associated with a 501c3 organization.

He wished to acknowledge the generous assistance received from the Renown Health Foundation and that Councilman Delgado's role with Renown has helped in moving forward with their help as a fiscal agent during the transition.

Mr. Dick stated that there were 54 more days until the 2017 Legislative Session begins. To date, there are 664 BDR's that have been filed and 168 pre-filed bills. These have been monitored and those relative to the Health District are being tracked. We will be working with the County as the Legislative Session commences and be participating with a bill tracking system that the County has established. Training on this system is scheduled in January.

Mr. Dick stated he has been working with several different people and organizations on community water fluoridation. In a meeting with Assemblywoman Joyner two weeks prior, they discussed her intention to submit a BDR for community water fluoridation to move the population threshold back to 400,000. This threshold had been increased to 700,000 in 2011. There has also been work with TMWA who has been developing a preliminary design and cost estimate for community water fluoridation for calculation of the cost impact in the community and the benefit that would be derived from fluoridation. The initial numbers look promising for return on investment in increased dental health in the community.

He announced that the Assembly and Senate Chairs have been identified. Assemblyman Sprinkle from Sparks will be chairing the Health and Human Services Committee. Senator Spearman will be chairing the Senate Health and Human Services Committee. Julia Ratti, formerly of Sparks and the District Board of Health will be the co-chair on that committee.

Mr. Dick also wanted to announce that the Health District had received a thank you letter that he believed had been part of the November report packet and was inadvertently omitted from this packet, and that he'd placed a copy on the dais for the Board's review. This thank you letter is from the Washoe County District Board of Health's scholarship recipient at UNR, a Miss Natalie Reavy from Fallon. Her educational interest is epidemiology and disease investigation. Ms. Reavy stated that she was most thankful for

this scholarship because she relies on financial aid and grants to help finance her education. She explained that, as a first generation student this was also true of her undergraduate degree, and that she is graduating debt free.

Dr. Novak asked, since fluoridation had been limited by law to communities of 700,000 and the proposed lowering of that level to 400,000 would include the Washoe County area, if there is also a possibility to lower it even further to include more areas? Chair Jung stated that Washoe County cannot set priorities for other counties. Mr. Dick agreed with Dr. Novak's position that fluoridation is proven and effective, but informed that he did not receive any indication of support from Carson City in trying to reduce the level further. Mr. Dick opined that, without Carson City's support, the most viable legislative strategy would be to reduce the population level in the law to the previous number of 400,000. Mr. Dick stated that he would like to pursue the best opportunity for Washoe County.

21. *Board Comment

Chair Jung stated that Board Comments are limited to announcements or issues for future agendas. There was no Board Comment.

22. *Public Comment

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

17. Adjournment

Chair Jung adjourned the meeting at 2:43 p.m.

Respectfully submitted,



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



Laura Rogers, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

FROM: Steve Kutz, RN, MPH, Director, Community and Clinical Health Services
775-328-6159; skutz@washoecounty.us

Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve the modification of the Community and Clinical Health Services immunization fee schedule to change the immunization administration fee to \$21.34.

SUMMARY

The Washoe County District Board of Health must approve changes to the adopted fee schedule.

Community and Clinical Health Services (CCHS) is requesting approval to modify the fee schedule to change the immunization administration fee.

Health District Strategic Priorities supported by this item:

Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

Financial Stability: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

PREVIOUS ACTION

On December 15, 2016, the Board approved the addition to the laboratory fee schedule to add semen analysis for \$105.82.

On October 27, 2016, the Board approved the addition of Cipro 500 mg to the fee schedule.

On August 25, 2016, the Board approved modifying the fee structure for prescription and non-prescription drugs, specifically codes J8499 and A9150.

On October 22, 2015, the Board approved revisions to the fee schedule for the CCHS Division and authorized yearly increases using the Consumer Price Index for the Western Region.

BACKGROUND

The Immunization (IZ) Program has entered into an Agreement with the State of Nevada's Immunization 317 Program which allows the Health District to obtain publicly funded vaccines at no cost for those adult clients who are uninsured or underinsured. The agreement specifies the maximum amount to be charged for an immunization administration fee is \$21.34, which is the regional Medicare vaccine administration fee.

The Immunization Program's immunization administration fee of \$22.00 was approved by the Board on October 22, 2015 to be effective January 1, 2016. Therefore, the rate must be decreased to be compliant with the 317 Program Agreement.

The IZ Program also participates in the State's Vaccines for Children Program (VFC) which provides publicly funded vaccines at no cost for children through 18 years of age who meet the criteria.

Under the requirements for both programs, the Health District cannot deny administration of a publicly purchased vaccine because of inability to pay the administration fee.

FISCAL IMPACT

For Immunization 317 Program-eligible or VFC-eligible clients, the IZ Program collects the administration fee, or a portion of the fee, from those who state they are able to pay. The IZ Program has contracted with six health insurance companies and bills accordingly. Clients requesting services who have insurance with a non-contracted insurance company are required to pay in full at the time of service.

From July 1, 2016 through December 31, 2016, the IZ program provided 5,083 doses of vaccine. 85.3% of doses administered were either VFC, 317 or State vaccine. Given that the majority of clients are Immunization 317 Program-eligible or VFC-eligible clients, the fiscal impact of the reduced administration fee is difficult to project. It is important to note that the IZ Program's fiscal year-to-date revenue is trending much higher due to an increase in insurance payments, therefore, the Program will be able to absorb the impact of this reduction.

RECOMMENDATION

Approve the modification of the Community and Clinical Health Services immunization fee schedule to change the immunization administration fee to \$21.34.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve the modification of the Community and Clinical Health Services immunization fee schedule to change the immunization administration fee to \$21.34."

DD	CA	_____
DHO	_____	_____
DDA	_____	_____
AHSO	_____	_____

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Presentation, discussion, and possible approval of an \$8,000 cash donation to supplement the Wood Stove Exchange Program administered by the University of Nevada, Reno Business Environmental Program.

SUMMARY

The Washoe County District Board of Health must approve the donation of funds to ensure there is a benefit to the citizens of Washoe County.

District Health Strategic Objective supported by this item: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

July 2014. AQMD entered into a contract with the University of Nevada, Reno Business Environmental Program (BEP) to administer a wood stove exchange program funded through a consent decree between the U.S. Department of Justice and Edge Products LLC, in the amount of \$157,000 to replace at least 197 non-EPA certified wood stoves in Southern Washoe County.

BACKGROUND

The Wood Stove Exchange Program was established to assist homeowners located within the areas of Washoe County affected by the Keep it Clean – Know the Code winter burn code regulations to remove non-EPA certified wood stoves and upgrade to new, more efficient clean burning devices. The consent decree specifically identifies pre-1992 existing devices as eligible for rebates paid directly through participating area dealers. Rebate amounts were established as follows based on the emission reductions achieved through replacement:

- \$600 for a new wood burning stove
- \$800 for a new pellet stove
- \$1,000 for a new natural gas stove

The target for replacement of 197 stoves was based on an estimate of approximately 120 new woodstoves, 40 pellet stoves and 35 gas stoves. To date, 100 uncertified devices have been removed. Pellet stoves have proven to be the most popular option and have reached the target of 40 devices.

Subject: Donation to UNR BEP to Supplement the Wood Stove Exchange Program

Date: January 6, 2017

Page 2 of 2

In order to accommodate the demand for higher rebate amounts and still achieve the replacement of 197 devices, the BEP inquired as to the possibility of supplementing the rebate fund. The requested \$8,000 will provide for an additional 20 pellet and 10 natural gas stoves, depending on consumer preference. The adjusted replacement mix would then become 88 wood stoves, 60 pellet stoves, and 49 natural gas stoves. The higher proportion of pellet and natural gas stoves will also result in additional emission reductions compared to BEP's original proposal. Funds will be applied to rebates only and will not be used for administrative costs.

This donation of funding will provide for the rebate tiers to remain at the existing levels and allow BEP and AQM to continue to promote the cleaner burning devices which will improve the air quality in the Truckee Meadows.

FISCAL IMPACT


Should the Board approve this donation, there will be no fiscal impact to the adopted FY17 budget as budget authority exists under the DMV Excess Reserve dedicated funds for air quality programs (Internal Order 20392-710100).

RECOMMENDATION

Staff recommends the District Board of Health approve an \$8,000 cash donation to supplement the Wood Stove Exchange Program administered by the University of Nevada, Reno Business Environmental Program.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve an \$8,000 cash donation to supplement the Wood Stove Exchange Program administered by the University of Nevada, Reno Business Environmental Program."

DD	AH	
DHO		
DA		
Risk		

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

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

SUBJECT: Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through May 30, 2017 in the total amount of \$20,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Electronic Food Inspection Form – Reports and Training Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received the award letter from AFDO on January 10, 2017. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

1. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
2. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

The Board approved an award from NACCHO in the amount of \$7,595.75 in support of the Food Program, Retail Program Standards Mentorship Program on December 15, 2016.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Retail Program Standards Program – Electronic Food Inspection Form – Reports and Training Project.

Scope of the Project: The scope of work addresses the following:

- Electronic Inspection Report Writing and Checklist Development.
- Provide training to WCHD staff on how to utilize the current Accela Automation Ad Hoc Reporting tool to run data analysis reports.

Benefit to Washoe County Residents: This Award supports the EHS Food Program efforts to achieve conformance with the FDA Voluntary National Retail Food Regulatory Program Standards. Implementing the standards benefits the community by reducing or eliminating the occurrence of illness and death from food produced in Washoe County food establishments. Reduction in the percentage of foodborne illness risk factors in food establishments has been identified as a goal in the Washoe County Health District Strategic Plan.

On-Going Program Support: These funds will be used for one-time program expenditures.

Award Amount: Total award is \$20,000 (\$18,000 direct/\$2,000 indirect)

Grant Period: January 11, 2017 – May 30, 2017

Funding Source: Food and Drug Administration (FDA)

Pass Through Entity: Association of Food and Drug Officials (AFDO)

CFDA Number: 93.103

Grant ID Number: G-MP-1611-03955

Match Amount and Type: None

Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

The Board of County Commissioners will be requested to approve the following:

As this award was not anticipated in the FY17 budget, a budget amendment in the amount of \$18,000 is necessary to bring the Award into alignment with the direct program budget.

No amendment is necessary for indirect revenue.

Should the BCC approve these budget amendments, the FY17 budget will be increased by \$18,000 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA	-431100 Federal Revenue	\$18,000
	Total Revenue	\$18,000
	-710100 Professional Services	\$18,000
	Total Expenditures	\$18,000

Subject: Approval of Award – AFDO – Retail Program Standards Program – Electronic Inspection Form – Reports and Training Project
Date: January 26, 2017
Page 3 of 3

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through May 30, 2017 in the total amount of \$20,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Electronic Food Inspection Form – Reports and Training Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through May 30, 2017 in the total amount of \$20,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Electronic Food Inspection Form – Reports and Training Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement."

Buxton, Patsy

From: Macaluso, Tony
Sent: Tuesday, January 10, 2017 10:28 AM
To: English, Amber E.; Buxton, Patsy
Cc: Sack, Bob
Subject: FW: Retail Program Standards Grant Program: CONGRATULATIONS

From: FDA & AFDO Retail Program Standards [<mailto:do-not-reply.grants07-us-east-1@fluxx.io>]
Sent: Monday, January 09, 2017 3:14 PM
Cc: Macaluso, Tony
Subject: Retail Program Standards Grant Program: CONGRATULATIONS

Dear Amber English:

Congratulations! We are happy to inform you that we have approved your grant submission for the following project: Electronic Food Inspection Form - Reports and Training, in the amount of \$20,000.00. Your project has been assigned the following tracking number: G-MP-1611-03955.

Please use your previously assigned username and password to log into the grant portal at <https://retailstandards.fluxx.io> for details of this award, including the official Grant Award letter.

Please refer to our homepage at <http://afdo.org/retailstandards> for complete grant program information. Additionally, ensure you are familiar with the Non-Allowable Costs section on page 6 of the Grant Guidance. Any non-allowable costs will not be reimbursed, even if they are included in an approved grant application.

Please note, the Catalog of Federal Domestic Assistance (CFDA) number for this United States Food and Drug Administration grant, awarded to the Association of Food and Drug Officials (AFDO) on 8/11/2016, is 93.103. Your grant is considered a subaward under this AFDO grant.

If you have additional questions, or need any additional information, please contact us at: 850-583-4593 or retailstandards@afdo.org.

Sincerely,

The Retail Program Standards Grants Management Team

DD	AH	___
DHO	___	KD ___
DA	___	___
Risk	___	___

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

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

SUBJECT: Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through October 31, 2017 in the total amount of \$2,818 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – United States Food and Drug Administration (FDA) Pacific Region Retail Food Seminar and Western Association of Food and Drug Officials (WAFDO) Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received the award letter from AFDO on January 9, 2017. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

- 1. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 2. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

The Board approved an award from NACCHO in the amount of \$7,595.75 in support of the Food Program, Retail Program Standards Mentorship Program on December 15, 2016.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Retail Program Standards Program – FDA Pacific Region Retail Food Seminar and WAFDO Conference Project.

Scope of the Project: The scope of work addresses the following:

- Attend the FDA Pacific Region Retail Food Seminar and WAFDO Conference for staff to learn changes to regulations and policies related to food safety including the FDA Food Code, changes to the FDA Program Standards, federal, state, local and tribal food safety initiatives, industry food safety initiatives and emerging food safety science and technology.
- Staff members who attend the conferences will pass the knowledge, skills and information to the remaining staff not in attendance by the end of September 2017.

Benefit to Washoe County Residents: This Award supports the EHS Food Program efforts to achieve conformance with the FDA Voluntary National Retail Food Regulatory Program Standards. Implementing the standards benefits the community by reducing or eliminating the occurrence of illness and death from food produced in Washoe County food establishments. Reduction in the percentage of foodborne illness risk factors in food establishments has been identified as a goal in the Washoe County Health District Strategic Plan.

On-Going Program Support: These funds will be used for one-time program expenditures.

Award Amount: Total award is \$2,818 (\$2,818 direct/\$0 indirect)

Grant Period: January 11, 2017 – October 31, 2017

Funding Source: Food and Drug Administration (FDA)

Pass Through Entity: National Association of County and City Health Officials

CFDA Number: 93.103

Grant ID Number: G-T-1611-03971

Match Amount and Type: None

Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

The Board of County Commissioners will be requested to approve the following:

As this award was not anticipated in the FY17 budget, a budget amendment in the amount of \$2,818 is necessary to bring the Award into alignment with the direct program budget.

Subject: Approval of Award – AFDO – Retail Program Standards Program – FDA Pacific Region Retail Food Seminar and WAFDO Conference Project

Date: January 26, 2017

Page 3 of 3

Should the BCC approve these budget amendments, the FY17 budget will be increased by \$2,818 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA	-431100 Federal Revenue	\$2,818
	Total Revenue	\$2,818
	-710509 Seminars and Meetings	\$ 200
	-711210 Travel	\$2,618
	Total Expenditures	\$2,818

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through October 31, 2017 in the total amount of \$2,818 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – United States Food and Drug Administration (FDA) Pacific Region Retail Food Seminar and Western Association of Food and Drug Officials (WAFDO) Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through October 31, 2017 in the total amount of \$2,818 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – United States Food and Drug Administration (FDA) Pacific Region Retail Food Seminar and Western Association of Food and Drug Officials (WAFDO) Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement."

Buxton, Patsy

From: Macaluso, Tony
Sent: Tuesday, January 10, 2017 10:29 AM
To: English, Amber E.; Buxton, Patsy
Cc: Sack, Bob
Subject: FW: Retail Program Standards Grant Program: CONGRATULATIONS

From: FDA & AFDO Retail Program Standards [<mailto:do-not-reply.grants07-us-east-1@fluxx.io>]
Sent: Monday, January 09, 2017 2:57 PM
Cc: Macaluso, Tony
Subject: Retail Program Standards Grant Program: CONGRATULATIONS

Dear Amber English:

Congratulations! We are happy to inform you that we have approved your grant submission for the following project: FDA Pacific Region Retail Food Seminar and WAFDO Conference, in the amount of \$2,818.00. Your project has been assigned the following tracking number: G-T-1611-03971.

Please use your previously assigned username and password to log into the grant portal at <https://retailstandards.fluxx.io> for details of this award, including the official Grant Award letter.

Please refer to our homepage at <http://afdo.org/retailstandards> for complete grant program information. Additionally, ensure you are familiar with the Non-Allowable Costs section on page 6 of the Grant Guidance. Any non-allowable costs will not be reimbursed, even if they are included in an approved grant application.

Please note, the Catalog of Federal Domestic Assistance (CFDA) number for this United States Food and Drug Administration grant, awarded to the Association of Food and Drug Officials (AFDO) on 8/11/2016, is 93.103. Your grant is considered a subaward under this AFDO grant.

If you have additional questions, or need any additional information, please contact us at: 850-583-4593 or retailstandards@afdo.org.

Sincerely,

The Retail Program Standards Grants Management Team

DD	AH	___
DHO	___	Ⓚ ___
DA	___	___
Risk	___	___

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

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

SUBJECT: Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through December 31, 2017 in the total amount of \$2,970 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Food Establishment Inspection Placard Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received the award letter from AFDO on January 10, 2017. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

- 1. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 2. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

The Board approved an award from NACCHO in the amount of \$7,595.75 in support of the Food Program, Retail Program Standards Mentorship Program on December 15, 2016.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Food Retail Program Standards Program – Food Establishment Inspection Placard Project.

Scope of the Project: The scope of work addresses the following:

- In an effort to educate the public on the new inspection process and encourage consumers to view online inspections scores, the Food Safety Program has developed a placard (window cling format) that will be provided to each food establishment upon inspection by WCHD staff. The placard will notify the public that the establishment has been inspected by the WCHD and will direct the public to www.WashoeEats which displays inspection rating results for Washoe County food establishments.

Benefit to Washoe County Residents: This Award supports the EHS Food Program efforts to achieve conformance with the FDA Voluntary National Retail Food Regulatory Program Standards. Implementing the standards benefits the community by reducing or eliminating the occurrence of illness and death from food produced in Washoe County food establishments. Reduction in the percentage of foodborne illness risk factors in food establishments has been identified as a goal in the Washoe County Health District Strategic Plan.

On-Going Program Support: These funds will be used for one-time program expenditures.

Award Amount: Total award is \$2,970 (\$2,970 direct/\$0 indirect)

Grant Period: January 11, 2017 – December 31, 2017

Funding Source: Food and Drug Administration (FDA)

Pass Through Entity: National Association of County and City Health Officials

CFDA Number: 93.103

Grant ID Number: G-SP-1611-04200

Match Amount and Type: None

Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

The Board of County Commissioners will be requested to approve the following:

As this award was not anticipated in the FY17 budget, a budget amendment in the amount of \$2,970 is necessary to bring the Award into alignment with the direct program budget.

Should the BCC approve these budget amendments, the FY17 budget will be increased by \$2,970 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA	-431100 Federal Revenue	\$2,970
	Total Revenue	\$2,970
	-710502 Printing	\$2,970
	Total Expenditures	\$2,970

Subject: Approval of Award –AFDO– Retail Program Standards Program – Food Establishment Inspection Placard Project
Date: January 26, 2017
Page 3 of 3

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through December 31, 2017 in the total amount of \$2,970 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Food Establishment Inspection Placard Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through December 31, 2017 in the total amount of \$2,970 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Food Establishment Inspection Placard Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement."

Buxton, Patsy

From: Macaluso, Tony
Sent: Tuesday, January 10, 2017 10:28 AM
To: English, Amber E.; Buxton, Patsy
Cc: Sack, Bob
Subject: FW: Retail Program Standards Grant Program: CONGRATULATIONS

From: FDA & AFDO Retail Program Standards [<mailto:do-not-reply.grants07-us-east-1@fluxx.io>]
Sent: Monday, January 09, 2017 3:22 PM
Cc: Macaluso, Tony
Subject: Retail Program Standards Grant Program: CONGRATULATIONS

Dear Amber English:

Congratulations! We are happy to inform you that we have approved your grant submission for the following project: Food Establishment Inspection Placard, in the amount of \$2,970.00. Your project has been assigned the following tracking number: G-SP-1611-04200.

Please use your previously assigned username and password to log into the grant portal at <https://retailstandards.fluxx.io> for details of this award, including the official Grant Award letter.

Please refer to our homepage at <http://afdo.org/retailstandards> for complete grant program information. Additionally, ensure you are familiar with the Non-Allowable Costs section on page 6 of the Grant Guidance. Any non-allowable costs will not be reimbursed, even if they are included in an approved grant application.

Please note, the Catalog of Federal Domestic Assistance (CFDA) number for this United States Food and Drug Administration grant, awarded to the Association of Food and Drug Officials (AFDO) on 8/11/2016, is 93.103. Your grant is considered a subaward under this AFDO grant.

If you have additional questions, or need any additional information, please contact us at: 850-583-4593 or retailstandards@afdo.org.

Sincerely,

The Retail Program Standards Grants Management Team



DD	_____
DHO	_____ <i>KD</i> _____
DA	_____
Risk	_____

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

FROM: Phil Ulibarri, Communications Manager
 775-328-2414, pulibarri@washoecounty.us

SUBJECT: Approve FY17 Purchase Requisition #3000032104 issued to KPS3 (Request for Proposal #3001-17) in the amount of \$111,984 for Marketing, Advertising, and Media Buying Services for select Washoe County Health District Programs.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

District Health Strategic Objective supported by this item:

Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

On March 3, 2014, the Washoe County Purchasing and Contracts Manager awarded RFP#2884-14 for Media Buying Services for the Washoe County Health District to a roster of qualified firms, as the total award amount did not exceed \$100,000.

On September 23, 2008 the Board of County Commissioners awarded RFP #2660-09 for Media Buying Services for Washoe County Health District to a roster of qualified firms in an amount totaling \$359,855.

BACKGROUND

The Washoe Board of County Commissioners approved to award the Request for Proposal #3001-17 for Marketing, Advertising, and Media Buying Services to KPS3 in the amount of \$111,984 with Washoe County Health District retaining an option to contract for additional programs through September 30, 2017.



Subject: Approval of Purchase Requisition #3000032104

Date: January 26, 2017

Page 2 of 2

The Request for Proposal was duly advertising in the newspaper and through the online services of www.demandstar.com resulting in the receipt of a single proposal response from KPS3. A minimum of 10 firms were in receipt of the RFP.

FISCAL IMPACT

Should the Board approve Purchase Requisition #3000032104, there will be no additional impact to the adopted FY17 budget, as this amount was anticipated and included in the adopted budget in Internal Order 11128 (Tobacco Prevention Grant Program) for \$76,331, Internal Order 11304 (Title X Family Planning Grant Program) for \$22,000, Internal Order 11343 (Medical Reserve Corps Grant Program) for \$8,653, and Cost Center 170203 (Community Health Improvement Program) for \$5,000 in G/L 710546 (advertising).

RECOMMENDATION

Staff recommends that the District Board of Health approve FY17 Purchase Requisition #3000032104 issued to KPS3 (Request for Proposal #3001-17) in the amount of \$111,984 for Marketing, Advertising, and Media Buying Services for select Washoe County Health District Programs.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to Approve FY17 Purchase Requisition #3000032104 issued to KPS3 (Request for Proposal #3001-17) in the amount of \$111,984 for Marketing, Advertising, and Media Buying Services for select Washoe County Health District Programs."

DD	CA	___
DHO	___	KD ___
DA	___	___

Staff Report
Board Meeting Date: January 26, 2017

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
 (775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an unappealed citation issued to Nevada Division of Forestry, Case No. 1192, Citation No. 5626 with a Supplemental Environmental Project as a negotiated settlement.

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5626 be **upheld** and a Supplemental Environmental Project (SEP) be required as a negotiated settlement with the Nevada Division of Forestry for failure to apply best smoke management and emission reduction techniques as required by Condition No. 3 of Smoke Management Plan Approval #SMP17-0001. Failure to comply with the conditions of the Smoke Management Plan Approval is a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175 Operations Contrary to Permit.

District Health Strategic Objective supported by this item: Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

No previous actions.

BACKGROUND

On Wednesday, October 5, 2016, at approximately 4:15 pm, the AQMD office received a citizen complaint regarding heavy smoke impacting Incline Village. Division Director Charlene Albee spoke with the complainant, Mr. Doug Flaherty, who indicated the smoke impacts were so significant that visibility on the streets was severely reduced and people were walking around with their faces covered. During the phone conversation, Director Albee accessed the Tahoe Fire Camera network, managed by the Nevada Seismological Laboratory (<http://alerttahoe.seismo.unr.edu/firecams.html>), and confirmed the smoke was originating from the Little Valley Prescribed Burn being conducted by the Nevada Division of Forestry (NDF).

At approximately 4:45 pm Director Albee contacted Mr. Gene Phillips, NDF Burn Boss, to advise him of the smoke impacts. Mr. Phillips indicated he had heard there were smoke impacts but they still had areas to burn to finish off the unit. Director Albee requested they discontinue ignition as soon as possible, due to the late hour of the day, the evening inversion was not going to allow for adequate mixing heights which could result in a significant impact to public health. Per Sierra Front Dispatch, ignitions were discontinued at 6:00 pm.

Thursday morning, October 6, 2016, the AQMD office received a number of calls from citizens concerned about the heavy smoke in Washoe Valley. Mr. Daniel Inouye, AQMD Monitoring & Planning Branch Chief, reviewed the data being collected by U.S. Forest Service neighborhood air monitor located on Franktown Road and found dangerously high concentrations of particulate matter (PM). Mr. Inouye attempted to contact the NDF Public Information Officer (PIO) to advise them of the situation but was unable to make contact through the NDF line which prompted him to send an email to the Sierra Front Dispatch at 8:39 am. The PIO did contact Ms. Julie Hunter, AQMD Senior Air Quality Specialist, at approximately 10:00 am to confirm NDF would be reducing the daily burn area from 80 to 40 acres in response to the AQMD request. A response was received at 7:17 pm advising ignitions were halted at 5:00 pm.

Friday, October 7, 2016, as a result of continued monitored unhealthy levels of PM, Senior Air Quality Specialist Julie Hunter contacted NDF, at the direction of Director Albee and her supervisor, Mr. Inouye, to advise burning scheduled for the day needed to be postponed. Ms. Hunter was advised only the State Forester, Mr. Joe Freeland, could suspend the operations. Ms. Hunter then contacted Mr. Freeland but was unable to convince him the burning should be suspended and requested he contact Mr. Inouye.

Mr. Freeland did contact Mr. Inouye and Director Albee participated in a conference call reviewing the smoke impacts from the prescribed burn. The NDF perspective was the burn operation had been a success, however, all parties agreed the smoke management portion of the operations had not been successful as there were significant health impacts to the citizens in the Washoe Valley and Incline Village areas. Mr. Freeland agreed to discontinue the remainder of the planned burning following the completion of the Friday ignitions to stabilize the burn area. Director Albee advised AQMD would be issuing a Health Advisory for the area. Mr. Freeland understood and would prepare a press release in response and commit to suspension of ignition activities. Director Albee requested AQMD staff be included in the After Action Review (AAR) meeting to discuss the smoke management plan.

On December 14, 2016, Director Albee, Mr. Inouye and Ms. Hunter attended a meeting with NDF staff involved with the Little Valley Prescribed Burn to review the smoke management plan. Discussions during this meeting were very productive and informative for both agencies. Director Albee informed the NDF staff that the determination had been made that an air quality violation had occurred and Notice of Violation Citation No. 5626 was issued.

In lieu of a financial penalty, an offer was made to establish a Supplemental Environmental Project (SEP) requiring NDF to purchase two (2) neighborhood air monitors to be deployed and operated by trained personnel on all future prescribed burns. In accordance with U.S. EPA guidance, a SEP is an environmentally beneficial project or activity that will provide public health benefits in addition to assistance with future compliance with applicable regulations. The purchase price of neighborhood air monitors is approximately \$2,500 each and includes the telemetry for the monitored data to be uploaded to a web-based platform to provide real-time information to be used by the burn boss as a tool during burning operations. NDF will also be responsible for training staff to deploy, operate, and review the data collected by the air monitors. Mr. Freeland was familiar with neighborhood air monitors and agreed the data they provide would be a very useful tool for future NDF prescribed burns. A Memorandum of Understanding, including the terms of the SEP, was signed by all parties.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and required SEP.

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5626, Case No. 1192, with the required Supplemental Environmental Project to include the purchase by the Nevada Division of Forestry of two (2) neighborhood air monitors to be deployed and operated by trained personnel on all future prescribed burns, as a negotiated settlement for a **major violation**.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5626.

Or

2. The Board may determine to uphold Citation No. 5626 and levy any fine in the range of \$0 to \$10,000 per day.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation or the alternatives, a possible motion would be:

1. "Move to uphold Citation No. 5626, Case No. 1192, as recommended by Staff with the required Supplemental Environmental Project to include the purchase by the Nevada Division of Forestry of two (2) neighborhood air monitors to be deployed and operated by trained personnel on all future prescribed burns, as a negotiated settlement for a major violation."

Or

2. "Move to uphold Citation No. 5626, Case No. 1192, and levy a fine in the amount of *(range of \$0 to \$10,000)* per day for each violation, with the matter being continued to the next meeting to allow for the Nevada Division of Forestry to be properly noticed."



