



MINUTES

Southern Nevada District Board of Health Meeting

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, March 27, 2008 - 8:00 A.M.

Chair Steven Kirk called the meeting of the Southern Nevada District Board of Health to order at 8:05 a.m. Stephen Minagil, Legal Counsel confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law and that a quorum was present. Chairman Kirk led the Pledge of Allegiance.

Board Members Present:

Steven Kirk
Chris Giunchigliani
Ricki Barlow
Jim Christensen, MD
Robert Eliason
Joseph Hardy, MD
Tim Jones
Robert "Bubba" Smith
Linda Strickland
Debra Toney, RN
Lawrence Weekly

Chair, Councilman, Henderson
Vice Chair, Commissioner, Clark County
Councilman, Las Vegas
At-Large Member, Physician
Councilman, North Las Vegas
At-Large Member, Physician
At-Large Member, Regulated Business/Industry
Councilmember, Mesquite
Councilmember, Boulder City
Alternate At-Large Member, Registered Nurse
Commissioner, Clark County

Absent:

Travis Chandler
Tom Collins
Susan Crowley
Lonnie Empey
Mary Jo Mattocks, RN
Frank Nemec, MD
John Onyema, MD
Gary Reese
Steven Ross
Gerri Schroder
Stephanie Smith

Councilmember, Boulder City Alternate
Commissioner, Clark County Alternate
At-Large Member, Environmental Specialist
Alternate At-Large Member, Environmental Specialist
At-Large Member, Registered Nurse
Alternate At-Large Member, Physician
Alternate At-Large Member, Physician
Secretary, Councilman, Las Vegas
Councilman, Las Vegas Alternate
Councilwoman, Henderson Alternate
Councilwoman, North Las Vegas Alternate

Executive Secretary:

Lawrence Sands, DO, MPH

Legal Counsel:

Stephen R. Minagil

Other SNHD Board of Health Members/Alternates Present:

Jimmy Vigilante

Alternate At-Large Member, Regulated Business/Industry

Staff: Stephanie Bethel; Jerry Boyd; Mary Ellen Britt; Rory Chetelat; Sylvia Claiborne; Noreen Clark; Diana Daniels; Diane Freeman; Gail Gholson; Forrest Hasselbauer; Ed Larsen; Mary Ellen Harrell; Brian Labus; Patty O'Rourke-Langston; Angus MacEachern; Ann Markle; Kieawa Mason; Veronica Morata-Nichols; Gwen Osburn; Patricia Rowley; Walter Ross; Glenn Savage; Jennifer Sizemore; Jane Shunney; Bonnie Sorenson; Leo Vega; Mike Walsh; Leisa Whittum; Deborah Williams; Diana Lindquist, Recording Secretary; Valery Klaric

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
M. Metzler, MD	Sunrise Trauma
Stacy Shaffer	SEIU
Ky Plaskon	Channel 8
Jon Herbert	Channel 8
Bill Noe	Channel 8
Matt Bell	KLAS
Kam Brian	Par 3
Jose Calvano	ABC Recycling Inc.
Maria Calvano	ABC Recycling Inc.
Pam Graham	Nevada State Health Division
Gary Milliken	SNHD Lobbyist
Bryan Gresh	SNHD Lobbyist
Tammi M. Stigger	Bellagio
Jennifer Hoff	Touro University – PA Student
Michele Voelkening	Purdue Marion & Associates
Rob Dorinson	Evergreen Recycling
Bud Cranor	City of Henderson
Stephanie Bruning	City of North Las Vegas
Patrick Cowan	SEIU
Annette Wells	Review Journal
Leonard Wilson	City Attorney's Office
Jana Wright	Clark County
Heather Klein	Channel 13
Les Krifaton	Fox 5
Katie Fellows	Jones Vargas

I. CONSENT AGENDA

These are matters considered to be routine by the Southern Nevada 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.

1. **Approve Minutes / Board of Health Meeting:** 2/28/08

2. **Approve Payroll / Overtime for Periods:** 1/26/08 – 2/8/08 & 2/09/08 – 2/22/08

3. **Approve Accounts Payable Registers: #1114:** 1/31/08 – 2/6/08; **#1115:** 2/7/08 – 2/13/08; **#1116:** 2/14/08 – 2/20/08; **#1117:** 2/21/08 – 2/27/08
4. **Petition #02-08:** Authorize Letter Completing Request of Delegation of Authority from State Board of Health to Develop a System of Data Collection Concerning Waiting Times for Patient Transfer from Emergency Medical Services to Hospital Pursuant to Senate Bill No. 244; Appoint Persons to Advisory Committee; Determine Each Hospital and Provider of Emergency Medical Services Shall Contribute Equally to Cost of Data Collection
5. **Petition #11-08:** Approve a Universal Change to all SNHD Classification Specifications that will Require New Employees to Complete Incident Command System (ICS) 100, Incident Command System (ICS) 200 and National Incident Management System (NIMS) Certification Prior to the Completion of the Probationary Period of Employment
6. **Petition #12-08:** Approve the New Classification Specification for Public Health Preparedness Nurse, Schedule 24 (\$58,916 - \$82,204)
7. **Petition #13-08:** Approve Establishing a Fee Effective April 1, 2008 for Lead Testing Equal to Medicaid Reimbursement of \$20

Chairman Kirk asked Dr. Sands if there were changes to the agenda. Dr. Sands confirmed there were no changes. Chairman Kirk called for a motion to approve the Consent Agenda as presented.

