



## MINUTES

### ***Southern Nevada District Board of Health Chief Health Officer Annual Review Committee Meeting***

625 Shadow Lane  
Las Vegas, Nevada 89106  
Clemens Room

***Thursday, July 24, 2008 - 9:00 A.M.***

Chair Steve Kirk called the meeting of the Southern Nevada District Board of Health to order at 9:34 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.

**Committee Members Present:**

Steven Kirk  
Jim Christensen, MD  
Chris Giunchigliani  
Joseph Hardy, MD  
Lawrence Weekly

Chair, Councilman, Henderson  
At-Large Member, Physician  
Commissioner, Clark County  
At-Large Member, Physician  
Commissioner, Clark County

**Executive Secretary:**

Lawrence Sands, DO, MPH

**Legal Counsel:**

Stephen R. Minagil

**Other Board of Health Members Present:**

Lonnie Empey  
Tim Jones  
Barbara Ruscigno

Alternate At-Large Member, Environmental Specialist  
At-Large Member, Regulated Business/Industry  
Alternate At-Large Member, Registered Nurse

Staff: Robert Gunnoe; Angus MacEachern; Glenn Savage; Bonnie Sorenson; Forrest Hasselbauer; Leo Vega; Valery Klaric; and Shelli Clark, recording secretary

**Public Attendance:**

Andreas Moore  
Denise Tanata Ashby

Clark County  
Nevada Institute for Children's Research and Policy

## **II. DISCUSSION-ACTION**

### **A. Approval of Minutes**

*Member Hardy made a motion to approve the minutes from the Chief Health Officer Annual Review Committee Meeting held April 18, 2008. The motion was seconded by Member Giunchigliani. There was no discussion, and the motion was approved unanimously.*

**B. Formulation and adoption of predetermined review process with objective performance measures; Inclusion into Employment Agreement; Reconsideration of recommendation to conduct employee survey**

Member Giunchigliani referenced the document shared with the committee (attached) which outlined a process whereby the Chief Health Officer review would occur.

The first point constituted committee composition and structure. It is proposed that the committee consist of the Board Chair, two elected Board members representing areas other than the Chair, and two at-large Board members one of whom should be a physician.

Secondly the proposal suggests the annual review take place in March or April to have the process completed, including any salary increase, before new Board members are seated in July. This would also allow for Dr. Sands to develop any action plans or adjustments that need to be made in conjunction with the new budget year which begins July 1<sup>st</sup>.

The third point references areas of evaluation. Member Giunchigliani suggested that there be six performance expectations including employee input and division management.

The last point suggested quarterly or semi-annually updates on expectations and performance against goals. Member Giunchigliani suggested that a semi-annual review would be more conducive than quarterly in order to receive a synopsis of progress.

Member Hardy said that as goals are met, it can be noted on a staff report. As we migrate to becoming more goal/objective oriented, there is more accountability and reportability. At the six-month report, the committee can check performance against plan.

Chair Kirk indicated he would like to get an idea from the employees of management perspective, but expressed concern that it could lead to a complaint session about the chief health officer. He would like to be fair and recognized that their input is important. He asked if the committee had ideas as to who should be involved.

Member Giunchigliani said she had not thought it through and said that perhaps members of the labor/management committee could be involved. She said again that a sixth performance expectation be added, such as employee communication/satisfaction. She was concerned that there are currently no measures of the "health of the health district" or internal workings.

Member Weekly said originally this concept came from employees saying Dr. Sands was not visible. Some component is necessary, but he agreed with Chair Kirk that it should not be an opportunity to complain. There needs to be a better relationship between the chief health officer and the employees.

Member Christensen asked if employees are surveyed regarding other matters and suggested that this be added to the Employee Satisfaction Survey. The data could be collected and extracted from this survey.

Dr. Sands said that a customer satisfaction assessment tool is being developed. Quarterly recruitment/retention reports for the Executive Team are another indicator of the work environment. He suggested that the items suggested could be incorporated under "Executive Management," which could include maintaining two-way communication with employees. Member Hardy echoed this suggestion.

