



Frank Nemec, MD  
John Onyema, MD  
Steven Ross  
Barbara Ruscigno, RN  
Anita Wood

Alternate At-Large Member, Physician  
Alternate At-Large Member, Physician  
Councilman, Las Vegas Alternate  
Alternate At-Large Member, Registered Nurse  
Councilwoman, North Las Vegas Alternate

Staff: Scott Weiss; Angus MacEachern; Jo Alexander; Stephanie Bethel; Jerry Boyd; Mary Ellen Britt; Dennis Campbell; Rory Chetelat; Steve Goode; Mary Ellen Harrell; Forrest Hasselbauer; Eric Lahr; Christina Madison; Ann Markle; Dante Merriweather; Veronica Morata-Nichols; Patricia O'Rourke-Langston; Mars Patricio; Vivek Raman; Walter Ross; Patricia Rowley; Bonnie Sorenson; Leo Vega; Diana Lindquist and Shelli Clark, recording secretary

#### **ATTENDANCE:**

<u><b>NAME</b></u>	<u><b>REPRESENTING</b></u>
Ted Anzell	Lynns World
Petya Balova	LEA Engineering
Kathryn Fergus	Nevada Division of Environmental Protection
John Fildes, MD	University Medical Center (UMC)
Gregg Fusto, RN	University Medical Center (UMC)
Janalee DiGian	HCC
Jerry Keating	RTC
Veronika Litvak	Gypsy Caravan Antiques
Sloka Manvi	Student Pharmacist
Ritchie Morrison	Self
Michael D. Moschella	SCS Engineers
Jennifer Scharn	RTC
Leila Taherkhani	USN Pharmacy Student
Jose Torres, Jr.	Recycling Technologies
Dave Wendell	Recycling Technologies

Chair Giunchigliani noted a quorum was present at the start of the meeting with Members Anthony, Boutin, Christensen, Crowley, Gustaveson, Hardy and Vigilante seated.

#### **OATH OF OFFICE:**

##### **Southern Nevada District Board of Health Elected Alternate Members**

Chair Giunchigliani asked Mr. Smith to proceed with administering the Oath of Office to the elected alternate members present.

Stephen F. Smith, Board Legal Counsel, administered the Oath of Office to the following elected alternate member: Karl Gustaveson – City of Mesquite.

#### **RECOGNITIONS:**

##### **STD Awareness Month (held from April 22, 2010 meeting)**

Mary Ellen Harrell, community health nurse manager shared a brief PowerPoint on STD awareness in Clark County (**attachment #1**). April is recognized as STD Awareness month and serves to help the public understand that STDs continue to be a very significant health problem. The annual observance helps to:

- Raise public awareness;
- Highlight impact of sexually transmitted diseases (STDs) on the lives of Clark County residents;
- Encourage individuals to discuss sexual health with their health care providers; and

- If sexually active, discuss sexual health with their partners

In 2009 there were 1,573 cases of gonorrhea and 8,274 cases of Chlamydia reported in Clark County – these are the most common forms of STDs and have the greatest impact on fertility problems in young women. Most STDs increase the risk of HIV transmission as well. CDC estimates there will be 19 million new STD cases annually, half of which will occur among individuals aged 15 – 24. Direct medical costs in the United States are estimated at \$15.9 billion annually.

Staff provides education twice per week at the juvenile detention centers and offers voluntary HIV testing, as well as urine-based testing for gonorrhea and Chlamydia – the rate of infection for Chlamydia is currently over 30% in the centers. Approximately 1,500 youth are tested annually.

Clark County STD statistics from January 1, 2010 through April 30, 2010 were reported as follows:

- |                                |             |
|--------------------------------|-------------|
| • Gonorrhea                    | 588 cases   |
| • Chlamydia                    | 2,227 cases |
| • Primary & Secondary Syphilis | 28 cases    |
| • Early Latent Syphilis        | 56 cases    |
| • Late & Late Latent Syphilis  | 23 cases    |
| • Congenital Syphilis          | 2 cases     |

Since 2005 Clark County has been experiencing a Syphilis outbreak – at this time staff noticed a large spike of primary and secondary Syphilis, which is the most infectious and easily transmitted form. In 2006 the Centers for Disease Control & Prevention (CDC) dispatched the STD Rapid Response Team, who evaluated all statistics and data and found that there were two separate outbreaks occurring simultaneously: one focused on men having sex with men, which mirrored what was occurring nationally; the second dealt with Hispanic and African American heterosexuals. Clark County experienced the highest rate of Congenital Syphilis in 2006 and 2007 nationally, with 14 reported cases. The rate has greatly decreased since that time, but continues to be a problem in Clark County.