NOTICE OF VIOLATION

NOV 5626

DATE ISSUED: 12/14/16

ISSUED TO: NEVADA DIV. OF FORESTRY PHONE #: 775-849-2500

MAILING ADDRESS: 885 EASTLAKE BLVD. CITY/ST: CARSON CITY ZIP: 89704

NAME/OPERATOR: Joe Freeland PHONE #: 775-684-2500

COMPLAINT NO. CMPI6-0203

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 12/14/16 (DATE) AT _____ (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

MINOR VIOLATION OF SECTION:

MAJOR VIOLATION OF SECTION:

- 040.030 __ DUST CONTROL
- 040.055 __ ODOR/NUISANCE
- 040.200 __ DIESEL IDLING
- OTHER _____

- 030.000 OPERATING W/O PERMIT
- 030.2175 VIOLATION OF PERMIT CONDITION
- 030.105 ASBESTOS/NESHAP
- OTHER _____

VIOLATION DESCRIPTION: OPERATING CONTRARY TO CONDITIONS OF
CONDITIONAL SMOKE MGT PLAN APPROVAL #SMP17-0001 ON
10/5-10/7. BURNING NOT COMPLIANT WITH BEST SMOKE MANAGEMENT
TECHNIQUES.

LOCATION OF VIOLATION: LITTLE VALLEY, WASHOE CO.

POINT OF OBSERVATION: TAHOE FIRE CAMERAS

Weather: SEE RAW DATA Wind Direction From: N E S W

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 12/14/16 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within N/A hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: J. A. T. Date: 12/14/2016

Issued by: Charlene Albee Title: Division Dir.

PETITION FOR APPEAL FORM PROVIDED

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: December 15, 2016

Company Name: Nevada Division of Forestry

Address: 885 Eastlake Blvd, Carson City 89704

Notice of Violation # 5626 Case # 1192

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.2175 Operations Contrary to Conditional Smoke Management Plan Approval #SMP17-0001, burning not compliant with best smoke management techniques resulting in excessive smoke impacts.

A settlement of this matter has been negotiated between the undersigned parties resulting in a Supplemental Environmental Project (SEP) including the purchase of (2) Neighborhood Air Monitors to be deployed and operated by trained personnel on all future prescribed burns.

This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on January 26, 2017.

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

J. F. [Signature]
Signature of Company Representative

Joe Freeland
Print Name

State Forester / Fuilwooden
Title

[Signature]
Witness

Charlene Albee
Signature of District Representative

CHARLENE ALBEE
Print Name

DIVISION DIRECTOR
Title

[Signature]
Witness



**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Nevada Division of Forestry
 Contact Name Joe Freeland, State Forester Firewarden

Case 1192 NOV 5626 Complaint CMP16-0203

Violation of Section 030.2175 Operations Contrary to Permit

I. Base Penalty as specified in the Penalty Table = \$ 5,000

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1

Comment: _____

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x Adjustment Factor 1.0

Comment: _____

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 2.0

Comment: Significant smoke impacts exceeded PM NAAQS health standards

Total Adjustment Factors (1 x 2 x 3) = 2

B. Adjusted Base Penalty

Base Penalty \$ 5000 x Adjustment Factor 2 = \$ 10000

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 10000 x Number of Days or Units 1 = \$ 10000

Comment: _____

D. Economic Benefit

Avoided Costs \$ _____ + Delayed Costs \$ _____ = \$ 0

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 10000 + Economic Benefit \$ 0 = \$ 10000

**Washtoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 10%

B. Mitigating Factors (0 – 25%) - 25%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment: _____

C. Compliance History

No Previous Violations (0 – 10%) - 10%

Comment: _____

Similar Violation in Past 12 months (25 - 50%) + _____

Comment: _____

Similar Violation within past 3 year (10 - 25%) + _____

Comment: _____

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -45%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 10000</u>	x	<u>-45%</u>	=	<u>-4500</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$ 5500

Comment: SEP - (2) monitors @ \$2500 each plus training of personnel to deploy

Adjusted Penalty:

<u>\$ 10000</u>	+/-	<u>\$ -4500</u>	=	<u>\$ 0</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

Charlene Albee
Air Quality Specialist

12/15/16
Date

[Signature]
Senior AQ Specialist/Supervisor

12/15/16
Date



DD	RS	___
DHO	___	KD ___
DA	_____	___

STAFF REPORT

BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

FROM: Wesley Rubio, Senior Environmental Health Specialist
775-328-2635, wrubio@washoecounty.us

SUBJECT: Consideration and possible approval of the Business Impact Statements regarding Proposed Revision of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program with a finding that the revised regulations do not impose a direct or significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for February 23 2017 at 1:00 pm.

SUMMARY

This item was considered and approved by the District Board of Health on December 15, 2016. Due to an administrative error, the item was not properly noticed for public hearing for the January 26, 2017 meeting. To comply with NRS hearing regulations, it must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt, so it is being presented for approval a second time so it may be scheduled for a public hearing at the February 23, 2017 meeting.

District Board of Health Strategic Priority: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

District Board of Health Strategic Priority: Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

The Washoe County District Board of Health last approved amendments to the Regulations on March 28, 2013.

This item was considered and approved by the District Board of Health on December 15, 2016.

BACKGROUND

The Public Swimming Pool and Spa Operator Certification Program is designed to be part of the managerial control for a public pool and spa operator and is a permit requirement. Currently the Health District requires that each operator obtain an additional identification card to operate in Washoe County. To obtain the identification an operator is required to provide the certification received from passing a nationally recognized course.



The Health District strives to ensure that all permitted water facilities are operated by knowledgeable staff and continuously maintained in a manner that meets or exceeds the minimum requirements of NAC 444.010 (Public Bathing Places) and NAC 444.310 (Public Spas). In an effort to create a more efficient system for the permitted facilities, operators, and Health District Staff, these revisions propose to remove the additional requirement for operators to obtain a specific Health District Identification.

The removal of this requirement does not change the intent or purpose of the existing regulation; however this does create a more efficient process for the operators as well as a slight cost savings for every operator.

Links to the final version of the proposed revisions can be found at:

https://www.washoecounty.us/health/files/pool-spa/Updated_PoolSpa_CPORegs_10-11-16.pdf

In an effort to provide an overview of the proposed regulation revisions and answer questions and receive input from interested persons, two public workshops were held on November 7, 2016 and November 8, 2016. The following methods were used to provide notice of the proposed regulatory revisions:

- A total of 130 notices were mailed to all identification card holders, and 225 notices were e-mailed to all identification card holders giving notice of the proposed regulatory revisions and offering methods of providing input.
- A notice was sent to all permitted Public Pools and Spas as an additional notification process to notify all permit holders of the proposed regulatory revisions.
- A press release was issued urging interested persons to attend the workshops and hearings. This press release was published in the Reno Gazette Journal.
- The Environmental Health Services Facebook page was utilized to invite followers to the workshops
- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.

A total of 11 individuals attended the workshops – two (2) attendees on November 7th and nine (9) attendees on November 8th. Attendees included current Identification Card holders and current permit holders.

During the workshops, a presentation was given on the specific proposed regulatory changes and the basis for the proposed regulation changes. Other sections of the proposed Regulations were reviewed and discussed, and after clarification and discussion no specific items were brought forward or requested to change. All other attendees were generally accepting of the proposed regulatory changes and were willing to implement some changes as best practices. A copy of the PowerPoint presentation is attached for reference.

A Business Impact statement has been prepared in accordance with NRS 237.090 and is also attached for reference.

FISCAL IMPACT

Should the Board adopt the revisions to the regulations there will be no additional fiscal impact to the FY17 budget and these changes will not require any modifications to existing administrative duties associated with this program.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health approve and adopt the Business Impact Statement regarding Proposed Revisions to the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program and set a public hearing for possible adoption of the proposed revisions to the Regulations for February 23, 2017 at 1:00 pm.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be:

“Move to approve and adopt the Business Impact Statements regarding Proposed Revisions to the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program and set a public hearing for possible adoption of the proposed revisions to the Regulations for February 23, 2017 at 1:00 pm.”

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Public Swimming Pool and Spa Operator Certification Program.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. Postcards were mailed to all current Identification Card holders with mailing addresses provided, and postcards were e-mailed to all Card Holders with an e-mail address provided. The proposed regulation revisions were posted on the Health District website and a designated phone number and email was provided for public comment. Two public workshops were held to solicit feedback.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: None; there are no fees associated with the proposed regulation revisions.

Beneficial effects: The proposed revisions will eliminate the fee associated with obtaining a separate Washoe County Health District Identification Card.

Direct effects: The removal of this fee will eliminate the requirement that a permitted public pool or spa operator must physically come to the Health District with their certification documentation, pay a fee, and obtain an Identification card.

Indirect effects: There will not be any indirect effects to the removal of this fee or the removal of the Identification Card requirement.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

The Washoe County Health District Strategic Plan outlines specific priorities to create measurable improvements for the health of the community and the environment. Following the strategic plan the proposed regulatory revisions eliminate the need to obtain a public pool or spa operator Identification Card and allow for the recognition of the National Certification for each operator.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in annual cost as the work is already being conducted.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: Not Applicable, there is a reduction in cost.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: The proposed regulatory revisions do not generate any fees.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:
The proposed change is not duplicative, or more stringent than existing federal, state or local standards.
8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: The proposed revisions eliminate the need to obtain a public pool or spa

operator Identification Card and allow for the recognition of the National Certification for each operator. Creating a more efficient and cost effective method to verify the permit requirements reduces the impact to the public, by eliminating the associated fee, as well as staff time required to process and verify the requirements. The proposed revisions will aid in the ability to continually promote public health and safety for the community and the environment.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

December 2, 2016

Date

Certified Pool Operator

Regulations Update and proposed changes

Proposed changes

- Remove the requirement to obtain a WCHD card
- Remove the additional fees associated with a WCHD card
- Modify the language to be consistent with the National Swim Pool Foundation

What does not change

- The responsibilities and requirements to operate a public pool and/or spa in Washoe County
- All operators must post their NSPF CPO Certification on the wall at each facility they oversee

DD	NA	___
DHO	___	AD ___
DA	NA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2017

SUMMARY

The sixth month of fiscal year 2017 (FY17) ended with a cash balance of \$1,824,844. Total revenues were \$9,427,952 up \$87,356 or 0.9% over fiscal year 2016 (FY16) and 44.6% of budget. With 50.0% of the fiscal year completed the expenditures totaled \$10,447,691 up \$610,214 or 6.2% compared to FY16 and was 46.7% of budget.

District Health Strategic Objective supported by this item: Financial Stability: Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

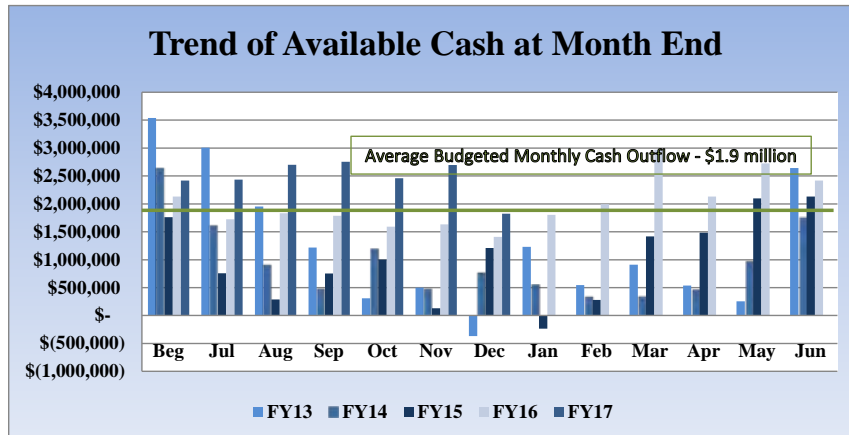
PREVIOUS ACTION

Fiscal Year 2017 Budget was adopted May 17, 2016.

BACKGROUND

Review of Cash

The available cash at the end of December, FY17, was \$1,824,844 which was 97.8% of the average budgeted monthly cash outflow of \$1,866,310 for the fiscal year and up 29.6% or \$417,282 compared to the same time in FY16. The encumbrances and other liability portion of the cash balance totals \$916,767; the portion of cash restricted as to use is approximately \$717,760 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$190,317.



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. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

Review of Revenues and Expenditures by Division

ODHO has received grant funding of \$5,145 for workforce development initiatives. AQM has received \$1,002,390 or 37.1% of budget and down \$211,559 in revenue compared to FY16. The decline is due to the delay in distribution of the DMV excess reserve revenues, the funding averages \$250,000 annually and normally is paid in the second quarter of the fiscal year. CCHS received \$1,343,075 in revenue or 34.9% of budget and down \$5,641 over FY16. EHS has received \$1,374,798 which is 47.3% of budget and up \$414,459 over FY16. EPHP has received \$804,116 in revenue and is up \$25,063 or 3.2% over last year. The County General Fund support is the single largest source of revenue and totaled \$4,898,428 or 50.0% of budget and down \$140,000 or 2.8% compared to FY16.

The total expenditures for FY17 were \$10,447,691 which is 46.7% of budget and up \$610,214 over last fiscal year. ODHO spent \$361,693 up \$89,191 or 32.7% over FY16 mainly due to the increase in County overhead, employee benefit costs and filling a new position approved in the FY17 budget to assist with the community health improvement initiatives. AHS has spent \$566,897 up \$62,711 or 12.4% over last year mainly due to the utilities for the Health District previously being part of the County indirect cost allocation that is now directly charged to Administration. AQM spent \$1,461,809 of the division budget and has increased \$169,573 or 13.1% over last fiscal year due to costs for advertisement campaigns and increased County benefit charges. CCHS has spent \$3,588,149 year to date and is up \$158,118 or 4.6% over last year. EHS spent \$3,229,667 and has increased \$95,542 or 3.0% over last year. EPHP expenditures were \$1,239,476 and were \$35,079 or 2.9% over FY16.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through December Year to Date Fiscal Year 2016/2017 (FY17)									
	Actual Fiscal Year			Fiscal Year 2015/2016		Fiscal Year 2016/2017			
	2012/2013	2013/2014	2014/2015	Actual Year End (audited)	December Year to Date	Adjusted Budget	December Year to Date	Percent of Budget	FY17 Increase over FY16
Revenues (all sources of funds)									
ODHO	-	-	-	15,000	-	55,000	5,145	9.4%	-
AHS	33,453	87,930	151	-	111	-	-	-	-100.0%
AQM	2,068,697	2,491,036	2,427,471	2,520,452	1,213,949	2,703,210	1,002,390	37.1%	-17.4%
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	1,348,716	3,850,396	1,343,075	34.9%	-0.4%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	960,339	2,906,093	1,374,798	47.3%	43.2%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	779,052	1,848,944	804,116	43.5%	3.2%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	5,038,428	9,796,856	4,898,428	50.0%	-2.8%
Total Revenues	\$ 17,710,834	\$ 18,267,134	\$ 19,512,566	\$ 20,469,870	\$ 9,340,596	\$ 21,160,499	\$ 9,427,952	44.6%	0.9%
Expenditures (all uses of funds)									
ODHO	-	-	481,886	594,672	272,502	1,034,641	361,693	35.0%	32.7%
AHS	1,366,542	1,336,740	1,096,568	996,021	504,186	1,132,724	566,897	50.0%	12.4%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	1,292,236	3,381,211	1,461,809	43.2%	13.1%
CCHS	6,765,200	6,949,068	6,967,501	6,880,583	3,430,031	7,630,095	3,588,149	47.0%	4.6%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	3,134,125	6,575,424	3,229,667	49.1%	3.0%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	1,204,397	2,634,072	1,239,476	47.1%	2.9%
Total Expenditures	\$ 18,815,411	\$ 18,922,800	\$ 19,399,859	\$ 19,770,532	\$ 9,837,477	\$ 22,388,168	\$ 10,447,691	46.7%	6.2%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	-	(481,886)	(579,672)	(272,502)	(979,641)	(356,548)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(504,075)	(1,132,724)	(566,897)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(78,287)	(678,001)	(459,419)		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,615)	(2,081,315)	(3,779,700)	(2,245,074)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(2,173,786)	(3,669,331)	(1,854,869)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(425,344)	(785,128)	(435,361)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	5,038,428	9,796,856	4,898,428		
Surplus (deficit)	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ 699,338	\$ (496,881)	\$ (1,227,669)	\$ (1,019,740)		
Fund Balance (FB)	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844		\$ 1,740,175			
FB as a % of Expenditures	15%	11%	12%	15%		8%			

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

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 Fund Financial Review for December, Fiscal Year 2017.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2017.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 6 2017 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera
 Functional Area: 000

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
460527 NOE-AQM	176,103-	93,541-	82,562-	53	116,984-	64,549-	52,435-	55
460528 NESHAP-AQM	153,862-	78,912-	74,950-	51	99,333-	55,298-	44,035-	56
460529 Assessments-AQM	81,614-	42,589-	39,025-	52	51,336-	29,612-	21,724-	58
460530 Inspector Registr-AQ	4,608-	1,656-	2,952-	36	2,162-	98-	2,064-	5
460531 Dust Plan-Air Quality	257,784-	181,599-	76,185-	70	142,403-	139,372-	3,031-	98
460532 Plan Rvw Hotel/Motel	2,530-		2,530-		2,530-	462-	2,068-	18
460533 Quick Start		251-	251					
460534 Child Care Inspection	14,904-	10,564-	4,340-	71	8,514-	5,116-	3,398-	60
460535 Pub Accomod Inspectn	33,060-	18,828-	14,232-	57	19,000-	10,084-	8,916-	53
460570 Education Revenue								
460723 Other Fees	97,142-	13,838-	83,304-	14				
* Charges for Services	1,991,371-	1,090,844-	900,527-	55	1,361,248-	799,486-	561,762-	59
471265 Illegal Dumping							500	
* Fines and Forfeitures							500	
481150 Interest-Non Pooled		21-	21					
484000 Donations,Contributions					3,000-	700-	2,300-	23
484050 Donation Fed Pgm Inc	24,201-	9,126-	15,075-	38	37,550-	13,461-	24,089-	36
484195 Non-Gov't'l Grants								
484197 Non-Gov. Grants-Ind.	11,367-	2,972-	8,395-	26	11,631-	2,459-	9,172-	21
485100 Reimbursements	42,576-	9,856-	32,720-	23	38,599-	9,210-	29,389-	24
485300 Other Misc Govt Rev	35,000-	1,968-	33,032-	6				
* Miscellaneous	113,144-	23,943-	89,201-	21	90,780-	25,830-	64,950-	28
** Revenue	11,429,279-	4,529,523-	6,899,756-	40	10,084,311-	4,302,168-	5,782,143-	43
701110 Base Salaries	9,793,203	4,819,924	4,973,279	49	9,758,662	4,516,873	5,241,789	46
701120 Part Time	314,723	112,636	202,086	36	398,206	179,860	218,346	45
701130 Pooled Positions	475,463	189,970	285,494	40	374,608	200,053	174,555	53
701140 Holiday Work	4,319	1,405	2,913	33	4,319	1,518	2,801	35
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	165,400	82,988	82,412	50	166,775	81,149	85,626	49
701200 Incentive Longevity	80,479	42,901	37,578	53	64,681	37,242	27,439	58
701300 Overtime	300	70	231	23	302	108	194	36
701403 Shift Differential	38,000	15,647	22,353	41				
701406 Standby Pay	5,000	1,552	3,448	31	1,000	594	406	59
701408 Call Back	83,406		83,406		43,993-		43,993-	
701412 Salary Adjustment	84,041	54,540	29,501	65	49,515	58,470	8,955-	118
701413 Vac Payoff Sick Term		27	27					
701414 Vacation Denied-Payoff		4,492	4,492		7,603	7,218	385	95
701417 Comp Time		4	4					
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	11,044,334	5,326,155	5,718,179	48	10,781,678	5,085,871	5,695,807	47
705110 Group Insurance	1,749,467	836,369	913,098	48	1,602,223	762,458	839,764	48
705190 OPEB Contribution	1,181,460	590,730	590,730	50				

Period: 1 thru 6 2017
 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	2017 Plan	2017 Actuals	Balance	2016 Plan	2016 Actual	Balance
* Transfers Out	58,081	58,081	100	58,081	58,081	100
** Other Financing Src/Use	9,738,775-	4,840,347-	4,898,428-	10,018,775-	4,980,347-	5,038,428-
*** Total	1,227,669	1,019,740	207,929	1,648,509	496,881	1,151,628

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

FROM: Wesley Rubio, Senior Environmental Health Specialist
775-328-2635, wrubio@washoecounty.us

SUBJECT: Review, discussion and possible adoption of Proposed Repeal and Replacement of Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration.

SUMMARY

The Washoe County District Board of Health must approve the repeal and replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration. Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Amendments. At the December 15, 2016 District Board of Health meeting, the Board considered and accepted the Business Impact Statement as required and designated the next regular meeting of the Board, January 26, 2017, as the public hearing to consider adoption of the proposed regulations.

District Board of Health Strategic Priority: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The Washoe County District Board of Health last approved amendments to the Regulations on August 22, 2001.

The Business Impact Statement associated with the Proposed Replace and Repeal of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration was considered and accepted by the District Board of Health at the regular District Board of Health meeting on December 15, 2016. The Board also approved the next regular meeting of the Board, January 26, 2017, as the public hearing to consider adoption of the proposed repeal and replacement.

BACKGROUND

Currently the State of Nevada does not have any regulations governing Invasive Body Decoration Establishments. The Washoe County Health District worked with representatives of the State of Nevada Division of Health Services to train their staff on the Tattoo and Piercing industry and what the common risks associated with these establishments are. From these meetings the State of Nevada is proposing to utilize regulations developed by the Washoe County Health District as the basis to implement across the entire State of Nevada.

The Invasive Body Decoration program strives to enhance the quality of services provided by the Environmental Health Services Division while ensuring public safety and promoting safe practices. The proposed revisions will bring the current regulation up to current national standards of practice, while ensuring consistent terminology and applicability within the Tattoo and Piercing industry. The intent of the proposed regulations is to promote managerial control of risk factors that are commonly associated with cross-contamination within these establishments. Staff worked closely with members of the community, as well as researching other jurisdictions and state regulations to address the proposed changes in such a growing industry and culture. The regulations being presented are intended to ensure all existing businesses and operations would be able to meet the minimum requirements without adversely affecting their business operations. Below is a summary of the major changes being proposed in the Regulations:

- Updated definitions - In line with industry standards and nationally accepted guidance and terminology
- Blood Borne Pathogen Training required
- Hepatitis B Vaccination required
- Infection Control Plan, this replaces the “Biohazard Plan”
- Aftercare requirements are based on accepted wound care practices and all materials have to be manufactured for that intended use
- Sterilization Requirements
- Regulation of Tattoo Removal Establishments

The Regulations were completely restructured to address the major changes outlined above and to provide a more step-by-step process to those persons reading, researching, and/or utilizing the regulations to obtain a permit. The incorporation of Tattoo Removal establishments into these regulations is to address the facility and potential for cross-contamination. These facilities are not permitted or inspected by the Medical Board, and some processes utilize the same machines and needles to place a tattoo on a human body.

Links to the final version of the proposed revisions can be found at:

<https://www.washoecounty.us/health/programs-and-services/ibd-reg-update.php>

In an effort to provide an overview of the proposed regulation revisions and answer questions and receive input from interested persons, two public workshops were held on November 8, 2016 and November 9, 2016. The following methods were used to provide notice of the proposed regulatory revisions:

- A total of 66 notices were mailed to all permit holders, giving notice of the proposed regulatory revisions and offering methods of providing input.

- The 66 notices included 14 Tattoo Removal Establishments that could be identified through public record searches.
- A press release was issued urging interested persons to attend the workshops and hearings. This press release was published in the Reno Gazette Journal and the Reno News and Review to try to get as much publicity as possible.
- The Environmental Health Services Facebook page was utilized to invite followers to the workshops.
- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.
- 144 Notices were emailed to all persons who have worked in Washoe County and obtained a Temporary Permit for one of the Tattoo Conventions/Shows that have been held in Washoe County for the last two years. This encompassed persons from other States and Countries who may need to be aware of the proposed changes as part of their operations when traveling to Washoe County.

A total of 14 individuals attended the workshops – eight (8) attendees on November 8th and six (6) attendees on November 9th. Attendees included tattoo artists, business owners, and three representatives of the tattoo removal industry.

During the workshops, a presentation was given on the specific proposed regulatory changes and the basis for the proposed regulation changes. One operator asked that a section of the regulation be revised to address the 2-compartment sink requirement for a Biohazard Room. Staff agreed to revise the section to require an operational plan for those facilities that are approved with a single basin sink in rooms where tools and other metal equipment is scrubbed and prepared for sanitization. Three persons attended who represent a Laser Tattoo Removal facility and spoke in support of the proposed regulation changes. These persons agreed that the facility requirements should be the same for establishments performing the tattoo procedure and for the removal of the tattoo. One person spoke out against the proposed changes but could not articulate how or why they would adversely affect their current permitted operations. Other sections of the proposed Regulations were reviewed and discussed, and after clarification and discussion no other specific items were brought forward or requested to change. All other attendees seemed generally accepting of the proposed regulatory changes and were willing to implement the proposed changes as best practices. A copy of the PowerPoint presentation is attached for reference.

- No messages were left on the designated phone line regarding the proposed changes to the regulations;
- No emails were received regarding the proposed changes to the regulations;
- The proposed IBD regulations were viewed 78 times on the website;

Next Steps:

Should the Washoe County District Board of Health approve the proposed repeal and replacement of the Regulations, staff will begin notifying all permitted facilities and those that are not currently permitted to establish appropriate compliance timeframes.

FISCAL IMPACT

There is no fiscal impact of accepting the Business Impact Statements.

Fees being created as part of the proposed revisions are described below and are not recurring annual fees:

- Invasive Body Decoration Construction Plan Review Fee: \$307.00
- Invasive Body Decoration Promoter Permit Fee: \$523.00

Should the Board approve all proposed new fees, it is anticipated that the Environmental Health Division will have an increase in annual revenue of approximately \$1000.00.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health Repeal the existing Regulations as originally approved on August 22, 2001 and Replace with the Proposed Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration and adoption of proposed fees as proposed on January 26, 2017.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to Repeal the existing Regulations as originally approved on August 22, 2001 and Replace with the Proposed Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration and adoption of proposed fees as proposed on January 26, 2017."

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal, the Reno News and Review, and informational postcards were sent to each current permit holder describing the process. The proposed regulation revisions were posted on the Health District website and a designated phone number and email was provided for public comment. Two public workshops were held to solicit feedback.

Public comment was received from one permit holder during the public meetings proposing alternative wording for one section of the proposed regulation. Staff agreed to revise the section based on the comments provided. Comments in support of the proposed revisions were received from three persons representing the tattoo removal industry. These persons stated that the requirements for a permitted facility to perform the actual Invasive Body Decoration or operation should be the same for those facilities proposing to remove those decorations. One person spoke out against the proposed revisions but could not articulate how or why they would adversely affect their current permitted facility.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: Two EHS IBD fees would be added:

Invasive Body Decoration Construction plan review fee of \$307.00

Invasive Body Decoration Promoter permit fee of \$523.00

Monthly spore testing costs range from \$20.00 per test locally to \$105.00 for a box of 12 test strips from online service providers.

Beneficial effects: It is anticipated that any additional costs would be passed on to the consumer; the proposed revisions are not anticipated to create any additional impacts to existing business operations while improving the public health and safety for consumers.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS IBD and will result in additional money for the related required inspection activities.