A motion was made by Member Eliason, seconded by Member Smith and unanimously approved to approve the Consent Agenda as presented.

II. PUBLIC HEARING / ACTION

1. **Memorandum #08-08:** Request for Approval of Renewal of Authorization of Sunrise Hospital and Medical Center as a Level II Center for the Treatment of Trauma.

Chairman Kirk declared the public hearing open.

Mary Ellen Britt reviewed the renewal request for the Level II Trauma Center. The application was unanimously approved by the Regional Trauma Advisory Board on February 20, 2008 and recommended approval based on Sunrise's willingness to provide trauma services to the community, their active participation in the trauma system and their compliance with the requirements outlined in the trauma regulations.

Chairman Kirk asked if anyone from the public wished to speak to this matter. No one came forward to speak and Chairman Kirk closed the public hearing.

A motion was made by Member Dr. Christensen, seconded by Member Eliason and unanimously approved for Approval of Renewal of Authorization of Sunrise Hospital and Medical Center as a Level II Center for the Treatment of Trauma as presented.

2. **Memorandum #06-08:** Application for Approval to Operate a Materials Recovery Facility for ABC Recycling Inc. Inc., 2630 Betty Lane, Las Vegas, NV 89156 (APN 140-16-301-022).

Chairman Kirk declared the public hearing open

Mr. Glenn Savage, Environmental Health Director, and Walter Ross, Supervisor and Engineer, Solid Waste Plan Review, reported that ABC Recycling Inc. recovers and processes most forms of metals, engines, transmissions, wiring harnesses, air conditioning, radiators and other components from like vehicles. Better quality components are sent to remanufacturing facilities and the majority is segregated by metal type and sent to smelters. ABC Recycling Inc. has a specialized system to extract fluids for reuse or recycling. Mr. Savage stated that ABC Recycling Inc. has met all requirements for a materials recovery facility as specified in section 4 of the Materials Recovery Facilities Regulations. At this time, staff recommends approval for this permit based on final inspection with the conditions as outlined in the memorandum. Jose and Maria Calvano of ABC Recycling Inc. were present to answer questions of the Board.

Chairman Kirk asked Jose and Maria Calvano if they understood the conditions as outlined and Mr. Calvano responded affirmatively.

Chairman Kirk asked if anyone from the public wished to speak to this matter. No one came forward to speak and Chairman Kirk closed the public hearing.

A motion was made by Member Eliason, to approve the application as submitted with the conditions as outlined in the memorandum, seconded by Member Jones and unanimously approved.

3. **Memorandum #04-08:** Application for Approval to Operate a Materials Recovery Facility for Par-3 Landscape and Maintenance, Inc., 4610 Wynn Road, Las Vegas, NV 89103 (APN 162-19-702-011)

Chairman Kirk declared the public hearing open.

Glenn Savage, Environmental Health Director, and Walter Ross, Supervisor and Engineer, Solid Waste Plan Review, presented this item and reported that Kam Brian of Par 3 Landscape & Maintenance, Inc. was present. Par 3 Landscape & Maintenance, Inc. and Maintenance is seeking a permit to operate a materials recovery facility that provides for the extraction from solid waste recycled materials suitable for use of fuel or soil or any combination of the two. This facility will accept and recycle metals, wood, green waste, paper, plastic, drywall and concrete and will not be open to the general public. Par 3 Landscape & Maintenance, Inc. has met all requirements for a materials recovery facility as specified in section 4 of the Regulations Governing Materials Recovery Facilities. At this time, staff recommends approval for this permit based on final inspection with the conditions as outlined in the memorandum. Mr. Savage, Mr. Ross and Mr. Kam Brian of Par 3 Landscape & Maintenance, Inc. were present to answer questions of the Board.

Chairman Kirk asked if anyone from the public wished to speak to this matter.

Mr. Rob Dorinson, Evergreen Recycling, asked for the length of time on which approval is based and Mr. Savage responded zoning was issued by the county for one year and if approved by the Board of Health, Par 3 Landscape & Maintenance, Inc. would begin immediately constructing the building and possibly be operational by August 2008. Mr. Ross stated the memorandum recommendation states the applicant must maintain the applicable land use approval and applicable Clark County business license, which is pending subject to construction of their facility. Mr. Dorinson stated Par 3 Landscape & Maintenance, Inc. is operating a facility that is unregulated, unpermitted, unlicensed and currently under a cease and desist order. He stated that clear time frames for compliance as well as specific performance criteria are necessary. Mr. Savage confirmed that Par 3 Landscape & Maintenance, Inc., has been

operating without a license and a cease and desist order was sent by the health district. Part of the remedy determined by a hearing officer requires Par 3 Landscape & Maintenance, Inc. to acquire the necessary licensures and permits for compliance and are aware they could come before a hearing officer again if they continue to operate without them in place and without their building and necessary structures. They are here today to seek the permit to move forward. Mr. Kam Brian stated that the use permit submitted with the county gave them until January, 2009 and will be completed six months in advance.