In terms of gonorrhea, CDC cautioned public health officials regarding use of fluoroquinolones, which is a particular type of antibiotic due to resistance. Nationally there is now resistance growing to the one medication approved for treatment of gonorrhea.

To promote STD Awareness month, numerous press releases were distributed in conjunction with local television stations, newspapers, *QVegas* and *Las Vegas Weekly* to promote free STD testing. Staff also participated in the nationwide GYT campaign (Get Yourself Tested, Get Yourself Talking) in collaboration with MTV. Free STD screenings are offered monthly at the Gay & Lesbian Center, North Las Vegas Recreation Center, Richard Steele Boxing Facility (twice weekly) and Victory Baptist Church (several times per month). The Office of Epidemiology also sent out health alerts to Clark County physicians with updated STD information. HIV/STD/AIDS disease investigators connect with clients via social marketing tools such as Facebook, Twitter and MySpace – these outlets are proving popular with Clark County youth to receive information. All exam room doors were decorated with educational information for clients, and volunteers in the Rotunda also provided educational information to clients.

Ms. Harrell thanked her staff for being public health heroes in working with clients and providing information, education and testing to promote STD awareness. She noted her staff are all front line public health workers with multiple skills sets, and are extremely compassionate and passionate about their work and the clients they serve.

Ms. Harrell acknowledged staff for their creative messaging to clients. She shared examples of slogans and marketing messages for clients including: “open sores equal open doors;” “don’t play STD Russian roulette;” and “what happens in Vegas stays in Vegas and keeps spreading.” Staff also provides testing and treatment for other STDs including bacterial vaginosis (BV), yeast (fungus) and trichomoniasis (trich).

Chair Giunchigliani thanked Ms. Harrell for her presentation and noted that staff seems to enjoy their work. In reference to the juvenile detention centers she noted that the County recognized doctors working with Volunteers in Medicine who treat on Fridays and said some data may be captured by this group as well. Ms. Harrell said the statistics represent information collected by SNHD staff. Staff will provide testing at homeless shelters and youth drop-in centers upon request. Member Boutin said her organization brings homeless youth to the district weekly for testing as staff does a fantastic job. Ms. Harrell reported that staff participates in a great amount of outreach particularly with HIV, and much of that outreach is in the community versus at the district itself.

**Year 6 Great Basin Public Health Leadership Institute (GBPHLI) Scholar Presentation (*held from April 22, 2010 meeting*)**

Dr. Sands noted that Scott Weiss, Councilman Barlow, Dr. Christensen and himself participated in GBPHLI over the past year and invited Member Christensen to brief the Board on the team’s project (**attachment #2**). Member Christensen noted that this was the best leadership program he participated in over the years. He said the team was tasked with focusing on a public health issue and come up with possible solutions for a final team project/presentation – they decided on T.E.A.M, which is “Together Everyone Achieves More.” The team also included Mary Wherry from the Nevada State Health Division and Marena Works of Carson City Health & Human Services.

Both Utah and Nevada participate in GBPHLI, which is sponsored by HealthInsight. Both states have public health systems with similar populations, including vast rural areas outside the metropolitan cities; however each public health system is significantly different in configuration. Nevada has four distinct local health authorities: Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), Carson City Health & Human Services (CCHHS), and the Nevada State Health Division (NSHD) which serves the frontier and rural areas and encompasses most of the state. Conversely Utah is divided into several districts with offices serving multiple counties, which was accomplished between fifteen and twenty years ago. Public health indicators depict Utah in the top three, whereas Nevada falls significantly lower. He shared an “egg chart” depicting many of the potential players in a public health system and the interconnectivity between organizations, which includes schools, hospitals, law enforcement, non-profit organizations, mental health, elected officials, and faith institutions among others.

