



Mission: To protect and promote the health, the environment and the well-being of Clark County residents and visitors.

MINUTES

CLARK COUNTY HEALTH DISTRICT DISTRICT BOARD OF HEALTH MEETING

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, October 23, 2003 - 8:00 A.M.

Vice Chairman Christensen called the meeting of the District Board of Health to order at 8 a.m. and the Pledge of Allegiance was held. He noted that he had been provided with the Affidavits of Posting and Mailing of Agenda meeting notices, as required by Nevada's Open Meeting Law. The Affidavits will be incorporated into the Official Minutes.

Board Members

Present:

Jim Christensen, MD
Andrea Anderson
Sherry Colquitt, RN
Robert Eliason
Donna Fairchild
Paul Henderson
Steven Kirk
Joe Hardy, MD
Rory Reid
Stephanie Smith

Vice-Chairman, Physician Member At-Large
Councilman, Boulder City
Appointee, Las Vegas
Councilman North Las Vegas
Councilwoman, Mesquite
Councilman, Mesquite
Councilman, Henderson
Appointee, Boulder City
Commissioner, Clark County
Councilwoman, North Las Vegas

Absent:

Susan Crowley
Chip Maxfield
Gary Reese

Appointee, Henderson
Commissioner, Clark County
Chairman, Councilman, Las Vegas

Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: ,Karl Munninger; Glenn Savage; Fran Courtney, RN; Jane Shunney, RN; Rory Chetelat; Angus MacEachern; Steve Goode; Ed Wojcik; Daniel Maxson; Michael Attaway; Mary Ellen Harrell; Patricia Armour; Nicole Bungum; Jennifer Sizemore; David Tonelli; Patricia Rowley; Heather Nelson; Forrest Hasselbauer; Leo Vega; and Recording Secretaries Diana Lindquist and Norma Jordan

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Fred Couzens	LV Tribune
Dan Musgrove	Clark County
Mike Alastuey	Clark County
Gregg Fusto	UMC
Connie Clemmons-Brown	UMC
Jacquelin Taylor	UMC
Dee Hicks	Sunrise Hospital
Michael Metzler, M.D.	Sunrise Hospital
Michael Bass, M.D.	Sunrise Hospital
John R. Bailey	Sunrise Hospital
Ann Burgess	Sunrise Hospital

I. CONSENT AGENDA

These are matters considered to be routine by the District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Member Colquitt moved for approval of the following consent agenda. Motion was seconded by Member Fairchild and carried unanimously.

- 1. Minutes/Board of Health Meeting: 09/25/03**
- 2. Approve Payroll/Overtime for Periods of: 08/30/03 - 09/12/03; 09/13/03 - 09/26/03**
- 3. Approve Accounts Payable Register: #888: 08/28/03 - 09/04/03; **#889:** 09/05/03 - 09/11/03; **#890:** 09/12/03 - 09/18/03; **#891:** 09/19/03 - 09/25/03; **#892:** 9/26/03 - 10/02/03**
- 4. Petition #42-03, Resolution #02-03, Approval of Establishment of Petty Cash Funds**
- 5. Petition #43-03: Approval of Application to the City of Las Vegas for Community Development Block Grant Funds to Provide Mental Health Screening**
- 6. Petition #44-03: Approval of the Expansion of Space Utilization at the Shadow Professional Building**
- 7. Petition #45-03: Approval of the Redefinition of the following Classification Specifications: Central Supply Assistant, Change from Nursing Central Supply Clerk to Remain Schedule 15 (\$32,104.80 - \$44,782.40); Human Resources Assistant, Combine Human Resources Assistant and Senior Human Resources Assistant to be Placed on Schedule 16 (\$33,800.00 - \$47,153.60); Laboratory Assistant; Current Schedule 13 (\$28,953.60 - \$40,442.52) to be Placed on Schedule 15 (\$32,104.80 - \$44,782.40); Approval of Classification Specification for Bilingual Customer Service Assistant to be Placed on Schedule 10 (\$24,880.96 - \$34,677.76**
- 8. Petition #46-03: Approval of new Classification Specification for Health Education Supervisor to be Placed on Schedule 24 (\$50,847.68 - \$70,948.80)**
- 9. Petition #47-03: Approval of new Classification Specification in the Bioterrorism Series: Librarian/Grant Writer to be Placed on Schedule 21 (\$43,661.28 - \$60,848.32); Environmental Health Bioterrorism Logistics Planner to be Placed on Schedule 22 (\$45,930.56 - \$64,036.96)**