Indirect effects: The increasing of EHS IBD fees will be minimal to all businesses. The two added fees will only be implemented when construction is proposed for either a new or existing facility. The Promoter fee would only be implemented when a "Tattoo Show" or other "Convention" is proposing to come to the region and operate. There will be minimal impact to existing businesses with the monthly spore testing requirement, however this cost can be lowered by utilizing online services and only applies to those facilities who autoclave and re-use specific metal equipment for tattoo procedures. This would not apply to those facilities that operate with only single-use items where all equipment utilized for the tattoo procedure is completely disposable.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

The Invasive Body Decoration program strives to enhance the quality of services provided by the Environmental Health Services Division while ensuring public safety and promoting safe practices. The proposed revisions include current national standards of practice and consistent terminology within the Tattoo and Piercing industry. The proposed revisions also include the permitting of "Tattoo Removal"

facilities, these facilities utilize many of the same invasive body techniques or are considered to be invasive to the human body. The intent is to provide a standard of care and maintain the permitted facility in a manner that meets the minimum requirements for public safety, safe practices, and to maintain standards of practice across the entire industry. The proposed revisions should not adversely impact any existing or future business in this industry. These regulations were written with the intent that all existing operations would have to make minimal (if any) changes to their business operation in order to continue operation. The two additional fees are intended to cover services for with the WCHD does not currently get reimbursed for. Additional operational costs may be incurred by some businesses however these costs are estimated to be between \$100 - \$150 annually, and therefore should not impede or inhibit the business operations.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 1,000 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS IBD activities.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:
The proposed change is not duplicative, or more stringent than existing federal, state or local standards.
8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: EHS staff discussed the proposed revisions with all persons who attended the public workshops. Staff also made the effort to discuss the proposed revisions to all persons while conducting inspections and to solicit many of the idea and recommendations from the industry to incorporate into the proposed revisions. The added fees will not impact any existing permitted facility unless additional construction is proposed. The proposed fees are intended to cover activities that are currently conducted by EHS staff. After reviewing the comments, arguments and data provided the two proposed fees do not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fees are necessary to, at least partially; recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

December 2, 2016
Date

WCHD Invasive Body Decoration Regulations

Updated Regulation to meet
current industry standards

Major Changes

- Updated definitions
 - Inline with industry standards and nationally accepted guidance
- Infection Control Plan
 - Replaces the Biohazard Plan
 - Outlined in proposed regulation all components that must be ready and included for inspection and normal shop operations

Major Changes

◉ Shop requirements

- Blood Borne Pathogen training
- Hep B Vaccination
 - Included in the Draft State of Nevada Regulation

◉ Aftercare requirements

- Must utilize material approved for wound care

Major Changes

○ Sterilization

- Spore testing monthly
- Tool logs required
- Peel packs must be dated and correspond to log sheet
 - Expire after 3 months

○ Sharps containers

- Must be mounted in each station
- Must be disposed of and receipts maintained

Major Changes

- ◉ Mobile operations
- ◉ Construction Requirements
 - Plans must be submitted with a plan review fee prior to any permit issuance
- ◉ Promotor requirements
 - Fees will be required for the oversight and planning of all special/temporary events
 - Individual booth/artist fees are still required

Proposed Regulations

- State of Nevada

- Draft regulations are going to be proposed and move through the legislative process

- WCHD regulations were provided to the State

- WCHD regulation were modified to meet the State Regulations

- WCHD regulation cannot be any less stringent than the State

Anticipated Time-line

- **Public Comment**
 - Nov 8 & 9
- **Business Impact Statement**
 - November 17
- **Regulation Adoption**
 - With or without amendments
 - Dec 15
- **State Board of Health**
 - March 2017

INVASIVE BODY DECORATION CONSTRUCTION - PLAN REVIEW FEE

PLAN REVIEW

This service provides the public health benefit of meeting Washoe County District Board of Health Regulations Governing Invasive Body Decoration safety requirements in regulated facilities, are met to prevent disease transmission and injury.

This fee is based on the Washoe County District Board of Health Regulations Governing Invasive Body Decoration Construction requirements.

This ensures facilities are planned and constructed in a manner that minimizes cross-contamination and protects all persons working and obtaining services at the facility.

Plan review activities include, but are not limited to: consultation activities with applicants and/or architects; review of of finish schedules for floors, walls, ceilings, equipment, and sharps locations; review of physical layout of the facility; and review of plumbing, ventilation and lighting.

Plan processing activities include, but are not limited to: screening of the plan, assessing fees and generating invoice; initializing record; and updating city/county building departments tracking systems. The average time spent by a Plans/Permit Aide to process plans is 15 minutes.

Personnel	Hourly Rate	# of Hours	Cost
Environmental Health Spec	\$108.63	1.750	\$190.10
Plans/Permit/App Aide	\$76.94	0.250	\$19.24
Hourly Program Expense Rate	\$ 46.00	Calculated Program Expense \$92.00	
Subtotal			\$301.34
IT Overlay			\$6.00
Total Cost			\$307.34

IBD PROMOTER PERMIT FEES

The Invasive Body Decoration Promoter fees are based on the amount of time it takes to review a permit application with regards to Washoe County District Board of Health Regulations Governing Invasive Body Decoration, Section 060, Temporary Permit Requirements. In addition, program staff conducts a pre-event interview, conducts inspection(s), issues a permit to operate and produces written reports.

Category	Personnel	Hourly Rate	# of Hours	Cost	OAI/PPAA combo		Hrly Program Expense Rate	Calculated Program Expense	Subtotal	IT Overlay	Total Cost	Permit Fee
					Hourly rate	# of Hours						
IBD Promoter Permit to Operate	Sr Env/Env Health Spec Combo	111.43	3.000	\$334.29	\$73.72	0.375	\$46.00	\$155.25	\$517.19	\$ 6.00	\$ 523.19	\$ 523.00
Reinspection Fee (for more than one reinspection)	Sr Env/Env Health Spec Combo		Equal to, but not to exceed, original permit fee									

This fee is based on the Washoe County District Board of Health Regulations Governing Invasive Body Decoration Temporary Permit requirements that facilities have a permit to operate.



Regional Emergency Medical Services Authority

REMSA

Franchise Compliance Report

NOVEMBER 2016



REMSA Accounts Receivable Summary
Fiscal 2017

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503.00	\$1,092.43	\$1,092.43	\$393.27
August	4156	\$4,594,636.20	\$1,105.54	\$1,099.02	\$395.65
September	4000	\$4,428,168.80	\$1,107.04	\$1,101.64	\$396.59
October	4023	\$4,462,967.40	\$1,109.36	\$1,103.55	\$397.28
November					
December					
January					
February					
March					
April					
May					
Totals	16285	\$17,971,275	\$1,103.55		

Allowed ground average bill: \$1,129.48
 Monthly average collection rate: 36%



Fiscal 2017

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2016	5 mins. 55 secs.	94%	94%
Aug.	6 mins. 04 secs.	94%	92%
Sept.	5 mins. 07 secs	95%	93%
Oct.	5 mins. 23 secs	93%	92%
Nov.	5 mins 47 secs	93%	94%
Dec.			
Jan. 2017			
Feb.			
Mar.			
Apr.			
May			
June 2017			

Year to Date: July 2016 through November 2016

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	93%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2016	P-1	5:15	5:47	8:35
	P-2	5:11	6:24	8:25
Aug. 2016	P-1	5:18	5:52	8:56
	P-2	5:31	6:14	8:38
Sept. 2016	P-1	4:50	5:43	8:23
	P-2	5:23	6:13	7:29
Oct. 2016	P-1	5:03	5:44	7:55
	P-2	5:22	6:24	8:29
Nov. 2016	P-1	4:57	5:46	8:32
	P-2	5:19	6:20	8:29
Dec. 2016	P-1			
	P-2			
Jan. 2017	P-1			
	P-2			
Feb. 2017	P-1			
	P-2			
Mar. 2017	P-1			
	P-2			
Apr. 2017	P-1			
	P-2			
May 2017	P-1			
	P-2			
June 2017	P-1			
	P-2			

Year to Date: July 2016 through November 2016

Priority	Reno	Sparks	Washoe County
P-1	4:56	5:42	8:01
P-2	5:21	6:18	8:17



GROUND AMBULANCE OPERATIONS REPORT

November 2016

1. OVERALL STATISTICS:

Total Number of System Responses	5633
Total Number of Responses in Which No Transport Resulted	1857
Total Number System Transports (Including transports to Out of County Destinations)	4061

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1%
Medical	50%
OB	1%
Psychiatric/Behavioral	7%
Transfers	12%
Trauma – MVA	7%
Trauma – Non MVA	19%
Unknown	3%

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 (excluding cardio pulmonary 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.

Total number of ALS calls: 2559

Total number of above calls receiving QA reviews: 395

Percentage of charts reviewed from the above transports: 13.67%



REMSA OCU Incident Detail Report

Period: 11/01/2016 thru 11/30/2016

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	11/2/2016 0:49	11/2/2016 0:56	1C29	0:08:59	0:06:26
Zone A	11/2/2016 14:23	11/2/2016 14:29	1C37	0:08:59	0:05:30
Zone A	11/7/2016 16:14	11/7/2016 16:28	1C08	0:08:59	0:14:23
Zone A	11/26/2016 22:32	11/26/2016 22:34	1C13	0:08:59	0:02:26

Upgrade Requested				
Incident Number	City	Zone	Incident Date	Approval
None				

Exemptions Requested					
Incident Number	City	Zone	Incident Date	Exemption Reason	Approval
None					



Regional Emergency Medical Services Authority

REMSA

EDUCATION AND TRAINING REPORT

NOVEMBER 2016

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	7	41	4	35	3	6
ACLS EP	1	3	1	3	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	1	1	1	0	0
ACLS R	18	82	3	41	15	41
ACLS S	2	6	0	0	2	6
AEMT	0	0	0	0		
AEMT T	0	0	0	0		
BLS	62	278	16	82	46	196
BLS I	1	4	0	0	1	4
BLS R	54	320	13	92	41	228
BLS S	8	9	0	0	8	9
CE	1	12	1	12	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	1	7	1	7	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	2	57	2	57		
EMT T	0	0	0	0		
FF CPR	2	5	0	0	2	5
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	1	8	1	8	0	0
HS CPR	40	270	3	20	37	250
HS CPR FA	54	409	5	50	49	359
HS CPR FA S	2	5	0	0	2	5
HS CPR PFA	2	7	0	0	2	7
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	2	2	2	2	0	0
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	7	1	7	0	0
ITLS S	0	0	0	0	0	0
PALS	4	9	2	7	2	3
PALS I	0	0	0	0	0	0
PALS R	9	41	3	21	6	20
PALS S	2	7	0	0	2	7
PEARS	1	3	0	0	1	3
PM	1	17	1	17		
PM T	0	0	0	0		
Classes w/ CPR		CPR Students				
234		1290				



COMMUNITY OUTREACH

November 2016

Point of Impact

11/5/16	Child Car Seat Checkpoint hosted by Wild Island in conjunction with Safe Kids Mini-Golf Tournament; 6 cars and 7 seats inspected.	9 volunteers; 3 staff
11/7/16	Safe Kids Washoe County Vehicle/Road Safety Committee meeting	
11/17/16	Office Installation Appointment	
11/22/16	Community Car Seat meeting with Car Seat Safety Station leadership at Renown	

Cribs for Kids

11/8/16	Safe Kids Washoe County Coalition Meeting	
11/14-11/15/16	Trainer the Trainer Training by State Grant overseer Christina Turner	
11/21/16	Meet with Sarah Handricksen, Community Outreach Coordinator - Safe Sleep-Renown being another resource to provide educational material	
11/21/16	Safe Sleep Kits ordered for our Nye Community Coalition Partner in Pahrump, NV	
11/22/16	REDCAP data entry training	
11/30/16	Plumas County Initiative Planning-	
11/23,11/28/16	Help 4 mothers find Community Partners in Washoe to receive Safe Sleep training and Sleep Safe Kits.	
11/16 Various	Updating Train the Trainer Material to comply with 2016 Safe Sleep Recommendation form the American Academy of Pediatrics	



Regional Emergency Medical Services Authority

REMSA

CUSTOMER SERVICE

NOVEMBER 2016

REMSA

Reno, NV

Client 7299



1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

November 1, 2016 to November 30, 2016

Your Score

93.02

Number of Your Patients in this Report

150

Number of Patients in this Report

4,387

Number of Transport Services in All EMS DB

135



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **11/01/2016** and **11/30/2016**.

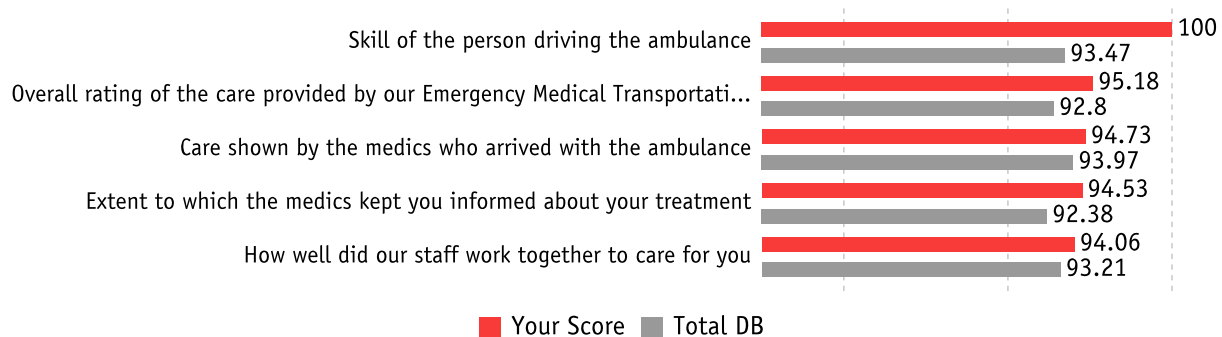
The overall mean score for the standard questions was **93.02**; this is a difference of **0.85** points from the overall EMS database score of **92.17**.

The current score of **93.02** is a change of **-1.39** points from last period's score of **94.41**. This was the **36th** highest overall score for all companies in the database.

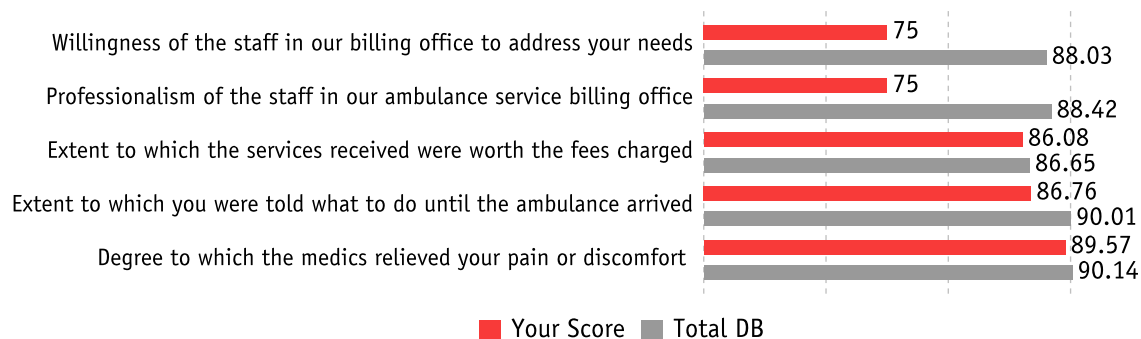
You are ranked **11th** for comparably sized companies in the system.

78.71% of responses to standard questions had a rating of Very Good, the highest rating. **98.68%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

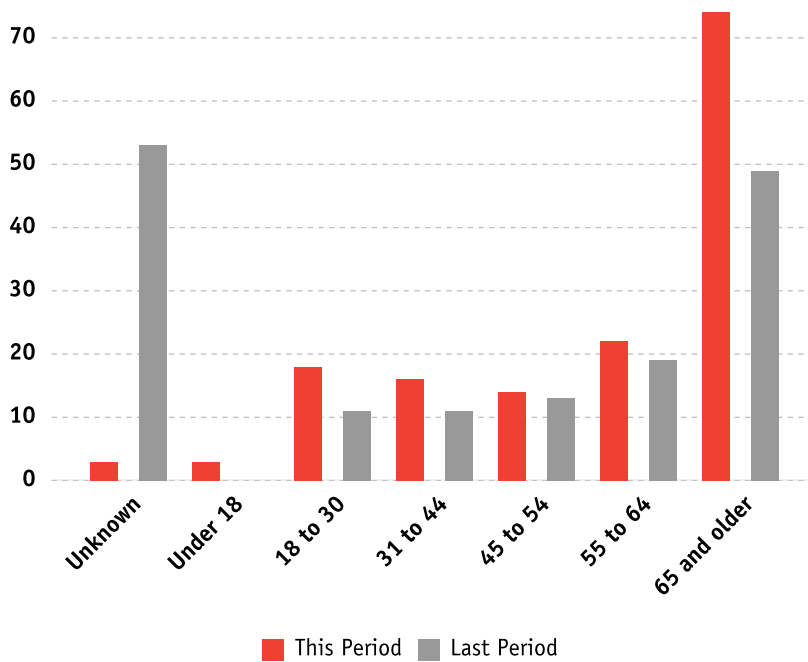




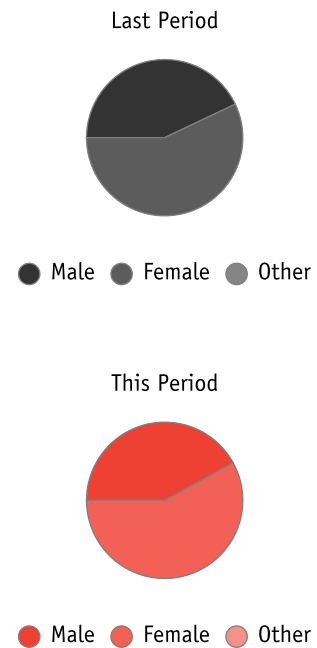
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	53	18	35	0	3	1	2	0
Under 18		0	0	0	3	0	3	0
18 to 30	11	6	5	0	18	7	11	0
31 to 44	11	3	8	0	16	9	7	0
45 to 54	13	8	5	0	14	5	9	0
55 to 64	19	6	13	0	22	12	10	0
65 and older	49	26	23	0	74	29	45	0
Total	156	67	89	0	150	63	87	0

Age Ranges



Gender





Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
Helpfulness of the person you called for ambulance service	90.05	87.91	95.00	93.34	92.44	93.15	95.63	95.00	94.19	97.50	91.47	95.67	92.36
Concern shown by the person you called for ambulance service	91.28	87.15	95.00	92.64	90.76	83.33	93.75	100.00	96.43				
Extent to which you were told what to do until the ambulance	92.13	85.19	91.07	91.29	91.56	89.00	97.83	94.74	96.43	96.25	88.57	93.75	86.76
Extent to which the ambulance arrived in a timely manner	89.56	93.59	94.74	93.53	94.36	94.59	93.97	95.21	94.14	94.70	94.44	93.21	92.14
Cleanliness of the ambulance	95.51	95.59	95.83	94.20	95.38	93.06	94.18	95.72	94.21	96.70	92.86	95.74	93.80
Comfort of the ride	94.26	95.71	94.12	93.39	95.56	92.83	90.97	94.05	93.63	94.23	94.07	95.22	93.80
Skill of the person driving the ambulance				95.09			95.00					94.44	100.00
Care shown by the medics who arrived with the ambulance	97.56	91.22	95.00	93.11	94.01	95.74	95.95	93.76	94.75	93.99	93.46	95.07	94.73
Degree to which the medics took your problem seriously	96.25	91.67	93.75	92.66	93.79	97.02	96.21	94.32	95.16	95.52	92.74	94.25	93.45
Degree to which the medics listened to you and/or your family	96.88	89.86	93.75	92.21	94.52	95.83	92.86	94.52	94.02	94.23	93.41	94.18	93.76
Skill of the medics	96.88	93.06	93.75	92.38	96.00	93.75	93.75	96.43	95.00				
Extent to which the medics kept you informed about your	94.59	87.50	93.42	90.60	92.13	93.47	93.70	93.60	92.94	93.88	92.81	93.80	94.53
Extent to which medics included you in the treatment decisions	93.78	84.20	93.06	89.59	91.98	93.37	91.85	92.68	93.42	96.01	91.45	93.86	92.52
Degree to which the medics relieved your pain or discomfort	91.43	83.16	90.79	87.45	90.15	92.78	91.90	89.79	91.20	94.03	88.30	90.78	89.57
Medics' concern for your privacy	95.39	85.74	95.00	90.99	95.46	94.07	91.98	94.47	94.77	95.15	93.75	95.15	93.70
Extent to which medics cared for you as a person	95.63	90.28	95.00	92.04	94.16	95.31	95.00	94.43	94.17	95.35	94.64	95.61	92.94
Professionalism of the staff in our ambulance service billing	93.75	86.11	87.50	87.31	88.04	87.50	82.14	77.60	83.33	100.00	95.00	90.91	75.00
Willingness of the staff in our billing office to address your	89.47	87.50	87.50	86.47	85.87	85.00	85.00	78.25	91.67	93.75	95.00	87.50	75.00
How well did our staff work together to care for you	96.34	87.50	96.25	92.36	94.34	95.70	94.09	93.93	95.38	95.71	93.80	95.78	94.06
Extent to which our staff eased your entry into the medical	97.37	90.03	93.75	92.82	92.81	93.75	86.82	95.83	65.00				
Appropriateness of Emergency Medical Transportation treatment	95.39	89.71	96.25	92.60	94.66	93.06	96.09	95.83	95.39				
Extent to which the services received were worth the fees	90.74	80.10	91.67	84.72	88.56	86.90	92.64	82.03	90.27	93.57	66.80	90.07	86.08
Overall rating of the care provided by our Emergency Medical	95.51	88.24	96.25	92.54	94.75	96.05	96.72	93.67	95.57	94.38	92.70	96.08	95.18
Likelihood of recommending this ambulance service to others	94.74	91.67	91.67	92.66	95.06	94.67	95.74	95.55	95.79	96.24	95.19	95.44	93.28
Your Master Score	94.24	89.07	93.66	91.81	93.64	94.21	93.97	93.74	94.18	95.06	92.82	94.41	93.02
Your Total Responses	47	40	22	376	206	155	157	156	143	152	126	156	150

GROUND AMBULANCE CUSTOMER COMMENTS

November 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
1	09/06/2016		"It is all good"			
2	09/06/2016	"Medics didn't have much to keep informed about etc., was dehydrated"				
3	09/06/2016			"Recommend question isn't relevant, there isn't a choice"		
4	09/06/2016	"Medics could not have been any better. So appreciative and would love to shake all of their hands, they saved his life."	"5 read EKG did not read that he was having a heart attack - did not get a correct read until was in the hospital. Only improvement would be to equipment"	"Worked great together, could not have done a better job."		
5	09/06/2016	"Medics were very caring and comforting"		"They did a very good job - thank you for such a great ambulance service"		
6	09/06/2016		"Just show up!"			
7	42619	"The medics were all very caring and very professional. They did a good job."	"Nobody was up front with her about if the trip was paid for or not. Now has to appeal and go through a long process. Wishes somebody would have informed her right away that it was not."		Lisa Cote 12/13/16 Ticket ###	We have called the patient and are working with her on the account.
8	09/07/2016	"Attitude of woman in back was not good. Tried to help get comfortable but could not take any medications due to allergies"	"Could be a little more courteous and respectful. Did not appreciate the medic starting to take her outside before she was dressed."	"Uses REMSA all the time"	Stacie Selmi 12/13/16 Ticket ###	This was a dual male crew. In chart there is no notation of having a third rider to assist in PT care or having a student.
9	09/07/2016		"Ambulance is very clunky, not a comfortable ride. You get jostled around"	"When I got into emergency, the staff helped treat me"		
10	09/07/2016	"One of the medics was asking why I couldn't just walk because he didn't understand the severity of my condition. The hospital said I definitely should have called for the ambulance"	"Don't leave anyone in the waiting room. Take the severity of problems seriously."		Stacie Selmi 12/13/16 ticket ###	12/15/16 1133, left a message for the pt (###). Contacted the crew (###) to write an occurrence report ASAP. Stacie
11	09/07/2016	"Forced me to go to the hospital. They were trying to find out if my wife had power of attorney so that he could force me to go even though I said I didn't want to."	"Stick to being ambulance people and don't try to promote the hospital and try to get patients into the hospital"		Stacie Selmi 12/13/16 Ticket ###	
12	09/07/2016	"They weren't doing anything. They were just holding my arms and pulling me up into a standing position"				
13	09/08/2016	"I had a really bad bloody nose and they couldn't get it to stop either"				
14	09/08/2016		"I was cold and needed a blanket, so that would have helped"			

GROUND AMBULANCE CUSTOMER COMMENTS

November 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
15	09/08/2016		"Medics could listen a little better to what they are being told by the patient. It is frustrating to be told to walk over to the chair when the purpose of calling ambulance was because could not get up off sofa"		Pt is from out of town. PT was transferred by REMSA as a flight transfer in which all care was rendered by Sierra Life Flight. No further follow.	
16	09/08/2016	"Medics were sensational. Were more helpful than the doctors at the hospital"		"Very impressed with medics"		
17	09/09/2016		"If it is not broke don't fix it - do not know what they could do to be any better"			
18	09/09/2016		"The person who she talked to on the phone hung up before the ambulance came. Handled everything fine and said the ambulance was on the way, but did not wait until the ambulance arrived which is what dispatch has done on her pervious calls"			
19	09/13/2016		"Keep flirting with us old ladies"	"I have recommended you guys to many people"		
20	09/13/2016					
21	09/13/2016	"I didn't think much of one of the medics, but two of them were good"	"I wasn't impressed with one of the technicians. Her hair fell in my face and mouth, and she thought it was funny. I didn't."		Stacie Slemi 12/13/16 Ticket ###	See below
22	09/27/2016		"pay them more"			
23	09/27/2016			"Great service, But only had to go across parking lot. seems a bit wasteful and very expensive"		
24	09/27/2016			"Great service, been using REMSA for years"		
25	09/27/2016			"Husband had a caustic Gall Bladder, EMT's were summoned because husband couldn't navigate the stairs, husband id 6'2"" 190lbs... the two female EMT's each weighed less than 120... they were physically unable to get him out of the house."		
26	09/27/2016			"Very professional, caring medics"		
27	09/27/2016			"Nothing but 5's!!!!!!!"		
28	09/27/2016			"Air Transport from hospital to hospital..... Wonderful Service, Very Kind, Thourough and professional"		
29	09/27/2016			"Most Certainly, Excellent sense of humor!!!"		

GROUND AMBULANCE CUSTOMER COMMENTS

November 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
30	09/28/2016		"teach the younger medics how to treat people"		Stacie Selmi 12/13/16 Ticket ###	
31	09/27/2016			"Crew went above and beyond, watching her minor child....."		
32	09/29/2016			"Fantastic Service, Took such good care of my son with severe special needs."		
33	09/29/2016			"Super professional every time!!!"		
34	09/30/2016			"Excellent service"		
35	09/30/2016			"Absolutely.... Not only did the flight crew have extra professional skills but also put me at ease so I could relax and not worry so much.."		
36	09/30/2016			"be sure to help with the pain."		
37	09/30/2016	"PT works at the ###, upset that EMT's were asking about what celebrities she had ""worked"" with.... HIPPA Concerns"		"Have EMT's show more respect towards HIPPA laws"	Stacie Selmi 12/13/16 Ticket ###	See below
38	09/15/2016		"Medics didn't seem to take problem seriously, Pt is a 15 yr old girl. unprofessional"		Stacie Selmi 12/13/16 Ticket ###	
39	09/20/2016	"Everything was good, medics just wheeled her out and transported her to the hospital."		"Everything was good."		
40	09/20/2016			"Fantastic Service! Keep doing what you're doing!"		
41	09/20/2016		"Again, not have medics hitting on patients..."	"One of the Male Medics (###) repeatedly asked patient if she was married or had a boyfriend, Then continuously asked for her (The Patient) Phone Number.."	Stacie Selmi 12/13/16 Ticket ###.	See below
42	09/20/2016			"Listen Better"		
43	10/01/2016	"The gentlemen that came and got me and took me to the hospital were first class all the way."		"Their service was first class"		
44	10/02/2016	"No complaints. Their treatment and service were perfect"	"I didn't take out my insurance like I had the years before, so my cost was more"			
45	10/02/2016		"Lower costs"			
46	10/03/2016		"Concentrate on how you talk to someone"			
47	10/05/2016	"Treatment questions N/A"	"Nothing, everything went well and they kept her calm and talked to her the whole time"	"Weren't able to get an IV in her arm"		
48	10/05/2016		"Nothing, everyone was very professional and on top of things"	"Worked well together - like a well oiled machine"		
49	10/05/2016		"Nothing, they did a great job"			
50	10/05/2016		"Was very surprised and impressed with the service. Very appreciative"			
51	10/05/2016		"The ride was kind of cold"			
52	10/06/2016			"Extremely helpful"		

GROUND AMBULANCE CUSTOMER COMMENTS

November 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
53	10/06/2016			"Your Guys are the best!"		
54	10/24/2016		"Care flight and ambulance communication was not good."			
55	10/24/2016		"Fix the lift on the truck to be a little more gentle"			
56	10/24/2016	"Took her son with them and kept him up beat and happy"	"Nothing, the team did awesome. Arrived in timely manner and walked her through everything step by step, and watched after her son"			
57	10/24/2016	"They are always great. Very caring and gentle."	"No complaints about care from REMSA, they are great"			
58	10/23/2016		"Be more concerned about her kids"			
59	10/23/2016	"Medics paid a lot of attention to he and his girlfriend, but looked over their children. That was upsetting."	"Pay more attention to the children. As a parent, that is the main concern and they seemed more worried about the adults than the kids"		Stacie Selmi 12/13/16 Ticket ###	
30	10/25/2016	"Was just a transport, medics did their job"		"Everything was good. Was only a transport so was not much for medics to do."		

12/24/16, I spoke with the pt (###), she was very nice and told me she was put on a legal hold after taking some pills on 9/20/16, she said she is bipolar. Cathy told me how one guy named ### was in the back of the ambulance with her on the way to the hospital, the other two guys were up front. She said ### asked for her phone number and was she married or had a boyfriend. After she got out of the hospital ### called and texted her and she also texted and talked to him. ### told me she asked ### to stop calling and texting her and he did stop for approx 1 month, then the texts started again. In Oct she agreed to meet him in a parking lot in ###, she waited 1.5 hrs and he did not show up, she said it was her own fault because she is bipolar she does not make good decisions at times. ### would like ### to stop contacting her, she is now afraid to get into an ambulance again. I asked her why she did not call us sooner about this, she thought he was a nice guy. I gave her my name and desk phone number to contact me if ### contacts her again, I apologized to her and told her I would investigate further.