The project began as a concept of finding ways to efficiently secure grants and other resources throughout Nevada. The project then morphed to establishing a strategic plan for the public health system in Nevada, as none was currently in place. This was a monumental undertaking which will last longer than the year long training. A strategic plan is needed due to the declining public health resources and a declining economy. Additionally we need to look for the best use of resources currently in place. By working as a cohesive results-oriented TEAM, both state and local health authorities can improve health outcomes for all Nevadans.

The first strategic planning session was held in Carson City on February 2, 2010 with the intent to bring all county health officers and the state health officer together to begin development of strategic plan. The GBPHLI team met numerous times to plan this initial meeting, which also included a hotwash of the H1N1 vaccination response effort the previous fall/winter. The team used the “World Café” approach for the meeting where participants come together and poignant questions are asked – the answer to the problem lies within each person and by creating a conducive environment answers will

come forth. The room was set up as a café with groups of four people at each table; food was served and questions were asked. The tablecloth became a whiteboard for documenting discussion and forthcoming ideas. It is important for immediate follow-up and transcription of all ideas in order to keep the information fresh and timely.

Next steps from this meeting and the project include:

- Researching funding sources
- Preparing a proposal to develop and sustain the project
  - Establishment of a project team with cooperative input from the major stakeholders
  - Soliciting input from NSHD, SNHD, WCHD and CCHHS and engage in a review
  - Providing letters of support from the state and local health officers
- Conducting a follow-up meeting within six (6) months of the initial meeting (by August 2010)

Member Christensen noted that due to vast distance between many of the stakeholders, having face-to-face meetings becomes increasingly difficult. He said it is exciting to plan something on a state-wide level. He noted that both WCHD and CCHHS have strong public health systems. He expressed concern about the balance of Nevada and the need for all stakeholders to work cooperatively to address the needs of the entire state.

Chair Giunchigliani expressed her appreciation for the project and suggested the team consider videoconferencing for the next meeting to ensure all stakeholders have the opportunity to participate. Member Christensen noted the team acknowledged the need for this type of meeting technology due to the difficulty in getting everyone together in person. Dr. Sands said this is a good alternative to get the conversations going, but face-to-face meetings are ideal for networking and building relationships, as well as maintaining focus on the issues at hand without other distractions.

Dr. Sands said one of the core issues at hand is what type of public health system is sought for Nevada and what it should look like. The differences between the systems in Nevada and Utah are substantial; there have been discussions about developing districts in Nevada, however there are political implications involved. We need to determine how to best organize ourselves and work together as a public health system with the resources in place currently. We need to optimize opportunities to bring in additional resources and work most effectively for the best possible outcomes for everyone

Chair Giunchigliani asked if the team considered looking at tele-medicine, which is being used in some of the far rural counties. Member Christensen said the initial meeting was to bring the primary stakeholders together and form relationships. It is an exciting project that is much needed and by using Utah as a “yardstick” we can better see the progress and growth needed in Nevada for a successful public health system.

Chair Giunchigliani asked if Utah includes the mental health component as part of the public health system. Dr. Sands replied that the public health agencies are not combined health and human services agencies in Utah. Local public health agencies are dependent upon the state public health agencies and their capabilities.

Member Boutin noted she viewed a special on healthcare reform and Utah was cited as a sterling example of how public health should be administered. Though Utah spends less per resident, better quality of care is offered. Member Christensen said this is largely due to the manner in which public health is organized in Utah and the teamwork between the districts. Dr. Sands said that the healthcare system is also organized differently, which is separate from public health, though there are many cross-overs. Member Christensen said Intermountain Health is an integrated healthcare system which consistently ranks in the top ten across the nation; most quality studies nationally include Intermountain

Health. He said there are several geo/political/social issues between Utah and Nevada, as well as organizational issues.