Chairman Kirk asked if there was anyone else that wanted to speak on this item and no one else came forward and closed the public hearing. Chairman Kirk asked Mr. Brian if he understood the conditions as outlined in the memorandum and he responded affirmatively. Member Hardy clarified the motion stating that the board is approving something to happen in the future when it is appropriately permitted and necessary steps taken.

A motion was made by Member Jones to approve the application as submitted with the conditions outlined in the memorandum; seconded by Member Strickland and unanimously approved.

III. REPORT / DISCUSSION / ACTION

1. **Petition #08-08; Memorandum #10-08:** Review and Approve the Tentative Budget for Fiscal Year 2008-2009 for Submission to Clark County and Forwarding to the Nevada Department of Taxation.

Michael Walsh, Director of Administration, introduced Sylvia Claiborne, Financial Services Manager, who provided an overview of the FY 2008-2009 Tentative Budget (**attachment #1**). The estimated tentative budget revenue for FY 2008-2009 is \$73,502,713 and proposed combined operating expenditures, capital reserve, liability reserve, proprietary fund and proposed bond transfer dollars for the next fiscal year are \$78,799,651. Total transfers to the capital reserve fund, liability reserve fund, proprietary fund and proposed bond reserve fund are budgeted for the amount of \$7,240,436. The projected ending fund balance for FY 2008-2009 is \$9,674,008 which is approximately 13.5% of projected annual expenditures budgeted in FY 2008-2009. The surplus has been created due to the cost-of-living adjustment (COLA) which has not been included in the budget for FY 2009 because the current collective bargaining agreement expiring on June 30, 2008. When negotiations are completed, an amended budget will be presented for board approval.

The FY 2008-2009 Tentative Budget provides for a realistic budget with an acceptable General Fund reserve and funds the expected increased service levels in all Divisions. Included in the Tentative Budget 2008–2009 are several graphs depicting revenue and expenditure relationships for FY 2008–2009. The Tentative Budget is a working document which proposes a fiscal solution to assure the provision of necessary public health activities during the coming year.

Ms. Claiborne reported that the ordinary expenses are budgeted to deal with significant investigations like the current hepatitis C investigation and budgeted funds are sufficient to deal with the investigation, but most of the funds would be expended if the process continues over a long period of time. The state is awarding a sub-grant to the health district covering the first two invoices from the Poison Control Call Center for \$175,000 and \$38,000 submitted last week. She continued the budget review stating that upon Board of Health approval, a bond reserve fund will be established to enable the health district to pay bonded debt in the event the County

issues bonds on our behalf to fund a new building. Ms. Claiborne reported that 25 additional positions are budgeted; 7 of these positions are to administer the immunization mandates at an approximate cost of salary and benefits of \$1.6-1.7 million and 2 of the positions are covered by grant funding. Dr. Sands noted that some of the additional positions budgeted are in response to increased demands with many supported through regulatory fees and stated that the Environmental Health positions are fee based and a result of commercial construction and increased inspections. Member Giunchigliani requested a briefing on the budget and a flow chart or staffing chart of current and proposed positions. Chairman Kirk requested additional discussion about programs that may be impacted by state budget cuts as significant reductions in grant funding could impact balancing the budget. To date we have not received formal notification of reductions and have taken a conservative approach during the budgeting process as well as in projecting grant funds. Forty-four positions were originally requested and 25 approved with 17 of these positions generating revenue. Positions requested and approved are as follows:

- Environmental Health requested 23 positions -7 approved
- Community Health requested 4 - 1 approved
- Administration requested 8 - 6 approved (Administration includes Human Resources, Accounts Payable/Receivable, Purchasing, Shipping/Receiving, Cost Accountability, Financial Analysis, Internal Audit, Grant/Contract Administration, Health Cards, Vital Records, Public Information, Information Technology Services, General Supply, Mailroom and Print Shop Services)
- Nursing requested 9 – 9 approved (7 positions to fulfill immunization mandates)

Angus MacEachern, Human Resources Administrator, stated that we have not received formal notice from employees who are leaving due to changes in the Public Employee Benefits Plan (PEBP) and reported that we are taking a number of different steps to address the issue that will be presented at the April Board of Health meeting. Member Giunchigliani asked where she would find the actual insurance costs for employees under the PEPB. Health insurance costs through PEPB are increasing significantly, particularly for non-state employees who are rated outside the state program. Legislature mandated that early retirees are included in ratings with active employees and Medicare retirees are rated separately. The labor contract requires appointing a health insurance committee and union approval to make changes to the health insurance and Mr. MacEachern is in the process of setting up meetings with Service Employees International Union (SEIU) representatives for this discussion. If a large number of employees would elect retirement in addition to loss of employee expertise, the district would feel the impact of them taking their accrued benefit time. Member Giunchigliani asked if the health district was represented by a labor law firm during negotiations and asked for this topic to be agenized for discussion and suggested working with various public entities for a plan of action. Mr. MacEachern stated that our program is designed to encourage employees to stay and reported that the timeline for the healthcare plan is to be presented at the April board of health meeting. The labor contract ends June 30 and he believes that he has a solution that will be presented to the union for their consideration, adding that all employees of the health district are covered by the same healthcare plan. He reported that PEBP requires 90 days notice to leave the insurance plan and non-state rates were available on March 7, 2008 and adopted March 13, 2008. Mr. Kirk closed in saying that timelines are critical and everyone must work in concert to accomplish the tasks at hand, adding that the Board would like to be kept informed on their progress.