Member Hardy said that the committee had also recommended a rating system which included a survey and said it could be incorporated under "Executive Management." Member Giunchigliani said that other agencies or business groups could be surveyed to ascertain how this is incorporated. She further suggested that "Executive Management" be renamed "Executive Management and Work Environment" and include sub-bullets of employee communication, satisfaction and visibility.

Dr. Sands said he was comfortable with having his performance evaluated but expressed concern with measuring his popularity. He said that any chief executive should be evaluated based on the performance of the organization, leadership and how the organization's performance is achieved.

Member Hardy said that he would rather see a quantifier of employee involvement or employee morale versus employee satisfaction. He said that the performance measure needs to address what the chief health officer is doing to elevate human resources.

Lonnie Empey said that the hospital in Mesquite has a tool that reviews not only the board, but each board member, staff and the CEO. It considers communication, visibility and defines measures. He will get a copy from Member Mattocks for the committee's review.

The committee continued discussing quantifiers for the "Executive Management" performance expectations and suggested adding "Employee Relations." This could include communication, work environment and the like.

Member Weekly agreed with Dr. Sands in that this is not a popularity contest. Staff agrees that he is a nice man and professional. Member Weekly would like to know that the chief health officer is in touch with the employees.

Member Giunchigliani said that there needs to be an action plan in place to address any problems. It is important to identify where strengths lie as well as weaknesses. By building on strengths, weaknesses can be improved. She said that Dr. Sands will need to do a self-evaluation addressing accomplishments, areas of concerns, and areas where movement cannot occur and the reasons. She said that the Board needs to be more visible as well.

*Member Giunchigliani made a motion to adopt the composition and structure of the committee with five members; the timeline of March – May for the evaluation process; implementation of a semi-annual review for an update on expectations and performance against goals; and areas of evaluation would include all items as listed with the addition of "Executive Management and Employee Relations" and sub-categories of work environment, communication and the like; seconded by Member Hardy and carried unanimously.*

Mr. Minagil said that the agenda item also addressed including this process as part of the employment agreement and also to reconsider the recommendation to conduct an objective survey among employees to determine a merit raise. Mr. Minagil said that essentially the committee is adopting a different mechanism than originally discussed at the April 18, 2008 meeting. The committee is now adopting a process with standards and moving away from an objectivity survey.

The committee was in agreement that the objectivity survey needs to continue as the committee had made a commitment and there needs to be follow through. Member Kirk asked if a survey had been established and it was confirmed that there was nothing in place. Mr. Minagil verified that the survey would be conducted among Board members and employees.

Chair Kirk asked that the committee be given a copy of the tool referred to by Mr. Empey for review. He suggested that a committee meeting be scheduled for the end of August to discuss the survey before it goes to the full Board and staff.

Dr. Sands said he understood how the recommendation came about. He said that we are trying to create a process and use the same principles that are used to evaluate any employee. He acknowledged the uniqueness of his position and that more is required for him. There is no employee whose salary is based on a survey or vote from other employees. He said there needs to be consistent application to all employees, including himself. Secondly he asked to know what he is being evaluated on and how this would be tied to the performance expectations. He provided the Board with his goals for the coming year and as well as an action plan to move forward.

Member Giunchigliani said that properly done, the survey can be an education tool for the employees to know what the job of the chief health officer entails. She also said this is not tied to his salary, but to the merit increase. She said that she is not a big believer in merit. She said that something can be organized that would not be a "finger-pointing" document or something of "he said/she said." She pointed out that the Board also needs to set goals for the chief health officer to accomplish.

Member Christensen said the process is evolving to a more objective and codified approach to become more consistent across the board.

Dr. Sands said that this process will help him become a leader to best serve the health district and the community. Dr. Sands asked that this process be added as an addendum to his current employment agreement. Member Giunchigliani said this needs to come before the full Board in August.

*Member Christensen motioned to include this evaluation process in the current and future chief health officer employment agreements and to bring this recommendation before the Board at the August meeting; seconded by Member Giunchigliani.*

Member Christensen said time is of the essence as Dr. Sands is currently doing the job and objective feedback is needed in order for him to make necessary adjustments and compensation is determined by those actions, and that is only fair.