I had employee read the chart and asked him if he knows this pt or has contacted her in anyway he told me no. I had him read the complaint and he was very upset, denied anything to do with this pt. I told him to write an occurrence report and I will have the other crew members write it reports and investigate it. Stacie I have a pt complaint from 09/20/2016, pt stated I asked for her phone number. I ask for phone numbers on 90% of my pt's for charting purposes if they do not auto populate. I do not remember this pt. I have not contacted, or seen her. I do not remember this pt in any way.

41 (EMPLOYEE)

12/24/16, I spoke with the pt (###) about this complaint. (###) was very nice, told me this was not a complaint but the facts on the crew asking about what celebrities she had slept with. She felt this was a true HIPPA violation and they should not have asked. Sandra was happy with her care, she said they saved her life because she could not breathe because of all the fires. They gave her a breathing treatment and transported her, she was very grateful. I asked if it was one or both of the crew members who asked her the celebrity questions and she told me it was both of them joking around. I apologized to her and told her I would file a report, again she said this was not a complaint and was happy I called to speak with her. The chart attached is from 9/30/16, it was a transfer from ### to ### for not feeling well with some abdominal pain, no SOB or treatments. I found a transport on 5/19/16 from ### as the pt went in complaining of she has not been able to breathe for 12 days. Pt was transported to ### with IV and monitor. I will have the crews on both the calls write occurrence reports. If the

37 questioning did happen it was certainly inappropriate but this is not a HIPPA issue.

12/16/16 1240, I spoke to the pt (###) who called me back on another number. (###) was nice and liked the two male employees (###), but the female (###) just struck her wrong with her hair getting in pts face. Pt also did not like when she missed the IV, (medic then established the IV). I apologized to the pt and told her I would look into this and have the employee write up a report. I am having (###) complete an occurrence

21 report, she was training with the crew at the time this occurred. Stacie



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

NOVEMBER 2016

No inquiries for NOVEMBER 2016

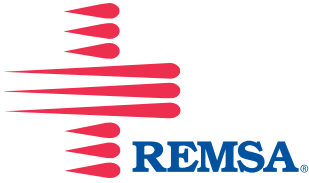


Regional Emergency Medical Services Authority

REMSA

PUBLIC RELATIONS REPORT

NOVEMBER 2016



Nov. 2016 Public Relations Report

District Board of Health

MEDIA COVERAGE



Kevin Romero Vice President of Operations conducted an interview with KRVN (*REMSA Ready for Freezing Temps in the Reno-Sparks Region*) about how REMSA is prepared to address calls related to exposure for Washoe County's homeless population.



SOCIAL MEDIA HIGHLIGHTS

If you're on Twitter or Facebook, be sure to follow @REMSAEMS and like Regional Emergency Medical Services Authority – REMSA.



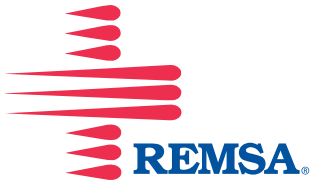
REMSA Search and Rescue Team Working with Raven

Thanksgiving Holiday Food Safety Tips

Toy Safety Tips at the Holidays

Decoration Safety Tips





Nov. 2016 Public Relations Report

District Board of Health

STRATEGIC INITIATIVES



Planning and development meetings continue for the redesign of the REMSA website. Site navigation and architecture are finalized. High-level content is being developed, and wireframes – the first step in design – are underway. During this phase, the blueprints of the website are built showing basic layouts that outline the specific size and placement of page elements, site features, and navigation. Once completed, the website will provide information on all of REMSA’s program elements including Community Outreach, Education, Communications and Dispatch, and Community Health. Visitors to the site will have access to information about topics such as what to expect when you call 9-1-1, fun facts about REMSA’s fleet and maintenance program, how dynamic deployment functions and how to book the Special Events team. Anticipated launch of the website is early 2017.

Planning and development is underway for a comprehensive Community Benefit report to share REMSA’s and Care Flight’s regional contributions, recent strategic growth and programmatic developments. The report will be delivered primarily online. The anticipated completion is early 2017.



Regional Emergency Medical Services Authority

REMSA

PENALTY FUNDS DISTRIBUTION

NOVEMBER 2016



REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF NOVEMBER 30, 2016

2016-17 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2016	\$5,089.76
August 2016	5,577.18
September 2016	3,911.03
October 2016	5,856.87
November 2016	5,296.53
December 2016	
January 2017	
February 2017	
March 2017	
April 2017	
May 2017	
June 2017	
Total accrued as of 11/30/2016	<u>\$25,731.37</u>

2016-17 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Total encumbered as of 11/30/2016	<u>\$0.00</u>		
Penalty Fund Balance at 11/30/2016	<u>\$20,434.84</u>		



Regional Emergency Medical Services Authority

REMSA

Franchise Compliance Report

DECEMBER 2016



REMSA Accounts Receivable Summary
Fiscal 2017

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503.00	\$1,092.43	\$1,092.43	\$393.27
August	4156	\$4,594,636.20	\$1,105.54	\$1,099.02	\$395.65
September	4000	\$4,428,168.80	\$1,107.04	\$1,101.64	\$396.59
October	4023	\$4,462,967.40	\$1,109.36	\$1,103.55	\$397.28
November	3718	\$4,125,873.00	\$1,109.70	\$1,104.69	\$397.69
December					
January					
February					
March					
April					
May					
Totals	20003	\$22,097,148	\$1,104.69		

Allowed ground average bill: \$1,129.44
 Monthly average collection rate: 36%



Fiscal 2017

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2016	5 mins. 55 secs.	94%	94%
Aug.	6 mins. 04 secs.	94%	92%
Sept.	5 mins. 07 secs	95%	93%
Oct.	5 mins. 23 secs	93%	92%
Nov.	5 mins 47 secs	93%	94%
Dec.	5 mins 54 secs	92%	91%
Jan. 2017			
Feb.			
Mar.			
Apr.			
May			
June 2017			

Year to Date: July 2016 through December 2016

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	92%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2016	P-1	5:15	5:47	8:35
	P-2	5:11	6:24	8:25
Aug. 2016	P-1	5:18	5:52	8:56
	P-2	5:31	6:14	8:38
Sept. 2016	P-1	4:50	5:43	8:23
	P-2	5:23	6:13	7:29
Oct. 2016	P-1	5:03	5:44	7:55
	P-2	5:22	6:24	8:29
Nov. 2016	P-1	4:57	5:46	8:32
	P-2	5:19	6:20	8:29
Dec. 2016	P-1	5:06	5:50	8:29
	P-2	5:18	6:05	8:27
Jan. 2017	P-1			
	P-2			
Feb. 2017	P-1			
	P-2			
Mar. 2017	P-1			
	P-2			
Apr. 2017	P-1			
	P-2			
May 2017	P-1			
	P-2			
June 2017	P-1			
	P-2			

Year to Date: July 2016 through December 2016

Priority	Reno	Sparks	Washoe County
P-1	4:59	5:44	8:07
P-2	5:22	6:17	8:22



GROUND AMBULANCE OPERATIONS REPORT

December 2016

1. OVERALL STATISTICS:

Total Number of System Responses	5810
Total Number of Responses in Which No Transport Resulted	1957
Total Number System Transports (Including transports to Out of County Destinations)	3593

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1.7%
Medical	49.4%
OB	.5%
Psychiatric/Behavioral	7.6%
Transfers	10.3%
Trauma – MVA	8.2%
Trauma – Non MVA	19.2%
Unknown	3.1%

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 (excluding cardio pulmonary 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.

Total number of ALS calls: 2853
Total number of above calls receiving QA reviews: 324
Percentage of charts reviewed from the above transports: 11.35%



REMSA OCU Incident Detail Report

Period: 12/01/2016 thru 12/31/2016

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	12/4/2016 1:29	12/4/2016 1:32	1C09	0:08:59	0:02:21
Zone A	12/8/2016 7:31	12/8/2016 7:34	1C28	0:08:59	0:03:18
Zone D	12/10/2016 19:46	12/10/2016 20:09	1C11	0:30:59	0:23:13
Zone A	12/11/2016 1:08	12/11/2016 1:11	3S75	0:08:59	0:04:52
Zone A	12/11/2016 2:06	12/11/2016 2:10	1C27	0:08:59	0:04:17
Zone A	12/11/2016 19:01	12/11/2016 19:07	1C12	0:08:59	0:06:13
Zone A	12/11/2016 22:58	12/11/2016 23:03	1C12	0:08:59	0:05:19
Zone A	12/19/2016 2:18	12/19/2016 2:27	1C11	0:08:59	0:08:45
Zone A	12/20/2016 14:43	12/20/2016 14:45	1C11	0:08:59	0:02:36
Zone D	12/25/2016 2:04	12/25/2016 2:33	1C02	0:29:59	0:29:16
Zone D	12/27/2016 15:16	12/27/2016 15:41	1N29	0:29:59	0:24:50
Zone A	12/28/2016 7:40	12/28/2016 8:06	1C15	0:29:19	0:26:01
Zone A	12/28/2016 21:54	12/28/2016 21:57	1C04	0:08:59	0:02:58
Zone A	12/29/2016 1:37	12/29/2016 1:37	1C13	0:08:59	0:00:37

Upgrade Requested				
Incident Number	City	Zone	Incident Date	Approval
None				

Exemptions Requested					
Incident Number	City	Zone	Incident Date	Exemption Reason	Approval
None					



Regional Emergency Medical Services Authority

REMSA

EDUCATION AND TRAINING REPORT

DECEMBER 2016

REMSA Education
 Monthly Course and Student Report
 Month: December 2016

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	5	27	3	25	2	2
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	12	61	4	34	8	27
ACLS S	2	6	0	0	2	6
AEMT	0	0	0	0		
-	-	-	-	-		
BLS	84	644	18	101	66	543
BLS I	0	0	0	0	0	0
BLS R	36	194	11	90	25	104
BLS S	21	40	0	0	21	40
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	3	26	3	26		
EMS I	0	0	0	0		
EMT	0	0	0	0		
EMT R	1	47	1	47		
FF CPR	3	15	0	0	3	15
FF CPR FA	0	0	1	10	0	0
FF FA	0	0	0	0	0	0
HS BBP	0	0	2	21	0	0
HS CPR	38	217	10	57	28	162
HS CPR FA	45	273	5	33	40	240
HS CPR FA S	2	4	0	0	2	4
HS CPR PFA	2	14	0	0	2	14
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	6	45	0	0	6	45
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	1	6	0	0	1	6
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	12	1	12	0	0
ITLS S	0	0	0	0	0	0
PALS	6	31	2	10	4	21
PALS I	0	0	0	0	0	0
PALS R	8	43	3	25	5	18
PALS S	1	6	0	0	1	6
PEARS	1	21	0	0	1	21
PM	1	17	1	17		
PM R	0	0	0	0		
Classes w/ CPR		CPR Students				
237		1401				



COMMUNITY OUTREACH

December 2016

Point of Impact

12/5/16	Nevada Strategic Highway Safety Plan Occupant Protection Critical Emphasis Area Meeting	
12/6/16	Safe Kids Annual Board of Directors Meeting	

Cribs for Kids

12/2/16	Child Death Review	
12/3/16	Interview on Winter Infant Safety Car Seat and Crib. New Channel 8 and Entravision	
12/6/16	HIPPA Training/ Safe Kids Board Meeting	
12/8/16	Statewide Impact of Safe Sleep Meeting	
12/13/16	Safe Kids Meeting	
12/20/16	Updated AAP Safe Sleep Guidelines Webinar	
12/16 Various	Updating Train the Trainer Material to comply with 2016 Safe Sleep Recommendation from the American Academy of Pediatrics	



Regional Emergency Medical Services Authority

REMSA
CUSTOMER SERVICE
DECEMBER 2016

REMSA

Reno, NV

Client 7299



1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

December 1, 2016 to December 31, 2016

Your Score

94.99

Number of Your Patients in this Report

165

Number of Patients in this Report

4,652

Number of Transport Services in All EMS DB

135



Executive Summary

This report contains data from **165 REMSA** patients who returned a questionnaire between **12/01/2016** and **12/31/2016**.

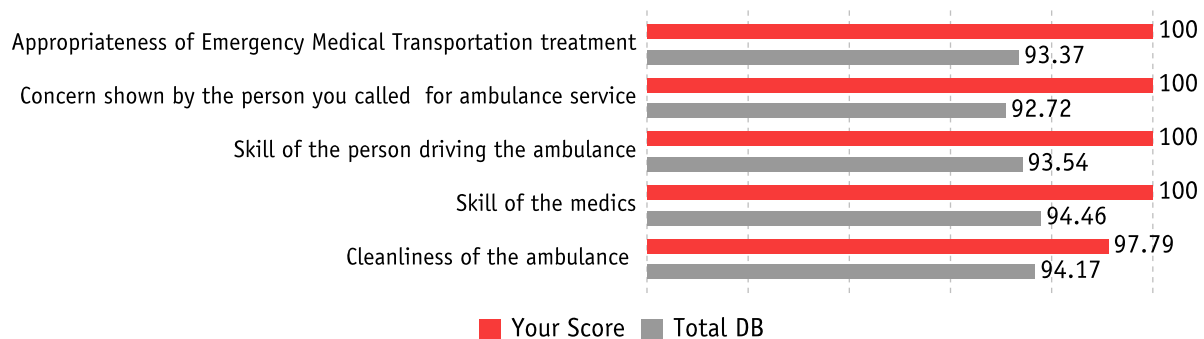
The overall mean score for the standard questions was **94.99**; this is a difference of **2.39** points from the overall EMS database score of **92.60**.

The current score of **94.99** is a change of **1.97** points from last period's score of **93.02**. This was the **16th** highest overall score for all companies in the database.

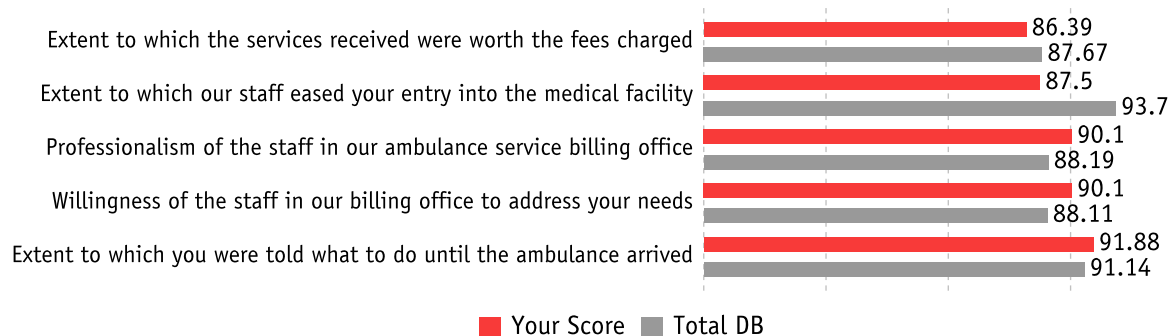
You are ranked **4th** for comparably sized companies in the system.

85.95% of responses to standard questions had a rating of Very Good, the highest rating. **98.37%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

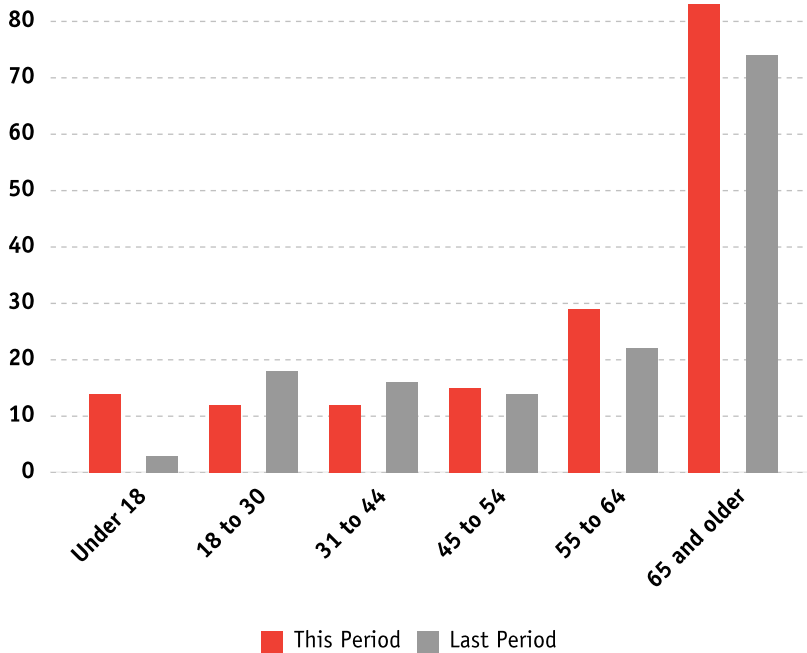




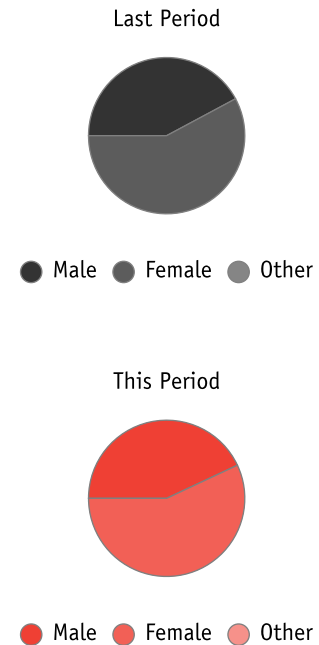
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	3	0	3	0	14	5	9	0
18 to 30	18	7	11	0	12	7	5	0
31 to 44	16	9	7	0	12	5	7	0
45 to 54	14	5	9	0	15	7	8	0
55 to 64	22	12	10	0	29	11	18	0
65 and older	74	29	45	0	83	36	47	0
Total	147	62	85	0	165	71	94	0

Age Ranges



Gender





Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016
Helpfulness of the person you called for ambulance service	87.91	95.00	93.34	92.44	93.15	95.63	95.00	94.19	97.50	91.47	95.67	92.36	93.48
Concern shown by the person you called for ambulance service	87.15	95.00	92.64	90.76	83.33	93.75	100.00	96.43					100.00
Extent to which you were told what to do until the ambulance	85.19	91.07	91.29	91.56	89.00	97.83	94.74	96.43	96.25	88.57	93.75	86.76	91.88
Extent to which the ambulance arrived in a timely manner	93.59	94.74	93.53	94.36	94.59	93.97	95.21	94.14	94.70	94.44	93.21	92.14	95.79
Cleanliness of the ambulance	95.59	95.83	94.20	95.38	93.06	94.18	95.72	94.21	96.70	92.86	95.74	93.80	97.79
Comfort of the ride	95.71	94.12	93.39	95.56	92.83	90.97	94.05	93.63	94.23	94.07	95.22	93.80	96.51
Skill of the person driving the ambulance			95.09			95.00					94.44	100.00	100.00
Care shown by the medics who arrived with the ambulance	91.22	95.00	93.11	94.01	95.74	95.95	93.76	94.75	93.99	93.46	95.07	94.73	96.23
Degree to which the medics took your problem seriously	91.67	93.75	92.66	93.79	97.02	96.21	94.32	95.16	95.52	92.74	94.25	93.45	94.37
Degree to which the medics listened to you and/or your family	89.86	93.75	92.21	94.52	95.83	92.86	94.52	94.02	94.23	93.41	94.18	93.76	94.51
Skill of the medics	93.06	93.75	92.38	96.00	93.75	93.75	96.43	95.00					100.00
Extent to which the medics kept you informed about your	87.50	93.42	90.60	92.13	93.47	93.70	93.60	92.94	93.88	92.81	93.80	94.53	94.76
Extent to which medics included you in the treatment decisions	84.20	93.06	89.59	91.98	93.37	91.85	92.68	93.42	96.01	91.45	93.86	92.52	94.44
Degree to which the medics relieved your pain or discomfort	83.16	90.79	87.45	90.15	92.78	91.90	89.79	91.20	94.03	88.30	90.78	89.57	93.16
Medics' concern for your privacy	85.74	95.00	90.99	95.46	94.07	91.98	94.47	94.77	95.15	93.75	95.15	93.70	94.53
Extent to which medics cared for you as a person	90.28	95.00	92.04	94.16	95.31	95.00	94.43	94.17	95.35	94.64	95.61	92.94	95.65
Professionalism of the staff in our ambulance service billing	86.11	87.50	87.31	88.04	87.50	82.14	77.60	83.33	100.00	95.00	90.91	75.00	90.10
Willingness of the staff in our billing office to address your	87.50	87.50	86.47	85.87	85.00	85.00	78.25	91.67	93.75	95.00	87.50	75.00	90.10
How well did our staff work together to care for you	87.50	96.25	92.36	94.34	95.70	94.09	93.93	95.38	95.71	93.80	95.78	94.06	96.08
Extent to which our staff eased your entry into the medical	90.03	93.75	92.82	92.81	93.75	86.82	95.83	65.00					87.50
Appropriateness of Emergency Medical Transportation treatment	89.71	96.25	92.60	94.66	93.06	96.09	95.83	95.39					100.00
Extent to which the services received were worth the fees	80.10	91.67	84.72	88.56	86.90	92.64	82.03	90.27	93.57	66.80	90.07	86.08	86.39
Overall rating of the care provided by our Emergency Medical	88.24	96.25	92.54	94.75	96.05	96.72	93.67	95.57	94.38	92.70	96.08	95.18	95.27
Likelihood of recommending this ambulance service to others	91.67	91.67	92.66	95.06	94.67	95.74	95.55	95.79	96.24	95.19	95.44	93.28	96.24
Your Master Score	89.07	93.66	91.81	93.64	94.21	93.97	93.74	94.18	95.06	92.82	94.41	93.02	94.99
Your Total Responses	40	22	376	206	155	157	156	143	152	126	156	150	165

**GROUND AMBULANCE CUSTOMER COMMENTS
DECEMBER 2016**

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
11/08/2016		"Nothing, they did a perfect job"			
11/08/2016		"Nothing. Was scary but 4 medics were there helping him"			
11/08/2016	"They were great. Medics were very good; couldn't have done better"	"Nothing, everything was fine"			
11/09/2016	"Medics were great, couldn't say enough good things about them. Everything very good."	"Everything was excellent service. Arrived on time, faster than expected. Were great getting him out of his apartment and to the hospital"			
11/09/2016	"Medics were excellent all around"	"Nothing"	"Would not say anything other than very good about anything. They were great"		
11/11/2016		"Listen to me more. I was trying to tell them something but one didn't want to listen"		Selmi 1/4/17 #3451	1/5/17 1435, contacted the pt ***, she was nice but busy and told me she would call me on Fri. I will have the crew complete an occurrence report ASAP. Stacie
11/11/2016			"First time in the ambulance, 5s for everything"		
11/11/2016	"Utmost on everything. Stays upstairs, they got him down no problem, took vitals, got information, took him to Renown. This service was the best he's had"	"Hire more people like those two and your company will have no problem what-so-ever"	"Third time cancer survivor. Made him feel like they were his children taking care of their daddy. Overall a good company, every time for the past 10 years. This time stood out more than the rest."		
11/11/2016	"Dad has a fistula in his arm and they did the blood pressure and IV in that arm and he ended up with a clot."			Rolfs 1/4/17 #3452	I reviewed this chart and also discussed the call with employee *** who started the IV and did the VS. He was never informed the patient had a hemodialysis shunt and there is nothing in the chart that indicates this information was given by the patient or daughter at the time of the call. employee*** definitely knows that he would do nothing on an arm that had a fistula. This call occurred in November and if we are just now hearing about a clotted fistula, it would be interesting to know the timeframe of that occurrence and what happened with the patient medically after our encounter with him. If he is on dialysis, the fistula would certainly have been used between now and then unless it clotted immediately after our call. Our use of that arm may or may not have been the cause of the fistula clotting depending upon the time frame.
11/11/2016	"She said ""I'm sorry, I need to lay the phone down, I need to get a tourniquette."" He should have told her to be seated, she wouldn't have lost as much blood."		"It would have helped if she had been sitting. Dispatcher should have said that."		
11/11/2016			"Made him feel comfortable. Felt they did everything they needed to do."		
11/12/2016		"They did very good."			
11/13/2016			"Thank them for me. Can't answer the rest because doesn't remember due to traumatic situation."		
11/14/2016		"They were wonderful."			
11/12/2016		"Nothing to improve on. Very good. Mother took survey"			
11/14/2016		"There was some confusion with the dispatcher, my condition, and what we should do"		C.Barton 1/4/16 #3453	I have listened to the call and the dispatcher followed all protocols and did not have any type of confusion. The caller was not answering questions the first time asked and the dispatcher did ask questions with clarifiers to receive clear answers. The caller was obviously distressed during the call. Calming measures were done according to Academy standards.
11/01/2016			"REMSA has always been top notch"		
11/02/2016		"Be more prompt"			

**GROUND AMBULANCE CUSTOMER COMMENTS
DECEMBER 2016**

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
11/02/2016	"I was irritated by one guy because he kept saying my name over and over again. he was kind of laughing at me. I was in a manic episode. This may have been in regards to a different treatment date"			Selmi 1/4/17 #3454	1/6/17 0918, I spoke with the pt ***, she was very nice and laughed about me calling. pt*** told me she was "out of her mind" that day and she thought there was a demon inside of her. pt*** told me the guys were great and she had no complaint at all. I asked how she was feeling and she was on her meds feeling much better. No further, Stacie
11/02/2016	"The whole experience bothers me a lot. I try not to let it, but it does a lot. (Patient started crying over the phone). My OTC was very low and my blood pressure was very high. The ambulance took forever."	"Listen to me and try to calm me down. The ambulance took too long to get here. Whether you think someone is faking it or not, always assume they aren't until you prove otherwise. I could have died."	"The service got better once they knew the condition was serious"	Selmi 1/4/17 #3455	1/6/17 1325/1530 called the number on the chart ***, mailbox not set up with both calls. I contacted the crew to have an occurrence report completed. Reading the complaint it looks like pt was seen by the paramedic's in Alturas, CA, she was then flown in by American Medflight. Pt was transported by us from the airport to RRCM with the flight team. Possibly in Alturas was the time delay? 1/7/17, closed this ticket unable to contact pt and do not think this was a REMSA complaint. Stacie
11/02/2016	"He tried to tell me I could take a bus or a car and I didn't agree with that"				
11/02/2016	"Didn't start an IV so they couldn't do anything for pain"				
11/02/2016	"They did a good job"	"Don't charge me for something I already paid for"	"They charged me even though I had the silver REMSA package"	L.Cote 1/4/17 #3456	
11/03/2016		"Drive faster"			
11/02/2016	"Didn't relieve pain because they called the doctor and I wasn't far from St. Mary's"	"I have a medically trained service dog. Can I bring him with me in the ambulance?"			
11/02/2016	"The female medic was a little less compassionate than the man. She said I would have to pick my poison because I have COPD and couldn't go in the hospital room"			Selmi 1/4/17 #3457	
11/03/2016	"I was so impressed an extremely pleased with their service and their care. They did a better job with the IV than the hospital did."	"I can't imagine any better care than I received"	"I would have expected the price to be more"		
11/04/2016			"They were very good, I'm very happy with the experience"		
11/05/2016	"The ambulance sat in front of my house for 15 minutes before it left. They didn't put anything over me and I only had shorts on. The African American (may have been a fireman) was laughing because they thought my condition was funny. Apparently they thought I was drunk (I wasn't)"	"Overall, I was not pleased at all with the service."	"The medics said that my temperature was normal. the doctor took my temperature rectally and it was 104. I was septic."		The chart was reviewed. Medic did notate that PT was warm to the touch. A rectal temp will always be more accurate than oral temps. Per chart medic stated "The patient was placed on the monitor, additional vital signs and IV access were obtained, and a fluid bolus was initiated prior to departure. "
11/05/2016	"Went out of their way to do me a favor"				
10/08/2016		"I shouldn't be charged because I'm on social security disability and I won't have money to pay you. There is no way I can even make a dent in this payment."			
10/08/2016	"Absolutely wonderful"		"My previous experience was very very good"		
10/08/2016		"Listen to the patient when he says he's in pain and why"		Selmi 1/4/17 #3459	1/6/17 0855, left a message *** for the pt or daughter to call me back. Also spoke with the paramedic ***, he completed an occurrence report. Stacie 1/6/17, 1300 pt *** called me back and he was happy with the medic's he thought it may have been one of his daughters. He told me this was not a complaint and not to worry about it, I thanked him for calling me back. No further, Stacie
10/08/2016		"Call the correct number"			
10/08/2016	"One rookie didn't know what he was doing"				

**GROUND AMBULANCE CUSTOMER COMMENTS
DECEMBER 2016**

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
10/08/2016	"One of the guys mistreated me. He told many things to my mom. The driver is the one that was rude. His hair was all messed. He was having a bad day. I felt really bad because when I needed help, he wasn't 100% good and he was treating my mom like shit. He made her cry. I cried too because of it."		"I would not recommend the person that treated my mother like that."	Selmi 1/4/17 #3461	1/6/17 0958, left a message for the pt ***. Contacted the crews to complete an occurrence report ASAP. Stacie
10/10/2016		"HE WANTED TO SAY THAT HE DOESN'T HAVE ASHMA ATTACKS HARDLY ANY MORE. THEY DID EXCELLENT."			
10/11/2016		"Just the shocks"	"Personell is all 5s but the ambulance needs shocks or something because the ambulances are getting old, as well as the senior buses. When you're going down the road and something is hurting, it hurts worse."		
10/11/2016			"Nevada is very spread out. Need more ambulance trucks and worker so everyone can get help."		
10/10/2016	"If there is something higher than a 5 she would give it to them"		"Not sure how you recommend an ambulance company but yes she'd recommend. One of the medics had a pink bow tie and she loved it."		
10/11/2016	"Been there before and knew to be very careful with him. Kept her informed every step of the way."		"Worked extremely well with Joyce (wife). Been dealing with them for 15 years. doing a great job"		
11/22/2016		"Research on the billing issue. They didn't have all of the information."			
11/22/2016	"I kept telling them I couldn't breathe and they just kept saying that my oxygen level was fine. The medicine they had didn't work to relieve the pain, but they tried"				
11/22/2016		"Reduce costs"			
11/22/2016	"Couldn't do anything about the pain. They did fine for what was in their power"				
11/22/2016			"I don't have time to go through an entire survey, but I want to say tha the ride was great, the people were great, and nothing negative occurred. It was a very good experience."		
11/24/2016	"I was crying in the ambulance and said I wanted help and they just ignored me. I had to go to the bathroom and they said I was going to have to wait (at the hospital). I laid there for an hour"	"Make sure hospital staff cares for patients"	"Note from surveyor: patient seemed to confuse the ambulance staff and hospital staff throughout survey"		
11/24/2016			"The REMSA guy was the witness to my accident"		
11/24/2016	"They were so kind"				
11/25/2016	"I don't remember much conversation"				
11/25/2016	"They weren't able to do much about my pain or discomfort. They couldn't diagnose anything"	"I was cold and it took a while before I finally got a blanket over me. I think they could've given me something sooner"			
11/26/2016		"Nothing, they were right on."	"Would give them 10, 15, 20 score on a 1-5 scale. They were excellent"		
11/26/2016	"Medics were great"	"Nothing, they were great"			
12/01/2016	"Great medics"				
12/01/2016	"All so coordinated and organized. Told her everything they were doing. They were wonderful and caring."				
12/01/2016	"Observant to allergies, etc. Had no pain, but they calmed her down and held her hand and talked to her. Really good about privacy"	"Keep doing what you're doing. They even stayed at the hospital the time she passed out until she was awake and introduced themselves."	"Would go higher on Overall rating if she could"		
12/01/2016			"Not a problem at all. They are wonderful"		
12/01/2016	"Just treated him, didn't really include him"				
12/01/2016	"They were smart, didn't put IV in her because she's a hard stick."				