Chair Kirk excused himself and Vice Chair Giunchigliani chaired the remainder of the meeting.

Review of the Information Technology budget showed the majority of funds budgeted for replacement of the VAX system and a new health card system. \$350,000 was budgeted for remodeling costs with \$170,000 budgeted for reconfiguration of space to handle the additional volumes in nursing as well as potential changes to the building's structure that may be unavoidable due to cracks discovered in the building that will need to be inspected by a structural engineer.

Member Giunchigliani asked if a complaint system is in place, how it is accessed by the public and if they are tracked. Edward Larsen, Information Technology Manager, reported that the public can submit a complaint on the website, but a tracking system is not in place. Information is currently being gathered and a needs assessment is being done. The department is looking at integration of information into the various departments and Requests for Proposals will be issued.

Ms. Claiborne stated that \$1,000,000 would be transferred to a newly established Bond Reserve Fund set aside to fund a new building that, upon approval, would be transferred and invested by the county finance department.

Vice Chair Giunchigliani stated that budget review would be accepted and approval of the tentative budget would be with the understanding that input or changes could occur.

A motion was made by Member Jones to approve the Tentative Budget for Fiscal year 2008-2009; seconded by Member Hardy and was unanimously approved.

2. **Petition #09-08:** Approve Recommendation of Southern Nevada District Board of Health Audit Committee to Engage Kafoury, Armstrong & Company to Conduct Annual Audits for Fiscal Year 2008, 2009, and 2010 triennium

Michael Walsh, Director of Administration, reported that the Audit Committee met March 17, 2008 and discussed scoring for the proposals submitted. Four proposals were submitted from the 16 firms solicited. Scoring done by health district staff before the meeting concurred with Audit Committee scoring. The Audit committee made the recommendation to engage Kafoury, Armstrong and Company at the cost of \$87,900.

A motion was made by Member Christensen, seconded by Member Eliason and unanimously carried to engage Kafoury, Armstrong & Company to Conduct Annual Audits for Fiscal Year 2008, 2009, and 2010 triennium.

3. **Petition #10-08:** Approve Resolution #01-08 to Establish a Debt Service Fund for Southern Nevada Health District Pursuant to Nevada Revised Statute (NRS) 354.612

Michael Walsh, Director of Administration, reiterated that \$1,000,000 would be transferred to a newly established Bond Reserve Fund set aside to fund a new building, if approved by the Board of Health.

A motion was made by Member Jones, seconded by Member Strickland and unanimously approved to establish a debt service fund for Southern Nevada Health District.

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 have 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 subsequent meeting.

Vice Chair Giunchigliani invited any individuals wishing to address the Board on matters under their jurisdiction to come forward.

Dr. Joseph Hardy of Boulder City, Nevada, Southern Nevada Health District Board of Health Member and Assemblyman-District #20, made the following statement as a private citizen regarding Public Health and Public Trust:

How do we make up for doctors who partner illegally with attorneys, a doctor accused of selling illegally drugs out of his trunk and doctors accused of endangering trusting patients? What are people to believe? Who do we know to trust? When will we be able to schedule an invasive medical test again without fear or worry? People who have been involuntarily put in "harm's way" are appropriately angry, worried and scared. No one can reassure enough those who have been infected. We cannot even overcome the anxiety and anger of those who have been affected by the fear of infection. The people of Southern Nevada justifiably want someone to be punished and something to be done to assure that nothing like this will ever happen again.

After pondering and considering so many personal perspectives, I felt compelled to put together in writing some of the shared suggestions and observations from the Interim Legislative Health Committee public hearing on March 24.

We need to consider many of the suggestions made by the public: accreditation of outpatient facilities with inspections both timely and increased in frequency by experienced teams; allow patients an option to seek other medical care than that required by their insurance company; invite more doctors and nurses into Nevada after assuring qualifications; encourage transparency of outcomes and qualifications of practitioners; define the duties, complaint system, personnel duties, appointment process, recusals and conflicts of interest that would lead to temporary or permanent replacement of board members; give enough power to medical inspection teams as to tattoo or restaurant inspectors in order to stop practices and education before resuming care; have an educational system approved and verifiable adherence to good techniques in each facility; hire investigators with the money that does exist perhaps for a higher salary and utilizing the private hiring resources if needed; whistle blower protection; complaints to either Board of Medical Examiners or Bureau of Licensure and Certification is shared with each other and/or other agencies; notification options for patients affected; devise a system of medical chart review that does not seize private medical records and assures compliance with federal law; track where suspected license holders go if one place is closed down; get a central information and education hotline and facilitator to get people the right information in a timely manner; adequately fund the Bureau of licensure and certification, perhaps with a new consideration of funding source; get the medical community apprised of problems and processes with serial instructions and suggestions to care for those affected.