*Chair Kirk confirmed there was a motion and a second and called for a vote. The motion carried unanimously.*

### **III. PUBLIC COMMENT**

Public comment 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.

Chair Kirk asked if any member of public wished to be heard. Seeing none, he closed this portion of the agenda.

### **IV. ADJOURNMENT**

There being no further business to come before the committee Chair Kirk adjourned the meeting at 10:04 a.m.

Respectfully Submitted,

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Steven Kirk, Committee Chair

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attachment

# CHIEF HEALTH OFFICER EVALUATION PROPOSAL

## Purpose:

To assist with the establishment of an agreement for the periodic evaluation for both performance and compensation for the Chief Health Officer (CHO) at the Southern Nevada Health District the following is provided.

## General Overview:

Several other entities within Clark County were contacted to understand their methods for evaluating their Chief Executive position. Included were the Las Vegas Water Authority, the Las Vegas Convention and Visitor Authority, and the Regional Transportation Commission. Although there were some differences on the timing (calendar or fiscal) and length of the contract (single vs. multi-year) for their respective chief executives, the following items seemed to be consistent:

- The Board of Directors for each agency established a smaller working committee to evaluate the performance of the Chief Executive and make recommendations to the larger Board.
- The full Board acted with regard to actions they felt were appropriate regarding salary and benefits as well as provided direction on performance and future goals.

This model would work well for the thirteen (13) member Board of Health. A smaller working committee can evaluate the performance of the CHO over the last rating period by considering the relevant established goals, objectives, and measurements for the rating period. This committee could also consider recommendations to salary.

Some initial thoughts as to the possible make-up and focus of a future Board of Health CHO Review Committee follow.

## Composition and Structure:

It is recommended that the committee be made up of an odd-number of representatives to alleviate the possibility of tie votes on recommendations. Further, it is recommended that the committee be constituted as follows:

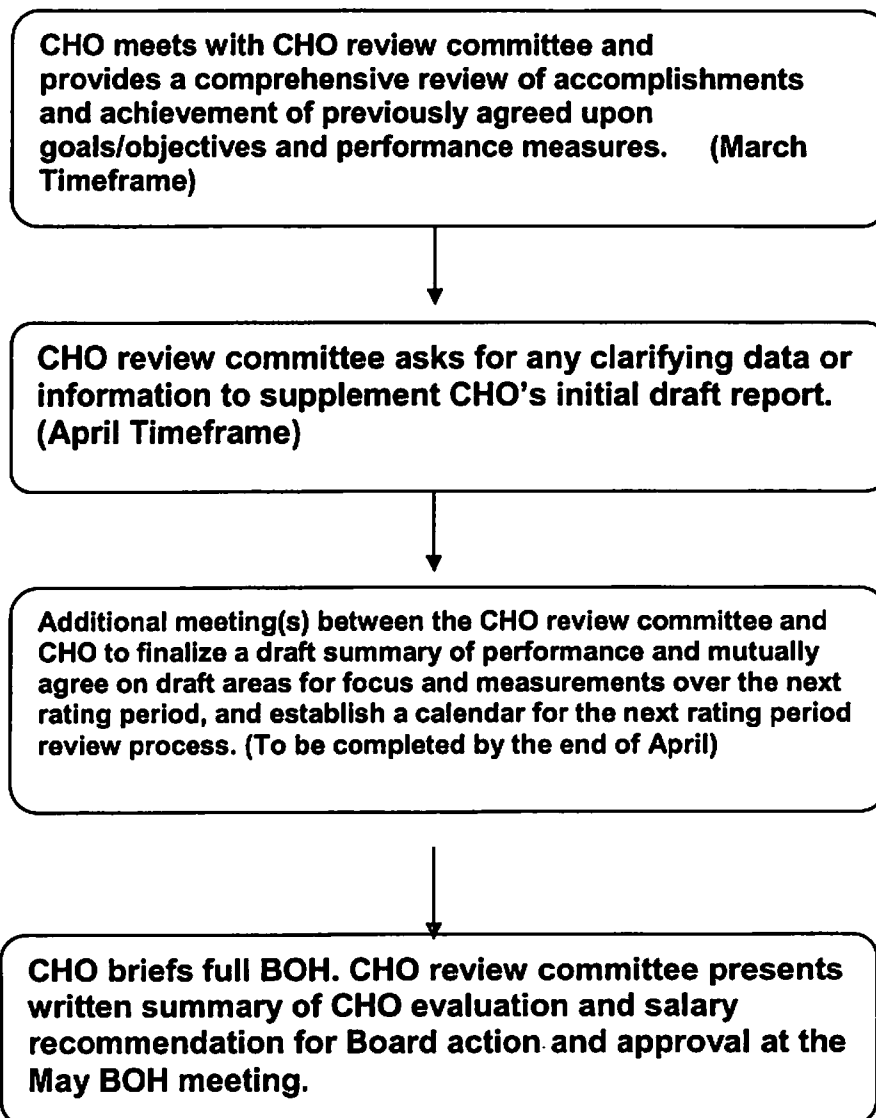
Board of Health Chair	One position and Chair of Committee
Elected Board Members	Two positions representing different entities than the Chair
Non-elected Board Members	One physician representative and one position representing another area of expertise