10. Petition #48-03: Approval of a Revised Classification Specification for Emergency Medical Services Manager to be Placed on Schedule 28 (\$62,410.40 - \$87,054.24); Approval of New Classification Specification for Emergency Medical Services Program/Project Coordinator to be Placed on Schedule 19 \$39,395.20 - \$54,951.52)

11. Petition #49-03: Establishment of \$50.00 Fee for Continuing Education Unit (CEU) Training Courses

II. PUBLIC HEARING/ACTION

NO PUBLIC HEARING SCHEDULED

III. REPORT/DISCUSSION - ITEMS ON WHICH ACTION MAY BE TAKEN

1. Southern Nevada Trauma System Development

Dr. Kwalick explained that the State asked Staff to come up with a process for recommendations to develop a trauma system in Southern Nevada and this is the first step in that process. Staff suggested that a committee of the Board of Health be appointed to work with Staff to develop the scope of work for an independent contractor that would assess the current situation and recommend system criteria for Southern Nevada to the Board of Health. Also, there is a need to develop a community process for input into the recommendations for developing a trauma system in Southern Nevada.

The Board supported appointing a committee of the Board since the Board of Health represents all citizens of Clark County and the process should be cooperative not competitive. This is a great opportunity to do some planning rather than waiting for a crisis. Developing a global plan for a unified system would allow for a continuum of care throughout the entire trauma system process.

A long-term plan is needed that will project the growth that is going to take place in the valley in the next 10 to 15 years. Additionally, the public should be aware of what is happening and should be able to give input towards developing the best plan for Southern Nevada. It was suggested to use the University Medical Center model with a task force representing a broad cross section of the community to hear public testimony.

Also, it was suggested that we follow the process outlined in an article in the Journal of American Medicine Association (3/26/03) entitled "National Inventory of Hospital Trauma Centers" which has an extensive bibliography about the whole issue of trauma systems.

Dr. Kwalick noted that funding for the consultants is contingent upon resources being generated by various stakeholders which could include the various hospitals and all the jurisdictions including the county. If we don't get money to pay the consultant, facilitators and other individuals that might be involved, we will be unable to proceed. He wanted to make that very clear to the Board at this point.

Vice-Chairman Christensen appointed the following members to the committee:

Member Christensen
Member Colquitt
Member Fairchild

Member Kirk
Member Maxfield
Member Smith

Member Kirk moved to establish a committee made up of the members mentioned above to develop a scope of work to identify an outside consultant and to work out the development of a community task force and a public participation process for the development of a trauma system. Motion was seconded and carried unanimously.

IV. CITIZEN PARTICIPATION

Citizen participation is a period devoted to comments by the general public about matters relevant to the Board's jurisdiction. Items raised under this portion of the Agenda cannot be acted upon by the Board of Health until the notice provisions of Nevada's Open Meeting Law has been complied with. Therefore, no vote may be taken on a matter not listed on the posted agenda and any action on such items will have to be considered at a later meeting.

Vice Chairman Christensen asked if any member of the public wished to be heard on subjects that are relevant to the Board's jurisdiction.

Dr. Michael Metzler briefly remarked that he had 26 years of experience in trauma. He was associated with an institution called UMC (University of Missouri Columbia), which is halfway between Kansas City and St. Louis. He informed the Board of the plan to develop another trauma center at Sunrise Hospital. The current trauma center could be developed into a better trauma system. He supported the development of the process but suggested that it not be a over a lengthy period of time. It needs to be accomplished as quickly as possible because the need is growing. Clark County is a growing community and the trauma system should and could evolve into an excellent one.