Again, we as physicians have an obligation to be forthright with our patients even if we are not always right. We have a sacred obligation to protect the people we call our patients. I hope that we may, as a community, learn again to respect all people and their problems. As a legislator and a physician, I hope that we can restore faith and confidence in our local doctors and nurses.

Noreen Clark, SEIU Chief Union Steward, discussed possible changes in health insurance coverage and termination of the PEBP and requested adequate meeting notice and sufficient time for committee members to review proposal.

Diana Daniels, a health district employee, spoke stating she plans to retire August 29, 2008 instead of December to avoid loss of benefits that could occur due to changes in the PEBP and asked the district to consider retiring employees when making any decision and suggested prolonging a decision for one year. Vice Chair Giunchigliani suggested approaching the county manager to work on this as a committee

There were no further comments and Vice Chair Giunchigliani closed this portion of the agenda.

V. HEALTH OFFICER & STAFF REPORTS

1. Hepatitis C Investigation

Dr. Sands stated regular updates on the hepatitis C investigation have been provided for Board of Health members since the last meeting. Brian Labus, Senior Epidemiologist, Jennifer Sizemore, Public Information Officer, and Pamela Graham, Interim Bureau Chief for the State Bureau of Licensure and Certification, will provide updates. Mr. Labus distributed and reviewed the Interim Report on the Endoscopy Center of Southern Nevada Hepatitis C Investigation. In addition to the health district, many outside agencies have become involved and every level of government and anyone connected to health or business licensing is affected. This provisional document has been developed as an interim report and the final report will be issued upon completion of epidemiological investigation.

Investigation Timeline

As the local health authority, SNHD has the statutory responsibility for most public health activities, including disease surveillance and investigation, outbreak investigation, and the implementation of the public health interventions. On January 2, 2008, through routine disease investigation and surveillance activities, SNHD identified a cluster of two cases of acute hepatitis C who had both reported undergoing procedures at the Endoscopy Center of Southern Nevada.

The Nevada State Epidemiologist was notified of the cluster upon discovery of the relationship between the two initial cases. The health district contacted the Centers for Disease Control and Prevention (CDC) for technical assistance on January 2, 2008. In addition, SNHD notified the State Bureau of Licensure and Certification (BLC), as it is the agency responsible for the licensure of the facility. On January 2, 2008, a third case of acute hepatitis C with history of endoscopic procedures at the same facility was identified. A formal request for epidemiologic assistance was then made through the Nevada State Epidemiologist to the CDC on January 4, 2008, with CDC staff arriving in Las Vegas, NV on January 9, 2008.

The SNHD Outbreak Investigation Team (OIT) led the investigation, with technical assistance provided by the CDC. The BLC conducted a parallel investigation in response to a complaint made by the health district about the outbreak. On the afternoon of January 9, 2008, OIT

members met with clinic management and were provided a basic overview of clinic operations. On January 10, OIT members began reviewing clinic records and patient charts, which began with a review of incident cases. Observations of clinic operations and procedures began on January 11, 2008. The initial field investigation continued through January 17, 2008, with additional visits to the clinic to review records with interviews of current and former staff members continuing over the following two weeks.

During the investigation, SNHD identified unsafe injection practices which placed patients at risk for exposure to bloodborne pathogens. The identification of these practices alone was sufficient to warrant the notification of patients of their risk. After consultation with the CDC and the Nevada State Epidemiologist, SNHD made the decision to notify patients of their risk and recommend that they be tested for hepatitis C, hepatitis B, and HIV. This decision was based on the identification of the unsafe injection practices, and the determination that these practices had been the standard practices of the clinic since a remodeling in March of 2004.

On February 7, 2008, SNHD requested that clinic management provide a list of all clinic patients from March of 2004 through January 11, 2008, which included patient contact information, date of birth, procedure date, and insurance company billed. On February 22, 2008, the clinic management provided a CD to SNHD with a file dated February 14, 2008. The file included patient name, address, phone number, and accession date. In addition, the name and phone number of the employer were provided for some cases.

A total of 39,562 patient names were provided in the electronic file. The clinic's plan of correction filed with BLC stated that "Because all patients who could potentially be at risk can be identified through the facility's records, direct mail notification is likely to be most effective." The completeness of the list could not be ascertained at the time the list was provided, as the information provided by the clinic did not include the procedure date. Use of the post office's change of address database to verify the list identified over 1,400 patients with addresses determined to be undeliverable. As a result, it was necessary to notify patients through the media in addition to direct mail notification. Subsequent to the patient notification, SNHD began receiving reports from former patients who were not on the list, indicating that the list was not complete. In order to create a more complete list, or at the very least determine how many people were left off the list, SNHD is working with law enforcement to obtain access to additional clinic records and with insurance companies who may have paid claims to the clinic.