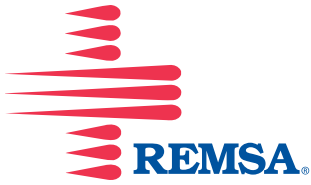


Regional Emergency Medical Services Authority

REMSA

PUBLIC RELATIONS REPORT

DECEMBER 2016



Dec. 2016 Public Relations Report

District Board of Health

MEDIA COVERAGE



Francisco Ceballos, Cribs for Kids program coordinator conducted interviews with KOLO on *Winter Safety Tips for Infants* and with Spanish-language television station Entravision resulting in three separate stories about winter car seat safety and winter crib safety.

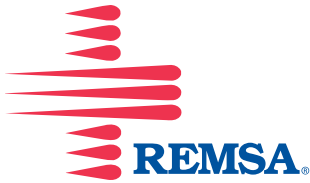


REMSA made significant contributions to the *KTVN Share Your Christmas Food Drive* on December 9 and garnered significant coverage throughout the event. REMSA gathered and donated approximately 300 pounds of food. During an on-air segment with KTVN, Kevin Romero presented a check for \$1,000 to the Food Bank of Northern Nevada which will provide 3000 meals throughout the community. In addition, REMSA Business Services staff represented the organization and gave back to the community by volunteering for the FBNN. They collected donations as people drove through the event for the first two hours.



REMSA received positive news coverage from KRNV after a proactive pitch was made to them for a reporter to ride along with a ground ambulance crew during Reno's Santa Crawl event on December 10. The story highlighted the special events teams at the event and the ability of REMSA's system to flex with demand.

REMSA's Point of Impact community outreach program was included in coverage by KTVN about California's new car seat safety laws. Cindy Green, REMSA education manager was featured as a subject matter expert on REMSA's recommendations for safe ages and weights for children in car seats.



Dec. 2016 Public Relations Report

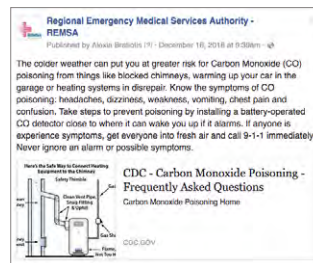
District Board of Health

SOCIAL MEDIA HIGHLIGHTS

If you're on Twitter, be sure to follow @REMSAEMS and on Facebook Like Regional Emergency Medical Services Authority - REMSA.



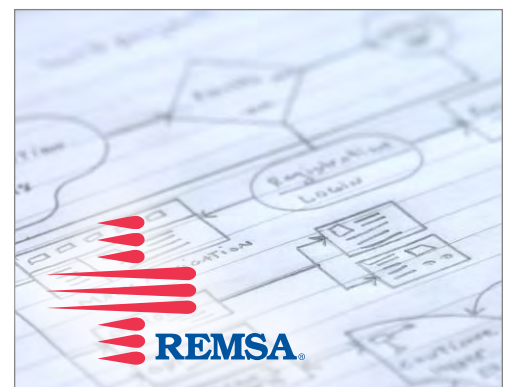
Social media features in December included cold weather and holiday safety tips, general health and wellness ideas and highlights about REMSA's services and programs.



STRATEGIC INITIATIVES

REMSA's website has moved to the design and content planning stage. REMSA's departments are developing content and KPS3 is creating page designs (graphics, image placement, interactive features, etc). Once completed, the website will provide information on all of REMSA's program elements including Community Outreach, Education, Communications and Dispatch and Community Health. Visitors to the site will have access to information about what to expect when you call 9-1-1, fun facts about REMSA's fleet and maintenance program, how dynamic deployment functions and how to book the Special Events team. Anticipated launch of the website is first quarter 2017.

Planning and development is underway for a comprehensive Community Benefit report to share REMSA's and Care Flight's regional contributions, recent strategic growth and programmatic developments. The report will be delivered primarily online. The anticipated completion is first quarter 2017.





Regional Emergency Medical Services Authority

REMSA

PENALTY FUNDS DISTRIBUTION

DECEMBER 2016



REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF DECEMBER 31, 2016

2016-17 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2016	\$5,089.76
August 2016	5,577.18
September 2016	3,911.03
October 2016	5,856.87
November 2016	5,296.53
December 2016	6,044.93
January 2017	
February 2017	
March 2017	
April 2017	
May 2017	
June 2017	
Total accrued as of 12/31/2016	<u>\$31,776.30</u>

2016-17 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Total encumbered as of 12/31/2016	<u>\$0.00</u>		
Penalty Fund Balance at 12/31/2016	<u>\$31,776.30</u>		



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

DECEMBER 2016

No inquiries for DECEMBER 2016



DD	RT
DHO	KD
DA	
Risk	

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health
FROM: Christina Conti, Preparedness & EMS Program Manager
 775-326-6042, cconti@washoecounty.us
Subject: Regional Emergency Medical Services Advisory Board January Meeting Summary

The Regional EMS Advisory Board (Board) held its quarterly meeting on January 5, 2017. Below is a summary of items discussed.

- **Prehospital Medical Advisory Committee (PMAC) Update:** The Board heard a brief update by Dr. Michaelson regarding the December PMAC meeting which included a presentation by the EMS Consulting Group, consultants for the development of regional protocols.
- **Updates to the EMSAB:** The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included meetings with Skilled Nursing and Memory Care facilities for partnership on the Mutual Aid Evacuation Annex, an update to regional hospital 800 MHz radios, the Nevada State Board of Health meeting and NAC 450B and NAC 629, and a CAD-to-CAD update in the form of a staff report by City of Reno staff. Jackie Lawson was also introduced to the EMSAB as well as Brittany Dayton’s acceptance into The Reno Sparks Chamber 2017 Leadership program.
- **Presentations to the EMSAB:** The Board heard two presentations at this meeting. The first, by Christina Conti, was on the routing of a call through the 9-1-1 system from a citizen’s perspective. This item was requested by Reno City Manager Bill Thomas. The second, by Leslie Admirand, was on the use of proxies on the Board. This was a requested item by District Health Officer Kevin Dick.
- **EMS Oversight Program Data Report:** the Board was provided an update on the work being conducted to provide meaningful and useful analysis so regional decisions can be driven by data. EMSAB also received a draft template for analysis, on which all partners are currently in agreement . EMSAB members approved the template and stated that although quarterly data has value to the provider, the annual data is more valuable to the Board. Therefore, the EMS Oversight Program will no longer produce official quarterly reports but will do a robust annual report.
- **5-Year Strategic Plan:** The Board was provided an update on projects included in the first year of the strategic plan. The EMSAB had no requested changes to the format of the staff report so future updates on the progress of projects will follow the same formatting.



- **Regional Protocol Project:** The Board heard an update on the current strategic planning objective to create a set of regional protocols. The consultants, EMS Consulting Group, reviewed and analyzed data for the regional fire and REMSA partner protocols. The analysis included recommendations on what could be done to create the regional protocol. The PMAC requested a task force be formed with each agency having two representatives, a field representative and the EMS Captain/Chief. The task force will review each protocol, discuss and possibly reach consensus, and bring updates to the PMAC in March and then June. It is still anticipated to have the project completed by June 30, with an approval at EMSAB in July. Regional implementation is anticipated by January 2018.

DD	_____
DHO	_____ <i>KD</i> _____
DA	_____
Risk	_____

STAFF REPORT
BOARD MEETING DATE: January 26, 2017

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us

THROUGH: Kevin Dick, District Health Officer

SUBJECT: Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2015 through 6/30/2016.

SUMMARY

On an annual basis the District Board of Health (DBOH) is given a staff presentation and recommendation for possible action on the REMSA Franchise Compliance Report for the previous Fiscal Year (FY). This report is an assessment of REMSA’s adherence to the various requirements outlined in the Amended and Restated Franchise Agreement for Ambulance Service (Franchise).

Attached to the staff report are the FY 15/16 Compliance Checklist and Compliance Report. REMSA was found compliant with all Franchise articles except Article 8.1: Average Patient Bill for which they were found in substantial compliance. The Franchise identifies a course of remediation and REMSA complied with the District Health Officer’s enactment of Article 8.3 to address the overage of the allowable average bill that occurred during the fiscal year.

District Health Strategic Objective supported by this item:

- 1. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

Since the establishment of the REMSA Franchise, the DBOH has been presented with a REMSA Franchise Compliance Report annually. Subsequently, since 1986 the DBOH has approved the reports in terms of REMSA being either compliant or substantially compliant.

On February 25, 2016 the DBOH was presented with the REMSA Franchise Compliance Report for FY 14/15 and found REMSA in substantial compliance with the terms of the Franchise due to insufficient documentation with various Compliance Checklist items. The FY 14/15 Compliance Report was the first report based on the Amended and Restated Franchise enacted in 2014.

BACKGROUND

The REMSA Franchise Compliance Report is based on documentation and analysis of data from REMSA personnel, the District Health Officer, the Nevada Division of Public and Behavioral Health (DPBH) and EMS Program staff. Documentation is available to the DBOH upon request.

All articles of the Franchise were reviewed as part of the annual REMSA Franchise Compliance Report; however some are not auditable in terms of compliance due to the nature of the article.

EMS Program staff used the Franchise (approved by the DBOH in May 2014 and which became effective July 1, 2014) and Compliance Checklist (approved by the DBOH on May 26, 2016) to determine compliance.

Additionally EMS Program staff met with REMSA personnel on January 3, 2017 to review the findings of the FY 15/16 compliance report. As a result of this year's reporting method, there will be changes to the future compliance processes, including more frequent updates on REMSA compliance to the DBOH.

FISCAL IMPACT

There is no additional fiscal impact to the budget should the Board approve the FY 15/16 REMSA Franchise Compliance Report.

RECOMMENDATION

Staff recommends the DBOH find REMSA in compliance with the terms of the Franchise agreement for FY 15/16.

POSSIBLE MOTION

Should the DBOH agree with staff's recommendation, a possible motion would be:

“Move to approve the REMSA Franchise Compliance Report as presented and find REMSA in compliance with the Franchise agreement for the period of 7/1/2015 through 6/30/2016.”

**Regional Emergency Medical Services Authority
Franchise Compliance Report
July 1, 2015 – June 30, 2016**

ARTICLE 1 - DEFINITIONS

1.1. Definitions

→ *Definitions are stated in the Franchise, but are not part of compliance determination.*

ARTICLE 2 - GRANTING OF EXCLUSIVE FRANCHISE

2.1. Exclusive Market Rights

→ **REMSA met the requirement.**

2.1 a) As demonstration of exclusive market rights, the signed Franchise agreement is included as part of the compliance report.

2.1 b) The Regional Emergency Medical Services Authority (REMSA) provided seven (7) mutual aid agreements with regional partners. These agreements are used if REMSA needs to request additional resources during day-to-day operations, or during a time of disaster. As of June 2016, REMSA noted working on two additional draft mutual aid agreements with Pyramid Lake Fire Rescue and Reno Fire Department.

2.2. Franchise Service Area

→ **REMSA met the requirement.**

2.2 a) The Franchise agreement specifies that REMSA's service area includes all of Washoe County with the exception of the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District. The REMSA response map indicates the Franchise service area and associated response time requirements.

2.3. Level of Care

→ **REMSA met the requirement.**

2.3 a) According to the Franchise, all ambulances responding to emergency 911 calls and ILS transfers and transports must be staffed according to NAC 450B regulations. REMSA supplied a copy of their Nevada state permit for Advanced Life Support (ALS) service for the fiscal year.

2.3 b) In November 2015 and June 2016 REMSA provided staffing graphs that depict the number of ambulances responding to 911 calls per day and per hour of the day.

Additionally, on July 7, 2016, REMSA staff provided a presentation to the EMS Advisory Board on their progress toward utilizing ILS ambulance in their service area. REMSA began using ILS medical units to provide inter-facility transfer services beginning October 28, 2014. On April 17, 2016, REMSA added 240 ALS unit hours a week to the 911 system and 96 ILS unit hours a week to the inter-facility system. REMSA included an overview highlighting the 60 days prior to April 17, 2016 implementation and the 30 days following which specifies the actual number of ALS units and ILS units on the street by day of the week and hour of the day.

2.4. Term

→ *The Franchise term is stated in the Franchise, but is not part of compliance determination until 2024.*

2.5. Periodic Review

→ *Requirement of periodic review is stated in the Franchise, but is not part of compliance determination until 2024.*

2.6. Oversight Fee

→ **REMSA met the requirement.**

2.6 a) The Franchise agreement stipulates REMSA pays an oversight fee of 12.5% of the total costs per year for the Health District’s Regional EMS Oversight Program. The FY 15/16 Compliance Report includes the Washoe County Health District (WCHD) letters and invoices issued to REMSA and copies of the checks cashed on a quarterly basis. Table 1 below demonstrates the quarterly amounts paid by REMSA.

Table 1: Quarterly Oversight Fee

Quarterly Reimbursement Billing	Oversight Fee Paid
July 2015 – September 2015	\$11,669.01
October 2015 – December 2015	\$11,805.19
January 2016 – March 2016	\$12,114.63
April 2016 – June 2016	\$12,595.30

2.7. Supply Exchange and Reimbursement

→ **REMSA met the requirement.**

2.7 a/b) REMSA developed Medical Resupply Agreements with the three regional fire agencies within the Franchise service area. Reno Fire Department and Sparks Fire Department signed the agreement in March 2014 and Truckee Meadows Fire Protection District revised and signed their agreement in October 2015. REMSA provided copies of the signed agreements with each agency.

2.7 c) The EMS coordinator requested written confirmation from the three fire agencies that REMSA reimbursed based on their supply/exchange reimbursement agreements. All jurisdictions confirmed reimbursement for FY 15/16 in August 2016.

2.8. No Obligation for Subsidy

→ **REMSA met the requirement.**

2.8 a) In the audited REMSA Consolidated Financial Statements prepared by Cupit, Milligan, Ogden & Williams the major payer sources are detailed in Note 1. The major payer sources included private insurance, Medicare/Medicaid, private pay patients, VA hospital and facility contracts. REMSA’s revenue for the fiscal year exceeded expenses by \$2,144,092.

2.8 b) REMSA originally filed Articles of Incorporation with the Office of the Secretary of State of the State of Nevada in 1981. Since then, REMSA submitted certificates of amendment in 1986, 1987, 1994, 1996 and 2008. A copy of the 2008 Articles of Incorporation are on file at the WCHD. Additionally, REMSA provided a copy of the business information that is available on the Secretary of State’s website that includes updated information about their administration and board members.

2.8 c) REMSA disclosed grant funding under a Health Care Innovations Award. This grant was reported in the REMSA Consolidated Financial Statements in Note 9. REMSA received \$27,423 from the grant's supplemental fund as reimbursement for transporting eligible patients to lower acuity destinations.

ARTICLE 3 - GOVERNING BODY

3.1. REMSA Board of Directors

→ **REMSA met the requirement.**

3.1 a) REMSA provided the following list of Board Members for FY 15/16:

James Begbie, Chairman
Timothy Nelson
Greg Boyer
Tiffany Coury
Helen Lidholm
Louis Test
Krys Bart
Kevin Dick, Ex Officio

3.1 b) REMSA's legal counsel, Michael Pagni, Esq. of McDonald, Carano and Wilson LLP, verified in a letter to the District Health Officer (DHO) dated October 27, 2016 that, "all contractual relationships involving a member of the REMSA Board entered between August 12, 2015 through June 30, 2016 were approved by a majority of the disinterested members of the REMSA Board."

3.2. Board Member Separation

→ **REMSA met the requirement.**

3.2 a) To demonstrate Board separation, REMSA provided signed copies of the "Affirmation of Compliance to REMSA's Conflict of Interest Policy" form. All members of the Board mentioned in section 3.1a signed the form acknowledging that they have received a copy of the policy, read and understand the policy and will comply with the policy. In addition, members confirmed that they are not an employee of either REMSA or its contractor.

3.3. Meetings

→ **REMSA met the requirement.**

3.3 a) REMSA provided a list of board meetings held in the fiscal year, which met the required minimum of six meetings indicated in the Franchise. The Board meetings are typically scheduled on the third Friday of each month, excluding holidays.

3.3 b) As confirmation of the information above, the DHO also submitted a letter that included the REMSA board meetings for the fiscal year. The DHO attested that he attended Board meeting on eight (8) occasions throughout the fiscal year.

ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY

4.1 Market Survey and Competitive Bidding

→ *A market survey or competitive bid is stated in the Franchise, but is not part of compliance determination until 2021.*

ARTICLE 5 – COMMUNICATIONS

5.1. Radios

→ **REMSA met the requirement.**

5.1 a) REMSA provided a copy of the letter of agreement signed on January 23, 2015 between Washoe County and REMSA. This letter provides REMSA with sponsorship from Washoe County to participate in the Washoe County Regional 800 MHz Communications System (WCRCS).

5.1 b) REMSA provided a narrative about the progress made concerning interoperability with WCRCS. REMSA had the Nevada Dispatch Interoperable Project (NDIP) switch installed in their radio room and programmed in early 2015. Additionally, in spring 2015 REMSA installed and maintains hardware in their dispatch center that allows two-way communication between fire and REMSA dispatch. Call information is transmitted on REMSA1 on the 800 MHz system to communicate with fire.

During the fiscal year REMSA participated in meetings/discussions related to 800 MHz and REMSA's ability to maintain compatible communications:

10/15/15	NDIP meeting with Richard Burger
01/01/16	NDIP/NCORE User meeting
05/05/16	800 MHz meeting with Jerry Walton from Sierra Electronics
06/30/16	800 MHz discussion with Paul Belton

REMSA also participated in the WCHD 800 MHz radio checks a regular basis.

5.2. Dispatch

→ **REMSA met the requirement.**

5.2 a) As required in the Franchise agreement, REMSA must maintain a secondary emergency communication system and conduct a drill on the backup system annually. During FY 15/16, REMSA conducted three (3) tests to ensure the back-up dispatch system equipment is maintained in good working order.

5.2 b) REMSA completed a system check on August 18, 2015. Operational drills were conducted on May 10 and 12, 2016 with REMSA dispatch, operations and IT personnel.

5.2 c) During the May Emergency Back-Up Communications Center (EBUCC) drills all systems worked as anticipated; staff transferred calls and performed outbound calls. During the drill on 5/10/16 staff found limited access to the employee phone list at the EBUCC. The after action report indicated that HR will have the list printed and accessible via Google Docs.

5.2 d) The EMS Oversight Program began coordinating meetings with regional partners concerning Computer-Aided Dispatch (CAD)-to-CAD at the start of 2016. Below are the meeting/presentation dates:

01/21/16	Regional partners meeting
03/03/16	Regional partners conference call
04/07/16	Agenized for EMS Advisory Board, but item was not heard
05/26/16	Presentation to the District Board of Health (DBOH)

5.2 e/f) During the fiscal year, many meetings have been held to discuss the implementation process of CAD-to-CAD and Automatic Vehicle Location (AVL). These planning meetings have been held to ensure agreements and contracts are moving forward for the Reno Communications Center servers. The following meeting included discussions about CAD and AVL sharing:

01/21/16	CAD-to-CAD Meeting at the Health District
03/03/16	CAD-to-CAD Conference Call with TriTech
06/13/16	CAD-to-CAD update with City of Reno (server owner)

5.2 g) REMSA provided the following documentation related to CAD-to-CAD:

1. Proposal Sales/Scope of Work Document
2. REMSA's signed and paid agreement with TriTech
3. CAD-to-CAD Developer's Guide
4. Email from TriTech stating that AVL is included in the CAD-to-CAD project.

5.2 h) As stated above, AVL will be included in the CAD-to-CAD project and is outlined in the CAD-to-CAD Developer's Guide. REMSA has utilized AVL for many years as part of its current CAD system and is prepared to participate in the CAD-to-CAD project allowing for sharing of information, including AVL.

5.3. Change of Priority

→ **REMSA met the requirement.**

5.3 a) During the FY 15/16 REMSA upgraded 11 calls. Eight (8) of the calls were requests by on-scene first responders while 3 were based on additional information from the reporting party. REMSA began including change of priority information in their monthly Operations Reports to the District DBOH in January 2015.

ARTICLE 6 - DATA AND RECORDS MANAGEMENT

6.1. Data and Records

→ **REMSA met the requirement.**

6.1 a/b) Same as 5.2 d, e, f, and g.

6.1 c) In accordance with article 6.1 of the Franchise, REMSA provided additional response data and records to support the WCHD's oversight role. During FY 15/16, the EMS Oversight Program conducted three (3) investigations.

6.1 d) On a monthly basis REMSA submitted the response time compliance reports for the study zones of their response area. These reports included 599 priority 1 calls for FY 15/16.

6.1 e) Throughout FY 15/16, the DHO and/or DBOH made two (2) requests for data and/or records from REMSA. In addition to the formal requests, the EMS Oversight Program provided several recommendations to REMSA based on investigations conducted during the fiscal year. These recommendations included structured/formal processes for system overload, mutual aid triggers and medical surge.

ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES

7.1. Response Zones

→ **REMSA met the requirement.**

7.1 a) The Franchise service area is divided into five (5) response zones with varying response requirements. Table 2 exhibits the response time required for priority 1 calls in each of the Zones (A-E).

Table 2: Priority 1 Response Time Requirements, by Zone

	ZONE A	ZONE B	ZONE C	ZONE D	ZONE E
Priority 1	8:59	15:59	20:59	30:59	Wilderness/ Frontier

7.1 b) No changes went into effect during the fiscal year for the REMSA Franchise response map. However, there were 9 regional meeting throughout 2015 to discuss and develop an updated map.

During the March 2015 EMS Advisory Board meeting, it was recommended that the EMS Working Group reconvene to discuss proposed REMSA response map revisions. The first meeting was held on April 15, 2015 and had representatives from all regional fire partners, WCSO, WCHD, and REMSA. It was determined that the historical method of updating the map based on reviews of annexed areas should be revised and based on other criteria, such as standards of coverage.

Monthly meetings occurred from April 2015 – December 2015 to develop a data-driven methodology for a new REMSA response map based on population density. The DBOH approved the proposed map in January 2016 with an implementation date of July 1, 2016.

7.1 c/d) EMS Program staff used the Franchise response requirements for all life-threatening calls (priority 1) to determine compliance for the fiscal year. The Franchise states that REMSA shall ensure that 90% of life-threatening calls (priority 1) have a response time as indicated by the respective zone.

Table 3 below specifies REMSA’s percentage of response compliance for Zone A and Zones B, C, and D. Please note that the Franchise compliance calculations collectively analyze responses to life-threatening (priority 1) calls in Zones B, C, and D.

Table 3: Percentage of Compliant P1 Response, by Month

Month	Zone A	Zones B, C, and D
July 2014	92%	99%
August 2014	92%	95%
September 2014	91%	96%
October 2014	91%	94%
November 2014	92%	96%
December 2014	92%	97%
January 2015	92%	96%
February 2015	92%	96%
March 2015	92%	97%
April 2015	94%	99%
May 2015	94%	97%
June 2015	94%	99%
Fiscal Year	92%	97%

7.1 e) Zone E, the wilderness/frontier regions of REMSA’s franchise service area, is the only zone that does not have a specified response time requirement. For the FY 15/16, REMSA had 745 calls for service in Zone E; however 470 of those calls were cancelled enroute or on-scene.

There were a total of 349 priority 1 calls, 97 were cancelled enroute and 100 were cancelled on-scene. For priority 1 calls in Zone E, REMSA had an average response time of 24:10.

7.2. Response Determinants
→ REMSA met the requirement.

7.2 a/b) REMSA provided signed documentation that the REMSA Medical Director and the Medical Directors for the Fire agencies met on June 21, 2016 and jointly reviewed the EMD determinants and set priorities for the system. REMSA also provided a packet of information regarding the EMD review, which included information on the migration to the Medical Priority Dispatch System (MPDS) Version 13.0 and expected changes/improvements with the system upgrade.

7.3. Zone Map
→ REMSA met the requirement.

7.3 a/b) Same as 7.1b.

7.3 c) The REMSA service area map is located in the offices of the EMS Program Manager and EMS Coordinator. An online version of the response map is also located on Washoe County’s GIS quick map tool as a map layer.

7.4. Response Time Reporting
→ REMSA met the requirement.

7.4 a) REMSA provided EMS Program staff with log-ins to the FirstWatch Online Compliance Utility (OCU) in July 2014. With this access, EMS Program staff independently pulls the call/response data from the FirstWatch database on a monthly basis.

7.4 b) During the fiscal year, REMSA reported a total (priorities 1-3 and 9) of 63,514 calls for service in their Franchise service area. Table 4 below shows the number of life-threatening calls (priority 1) per zone.

Table 4: Total Number of Priority 1 Calls, by Zone

Zone	Priority	Calls For Service
Zone A	1	22,479
Zone B	1	1,093
Zone C	1	785
Zone D	1	39
Zone E	1	349
Total		24,745

7.4 c) In an effort to review compliance on a monthly basis, the EMS Coordinator calculated the percentage of compliant responses and the 90th percentile response times per month. This information is reported in the monthly EPHP staff report provided to the DBOH.

7.5. Penalties

→ **REMSA met the requirement.**

7.5 a) On December 2, 2016 REMSA submitted a letter to the DHO indicating that the initial penalty amount approved was based on an estimate of \$72,000. The actual penalty dollars for the FY 15/16 totaled \$66,139.62 and REMSA spent the entire balance of the fund, as outlined in Article 7.7 of the Franchise.

7.5 b) The WCHD issued a letter on May 18, 2015 notifying REMSA that the annual review of the Consumer Price Index (CPI) had been completed. For fiscal year 2015-2016, REMSA's maximum average ground bill was \$1,097.55, an increase of 1.97% from the previous year.

The CPI letter also set the penalty amount for late responses to life-threatening calls (priority 1) at \$18.18 per minute, a \$0.35 increase from the previous year.

7.5 c) According to the Franchise, penalties are assessed only on a call resulting in a patient transport, up to a maximum of \$150.00 per call. Table 5 depicts the number of priority 1 calls that incurred penalties, as well as the total amount added to the penalty fund each month.

Table 5: Penalty Fund, by Month

Month	Penalty Amount
July	\$6,444.90
August	\$5,222.22
September	\$6,004.02
October	\$7,258.50
November	\$5,749.50
December	\$6,440.34
January	\$5,772.18
February	\$6,158.58
March	\$5,776.74
April	\$4,308.72
May	\$3,554.22
June	\$3,449.70
Total	\$66,139.62

7.5 d/e) Cupit, Milligan, Ogden & Williams completed an independent accountant’s report entitled “Agreed-Upon Procedures Related to Priority 1 Penalty Fund” as part of REMSA’s annual audit. This report reviewed and identified the agreed-upon procedures between REMSA and the WCHD as well as the penalty fund expenditures. The report concluded that there is no carry-over to 2016-2017 for the penalty fund account.