This make up would ensure that the committee members represent different geographic areas and political backgrounds of the county in order to give the most diverse and equitable representation to the entire southern Nevada area population possible.

**Timing and Process:**

The CHO review committee should consider and direct when to begin the CHO evaluation process, taking into account the date on which they would ideally like to conclude and provide a report to the full Board of Health and the steps involved in the evaluation process. In order to coincide with the current CHO employment contract, the February BOH meeting the BOH Chair would make the committee appointments. During March and April the CHO review committee would meet and at the May BOH meeting the committee would report to the full BOH as an agenda action item.

In order to facilitate a thorough discussion on all the relevant areas of performance and incorporate goals for the next evaluation period, the following steps are suggested as a minimum in the process:



## **Areas of Evaluation:**

The CHO review committee and CHO should have a meaningful dialog about the goals and objectives and activities established for the rating period. At least 5 key performance categories should be included in performance expectations each year:

- Strategic Planning and Direction (e.g. execution of annual strategic planning processes; program alignment with district mission, vision and goals, and community health indicators and need assessments)
- Executive Management (e.g. business plan implementation; progress against plan reporting; development of key staff; policy development and execution)
- Resource Development and Management (e.g. budget alignment with business plans; acquisition and diversification of revenue sources; functioning of budget performance monitoring systems)
- Community Involvement (e.g. membership/representation on key boards and committees; coordination/collaboration with federal, state and local officials, and community leaders; legislative and media activities; conference and community group speaking engagements)
- Board Communication (e.g. response to information requests; agenda preparation and management; program reports and updates; annual report to the community)

The agreed upon goals, measurements, milestones, and other indicators of success should be captured in a memorandum which documents current performance strengths, areas of increased focus going forward, and expectations for the next rating period.

The CHO review committee may wish to consider additional indicators of performance including the following:

- Year-over-year results of the SNHD Service satisfaction survey
- Overall recruitment and retention statistics
- Commendations and CHO recognitions
- Awards and agency recognition
- Other relevant and objective indicators of organizational health or performance.

The CHO review committee and Chief Health Officer may wish to minimize the time spent in the annual review by meeting at intervals throughout the year (quarterly, semi-annually, etc.) to update each other on expectations and performance against goals.

**Summary and Recommendation:**

The timely, fair, and comprehensive review of performance is one of the most critical aspects of keeping personnel motivated, engaged, and productive. Any process adopted by the Board should have the purpose and effect of ensuring both open and effective communications between the Board of Health and the Chief Health Officer. Once agreed upon, the annual review process should be incorporated into the Chief Health Officer's employment agreement as an addendum.

Although many incidents and factors occurring between ratings may be unanticipated, challenging, and frustrating, the consistently applied process of objectively reviewing performance in a way that allows for a full, fair, and objective discussion of the District's goals and objectives and the performance of the Chief Health Officer will serve both the Board of Health and the citizens of Southern Nevada in a manner that upholds the highest tradition of the Health District.