Outbreak Investigation Findings

To date, a total of six cases of acute hepatitis C have been identified among clinic patients. One of the cases had a procedure on July 25, 2007, and five had procedures on September 21, 2007. Patients who had procedures at the Endoscopy Center of Southern Nevada on September 21, 2007 were nearly 28 million times more likely ($p < 0.00000001$) than non-patients to develop acute hepatitis C. Genetic testing completed on the viruses from four of the patients on September 21 identified that the infections had come from a common source (one result is still pending). Genetic testing on the case from July 25 identified that the infection had come from a different source than the cases from September 21.

A number of possible sources of exposure leading to the outbreak were investigated during the initial field investigation, including:

Reprocessing of Endoscopes

- Review of automated reprocessor logs for the month of July identified no problems in the two days immediately before and after one of the case patients received their procedure

(July 25). Review of the daily logs for September 2007, indicated there were no problems reported for either automated reprocessor within the two days before and after the case patients underwent their procedures.

- Disinfecting solution in the automated reprocessors appeared to be changed at a frequency consistent with the manufacturer's recommendations.
- Detergent labeled for use on one scope was observed to be used on the processing of two scopes. This step was one of many in the reprocessing of the scopes, and the reuse of the detergent would not likely result in a significantly decreased efficacy. As a result, the detergent reuse was not determined to be a significant public health risk.
- Initial review of patient charts identified that two patients potentially had procedures performed with the same scope, although this was attributed by the clinic to a clerical error. Verification through the computer system used with the scopes during the procedures identified that different scopes had been used on these two patients.
- Case patients had received either upper or lower endoscopies requiring different types of scopes.
- As a result, problems with endoscope reprocessing or use were ruled out as the likely source of the outbreak.

Biopsy and Other Equipment

- Several staff members reported that biopsy equipment labeled for use on a single patient had been reused for multiple patients after disinfection. One staff member stated that the rule was to reuse single-use equipment three times if possible. Clinic management denied the reuse of the biopsy forceps. As a result, steps used in the reprocessing and disinfection of this equipment could not be evaluated for their efficacy.
- Review of clinic purchase records identified irregularities in the purchasing patterns of biopsy forceps; over 7,800 biopsies or polyp removals were performed in 2007, but a total of 6,200 biopsy forceps or polyp removal wires were purchased. In addition, no purchases were made in 2007 prior to March 20, although over 1,500 biopsies or polyp removals were performed in this time period.
- Clinic staff reported the reuse of bite blocks (devices placed in the mouth during upper endoscopies) on multiple patients. One staff member reported that they were only allowed to use 4 bite blocks per day per procedure room (approximately 2080 bite blocks per year) despite the number of procedures performed. Review of purchasing records identified that the clinic purchased approximately 2,000 bite blocks in 2007, while reviews of procedure logs identified that the clinic had performed approximately 5,800 upper endoscopy procedures. The reuse of bite blocks is not thought to pose a significant risk to patients.
- Although there is a risk posed by the improper reuse of the equipment, not all patients had biopsies or upper endoscopies performed. Disposable equipment reuse was ruled out as the likely source of the outbreak, although risk from biopsy equipment for individual patients could not be determined.

Staff to Patient Transmission

- Outbreaks resulting from staff-to-patient transmission have previously been reported in the literature. Typically, these outbreaks are a result of a staff member with a chemical dependency contaminating medication vials intended for patients through injection drug practices. Although Propofol abuse has been reported, these outbreaks are typically related to narcotics such as fentanyl.
- Narcotic administration at the clinic was rare, and narcotics were only given to patients with previous adverse reactions to Propofol. No narcotics were administered on either of the days with known acute infections. Use of narcotics was also tightly controlled by the clinic.

- All current staff members with direct patient contact, including physicians, were tested for infection with hepatitis C virus. No infections were identified among staff members tested.
- The hepatitis C registry was searched for former staff members involved in the procedures of the known case patients, and no infections were identified.
- Genetic testing on the patient from July 25, 2007 identified a different virus than that of the patients tested from September 21, 2007, indicating that patients infected on the different days were not infected from the same source.
- The identification of different strains transmitted on different days, as well as not identifying a staff member infected with hepatitis C, rules out staff-to-patient transmission as the source of infection.