7.6. Exemptions

→ **REMSA met the requirement.**

7.6 a) There were no exemption requests in September 2015 and June 2016. During FY 15/16 REMSA had 117 approved exemptions, with the majority of exemptions being weather related.

EMS Program staff continues to have monthly meetings with REMSA to review and discuss all calls that received an exempt status through REMSA’s internal process.

Table 6 indicates the types of exemptions and number of calls approved for each category.

Table 6: Exemptions, by Type

Exemption Type	Number of Calls
Incorrect Address	8
Construction	1
Off Road	4
Weather (blanket and isolated)	95
Other as Approved	9

7.6 b) REMSA submitted a document that explains their internal process for late run exemptions. Below is the description:

Late Run Exemption Process

Response Performance is measured through First Watch and their Online Compliance Utility (OCU). Late responses are identified by the Communications Supervisor using the OCU. The Communications Supervisor will investigate the response and identify a reason for the delay. Calls that are not identified as a correction or exemption are marked "Late After Review" and calculated as a late response to be calculated into the fractal compliance.

Corrections and exemptions identified by the Communications Supervisor will be marked as "Manager Review" with details explaining the delayed reason. The call is then processed in the OCU by the Communication Manager or Senior Systems Analyst for validity of the correction or exemption reason with additional information as needed. The Communication Manager or Senior Systems Analyst will update a status correction and exemptions as Correction Requested or Exemption Requested.

Correction and exemption requests are processed by the Authority through the OCU. Each response is reviewed and either approved for exemption, denied for exemption or request for further information. Approved and denied exemptions are identified in the OCU and calculated into the fractal compliance.

7.6 c) There were no disputes this fiscal year.

7.6 d) On June 27, 2014 the DHO issued a letter that detailed the exemption guidelines for REMSA and what is considered an allowable exemption. The letter identifies twelve (12) types of possible exemptions. According to the letter, REMSA can internally review six (6) types of exemptions, while all others exemptions require REMSA to submit documentation to the WCHD for review and possible approval.

7.6 e) As stated in item 7.6a, REMSA received 117 exemptions during FY 15/16.

7.7. Penalty Fund

→ **REMSA met the requirement.**

7.7 a) The CFO of REMSA wrote a letter to the DHO confirming that the penalty funds are recorded monthly in a separate restricted account.

7.7 b) As indicated in 7.5c and Table 5, REMSA incurred \$66,139.62 in penalties for the fiscal year.

7.7 c) REMSA supplied the FY 15/16 penalty fund reconciliation along with copies of invoices, purchase orders and checks used for purchases with penalty fund monies.

7.7 d) In the Agreed-Upon Procedures Related to the Penalty Fund issued by the external auditor, the report reconciled total penalties of \$66,139.62 and confirmed the ending balance of the fund on June 30, 2016 was zero dollars.

7.8. Health Officer Approval
→REMSA met the requirement.

7.8 a) In a letter dated March 22, 2016 REMSA estimated that the penalty fund would reach approximately \$72,000 for the year. REMSA’s President/CEO requested using the penalty fund dollars for safety and injury prevention programs. This included the following:

- Providing first aid kits to children’s league sports
- Purchasing safety cribs for infants
- Uniforms and equipment for the Tactical Emergency Medical Support (TEMS) team and Search and Recuse (SAR)

7.8 b) The DHO responded to the penalty fund expenditure request in a letter dated April 11, 2016 and approved all requests.

ARTICLE 8 - PATIENT BILLING

8.1. Average Patient Bill

→ REMSA substantially met the requirement. However, REMSA will meet the requirement via the \$.04 cent reduction in the average patient bill during FY 16/17.

8.1 a) As stated in Article 7.5, the WCHD issued a letter on May 18, 2015 that notified REMSA the annual review of the CPI had been completed. For FY 15/16, REMSA’s maximum average ground bill was \$1,097.55, an increase of 1.97% from the previous year.

8.1 b) On June 1, 2015 the WCHD received a letter for REMSA concerning a change to their schedule of rates. REMSA increased the emergency base rate from \$1,014 to \$1,034 and their routine base rate from \$673 to \$686.

8.1 c) Table 7 depicts a summary of the average bill calculations that were reported to the DBOH on a monthly basis.

Table 7: Average Bill Calculations Reported, by Month

Month	# Patients	Gross Sales	Avg. Bill
July 2015	3813	\$4,171,875	\$1,094
Aug.	3767	\$4,133,146	\$1,097
Sept.	3827	\$4,220,950	\$1,103
Oct.	3879	\$4,265,879	\$1,100
Nov.	3667	\$4,033,496	\$1,100
Dec.	3756	\$4,147,194	\$1,104
Jan. 2016	3929	\$4,334,292	\$1,103
Feb.	3779	\$4,173,630	\$1,104
Mar.	4110	\$4,578,934	\$1,114
Apr.	3978	\$4,363,776	\$1,097
May	3894	\$4,224,935	\$1,085
June	3998	\$4,321,875	\$1,081
Total	46,397	\$50,969,981	\$1,098.50
Allowed ground avg bill - \$1,097.55			

The EMS Coordinator received a letter from REMSA dated November 23, 2016, that included a review of the average bill calculations for the fiscal year. The review included revised information on patient counts and dollars billed, thus impacting the average bill (Table 8). It was determined that the monthly report did not always include patient charts completed on the last days of the month; the information in Table 7 only included the billing data available within the first 5 business days of the following month, and any adjustments were not reflected in the information provided to DBOH.

Table 8: REMSA’s Annual Average Bill Calculations, Monthly and Annual

	# of Patients	\$ Billed	Average Bill
Annual Report	46,460	\$50,993,927.20	\$1,097.59
Monthly Report	46,397	\$50,969,981.00	\$1,098.56
Variance	63	23,991.20	(.97)
Percent Variance	0.135%	0.047%	(0.088)%

The review resulted in a process improvement for REMSA’s internal average bill calculation. REMSA will begin to report their average bill calculation a month behind the rest of the monthly operations report to reflect more accurate and complete adjustments made during the billing process. Despite the updated information, REMSA had a \$.04 overage in the allowable average bill for the fiscal year.

REMSA is in compliance with the required checklist documentation; however, REMSA had an overage in the allowable average bill, evoking the application of Article 8.3 of the Franchise. On December 13, 2016 the District Health Officer issued a letter to REMSA indicating that staff concluded there was a \$.04 difference between the allowable average bill and REMSA’s actual bill. (See Article 8.3)

8.2. Increase beyond CPI

→ **Only applicable if REMSA requested an increase beyond the annual CPI adjustment. REMSA did not request such an adjustment during FY 15/16.**

8.3. Overage in Bill Amount

→ REMSA exceeded the average patient bill during FY 15/16 by \$0.04. Therefore, the maximum average patient bill for ground ambulance transport was reduced by \$.04 for the remainder of FY 16/17.

The DHO issued a letter to REMSA on December 13, 2016 regarding the enforcement of article 8.3 of the Franchise. Therefore, REMSA was required to reduce the allowable average bill from \$1,129.48 to \$1,129.44. REMSA reported on this item at the DBOH meeting on December 15, 2016. Compliance with this section cannot be determined until the FY 16/17 Compliance Report.

8.4. Third Party Reimbursement

→ **REMSA met the requirement.**

8.4 a) According to the Franchise, REMSA shall utilize its best efforts to maximize third party reimbursements and minimize patients’ out-of-pocket expenses. This is accomplished through billing insurance and governmental reimbursement and maintaining a voluntary prepaid ambulance membership program.

8.5. Prepaid Subscription Program
→ **REMSA met the requirement.**

8.5 a/b) The Silver Saver program is designed to cover the co-insurance or deductible costs for ambulance service for individual households. The annual membership costs \$69 and there were 2,990 members enrolled as of June 30, 2016.

8.6. Billing
→ **REMSA met the requirement.**

8.6 a) The Franchise states REMSA is responsible for all billing services, or may allow a contractor to do so. REMSA elects to conduct its own billing of patients and third-party billers. The billing department is under the purview of REMSA's Chief Operating Officer. The billing department is structured with a VP of Business Services, a Billing Services Supervisor and Billers and Coders.

8.7. Accounting Practices
→ **REMSA met the requirement.**

8.7 a) The external auditor used for REMSA's annual audit, Cupit, Milligan, Ogden & Williams, does adhere to GAAP and GAAS standards. According to the Nevada State Board of Accountancy website the agency license is current and in good standing.

8.8. Audit
→ **REMSA met the requirement.**

8.8 a) The Consolidated Financial Statements prepared by the external auditor were submitted on December 19, 2016. The thirteen (13) page document includes the independent auditor's report and the financial statements for FY 15/16.

8.8 b) The Form 990 is an annual reporting return that REMSA must file with the IRS. It provides information on the filing organization's mission, programs, and finances. REMSA's Form 990 for FY 14/15 was submitted on April 4, 2016.

8.8 c) The Agreed-Upon Procedures Related to Franchise Average Bill prepared by the external auditor were submitted on December 19, 2016. The five (5) page document includes the independent auditor's report and Schedule A, B and C for FY 15/16.

ARTICLE 9 - PERSONNEL AND EQUIPMENT

9.1. Dispatch Personnel Training
→ **REMSA met the requirement.**

9.1 a) REMSA submitted a list of personnel that work in the communications center. A total of twenty-six (26) employees were included and had current EMD certifications for FY 15/16. Additionally, five (5) REMSA communications personnel were hired during the fiscal year and received EMD training within 6 months.

9.2. Dispatch Accreditation

→ **REMSA met the requirement.**

9.2 a) A letter written to Jim Gubbels, (previous) President/CEO of REMSA from the International Academies of Emergency Dispatch (IAED) dated June 21, 2013 stated that the IAED Board of Accreditation unanimously approved REMSA as an ACE accredited center. REMSA also provided a copy of the accreditation certification, which is issued for years 2013 through 2016.

9.2 b) EMS Program staff obtained the standards of accreditation and the ACE application from the IAED website. EM Program Staff also located a list of ACE accredited dispatch centers, which listed REMSA as one of 3 dispatch centers in Nevada that have received this recognition.

9.3. Personnel Licensing and Certification

→ **REMSA met the requirement.**

9.3 a) REMSA submitted lists of their certified personnel to include Paramedics, EMT-Is and EMTs. Table 8 demonstrates the number of staff per each certified position.

Table 9: REMSA Certified Personnel

Certified Position	Number of Staff
Paramedics	156
EMT-Is	91
EMTs	19

9.3 b) The Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Emergency Medical Systems Program confirmed in a letter received by the WCHD on December 2, 2016 that REMSA was in compliance in regards to NRS 450B and NAC 450B requirements pertaining to permits, inspections, staffing, equipment, operations and protocols for FY 15/16.

9.4. ICS Training

→ **REMSA met the requirement.**

9.4 a) REMSA submitted documentation that 275 personnel have been trained in the Washoe County Multi-Casualty Incident Plan (MCIP) as of October 10, 2016.

9.4 b) REMSA submitted documentation that 277 personnel have been trained in Incident Command System (ICS) 100 as of October 10, 2016.

9.4 c) REMSA submitted documentation that 275 personnel have been trained in ICS 200 as of October 10, 2016.

9.4 d) REMSA submitted documentation that 18 personnel have been trained in ICS 300 as of October 10, 2016.

9.4 e) REMSA submitted documentation that 6 personnel have been trained in ICS 400 as of October 10, 2016.

9.4 f) REMSA submitted documentation that 272 personnel have been trained in ICS 700 as of October 10, 2016.

9.4 g) REMSA provided a list of operational field management personnel that included an EMS director, 3 managers, 5 full-time supervisors, 2 administrative supervisors and 8 part-time supervisors.

9.4 h) REMSA provided a list of 4 REOC qualified personnel based on their REMSA position and ICS courses completed.

9.5. Ambulance Markings

→**REMSA met the requirement.**

9.5 a) The Franchise agreement states that all ambulance units shall be marked with REMSA emblems rather than the individual identity of any ambulance service contractor. EMS Program staff completed quarterly spot checks to ensure that units had the REMSA logo. The spot checks found REMSA in compliance and occurred on the following dates:

- July 8, 2015
- November 23, 2015
- February 2, 2016
- April 6, 2016

9.6. Ambulance Permits and Equipment

→**REMSA met the requirement.**

9.6 a/b) REMSA provided EMS Program staff a detailed inventory list of all organizational capital equipment, such as monitors, power cots, stair chairs, etc. REMSA also submitted a list of vehicles to include model, type and VIN numbers.

9.6 c) As stated in Article 9.3, the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Emergency Medical Systems Program confirmed in a letter received by the WCHD on December 2, 2016 that REMSA was in compliance in regards to NRS 450B and NAC 450B requirements pertaining to permits, inspections, staffing, equipment, operations and protocols for FY 15/16.

9.7. Field Supervisor Staffing

→**REMSA met the requirement.**

9.7 a) REMSA submitted a week of supervisor shift schedules as a sample to demonstrate that a field supervisor is on each shift. In the shift schedule provided, there are 2-3 supervisors on shift per 24-hours, depending on day and time of the week.

9.7 b) REMSA also provided the job description for EMS supervisory personnel that was last revised in January 2016.

9.8. Medical Director

→ **REMSA met the requirement.**

9.8 a/b) The Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Emergency Medical Systems Program confirmed in a letter received by the WCHD on December 2, 2016 that REMSA was in compliance in regards to their Medical Director appointment. According to State EMS, Dr. Bradford Lee, meets the requirements as a Medical Director for a permitted service in Nevada in accordance with NAC 450B and NRS 450B. Additionally, Dr. Lee is in good standing with the State of Nevada Board of Medical Examiners. The WCHD also has a copy of Dr. Lee's CV on file.

ARTICLE 10 - QUALITY ASSURANCE

10.1. Personnel

→ **REMSA met the requirement.**

10.1 a) REMSA provided written documentation of the individuals designated to conduct the oversight and maintenance of the continuous quality improvement program for ground ALS services. The member of the CQI department includes the Medical Director, Director of Education and CQI/CNO, and two (2) Clinical Development and CQI Coordinators.

10.2. Review

→ **REMSA met the requirement.**

10.2 a) In the monthly Operation Reports presented to the DBOH, REMSA includes the Medical Director's Report. This includes a breakdown of the charts reviewed during the previous month. All monthly reviews during FY 15/16 exceeded the requirement of 5% of ALS calls.

10.2 b) With the following types of calls, REMSA CQI department personnel conduct manual reviews of all PCRs for accurate and complete documentation as well as appropriate use of protocols:

- Adult and pediatric cardiopulmonary arrests
- Advanced airways
- Deliveries and neonatal resuscitation
- Pediatric patients given Verse, Epinephrine or Narcan
- Pediatric patients with a GCS that are less than 14 years old
- STEMI alert and STEMI rhythms
- Advanced airway success rates for adult and pediatric patients
- TAP Charts - reviewed by the TAP preceptor before export during the TAP process. During the first month following the TAP's clearance, 100% of charts will be reviewed for protocol compliance and returned to the TAP for follow-up via the process noted above.

All PCRs reviewed are returned to the provider via Zoll Reroute System with an accompanying email for the Clinical Development/CQI Coordinator for any negative finding. The provider will have the opportunity to review the comments and the PCR and reply if desired. The Clinical Development/CQI Coordinator will monitor via Zoll Reroute system report the opening of messages by providers. If not checked in 30 days the message is rerouted to the provider's direct supervisor.

Additionally, to maintain ACE dispatch certification, the CQI team also conducts monthly AQUA reviews of 150 randomly chosen calls to ensure compliance with EMD protocols.

ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION

11.1. CPR Courses

→ **REMSA met the requirement.**

11.1 a) In the monthly Operation Report presented to the DBOH, REMSA provided a list of the CPR courses that were offered throughout the previous month. In January 2015 REMSA reformatted the style of this report to differentiate between the courses that are REMSA classes and site classes.

11.2. Community Health Education

→ **REMSA met the requirement.**

11.2 a) In the monthly Operation Report presented to the DBOH, REMSA included the public relations report that outlines the multimedia activities completed during the previous month.

11.3. Clinical Skills

→ **REMSA met the requirement.**

11.3 a) According to the Director of Education and CQI/CNO, REMSA did not have the need to utilize their partner hospitals for remediation of employees in clinical skills. However, REMSA maintains a valuable relationship with the clinical area of all participating hospitals and utilize the facilities for continuing education for REMSA employees.

Renown Regional Medical Center provides continuing education programs taught by a Renown physician or Clinician on a regular basis. Some of the topics this year have been:

- February 26, 2015: EMS in Stroke-First line of Defense and the Role of Neurointerventional Radiology in the Management of Acute Stroke, Presented by Dr, David Ghilarducci, MD, FACEP, Emergency Medical Services, Medical Director for County of San Benito Health and Human Services Agency Public Health Services and Dr. Rajesh Rangaswamy, MD, Medical Director, Neurointerventional Service Renown Regional Medical Center and Clinical Associate Professor UNR. 2.0 CEs
- September 11, 2015: Strangulation Updates and Issues, Presented by Melodie Brooks, MSN, RN,SANE-A, SANE-P, FAAFS 1.0 CEs
- September 15, 2015: Sepsis Management in the Critically Ill Patient for EMS Personnel, Presented By Dr. Jeremy Gonda, MD, Emergency Medicine and Critical Care. 1.5 CEs
- May 11, 2016: “Emerging Stroke Care”, Presented by Christie E. Artuso, EdD, RN, CCRN, PCCN, CNRN, Providence Alaska Medical Center. 2.0 CEs (sponsored by Renown and Genentech)
- May 13, 2016: “From Hospital to Home: Best Practice in Management of STEMI Patients”, Presented by Dr. Troy Wiedenbeck, MD, Interventional Cardiologist, Program

Director, Medical Education Renown Regional Medical Center, Clinical Assistant
Professor of Medicine, UNSOM. 2.0 CE's

Saint Mary's Regional Medical Center provides a 4 hour educational observation opportunity for REMSA employees in their cardiac cath lab coordinated through their Cardiac Services with CE certification provided by the REMSA Education department.

11.4. Fire EMS Training

→ **REMSA met the requirement.**

11.4 a) REMSA provided CEU opportunities that are available to all first responders. In each quarter of the fiscal year REMSA also offers specialty training on diverse topics. Below are the quarterly dates simulation trainings were offered during FY 15/16:

- August 3 and 5
- December 30
- March 29
- June 23

Through the Franchise agreement the EMS Advisory Board has the ability to make recommendations for Fire EMS trainings to the DBOH. The EMS Advisory Board recommended quarterly simulation training for REMSA and fire crews for future trainings.

ARTICLE 12 – REPORTING

12.1. Monthly Reports

→ **REMSA met the requirement.**

12.1 a) During the fiscal year, REMSA submitted twelve (12) Operational Reports to the DBOH. These reports typically include documentation about response compliance, average response times, average bill, community CPR class, patient feedback and multimedia campaign activities.

12.2. Annual Reports

→ **REMSA met the requirement.**

12.1 a) The WCHD received all compliance documentation from REMSA on or before December 27, 2016.

12.2 b) During the fiscal year, EMS Program staff conducted monthly compliance calculations based on data pulled from the FirstWatch OCU, updated the compliance checklist and held monthly exemption meetings.

ARTICLE 13 - FAILURE TO COMPLY/REMEDIES

13.1. Failure to Comply with Agreement

→ *Failure to comply is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.2. Notice of Noncompliance

→ *Notice of noncompliance is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.3. Failure to Correct/ Rescission of Agreement

→ *Failure to correct/rescission is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.4. Alternate to Rescinding Agreement

→ *Alternate to rescinding is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

ARTICLE 14 - DISPUTE RESOLUTION

14.1 Agreement to Mediate Disputes

→ *Agreement to mediate disputes is stated in the Franchise, but is not part of compliance determination, unless a dispute occurs.*

ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS

15.1. Financial Assurance/Continuity of Operations

→ **REMSA met the requirement.**

15.1 a) The Consolidated Financial Statements prepared by the auditor indicate REMSA's net assets of \$24,219,618. Additionally, according to a letter written by the REMSA CFO, REMSA has a reserve amount of \$3 million in the equity statements as a Board designated reserve.

ARTICLE 16 - INSURANCE AND INDEMNIFICATION

16.1. Insurance

→ **REMSA met the requirement.**

16.1 a/b) REMSA provided a copy of their certificate of liability insurance that included general liability, automobile, workers compensation and employer's insurance policies. Additionally, the "Washoe County" is listed as the certificate holder.

16.2. Indemnification

→ **REMSA met the requirement.**

16.2 a) The Franchise includes an indemnification statement that the parties of the Franchise agree to hold harmless, indemnify and defend the other party. This statement became binding when the parties signed the Franchise agreement. Therefore, a signed copy of the Franchise agreement is included as part of the compliance report documentation.

16.3. Limitation of Liability

→ **REMSA met the requirement.**

16.3 a/b) The Franchise states the WCHD will not waive and intends to assert any available remedy and liability limitation set forth in NRS Chapter 41 and applicable case law. Therefore the compliance report includes a copy of NRS Chapter 41 and the signed Franchise.

ARTICLE 17 – MISCELLANEOUS

17.1. REMSA Contracts with Other Entities

→ **REMSA met the requirement.**

17.1 a) REMSA submitted seven (7) mutual aid agreements that are REMSA's current MAAs with other political entities.

17.2. Governing Law; Jurisdiction

→ *Governing law; jurisdictions are stated in the Franchise, but are not part of compliance determination.*

17.3. Assignment

→ *Assignment is stated in the Franchise, but is not part of compliance determination.*

17.4. Severability

→ *Severability is stated in the Franchise, but is not part of compliance determination.*

17.5. Entire Agreement/Modification

→ *Entire agreement/modification is stated in the Franchise, but is not part of compliance determination.*

17.6. Benefits

→ *Benefits are stated in the Franchise, but are not part of compliance determination.*

17.7. Notice

→ *Notice is stated in the Franchise, but is not part of compliance determination.*

STAFF REPORT**BOARD MEETING DATE:** January 26, 2017

TO: District Board of Health

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

SUBJECT: **Presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan.**

SUMMARY

Health District Staff continue to make progress toward goals, outcomes, and initiatives in the Washoe County Health District 2016-2018 Strategic Plan.

This Item addresses all Health District Strategic Priorities.

PREVIOUS ACTION

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. The last semi-annual report on the Fundamental Review implementation and direction from the Board occurred on March 24, 2016.

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting. Quarterly progress reports on the Strategic Plan are to be provided to DBOH.

On October 27, 2016, Mr. Dick reviewed a PowerPoint presentation at the Board of Health meeting that outlined the Strategic Plan's Action Plan being proposed to achieve the goals, outcomes, and initiatives for the Health District for 2016-2018. He explained progress on all of the targets in the Strategic Plan could be tracked utilizing a specialized software application and he provided some examples of the types of reports the software can generate.

Mr. Dick explained an annual review would be scheduled starting in the fall of 2017, for the Board to revisit the plan to be sure it is still guiding progress in the intended direction.

The Board voted to direct staff to continue the implementation of the 2016–2018 Strategic Plan as presented.

BACKGROUND

The 2016-2018 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Subject: Progress Report on 2016-2018 Strategic Plan

Date: January 26, 2017, 2015

Page 2 of 2

Staff continues to track and report on progress made under the Strategic Plan and will report on progress each quarter to the Board of Health.

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board accept the Quarter Two FY 2016-2017 Strategic Plan Progress Report.

RECOMMENDATION

Staff recommends the District Board of Health accept the progress report on the Strategic Plan implementation.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the progress report on the Strategic Plan implementation"

Washoe County Health District FY 17-20 Strategic Plan

2016 Accomplishments



- Contains **6 priorities, 15 goals, 53 outcomes, and 91 new, unduplicated initiatives.**
- Health District Leadership continues to utilize the OnStrategy software to update Health District goals, outcomes and initiatives to track progress.
- Health District staff are 6 months into implementation of the Strategic Plan.
- In a few short months, Health District staff have made significant progress toward reaching the overarching goals, and have already completed many initiatives.

<https://www.washoecounty.us/health/data-publications-and-reports.php>

STRATEGIC PRIORITIES



Healthy
Lives



Healthy
Environment



Local
Culture of
Health



Impactful
Partnerships



Financial
Stability



Organizational
Capacity

Accomplishments: A Sampling of the First Six Months

Outcomes: Already Met

Child Immunizations	Outcome: By FY 2020, increase the percentage of children, 19-35 months old, who receive the recommended doses of vaccine. 2015 Baseline: 75.5% 2020 Target: 80.0%	2016 Data: 80.2% Target met and exceeded!
Food Insecure Children	Outcome: By FY 2020, reduce the percentage of food insecure children in Washoe County. 2012 Baseline: 27.0% 2020 Target: 24.3%	2014 Data: 23.8% Target met and exceeded!
High School Graduation Rates	Outcome: By FY 2018, increase the number of Washoe County students who graduate high school. FY 2015 Baseline: 75.0% FY 2018 Target: 76.9%	FY 2016 Data: 77.0% Target met and exceeded!

Initiatives: Already Completed

Administrative Health Services	Staff are being encouraged to partake in professional development opportunities as a result of their performance evaluations.
Air Quality Management	The air monitoring network has been expanded to Spanish Springs.
Community and Clinical Health Services	Wolf Pack Coaches Challenge has met its goals and continues to be implemented in Washoe County elementary schools.
Environmental Health Services	The new risk-based form and inspection process is being implemented.
Epidemiology and Public Health Preparedness	The Washoe County Antibiogram is complete.
Office of the District Health Officer	Recommendations have been submitted to the Legislative Committee. Staffing is established for Truckee Meadows Healthy Communities.



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 26, 2017

TO: District Board of Health

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

SUBJECT: Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session, and consideration and possible approval of District Board of Health Legislative Principles.

SUMMARY

This is a monthly update regarding bill draft requests (BDRs) or bill drafts which may be of interest to the District Board of Health. Legislative Principles have been drafted for consideration by the Board to guide the Health District's legislative activities.

District Health Strategic Objective supported by this item: Demonstrate the value and contribution of public health, secure and deploy resources for sustainable impact, strengthen WCHD as an innovative, high-performing organization and achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health.

BACKGROUND

Staff will monitor and provide comment on bill drafts and/or legislative action occurs during the 2017 legislative session. DBOH will be briefed on these comments and activities during the monthly 2017 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative activities. The attached Legislative Principles have been drafted to provide a guiding framework for Health District legislative activities.

FISCAL IMPACT

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY17 budget

RECOMMENDATION

Staff recommends the Board adopt the draft Washoe County Health District 2017 Legislative Principles, accept the February 2017 legislative session update, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2017 Legislative Session bill drafts affecting the Health District and/or public health.

POSSIBLE MOTION

Subject: - 2015 Legislative Session

Date – December 18, 2014

Page 2 of 2

A possible motion would be: Approve the draft Washoe County Health District 2017 Legislative Principles , accept the February 2017 Nevada legislative session update, and *[provide input and/or direction as DBOH may feel is appropriate]*.



Washoe County Health District 2017 Legislative Principles

Partners Providing Service to Our Shared Constituents

All Governments in Nevada (State, County, Cities, Health Districts, School Districts, and Special Districts) are partners in providing consistent and reliable services to our shared constituents, and therefore all levels of government must be viable in order for our citizens to enjoy an outstanding quality of life. A great State requires strong, effective, mutually respectful government at all levels.

Prevent, Promote, and Protect

The District Board of Health recognizes that public health is an essential health and safety function of government. The District Board of Health does not support actions at the State level that will negatively impact the health of Washoe County residents or visitors. The District Board of Health supports prudent actions that enhance public health in cost effective manners within the resource constraints of State and local governments.

Focus on Outcomes

Public health services should be provided efficiently; should be effective; and must demonstrate measurable results. The Washoe County Health District should be held accountable for measurable outcomes and cost-effective performance, while at the same time be given the flexibility to let the District Board of Health decide how best to achieve those outcomes.

Local Flexibility

Legislation should foster local flexibility and assist local boards of health in addressing problems in ways that best serve their community. Local health boards should have discretion on delivering State programs and services when funding is reduced or diverted by the State.

Unfunded Mandates

The District Board of Health believes the Nevada State Legislature should not impose mandated functions, activities, or regulations on local governments without providing financial resources or means to meet the costs of carrying out those mandates if such mandates unreasonably impose upon the resource constraints of local governments.

Long Term, Sustainable Solutions

All governments need to be working together toward long-term solutions for service provision and equitable, stable funding for those services, and not at one another's expense. State funding per capita, for public health in Nevada, is 51st in the nation and it is imperative that the State increase its investment in public health in order to improve the health and longevity of Nevadans.

The Health District considers itself a partner with the State in implementing programs locally to enhance the health and well-being of all in Washoe County. We support the Governor's efforts to address controlled substance abuse, and recognize the important need for resources to be provided to deliver services locally to address substance abuse and other behavioral health concerns in our community.

Legislative Relations

The District Board of Health recognizes that local governments in the region have numerous areas of mutual interest, and that when possible a cooperative and integrated approach to legislative relations best serves the interests of the residents of Washoe County.