V. HEALTH OFFICER & STAFF REPORTS

Dr. Kwalick commented that flu immunizations have begun and urged everyone to get immunized against the flu. It seems as though we may have a severe outbreak this year if what has happened from April to September in New Zealand and Australia is any indication. Cases have occurred in August this year in U.S. in the Northeast, the Southeast, the Midwest and currently in Texas and Washington.

He introduced Lori Hickstein, TB Coordinator, to give a brief overview of Tuberculosis Control to demonstrate the amount of time that it takes to follow-up on active cases of Tuberculosis that continue to occur in our community. We have approximately 60 cases this year. A couple of years ago we were up to over 100 cases.

Ms. Hickstein remarked that recently Staff has been involved in two large scale contact investigations. One was due to an exposure of an inmate at Clark County Detention Center (CCDC) who had been there six months without being checked for TB.

Inmates at the Detention Center have the right to refuse skin testing because it is a "pre-trial" facility. That inmate was in Detention Center over that six months time frame and was moved 35 times while in that facility. As a result of this movement we had to test all the correctional staff (500) and approximately 50 medical staff. The inmate also had 9 courtroom appearances resulting in many hours of potential exposure.

Through the assistance of the court bailiffs, Staff was able to identify and investigate all contacts in the courthouse that were exposed to the inmate. Approximately 208 individuals were tested at the courthouse. People with positive skin tests, with normal X-rays were offered prophylactic medication. Thus far, there are no other active cases but we have identified officers that have been exposed to the bacteria. They are now receiving medication. As a result of this investigation Metro will now be testing officers on a yearly basis. In the past it was voluntary even though some of the officers are on staff at the Detention Center.

Staff has been attempting to locate another 250 inmates that had been housed during that six-month time frame. Approximately 200 letters were sent but only 100 inmates have come in for testing as a result of the letter. At the time the investigation started only about 30 inmates were still in house and tested.

The second active case in a healthcare worker resulted in over 370 contacts at the health care facility that had to be tested. The contacts are basically patients who are immune compromised and have many chronic illnesses. Staff is currently in the middle of that investigation. The State TB program manager assisted in Center for Disease Control (CDC) dispatching four CDC officers to assist us in looking at the actual hours of exposure with all these patients and all of the staff. At this point we have tested 370 contacts of which, 59 were the staff at the facility. We are finding converters among the staff. Those Staff members that were previously negative now have positive skin tests with normal chest x-rays and will start prophylactic medication.

Staff is also notifying approximately 100 visitors to Las Vegas from 45 States and two international clients, one each from England and Japan. The skin test may not be an effective tool because these contacts are chronically ill. The CDC is conducting a study of such patients with a new blood test. They were able to enroll 75 of these patients in that study investigation. Staff will be going back to this facility in the mid-November to conduct testing again. This case was very contagious!

Brief discussion followed about the small number of the TB staff members, how the cases were discovered and the enormous workload of staff.

Fran Courtney, RN, commended the TB staff for their long hours and dedication.

VI. INFORMATIONAL ITEMS

Duly Noted

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid September 2003 - Mid October 2003
2. Financial Data: Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of September 2003
3. Health Education Monthly Report, September 2003
4. Epidemiology Monthly Report, September 2003
5. Public Information Monthly Report, September 2003

B. Environmental Health:

1. Monthly Activity Report, September 2003

C. Nursing and Clinics:

1. Monthly Activity Report, September 2003

VII. ADJOURNMENT

There being no further business to come before the Board, Vice Chairman Christensen adjourned the meeting at 8:32 a.m.

SUBMITTED FOR BOARD APPROVAL

Donald S. Kwalick, MD, MPH, Chief Health Officer
Executive Secretary

/dl