Individual Practitioners

- Cases were evaluated for their exposure to common staff members. No common staff member was identified among any of the cases, including those who had procedures on the same day.
- Injection practices.
- OIT Investigators observed (as did BLC surveyors) the reuse of "single use" Propofol vials for multiple patients on January 11, 2008.
- OIT investigators examined the Propofol check-out logs and identified that they were reusing vials, as evidenced by fewer vials being checked out each day than patients that were seen. The clinic could not provide the logs from 2005 and 2006, but the reuse was identified in 2004, 2007, and early 2008.
- OIT investigators conducted interviews with current staff members who reported that they were directed to reuse syringes, although staff was unwilling to elaborate on who told them to reuse syringes as interviews were conducted in the clinic. The majority of interviews with current staff members took place on January 11, 2008.
- A CRNA formerly employed by the clinic reported regularly reusing syringes.
- An RN reported that he had observed the practice on multiple occasions and complained to management about it. The same RN reported that Dr. A had directed them to reuse the syringes and other equipment. He stated that the standard practice was to reuse single-use items such as biopsy forceps three times. He stated that he had complained to Dr. B, supervisor C and administrator D about the practice.
- A third staff member reported quitting after one day of work because of concerns about equipment reuse and being told to document things that did not happen (e.g. record that the doctor checked in on a patient at a certain number of minutes after the procedure even if he had not). When complaints were voiced to other staff members about this practice, a CRNA told her that it was "how things were done there." She reported that she had complained to supervisor E, and did not return to work.
- During initial conversations with clinic management (on January 9, 2008) about the outbreak, several senior clinic staff members stated that nothing had changed in the way they had done business since the remodeling in 2004, and that their practices were consistent over that time period.
- A CRNA was observed to reuse a syringe during a procedure on January 11, 2008. The syringes were reused to re-dose a patient, but were not used on multiple patients.
- Through the combination of observation, interviews, and evaluation of records, it was determined that the reuse of syringes to re-dose a patient, combined with the reuse of single use vials for multiple patients was the most likely source of transmission during the outbreak. The continuation of this practice over the course of a day could have serially contaminated vials. See the attached figure for a graphical depiction of how patients would have been infected.

Next Steps

As of March 27, 2008, SNHD is continuing the outbreak investigation, focusing on the events of July 25, 2007 and September 21, 2007. Staff have been interviewing clinic patients and arranging for blood draws in order to better elucidate the timeline of events on those two days. Viral isolates from any patients on the two days of interest determined to be infected with the hepatitis C virus are being sent to CDC for genetic sequencing to identify a source as well as incident cases.

In addition, SNHD will be interviewing patients with positive hepatitis C test results to evaluate their risk factors for infection. A case classification schema is under development which will allow investigators to make assessments about the likelihood of infection for an individual clinic patient.

Investigative Challenges

The information contained in clinic records from the Endoscopy Center of Southern Nevada has hampered the ability of investigators to accurately reconstruct the events on the days of known transmission. Specifically:

- The clinic did not record the room in which the procedure took place. Repeated requests for this information could not be fulfilled by the clinic administration.
- According to procedure times recorded on patient charts, on four separate occasions on September 21, 2007, an individual doctor was performing two procedures at the same time.
- One colonoscopy lasting two minutes and two colonoscopies lasting three minutes were identified through reviewing procedure times on September 21, 2007. The short duration of these procedures makes it difficult to put the sequence of procedures in order.
- Multiple clinic staff members reported that anesthesia times were incorrectly recorded to make it seem as if anesthesia had been given for a longer period of time, and allowing for additional billing. Review of several patient records seemed to confirm this report, making it impossible to use the anesthesia times in reconstructing the events of the day.

Mr. Labus reported that a questionnaire was finalized to begin telephone calls to the public asking questions regarding basic normal risk factors for hepatitis C, i.e., IV drug use, blood transfusions prior to 1992, number of sexual partners, tattoos, other medical procedures as well as their procedure date. The information will provide a picture of what really happened overall with all the patients at the clinic.

Mr. Labus stated laboratory positives were reported by commercial laboratories resulting in two different sets of data and they are looking at deficiencies at other clinics identified by inspections performed by the Bureau of Licensure and Certification. An acute case of hepatitis C was identified at the Desert Shadow Endoscopy Center, a clinic affiliated with the Endoscopy Center of Nevada, as a result of a patient coming forward asking if their diagnosis was reported. The patient had a procedure at that center in June 2006. The physician diagnosing the patient did not report the finding as required by law and when a final determination of which physician should have made the report is completed it will be submitted to the District Attorney as failure to report a communicable disease. The current challenge relates to the medical records, which Metro will make available to us when they complete entering them into evidence. Medical record information is also available from primary care providers and insurance companies and this information is available on our website as well as Metro's. Metro is in custody of the records and established procedures for accessing the documents.

Jennifer Sizemore stated that based on reports from the call center the frequently asked questions (FAQs) developed for the event cover most of the inquiries received from the public. The call center notifies us when they receive questions not covered by the FAQs and responses are developed by staff. Additionally, the FAQs are updated as new information becomes available. Medical Reserve Corps will be used to help conduct interviews of those who have received a positive hepatitis C result and interpreter services are available if needed. A technical bulletin was distributed to the medical community when the announcement was made and a second bulletin is being finalized and a suggestion was made to include a recommendation that physicians contact patients that had procedures at the affected clinic. A community forum is planned on April 19, 2008 at the health district and will include participants from HONORreform, physicians, medical representatives, featured speakers, mental health and information booths. To ensure that the community is informed the health district has provided information on HDTV segments, which airs on Channels 2 and 4, public service announcements that will also run on these stations and have been distribute to the local affiliates.

Discussion followed on the decreased number of gastroenterologists practicing in southern Nevada as 14 of the 32 specialists are involved in this investigation. Dr. Sands is working with Larry Mathies, Executive Director of the Nevada State Medical Association, on this issue and reported that gastroenterologists will be contacted to inquire about status of their practice and ask if they are accepting patients. Hospitals have asked general surgeons for assistance and are looking to recruit this specialty, but licensing requirements usually take six months as Nevada is one of the most stringent states for licensure.