**2017 Nevada Legislative Session Update for
January District Board of Health Meeting**

As of January 23, 2017, 803 Bill Draft Requests (BDRs) have been filed. Eighty-four Assembly Bill Drafts , and eighty-four Senate Bill Drafts have been filed for these BDRs. The Health District is tracking BDRs that may potentially be of interest to the Health District to review the Bill Drafts as they are filed. The Health District has reviewed and identified the following Bill Drafts as of interest:

AB18 – AN ACT relating to nursing; ratifying the Nurse Licensure Compact; and providing other matters properly relating thereto. Existing law generally provides for the regulation of nurses in this State. (Chapter 632 of NRS) This bill ratifies the enhanced Nurse Licensure Compact adopted by the National Council of State Boards of Nursing. If a nurse residing in this State is issued a multistate license in this State, the Compact provides for a licensure privilege for that nurse in all other member states of the Compact. The Compact regulates the licensure and discipline of nurses holding multistate licenses through the Compact. The Compact also creates the Interstate Commission of Nurse Licensure Compact Administrators to carry out the Compact, and provides for the governance of the Commission, including, without limitation, authorizing the Commission to levy and collect assessments from member states to cover the cost of its operations. The Compact becomes effective either upon ratification by 26 states or on December 31, 2018, whichever occurs first. Currently, 10 states have ratified the enhanced Compact. **Position: Support, Monitor.**

AB32 - AN ACT relating to pest control; requiring certain persons who engage in pest control, including governmental agencies and their employees, to obtain a license from the Director of the State Department of Agriculture; establishing procedures relating to such licensure; providing a penalty; and providing other matters properly relating thereto. We have been in discussions with the State on this bill and have no issues. There may be a small financial impact from licensing costs. **Position: Neutral, Monitor.**

AB41 - AN ACT relating to State Government; revising qualifications for certain members of the State Public Works Board; revising qualifications for administrators of various divisions of State Government; providing that the State Library, Archives and Public Records Administrator is in the unclassified service of the State; authorizing the Chief Medical Officer to maintain a clinical practice; and providing other matters properly relating thereto. Existing law establishes the qualifications for the Administrators of the Division of Health Care Financing and Policy, the Division of Welfare and Supportive Services, the Aging and Disability Services Division, the Division of Child and Family Services and the Division of Public and Behavioral Health of the



Department of Health and Human Services. (NRS 422.2354, 422A.155, 427A.060, 432.012, 433.244) Sections 5-9 of this bill revise these provisions so that the Administrators of all of these Divisions have the same qualifications. Existing law prohibits the Chief Medical Officer from engaging in any other business or occupation. (NRS 439.110) Section 10 of this bill removes this restriction and authorizes the Chief Medical Officer to maintain a clinical practice. **Position: Neutral, Monitor.**

AB50 - AN ACT relating to water; authorizing the State Environmental Commission to establish fees for certain services relating to public and community water systems; increasing the maximum civil penalties and administrative fines imposed on water suppliers for certain violations relating to public water systems; authorizing the State Environmental Commission to adopt regulations and establish fees for the review of certain water issues relating to land development plans; and providing other matters properly relating thereto.

This bill requires the State Environmental Commission to establish a separate fund within the general fund to deposit all money it receives for fees and permits related to Safe Drinking Water regulation. This fund can only be used for the purposes of carrying out the regulation and services of public and community water systems. The bill also increases the Civil and Administrative penalties that NDEP can apply for violations of regulations governing water systems. The bill also enables NDEP to develop regulations and fees for regulating the subdivision of land. Since NRS does not provide for enforcement by the Health District, we have to refer water systems to the State for enforcement action and we spend a significant amount of staff resources working with systems to correct violations without strong State action. The added penalties should improve the situation. **Position: Support the provisions that allow increased penalties on water systems for non-compliance.**

AB62 – AN ACT relating to tobacco products; revising provisions governing the reporting and disclosure of certain information relating to sales of cigarettes in and into this State; requiring the submission of certain monthly reports relating to the sale, transfer, shipment or delivery in or into this State of cigarettes; providing that an importer is jointly and severally liable for such monthly reports; providing that certain information reported to the Department of Taxation or the Attorney General relating to sales of cigarettes is confidential; requiring a nonparticipating manufacturer to post a bond approved by the Attorney General and revising the amount of such a bond; revising provisions governing the circumstances under which a nonparticipating manufacturer and its brand families may be denied listing in or removed from the directory of manufacturers and brand families created and maintained by the Department; revising provisions relating to the assignment to the State of the interest of a manufacturer in money in a qualified escrow fund; and providing other matters properly relating thereto.

On November 23, 1998, leading United States tobacco product manufacturers and the State of Nevada entered into a settlement agreement, entitled the “Master Settlement Agreement,” which obligates the manufacturers, in return for a release of past, present and certain future claims against them, to: (1) pay substantial sums to the State; (2) fund a national foundation devoted to the interests of public health; and (3) make substantial changes in their advertising and marketing practices and corporate culture, with the intention of reducing underage smoking. In 1999, the Nevada Legislature enacted provisions requiring all manufacturers of tobacco products sold in this State to participate in the Master Settlement Agreement or to place certain money in escrow. (Chapter 370A of NRS) In 2005, the Legislature made a finding that violations of chapter 370A of NRS threatened the integrity of the Master Settlement Agreement and the fiscal soundness of the State and public health, and enacted procedural safeguards to aid in the enforcement of the provisions of chapter 370A of NRS. (NRS 370.600-370.705) This bill generally revises existing, and provides additional, procedures and licensing requirements to aid in the statutory enforcement of the Master Settlement Agreement. **Position: Support, Monitor.**

AB74 – AN ACT relating to offenders; revising provisions governing the disclosure of the name of an offender who tests positive for exposure to human immunodeficiency virus; and providing other matters properly relating thereto. Existing law requires offenders committed to the Department of Corrections for imprisonment to submit to certain initial and supplemental tests to detect exposure to the human immunodeficiency virus. If the results of a supplemental test are positive for exposure to the human immunodeficiency virus, the name of the offender is required to be disclosed to certain persons within the Department. (NRS 209.385) This bill authorizes, rather than requires, the disclosure of the name of the offender when the results of a supplemental test are positive. **Position: Neutral, Monitor.**

SB 3 – AN ACT relating to education; revising provisions governing participation by public schools in the Breakfast After the Bell Program that provides breakfast to certain pupils; and providing other matters properly relating thereto. Existing law provides for the creation of the Breakfast After the Bell Program for the purpose of requiring certain public schools with large populations of pupils from low-income families to provide breakfast to their pupils after an instructional day of school has officially begun. (NRS 387.114-387.1175) Existing law also requires the State Department of Agriculture to monitor participating schools and provide written notice to a school at the end of each school year if the school did not increase the provision of breakfast to eligible pupils by at least 10 percent in that school year. Existing law requires a school that receives such notice to submit a plan for increasing participation in the Program to the Department. (NRS 387.1165) This bill removes the requirement that the Department provide such notice and instead requires the Department to notify a school if the school has not

maintained or increased the provision of breakfast to eligible pupils. This bill also requires a school that receives such notice to submit to the Department: (1) a statement identifying the reasons the school did not maintain or increase the provision of breakfast to eligible pupils; and (2) a plan for increasing participation in the Program by eligible pupils which addresses the reasons identified in the statement. **Position: Neutral, Monitor.**

SB13 - AN ACT relating to motorcycles; abolishing the Advisory Board on Motorcycle Safety; and providing other matters properly relating thereto. Existing law creates an Advisory Board on Motorcycle Safety, whose members are appointed by the Governor. (NRS 486.376) The Board is required to advise and assist the Director of the Department of Public Safety and the Administrator of the Program for the Education of Motorcycle Riders in the development, establishment and maintenance of the Program, and to review the Program regularly and make recommendations to the Director and the Administrator relating to the administration and content of the Program. (NRS 486.377) Section 7 of this bill abolishes the Advisory Board on Motorcycle Safety. Sections 1-6 of this bill make conforming changes. **Position: Neutral, Monitor.**

SB28 - AN ACT relating to public welfare; requiring the Administrator of the Division of Health Care Financing and Policy of the Department of Health and Human Services to conduct an annual review of rates paid by Medicaid in this State; requiring the Administrator to submit an annual report to the Legislature that proposes rates to be paid by Medicaid in this State that reflect the costs of providing certain services; and providing other matters properly relating thereto. **Position: Support, Monitor.**

SB44 - AN ACT relating to state property; authorizing the Deputy Administrator of the Public Works - Compliance and Code Enforcement Section of the State Public Works Division of the Department of Administration to issue to a person certain permits for the planning, maintenance or construction of buildings and structures on property of the State or held in trust for the State; and providing other matters properly relating thereto. **Position: Neutral, Monitor,** If passed contact SPWD to make sure they are aware of the air quality regulations in Washoe County, specifically related to asbestos, dust control and stationary source permitting requirements.

SB59 – AN ACT relating to controlled substances; requiring a law enforcement officer who encounters certain situations relating to prescribed controlled substances or who receives a report of a stolen prescription for a controlled substance to report certain information to his or her employer; requiring the employer of such a law enforcement officer to upload such reported information to the database of the program developed by the State Board of Pharmacy and the

Investigation Division of the Department of Public Safety to monitor prescriptions for certain controlled substances; providing a penalty; and providing other matters properly relating thereto.

Position: Support, Monitor.

SB60 - AN ACT relating to Medicaid; requiring the Director of the Department of Health and Human Services to include in the State Plan for Medicaid voluntary programs through which certain governmental entities and Indian tribes may obtain supplemental payments for providing ground emergency medical transportation services to recipients of Medicaid; requiring a participating governmental entity or Indian tribe to reimburse the Department for the costs of implementing and administering the program; and providing other matters properly relating thereto. The bill appears to provide for billing of services provided by emergency medical technicians, advanced emergency medical technicians and paramedics in prestabilizing patients and preparing patients for transport. Currently these services provided by Fire EMS agencies are funded by local taxes. **Position: Neutral, Monitor.**

SB77 - AN ACT relating to education; establishing the Evidence-Based Practice Committee; requiring that certain programs and information relating to the provision of a safe and respectful learning environment be derived from evidence-based research; revising provisions relating to the code of honor for pupils concerning cheating; and providing other matters properly relating thereto.

Existing law requires the Department of Education to prescribe a policy for all school districts and public schools to provide a safe and respectful learning environment that is free of bullying and cyber-bullying. (NRS 388.133) Section 3 of this bill requires such a policy to provide that: (1) a program of training on methods to prevent, identify and report incidents of bullying and cyber-bullying must be derived from evidence-based research; (2) any information delivered during the “Week of Respect” must be derived from evidence-based research; and (3) a program used by a public school to create and provide a safe and respectful learning environment must be derived from evidence-based research. Section 3 defines “evidence-based research” to mean research that is included in a national registry of evidence-based programs and practices or has been approved by the Evidence-Based Practice Committee created by section 1 of this bill. Section 1 creates the Evidence-Based Practice Committee in the Department and prescribes the membership and duties of the Committee. Section 3 provides that a school district that wishes to use a program that is not included on a national registry for evidence-based programs and practices must apply for and obtain approval from the Committee to use the program. **Position: Monitor** to determine position based on ability of schools to implement programs based on their data analysis.

Three BDRs have been filed that are believed to be in alignment with recommendations previously provided by the Nevada local health authorities, and the Nevada Public Health Association, however the Bill Drafts have not been filed as of January 23, 2017. These are:

353 - Requires the board of trustees of certain school districts to collect and report information on the height and weight of a representative sample of certain pupils. Legislative Committee on Health Care.

355 - Imposes certain requirements concerning vapor products and alternative nicotine products. Legislative Committee on Health Care.

716 - Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties. Assemblywoman Joiner.

The Health District will review Bill Text for these BDRs when filed and support if in alignment with Health District recommendations.

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: January 26, 2017

DATE: January 13, 2017
TO: District Board of Health
FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us
SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

- a. EPA Responds to Petition for Ultra-Low NOx Heavy Duty Engines and Trucks



As previously reported, on June 3, 2016 a petition signed by 11 state and local air agencies, including Washoe County Health District, was submitted to the U.S. Environmental Protection Agency (EPA) requesting EPA conduct a rulemaking to establish a new ultra-low NOx (nitrogen oxide) emission standard for heavy-duty engines and trucks. The petition was developed to bring attention to a missed opportunity in the regulations promulgated by EPA and the National Highway Transportation Administration (NHTA) in August 2016 establishing the Phase 2 Heavy-Duty Vehicle Green House Gas and Fuel Efficiency Standards. The Phase 2 standards were established to reduce carbon emissions from heavy-duty diesel engines and trucks while improving fuel efficiency in both medium and heavy-duty trucks. The new standards are expected to cut 1.1 billion tons of carbon emissions, save operators \$170 billion in fuel costs over the life of the engine, and reduce oil consumption by 84 billion gallons.

Recognizing the significant improvements in engine technology that will be achieved during the coming years to meet these standards, air agencies across the country agreed

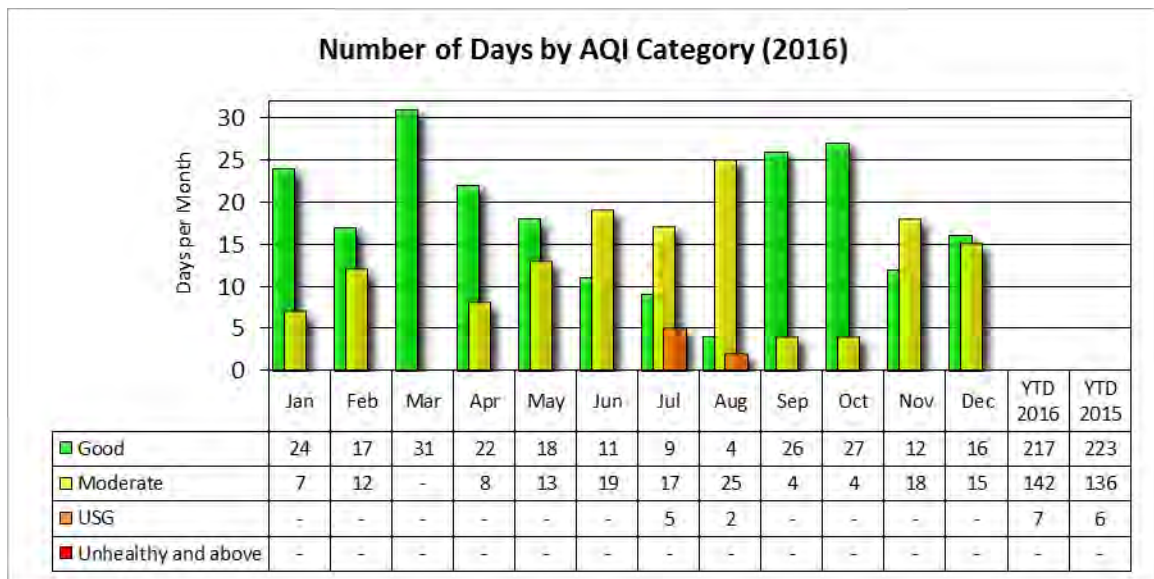
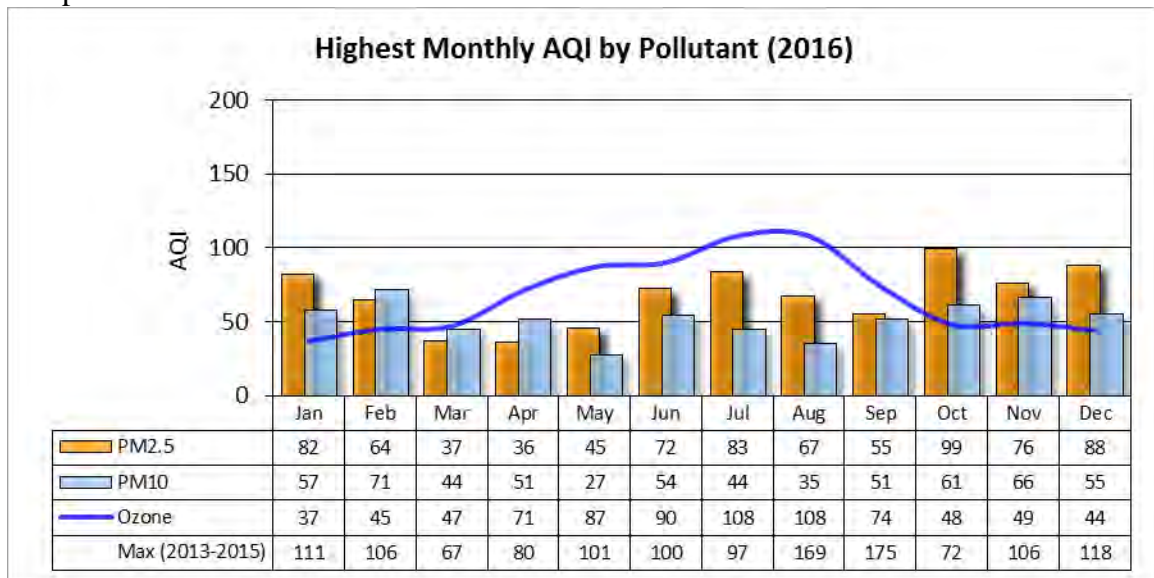
this would be the most appropriate time to propose an ultra-low NOx standard. A national emission standard to reduce NOx from heavy-duty engines and trucks will provide considerable emission reductions and complement all of the other efforts currently being taken to attain the new ozone standard. Establishing a national standard is also something the manufacturers have been requesting to eliminate the dual standards they must currently comply with to meet EPA and California Air Resources Board (CARB) regulations.

A letter was issued by EPA on December 20, 2016, including a memorandum in response to the petition, notifying all of the petitioners EPA will initiate the work necessary to issue a Notice of Proposed Rulemaking with the intention of proposing new standards. The proposed standards could begin in Model Year 2024 which is a major engine and vehicle standards implementation milestone year in the heavy-duty Phase 2 program and will be consistent with the lead-time requirements in the Clean Air Act. EPA has committed to engage a wide range of stakeholders and will work closely with CARB to develop a new harmonized Federal and California program to reduce NOx emissions from heavy-duty on-highway engines and vehicles in order to maintain a 50-state program.

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of December. 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 OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

- December Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of December.
- Spanish Springs Monitoring Station Update: After months of delays due to unexpected building permitting requirements, the new ambient air monitoring station at Lazy 5 Regional Park is now collecting Ozone, PM_{2.5}, and PM₁₀ data. This site closes a gap in the Spanish Springs area of the monitoring network that has seen tremendous growth over the last 20 years. EPA provided one-time additional funding from the Clean Air Act Section 103 grant program to help offset a large portion of the expenses associated with establishing this new monitoring station.
- Exceptional Events and the 2015 Ozone NAAQS: Staff is coordinating with EPA on preparation of Exceptional Events Demonstrations for wildfire ozone episodes that occurred in the summers of 2015 and 2016. These uncontrollable events increased ozone levels which exceeded the ozone standard and will impact EPA's determination if Washoe County will be attainment or non-attainment of the NAAQS. EPA is expected to finalized designations in October 2017.
- Health in all Policies . . . and Plans: AQM staff is actively participating on committees that

are currently updating their long-range plans. These plans include the 2040 Regional Transportation Plan; City of Reno Master Plan; Truckee Meadows



Regional Plan; and Reno-Tahoe International Airport Master Plan. Staff is emphasizing the connection between the built environment, transportation, air quality, public health, and economic development. Establishing strong policies in these plans will help provide local leaders the justification needed to improve our built environment and create a healthy community. These connections will also be emphasized in the Ozone Advance Path Forward plan which will be submitted to EPA in February 2017.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2016		2015	
	December	YTD	December	Annual Total
Renewal of Existing Air Permits	79	1285	91	1297
New Authorities to Construct	3	97	1	99
Dust Control Permits	11 (129 acres)	161 (2239 acres)	9 (339 acres)	151 (2129 acres)
Wood Stove (WS) Certificates	62	434	21	391
WS Dealers Affidavit of Sale	17 (16 replacements)	81 (57 replacements)	36 (21 replacements)	135 (85 replacements)
WS Notice of Exemptions	478 (6 stoves removed)	7523 (66 stoves removed)	641 (17 stoves removed)	7490 (50 stoves removed)
Asbestos Assessments	76	1020	72	1077
Asbestos Demo and Removal (NESHAP)	19	261	57	150

Staff reviewed thirty-two (32) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff in cooperation with DRI has submitted two abstracts to the Air and Waste Management Association regarding the last round of air sampling that was performed at local marijuana facilities. The research provides additional data to allow AQMD to refine the emissions calculations for marijuana cultivation and processing facilities; if the abstracts are accepted we will present our data at the AMWA annual convention.

Staff conducted inspections of thirty-nine (39) stationary sources and fifty-four (54) gas station inspections in December 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	December	YTD	December	Annual Total
Asbestos	1	29	3	25
Burning	3	16	0	8
Construction Dust	4	58	0	32
Dust Control Permit	1	13	1	6
General Dust	1	72	2	48
Diesel Idling	0	8	1	3
Odor	3	31	2	30
Spray Painting	0	3	1	8
Permit to Operate	0	8	1	12
Woodstove	0	1	0	13
TOTAL	13	239	11	185
NOV's	December	YTD	December	Annual Total
Warnings	0	16	3	24
Citations	1	24	0	8
TOTAL	1	40	3	32

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

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	__
DHO	__	KD

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: January 26, 2016**

DATE: January 13, 2017
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – 2016 Year in Review; Patagonia Health, Safe Sleep Campaign;
 Data & Metrics; Program Reports

1. Divisional Update

a. **2016 Year in Review** – CCHS experienced another dynamic year in 2016. A few significant highlights include:

- An increase of \$228,162 in Title X funding for the Family Planning Program, for FY 17
- Launch of a new Electronic Health Record, Patagonia Health, in Immunization, Tuberculosis and Maternal Child Health, with integrated third party payer clearinghouse and billing capabilities
- Reallocation of staffing based on program need and available resources – CCHS added an Administrative Assistant (new), reassigned a Public Health Nurse as a Disease Intervention Specialist in STD, reassigned an Office Assistant from WIC to Central Clinic, reclassified the vacant WIC Program Manager to Public Health Supervisor, as well as filling of a number of vacancies in 2016
- Remodeling of the WIC clinic at Ninth Street, with improved workflow
- Third party reimbursement postings for FY 16 of \$93,113; this was a significant increase from a total of \$8,678 for FY 15, with continued efforts to further develop a Billing Team

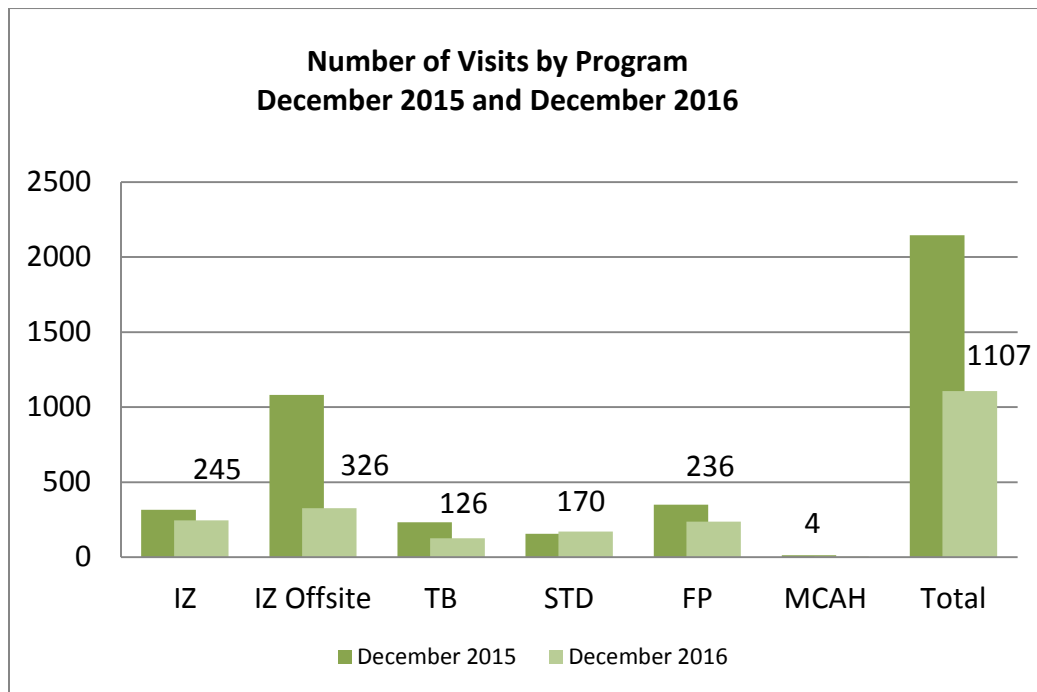
CCHS looks forward to continued growth and development in its services and capacities to best serve the citizens of Reno, Sparks, and Washoe County, enhancing the public's health.

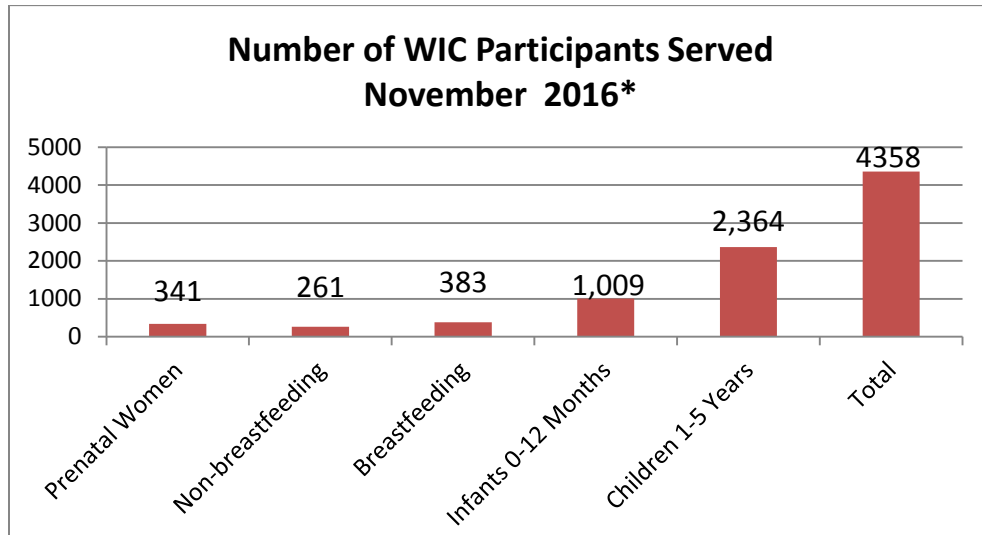
b. **Patagonia Health** – after intensive work with our electronic health record (EHR) vendor, Patagonia Health, our remaining clinic programs, Sexual Health and Family Planning, went live on Thursday, January 12, 2017. While this was a longer delay than initially expected, doing so

allowed us to ensure a successful launch of the EHR, with many lessons learned from the launch last May of Immunizations, TB and MCAH in PH. Staff completed refresher training in mid-December, and spent time training over the course of the next three weeks prior to the launch.

- c. **Safe Sleep Campaign** – I have been a part of the statewide work group to focus on deaths related to unsafe sleep conditions. Recently our Maternal Child Health Supervisor, Linda Gabor, and Public Health Nurse, Jan Houk, also joined the workgroup. After a review of evidenced based public education and media spots, the workgroup has launched a new campaign to strongly encourage Safe Sleep to combat this significant problem not only in Washoe County, but throughout Nevada. At the end of this report is a final draft of an update brochure to handout to parents, and will be distributed throughout Nevada.

d. **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** – In late 2016, the Sexual Health program was able to complete the training of two Public Health Nurses for Sexually Transmitted Disease (STD) investigations which increases the capacity for STD investigations. With the increase in program staffing we are now able to resume interviewing all gonorrhea cases for partner services. We look forward to improved prevention and control of gonorrhea cases, and an increase in the number of contacts identified.

- b. **Immunizations** – As of January 4, 2017, the Washoe County 2016 Immunization Rate for the series of 4 DTaP, 3 Hib, 1 MMR, 3 Hep B, 3 Polio, 1 Varicella, 4 PCV for 19-35 month olds was 80.2%, exceeding the Healthy People 2020 National Immunization Goal of 80%.

Three School Located Vaccination Clinics (SLVCs) were held in December, in partnership with Immunize Nevada and the Washoe County School District, where a total of 205 doses of flu vaccine were administered to 169 children and 36 adults. Additionally, a total of 185 doses of vaccine were administered to 87 participants at seven locations in partnership with the Kids to Seniors Korner program. An offsite clinic was also held at the Salvation Army where a total of 34 participants received 75 doses of vaccine. Two Express Flu Clinics were also held onsite at the Washoe County Health District.

- c. **Tuberculosis Prevention and Control Program** – Washoe County had six cases of active tuberculosis in 2016. The TB Program Coordinator, Diane Freedman was asked to review the State of Nevada's TB manual, which speaks to Diane's impressive knowledge and expertise related to TB. She will provide the State with recommended revisions to the manual.
- d. **Family Planning/Teen Health Mall** – The remaining Advanced Practice Registered Nurse (APRN) vacancy has been filled. Chris Ballew, MSN, FNP-C, RN, is a UNR graduate that has three years of Nurse Practitioner experience, and will begin working in the clinic the end of February.