Pamela Graham, Interim Bureau Chief for the State Bureau of Licensure and Certification (BLC), stated they are working collaboratively to instill confidence back in the public health system and meet the health needs of Nevadans. The health division is assisting financially through a sub-grant award to SNHD for the expenses related to the hotline related to the hepatitis C crisis. Surveys of all 48 Nevada ambulatory surgery centers were completed, two of which were closed for a total of fifty and revealed the following:

- 24 facilities had no deficiencies
- 17 had deficiencies related to documentation violations
- 2 with violations for proper disinfection practices
- 7 major related to the reuse of syringes and single dose vials for multi-use

BLC is contracted with the Centers for Medicare and Medicaid Services and will receive federal support beginning next week or second week in April. Eight federal surveyors from around the country will establish eight teams comprised of one federal surveyor and one health facility surveyor from BLC to resurvey and conduct a complete federal survey on 18-20 of the ambulatory survey centers already have seen in Nevada. All statements of deficiencies sent to facilities have been posted and plans of correction will be completed this week and posted. Due to terminology and difficulty in interpretation of the findings they may provide summary in lay terms on their website. Ms. Graham stated that as a result of the outbreak, national changes may result relative to regulations for ambulatory surgery centers and inspection frequency. Training for all clinical professions to address standards of care is planned by the health division and an expert panel will be convened to improve the health division process. Preparations are underway for the Legislative Committee on Healthcare on April 21, 2008. To date approximately 35 physicians and medical professionals have been reported to various boards as a result of their investigations, i.e., Board of Medical Examiners, Board of Nursing, CNA Registry. The Centers for Medicare and Medicaid Services surveyed St. Rose de Lima Campus

as a result of a complaint about infection control practices. Other hospitals in the valley may be surveyed with an invitation to JCAHO to participate as the involved physicians may have been practicing at some of these facilities. She reported there have been questions regarding laboratory processes, which are being handled by Vicky Estes and the BLC Laboratory Manager is working with OSHA looking at any laboratory practices that might be of concern.

Dr. Sands commended BLC for working with the Centers for Disease Control to survey the 48 centers in a short period of time, which is unprecedented. Vice Chair Giunchigliani conveyed her personal thanks to Lisa Jones for her work at the BLC. Discussion followed regarding communication between the various entities and the use of an Incident Command Management System and Dr. Sands reported that the health district has worked in the Incident Management System framework and also have a daily conference call with the State Health Division, BLC and other local health authorities working within this combined structure to keep everyone updated. Mr. Labus stated that overall everyone has worked well together and communication has been good at all government levels. Dr. Sands stated that we have been asked to attend the special Las Vegas City Council Meeting April 7, 2008 where officials will determine whether to reissue or revoke the Endoscopy Center of Nevada business license. Discussion followed regarding the importance of constitutional rights.

2. Nevada Clean Indoor Air Act Regulations Update

Mr. Minagil reported that Nevada Clean Indoor Air Act Regulations developed in concert with partners in Carson City, Washoe County and the State of Nevada were submitted to the Legislative Counsel Bureau (LCB) by the State Health Division who notified us that the state does have the authority to move forward with the regulations. On March 26, 2008, the Attorney General's office advised him that the Bureau of Health Protection Services has been assigned to handle the regulation process and will schedule workshops that may be combined with proposed amendments to food regulations. The regulations provide uniform regulations throughout the State of Nevada and will be presented for adoption at the June or August State Board of Health meeting.

VI. INFORMATIONAL ITEMS

DULY NOTED

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid-February 2008 – Mid-March 2008
3/5/08 Letter from Alice Everhart Page for the Endoscopy Investigation
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund, Public Health Laboratory Fund for the Month of February 2008 and Grant Status Updates
3. Public Information Monthly Report, Mid-February 2008 – Mid-March 2008

B. Community Health:

1. Monthly Activity Report, February 2008
 - a. February 2008 Communicable Disease Statistics
 - b. February 2008 Influenza Surveillance Newsletter

C. Environmental Health:

1. Monthly Activity Report, February 2008
 - a. 3/6/08 e-mail from Bermuda Tourism Group regarding its accompanying field staff on food and public accommodations inspections 2/28 and 2/29
 - b. 2/7/08 and 2/14/08 thank you letters from Theron and Naomi Goynes Elementary School to EH Director Glenn Savage and EHSII Kim Svedberg

D. Clinics and Nursing:

1. Monthly Activity Report, February 2008
 - a. In-Service Schedule
 - b. Laurie Hickstein Letter February 19, 2008

VII. ADJOURNMENT

There was no further business to come before the Board. Vice Chair Giunchigliani reported that the next meeting of the Southern Nevada District Board of Health will be held April 24, 2008. The meeting adjourned at 10:30 a.m.

SUBMITTED FOR BOARD APPROVAL

Lawrence Sands, DO, MPH, Chief Health Officer
Executive Secretary

/vjk

Attachment