The new Electronic Health Record (EHR), Patagonia, was implemented. The first day of "go live" was relatively problem free.

With the EHR implemented, and the program soon to be fully staffed, we anticipate getting back to normal clinic capacity by early spring.

- e. **Chronic Disease Prevention Program (CDPP)** – Two Intermittent Health Educators have joined the CDPP team, Stephanie Chen, will be working on tobacco efforts on campuses and with the LGBTQ population. Lee Bryant, will be working on physical activity and nutrition policies in outdoor locations, with a focus on the 89502 area code.
- f. **Maternal, Child and Adolescent Health (MCAH)** – Fetal Infant Mortality Review (FIMR) staff continue to abstract data on fetal and infant deaths from local hospitals. In the second quarter of FY 2017, staff presented on 12 cases at two separate Case Review Team meetings.

Staff is working with the Alternative Sentencing Program on a Drug Endangered Children (DEC) project to provide education and resources for pregnant women who have tested positive for drugs and are in jail, on probation or parole. Safe sleep training and a Pak N Play are also offered at a follow-up appointment. DEC is a national program run through local police departments.

- g. **Women, Infants and Children (WIC)** – Two staff attended a weeklong training for the new, statewide WIC electronic records system (NV WISH). An additional week of training is scheduled for next month. WCHD WIC is scheduled to go live with this new system in the first round of clinics statewide in August. This new system should allow us to eliminate paper files, combine our scheduling and client records systems, and be completely web based. All staff are gearing up for this exciting but stressful change.

It's as easy as ABC

A ALONE
 Keep your baby's sleep area close but separate from where others sleep. Your baby **should not** sleep with others in a bed, on a couch or in a chair.

B BACK
 Your baby should be placed to sleep on his or her back in a safety approved crib on a firm mattress every time including during naps and at bedtime.

C CRIB
 Remove all loose bedding, blankets, comforters, quilts, stuffed animals, bumpers, wedges, and pillows from your baby's crib.

1 CAUSE OF DEATH
 Sudden Infant Death Syndrome (SIDS) and accidental suffocation are the leading causes of death in babies aged 1 to 12 months.

2 MONTHS OF AGE
 Babies who are 2 to 4 months of ages are the highest risk for SIDS and accidental suffocation.

3 TELL EVERYONE
 Share the A,B,C,1,2,3's with at least three people and everyone who cares for your baby. Education is the key to keeping babies safe.

This publication was supported by the Nevada Division of Public and Behavioral Health through Grant Number 80441C29322 from the Health Resources and Services Administration. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the Nevada Division of Public and Behavioral Health.



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 EVERY
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 SLEEP SAFER



WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

1 Remove all loose bedding, blankets, quilts, sheepskins, stuffed animals, bumpers, wedges, and pillows from your crib.

2 Baby's crib should be placed in the parents' room if possible. Never let a baby fall asleep in a bed, chair, or on a couch with another person.

3 Consider using a sleep sack instead of a blanket.

4 Dress your baby in light sleep clothing and keep the room at a temperature that is comfortable for an adult.

5 Provide "Tummy Time" when your baby is awake and supervised.



6 Your baby should be placed to sleep on his or her back in a safety approved crib on a firm mattress every time during naps and at bedtime.

7 Breastfeeding is best! Breastfeeding reduces the risk of SIDS.

8 Don't smoke before or after the birth of your baby and don't allow others to smoke around your baby.

9 Crib railings should be no more than 2 3/8 inches apart (you should not be able to fit a soda can through them).



DD	RS	—
DHO		—
DA		—
Risk		—

Staff Report
Board Meeting Date: January 26, 2016

DATE: January 13, 2017
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
 775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division and Program Updates – Childcare, Food, Invasive Body Decoration (IBD), Land Development, Vector-Borne Disease and Waste Management

DIVISION UPDATE

Flood Response Activities

- The Division has been actively working the flood and other weather emergencies which have adversely affected our region and the Health District. This work began with preplanning flood response capabilities and proactively contacting residents and local businesses community about possible impacts which may either affect public health or the environment. This preplanning included management staff working within both the Regional Operations Center and the Sparks Emergency Operations Center during the course of the flood event.
- The Division requested all Environmental Health Specialist Staff report to work on Monday January 9, 2017 to assist in area damage assessment. In addition, two Office Support Specialists were called in to help assist managing phone calls and routing citizen requests. From Thursday January 5, 2017 through Thursday January 12, 2017 the Division has redirected over 314 staff hours to the flood event.
- As of Wednesday January 11, 2017, EHS staff was requested to assist in the coordination for providing potable water to the Pyramid Lake Paiute Tribe in Sutcliffe, Nevada. EHS staff is coordinating the efforts of Lyon County Public Utilities, Nevada Division of Environmental Protection, Truckee Meadows Water Authority and various other private contractors to provide potable water to Sutcliffe at the Pyramid Lake Indian Reservation. This coordination is requiring one Senior Environmentalist full-time until resolved.



Dant and Pioneer next to Horseman's Park
(canyon under several hundred feet of water)
January 9, 2017 @ 11am

Workforce Development

- In an effort to continually re-evaluate workforce, staffing needs and create ongoing efficiencies within the Division, staff is working to train and utilize the Vector Borne Disease Specialists (VBDS) in other areas of Environmental Health. The VBDS and the Public Service Interns will be used as part of the data collection activities for the food establishment risk factor study, which will allow the Division to complete this study with as minimal impact to routine work as possible.

Accela Implementation Update

- Staff continues to work through various issues associated with the implementation of the new Accela Regional Permitting System. Currently, staff is experiencing numerous delays and issues processing permits, payments, and pulling reports and information out of the new system.
- Accurate inspection numbers are not able to be pulled from the system. This issue and others are being tracked and prioritized by necessity to have them corrected.
- New workflows are being developed throughout the system in both building and commercial development of which the Division is highly involved in their design and testing.

PROGRAM UPDATES

Food

- Staff held three food safety workshops on January 10th, and 11th, 2017. The workshops focused on how service animal laws affect the restaurant and retail food establishment industries. Representatives from the Retail Association of Nevada, the Nevada Restaurant Association, Nevada Disability Advocacy and Law Center, and Canine Companions for Independence also participated in the workshops. **Participation in workshops for the consumers and industry meets the criteria of Standard 7- Industry and Community Relations.**
- Staff completed the required steps to implement the food establishment risk factor study which included webinar trainings with the region's FDA Retail Food Specialist, selection of a random sample size of Washoe County food establishments, and creation of a WCHD specific FoodSHEILD database. The risk factor study data collections began in early January and are scheduled to conclude by the end of March 2017. The risk factor study is a research project designed to assess the occurrence of food preparation procedures and practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention (CDC) as contributing factors to foodborne illness outbreaks at the retail level. From the data collected, the WCHD will provide guidance to industry food safety professionals to assist them in addressing food safety issues that have the most significant impact on protecting public health. **Completion of a risk factor study at least every five years to measure trends in the occurrence of foodborne illness risk factors meets the criteria of Standard 9 – Program Assessment.**
- **Special Events** – Staff continues to use the slower special event season to become acclimated to the Accela system and is putting processes/procedures in place in advance of the busy season beginning in the spring. Staff is also being redirected during this slower time of year to assist in the collection of data for the risk factor study mentioned above.

Invasive Body Decoration (IBD)

- The business impact statement for the new proposed Invasive Body Decorations regulations was presented to the Board during the December meeting and the regulations will go before the Board for approval at the January Board meeting.

Land Development

- Within the Residential Septic and Well Program, because of competing priorities, plan review times reached or exceeded 30 days. By mid-December, both plan review and inspection requests slowed allowing for a faster turn-around time for plan review.
- The Safe Drinking Water Program completed all contracted sanitary survey reports for the calendar year. Several issues with water systems are being handled with coordination from the State. Staff is preparing to restructure for the next year to include spreading the workload out more evenly among staff and restructuring the electronic storage of documents to build on program efficiencies.

Vector-Borne Diseases

- Staff compiled, completed and submitted our annual report as required to the Nevada Department of Environmental Protection (NDEP) that details the Program's pesticide usage for the year. The document due every January includes data collected in calendar year 2016 for locations of standing water, temperatures, wind speed and presence of mosquito larvae.
- The Nevada Department of Agriculture (NDA) is in the public review process of a Bill Draft Review (BDR) for proposed amendments to Nevada Revised Statutes (NRS) that concern licensing in the application of pesticides. The Program currently has a certificate to apply pesticides. Staff and the Nevada Vector Control Association's input lessened the effects this bill has on our industry. The proposed amendments if approved will increase the cost to renew the license with a shorter renewal period. A third workshop is planned mid-January.
- Staff is in the process of drafting a response plan for control of *Aedes aegypti* and *Aedes albopictus* that transmit the Zika virus. The direction received is to have a response plan in place for the new tools the Program is utilizing with emerging technologies for the presence of these competent vectors that transmit the Zika virus. These species are unusual in that they are container breeding mosquitoes and are daytime active that live in close proximity to humans.
- Staff investigated a rodent infestation at a Washoe County School facility, Child Fine. School District officials believed the recent flooding was cause for the rodent activity. Staff provided the Program's protocol for cleanup and control.
- Staff reviewed 16 building plans in the Truckee Meadows Community. The recent weather events have slowed the completion of these building projects for the sign off of certificate of occupancy (C of O).

Waste Management

- Staff is actively assisting residents and businesses with the disposal of flood damaged materials and other wastes.
- Staff has begun public outreach to businesses within the Health District to capture all recycling efforts and diverted waste volumes for the 2016 Calendar Year Recycling Report.

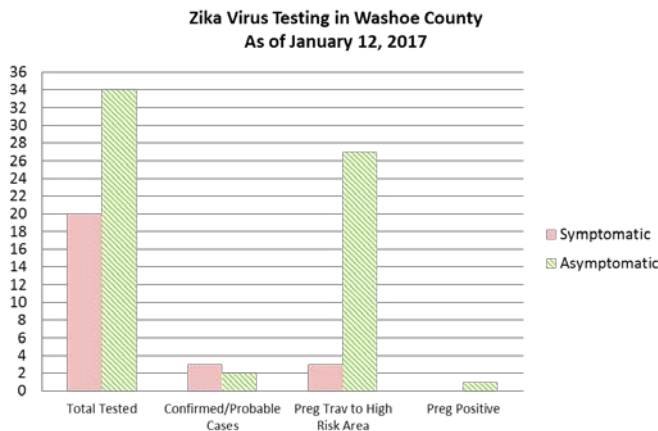
DD	<u>RT</u>
DHO	_____
DA	_____
Risk	_____

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: January 26, 2017**

DATE: January 13, 2017
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, and
 Emergency Medical Services

Communicable Disease (CD) –

Zika Virus Disease Evaluation and Testing - As of January 12, 2017, there have been 59 individuals referred by local healthcare providers for evaluation of possible Zika virus infection. Five cases have been reported. One of the five cases was an asymptomatic pregnant woman and one was identified through blood donation. The pregnant woman delivered her baby on January 11, 2017, and the baby was healthy according to the hospital’s report. However, testing for the baby and the mother is ongoing. Some tests will be performed at CDC.



Note: Categories above are not mutually exclusive

Outbreaks - Since the last District Board of Health meeting, the CD Program has investigated one outbreak of hand-foot-mouth-disease (HFMD) in a preschool. As of January 12, no active outbreaks are open.

Publications –During the last four months Dr. Lei Chen and Dr. Randall Todd worked with the state lab director, Dr. Julia Kiehlbauch, as well as two experts from the CDC to write up an unusual case investigation that took place in Washoe County during August and September of 2016. The case

involved a patient at a local acute care hospital with carbapenem-resistant Enterobacteriaceae (CRE) that was resistant to all available antimicrobial drugs. Carbapenems are antibiotics used for the treatment of infections known or suspected to be caused by multidrug-resistant bacteria. An important concern in cases like this is the potential for spread to other patients. Fortunately, the hospital staff worked quickly to isolate the patient and implement WCHD recommendations to conduct a point prevalence survey among patients that were currently admitted to the same unit. No additional CRE was identified. The article was published on January 13, 2017 in the “Notes from the Field” section of the Morbidity and Mortality Weekly Report (MMWR) and was entitled “Pan-Resistant New Delhi Metallo-Beta-Lactamase-Producing *Klebsiella pneumoniae* – Washoe County, Nevada, 2016.” The article can be accessed from this url:

https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a7.htm?s_cid=mm6601a7_e .

Expanded surveillance of carbapenem resistant bacteria – In 2017, per CDC ELC grant requirement, the CD Program is working with local hospitals and the Nevada State Public Health Laboratory to implement an expanded surveillance for tracking carbapenem-resistant Enterobacteriaceae (CRE) , carbapenem-resistant pseudomonas aeruginosa (CRPA) and other carbapenem-resistant Gram negative bacilli (CRGNB). The purpose of this surveillance is to have an early identification of carbapenemase-producing organisms (CPO) which pose a significant public health threat. It is important to implement interventions in a timely fashion to prevent spread. In order to combat such drug resistant bacterial infections, reporting CRE, CRPA, and CRGNB is now being requested pursuant to NAC 441A.235 from all hospital laboratories in Washoe County.

Seasonal Influenza Surveillance – For the week ending January 7 (CDC Week 1) 12 participating sentinel providers reported a total of 245 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 3.6% (245/6,809) which is above the regional baseline of 2.5%. During the previous week (CDC Week 52, 2016), the percentage of visits to U.S. sentinel providers due to ILI was 3.4%. This percentage is above the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 1.4% to 5.8%.

Six death certificates were received for week 1 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 1 was 61. This reflects a P&I ratio of 9.8%. The national P&I ratio for week 50 was 6.3%, below the epidemic threshold for week 50 at 7.1%. The total P&I deaths registered to date in Washoe County for the 2016-2017 influenza surveillance season is 64. This reflects an overall P&I ratio of 5.5% (64/1160).

Public Health Preparedness (PHP)

The Public Health Emergency Response Coordinator attended the National Health Care Preparedness Coalition Conference in Washington, D.C. Brian Taylor from REMSA, the Inter-Hospital Coordinating Council (IHCC) Chair, also attended to represent IHCC and to speak about IHCC’s experience at the Healthcare Coalition Response Leadership training in September.

IHCC leadership, in partnership with the Douglas County Healthcare Coalition and Carson City Healthcare Preparedness Coalition, has started meeting monthly to align federal initiatives and increase regional planning effort.

The Public Health Emergency Response Coordinator conducted site visits with the Washoe County School District (WCSD) to review Point of Dispensing (POD) site plans at local high schools. Site and security plans were reviewed and updated with WCSD staff.

The Washoe County Medical Reserve Corps Volunteer Program (MRC) volunteers were activated to help out during the recent flood. The volunteers were deployed to help staff the first aid component at the emergency shelter set up by the American Red Cross at Wooster High School on January 9, 2017.

Emergency Medical Services (EMS) –

The EMS Program Manager and EMS Coordinator attended the annual EMS Chiefs luncheon at Incline Village during the annual paramedic refresher conference on December 1. This is a great opportunity to network with regional EMS leadership.

EMS and PHP staff conducted a tabletop exercise for approximately 15 personnel of Hearthstone of Northern Nevada on December 8. This presentation emphasized the importance of emergency preparedness efforts; staff discussed their procedures to maintain patient safety if a disaster affected their facility.

EMS Program staff attended the Nevada State Board of Health meeting on December 9. The revisions for NAC 450B and NAC 629 were on the agenda. The NAC 629 was approved without change. NAC 450B had several discussion points and was tabled during the meeting to allow for stakeholder input on proposed changes. NAC 450B ultimately was approved with the submitted changes to the air ambulance sections not approved for deletion. Additionally, the fee schedule for 2019 was removed.

The EMS Coordinator attended the 2017 Triennial Kick-Off meeting for the airport exercise on December 13. The meeting introduced the exercise scenario and allowed for breakout sessions by response type to discuss and identify objectives and goals of the exercise. Both EMS and healthcare agencies will have a key role in this type of incident and will be a valuable opportunity to practice processes for multi-casualty incidents (MCIs). The triennial is scheduled to occur on May 2, 2017.

EMS Consulting Group, the selected contractor for the development of regional protocols, prepared an analysis of the protocols from the EMS partners affiliated with the PMAC (Prehospital Medical Advisory Committee). The analysis of current protocols included the EMS protocols of the Airport Fire Department, Gerlach Volunteer Fire Department, North Lake Tahoe Fire Protection District, REMSA, Reno Fire Department, Sparks Fire Department and the Truckee Meadows Fire Protection District. PMAC convened on December 14 and heard a presentation by the contractors of their initial review of the protocols in our region. PMAC motioned to establish a task force to begin working on unified protocols. The task force will have two members of each agency (i.e., EMS coordinator and line staff). The group will meet on a frequent basis the review all protocols.

EMS Program staff met with Spark Fire Department personnel on December 29 to discuss and coordinate a new MCI tabletop training that will occur in March 2017. The training will use the

scenario from the triennial exercise and provide any opportunity for EMS agency command staff to discuss on-scene coordination and communication of a major MCI.

The Regional Emergency Operations Center activated in preparation and response to the flood event on January 8, 2017. Staff from the Health District filled the EOC role of Health Unit beginning at 8am Sunday through 7pm Monday. Work in the EOC included assisting the region in supporting the response efforts. The Public Health role has transition from EPHP staff to the EHS team for damage assessment and recovery operations.

**REMSA Percentage of Compliant Responses
 FY 2016 -2017**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2016	94%	91%	100%	100%	94%	94%
August 2016	93%	88%	100%	100%	92%	93%
September 2016	95%	90%	100%	100%	93%	95%
October 2016	93%	92%	94%	80%	92%	93%
November 2016	93%	94%	93%	100%	94%	94%
December 2016	92%	88%	96%	100%	91%	92%
YTD	94%	90%	97%	96%	93%	94%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2016	8:04	15:33	13:39	N/A*
August 2016	8:18	16:02	18:12	N/A*
September 2016	7:52	16:02	16:20	19:13
October 2016	8:29	15:07	21:48	31:04
November 2016	8:17	15:03	19:32	N/A*
December 2016	8:27	16:56	17:14	29:48

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

District Health Officer Staff Report
Board Meeting Date: January 26, 2017

TO: District Board of Health

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

SUBJECT: District Health Officer Report – 2017 Washoe Flood, Regional License/Permits Program, Quality Improvement, Public Health Accreditation, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

2017 Washoe Flood

The Health District participated in the regional preparedness planning and response to the atmospheric river event and flooding which occurred the week of January 8, 2017. County Crisis Action Team meetings began on January 4th. The Health District prepared, distributed, and posted a Flood Health and Safety Fact Sheet. A regional preparedness meeting was held at the Regional Emergency Operations Center on January 6. The REOC activated at Level One with 24/7 coverage for the Health District beginning on January 8 at 8 am. Staff from EPHP established a shift schedule to provide continuous coverage at REOC. Bob Sack, EHS Division Director also participated in the City of Sparks EOC and in the leadership team for the City's planning and response.

EHS and EPHP staff worked as essential personnel during the County closure on January 9. EHS staff conducted windshield assessments and visited potentially impacted permitted facilities and water systems to assess damage and provide guidance on recovery efforts to protect public health. Health District staff was not deployed to Incline due to avalanche danger, but phone contact was made with permitted facilities to assess their situation and provide guidance on measures necessary for power outages. The Health District continued to work with regional partners through the Martin Luther King weekend to provide water and restore water and sewer systems that were damaged during the storm.

Regional License/Permit Program

The Health District has been using Accela Automation for permits and complaint investigations since October 31, 2016. A Special Meeting of the Management Oversight Group was held on December 21, 2016 to discuss project status. It was determined that it was not appropriate to transition from the Accela Implementation to Accela Support until additional items were completed from the project scope of work. Future activities to promote the system to the public were discussed. It was decided that February was a desirable timeframe to conduct this activity, but that it should be dependent on appropriate functionality of the system.

Quality Improvement

During November 2016 through January 2017, Health District staff participated in a QI Refresher training to reinforce quality improvement practices within the Health District, and to review lessons learned over the previous fiscal year.

In January 2017, the District Health Officer sent all staff a link to the annual Quality Improvement survey. FY 2016-2017 will mark the fourth year of the survey, and allow for continued analysis of building a culture of quality within the Health District. FY 2016-2017 survey results and past year comparisons will be shared at the February Board of Health meeting.

Public Health Accreditation

The Accreditation Team has held several team and individual meetings to review and gather documentation for public health accreditation purposes. The ODHO Office Support Specialist has created folders and has begun the process of documentation review and placement within folders. A preliminary timeline has been developed, which includes the Health District submitting its application in Fall 2017.

Community Health Improvement Plan

January 2017 is the end of the first year of implementing the inaugural Community Health Improvement Plan (CHIP) for Washoe County. An annual report is being developed on the progress of 66 objectives and 55 strategies spanning access to health care, behavioral health, education K-12 and food security. To-date, 38% of the 66 objectives have been met or exceeded their targets which is above where we should be over a period of three years. Some successes include Northern Nevada HOPES opening their new wellness center and increasing their client population by 36%, RISE Academy for Adult Achievement awarded 150 Adult High School Diplomas which is a 26% increase from 2014-2015 and the Regional Transportation Commission (RTC) expanded the number of trips provided by non-profit service providers by 72.8% from 2015. The CHIP Annual Report will be presented for the board February of 2017.

Truckee Meadows Healthy Communities

During the January 4, 2017 Steering Committee meeting Bylaws were approved, a Board of Directors and Officers were elected, and budget was approved. All of these actions are necessary to proceed with IRS Form 1023 submittal for approval of no-for-profit 501 (c)(3) status of TMHC.

A Housing Forum was held on January 12 at N NV HOPES to bring community leaders and organizations together to explore opportunities to work in a more unified and coordinated fashion to advance affordable housing in the Truckee Meadows. Significant progress was accomplished during the day, however the sentiment of the participants was that an additional day will be required to develop a structured approach for advancement. Enterprise Community

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Partners facilitated the event which was financially supported by Schwab Bank with food and refreshments provided by Wells Fargo.

Meetings are scheduled on January 19 to develop an action plan for implementation of the 2017 agenda identified during the strategic planning meeting. Another meeting is scheduled for January 20 to discuss development of a Build Health Challenge funding proposal.

A new year begins with the first 2017 Family Health Festival happening January 25th at the Reno Town Mall. This event is from 1pm-4pm. Direct services, outreach and referrals for low income, no income individuals will be available. Over 30 vendors will be in attendance to offer health services such as blood-pressure checks, flu shots, diabetes screenings, and enrollment into an insurance product. Additionally, food assistance, school supplies, and workforce development will be on-site.

Other Events and Activities

12/15/16	TMHC Orientation Meeting w/ Kevin Schiller
12/16/16	REMSA Board Meeting
12/16/16	NPHA Policy Advocacy teleconference
12/16/16	Accela Washoe and Health Executive Update
12/16/16	Demo of Non-Trauma Hospital Registry video conference
12/16/16	Meeting with Dr. Larson, Dr. Todd and Lei Chen
12/19/16	NALHO teleconference
12/19/16	Orientation to the Health District with Christine Vuletich and Anna Heenan
12/19/16	Health District New Employee Orientation
12/21/16	Accela Management Oversight Group Special Meeting
12/22/16	Meeting with TMHC Director, Sharon Zadra
12/28/16	Meeting with TMHC Executive Committee, re: Draft Bylaws.
1/3/17	Meeting with TMHC Director, Sharon Zadra
1/4/17	Meeting TMHC Family Health Festival Planning
1/4/17	TMCH Steering Committee meeting
1/4/17	Crisis Action Team (CAT) Meeting
1/5/17	CAT Meeting
1/5/17	EMS Quarterly Advisory Board Meeting
1/5/17	NV Health Authority Conference Call
1/6/17	Regional Emergency Operations Center (REOC) Briefings
1/7/17	REOC Briefing Calls

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1/8/17	REOC
1/9/17	REOC
1/10/17	General Staff Meeting
1/11/17	Department Heads Meeting
1/11/17	Enterprise & Affordable Housing Dinner
1/12/17	Housing Forum
1/13/17	Children's Legislative Priorities Meeting
1/13/17	Community Health Needs Assessment Meeting
1/13/17	TMWA Legislative Subcommittee Meeting
1/17/17	Workforce Meeting with HR
1/17/17	WC Legislative Team Kickoff Training
1/17/17	Meeting with TMHC Director, Sharon Zadra
1/18/17	TMWA Board Meeting
1/18/17	CHA Sparks Center Opening
1/19/17	TMHC Strategic Plan Meeting
1/19/17	Legislative Reception
1/20/17	NPHA Policy Advocacy Call
1/20/17	TMHC Build Health Grant Proposal Meeting
1/23/17	Meeting with TMHC Director, Sharon Zadra
1/25/17	NALHO Teleconference
1/25/17	Family Health Festival, Reno Town Mall
1/26/17	Health District/HR recurring meeting

Health District Media Contacts: December 2016

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
12/30/2016	Reno Gazette-Journal	Mark Robison	Solid Waste - Ulibarri
12/29/2016	Reno Gazette-Journal	Mark Robison	Solid Waste - Ulibarri
12/28/2016	KOLO CH8 - ABC Reno	Terri Russell	Mumps - Todd/Shore/Ulibarri
12/27/2016	KRNV CH4 - NBC Reno	David Kafden	Air Quality - Inouye
12/15/2016	KOLO CH8 - ABC Reno	Steve Timko	Flu - Ulibarri
12/15/2016	KRNV CH4 - NBC Reno	Terri Hendri	Flu - Todd
12/8/2016	KTVN CH2 - CBS Reno	Gabby Tafolla	Clean Indoor Air Act - Ulibarri/Dick
12/8/2016	KOLO CH8 - ABC Reno	Terri Russell	Clean Indoor Air Act - Ulibarri/Dick
12/8/2016	KKOH 780 AM - CNN Reno	Daniella Zannino	Clean Indoor Air Act - Ulibarri
12/1/2016	KRNV CH4 - NBC Reno	Beat Photographer	Healthy Living Forum - Seals
12/1/2016	KTVN CH2 - CBS Reno	Beat Photographer	Healthy Living Forum - Seals

Press Releases/Media Advisories/Editorials/Talking Points

12/15/2016	Flu cases continue to rise	Ulibarri
12/6/2016	Clean Indoor Air Act 10-year Anniversary	Ulibarri
12/6/2016	Service Animals and Food Facilities	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	142 (CCHS 16 ODHO 3 EHS 11 AQM 90 GHW 22)
Twitter	AQMD/CCHS	95 - (CCHS 11 AQM 84)
Grindr/Sexual Health Program	CCHS	61 posts 885,374 impressions

Gethealthywashoe.com December Social Media Report

World AIDS Day	Written by Kalyne Mitchell	12/1/2016	Fight Agaisnt HIV	1	207
NV Tobacco Quitline Promotion	Written by Kalyne Mitchell	12/2/2016	Tobacco Cessation	1	218
Healthy Living Forum Event	Share from NV Tobacco Prevention Coalition	12/2/2016	Event Recognition	0	40
Get Active	Written by Kalyne Mitchell	12/5/2016	Motivational Monday	0	169
Healthy Brownies	Written by Kalyne Mitchell	12/7/2016	Whip It Up Wednesday	0	173
10th Anniversary of NV Clean Indoor Act	Share from Nv Tobacco Prevention Coalition	12/8/2016	Event Recognition	0	41
Holiday Parties	Written by Kalyne Mitchell	12/9/2016	Smoke-free Meeting Directory	0	175
Holiday Tunes = health benefits	Written by Kalyne Mitchell	12/12/2016	Motivational Monday	0	184
How to Become Smoke-free	Written by Kalyne Mitchell	12/13/2016	12 Days of Quitmas	0	186
Healthy Recipes	Written by Kalyne Mitchell	12/14/2016	12 Days of Quitmas	0	193
Increase Adrenaline	Written by Kalyne Mitchell	12/15/2016	12 Days of Quitmas	0	185
Give Your Word	Written by Kalyne Mitchell	12/16/2016	12 Days of Quitmas	0	191
Facts about Nicotine	Written by Kalyne Mitchell	12/17/2016	12 Days of Quitmas	0	188
Quitting Side Effects	Written by Kalyne Mitchell	12/18/2016	12 Days of Quitmas	0	195
Fight Tobacco Cravings	Written by Kalyne Mitchell	12/19/2016	12 Days of Quitmas	0	197
Locations for Smoke-free Housing	Written by Kalyne Mitchell	12/20/2016	12 Days of Quitmas	0	171
Chemicals in Cigarettes	Written by Kalyne Mitchell	12/21/2016	12 Days of Quitmas	0	167
Locations for Smoke-free Meetings	Written by Kalyne Mitchell	12/23/2016	12 Days of Quitmas	0	167
NV Tobacco Quitline	Written by Kalyne Mitchell	12/23/2016	12 Days of Quitmas	0	166
Quitting Smoking Benefits	Written by Kalyne Mitchell	12/25/2016	12 Days of Quitmas	0	180
Secondhand Smoke	Share from NV Cancer Coalition	12/28/2016	Smoke Free Meetings Promo	0	27
New Year Resolution	Written by Kalyne Mitchell	12/20/2016	NV Tobacco Quitline	0	150