Member Boutin suggested SNHD host the next meeting of the strategic planning team. Dr. Sands said resources could be an issue, but we are looking for different types of resources for which we could apply. Part of receiving funding is having someone facilitate the meetings; we will also need to fund travel for the rural health officers. The rural areas are funded by the state, and travel expenses have been reduced greatly at the state level.

Member Hardy noted that HealthInsight partners in both Utah and Nevada and could be used as the nexus to plan and facilitate the next meeting. Member Boutin asked about the expense for planning the next meeting, and what the budget was for the previous meeting. The budget for GBPHLI is around \$250,000; scholars pay \$3,000 in tuition to participate in the training, which covers the cost of the meetings, faculty and accommodation – a travel stipend is given back to the scholars to assist with cost of travel (\$250). CDC also provides a grant for public health institutes. Dr. Sands said the meeting in February was tagged onto an H1N1 hotwash for local health officers which was supported by H1N1 grant funds. This helped to bring the key partners together for this meeting.

Member Christensen said these meetings are critical to the needs of the state and he does not want to lose traction on this project. Players from the northern and southern parts of the state are talking more than before. Chair Giunchigliani agreed we do not want to lose the opportunity and suggested using Member Hardy's resources at the state level to plan the next meeting.

- I. Meeting of the Board of Health as governing body to receive information from its attorneys regarding existing/potential litigation – **CLOSED SESSION** pursuant to NRS 241.015.2(b)(2)

*A motion was made by Chair Giunchigliani to close the meeting for the Board of Health as a governing body to receive information from its attorneys regarding existing/potential litigation at 9:04 a.m.*

### **CLOSED SESSION**

The meeting recessed for the Southern Nevada District Board of Health to meet in Closed Session. Chair Giunchigliani reconvened the open session at 9:33 a.m.

## **II. 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:** 4/22/2010
2. **Approve Payroll / Overtime for Periods:** 4/03/10 – 4/16/10 & 4/17/10 – 4/30/10
3. **Approve Voluntary Furlough Program Reports for Periods:** 4/03/10 – 4/16/10 & 4/17/10 – 4/30/10
4. **Approve Accounts Payable Registers:** #1225: 4/02/10 – 4/07/10; #1226: 4/08/10 – 4/14/10; #1227: 4/15/10 – 4/22/10; #1228: 4/23/10 – 4/29/10; #1229: 4/30/10 – 5/05/10

5. **Petition #09-10:** Approval of the Continuation of the Voluntary Unpaid Furlough Program for Employees of the Southern Nevada Health District, Effective through June 30, 2011
6. **Petition #12-10:** Approval of the Amendment to the Clark County Liability Pool Cooperative Agreement to Allow the Regional Transportation Commission of Southern Nevada (RTC) to Withdraw Effective December 31, 2009

Chair Giunchigliani asked if there were any discussion on the items brought forward on the Consent Agenda. Seeing no further discussion, she called for a motion to approve the Consent Agenda as presented.

*A motion was made by Member Boutin to approve the Consent Agenda as presented; seconded by Member Crowley and was unanimously approved.*

### III. **PUBLIC HEARING / ACTION**

1. **Memorandum #13-10:** Request for Approval of Renewal of Authorization of University Medical Center (UMC) as a Level I Trauma Center and Level II Pediatric Trauma Center

Chair Giunchigliani declared the public hearing open.

Mary Ellen Britt, regional trauma coordinator, and Rory Chetelat, emergency medical services and trauma system manager, presented this item. Also present were John Fildes, MD, medical director of the trauma center, and Gregg Fusto, RN, trauma program manager, both representing UMC.

Ms. Britt reported NRS 450B.237 and the Southern Nevada Health District Trauma Regulations require any hospital seeking designation as a trauma center in Clark County by the Nevada State Health Division first seek approval by the Board of Health. UMC submitted an application requesting authorization to continue to operate as a Level I Trauma Center, which they have done since 1999. Prior to that time, UMC operated for ten years as a Level II Trauma Center. UMC is also seeking authorization to continue to operate as a Level II Pediatric Trauma Center. While UMC has always provided care for children, in 2007 UMC was awarded designation as a Pediatric Level II Trauma center.

The application has been reviewed by staff and was presented to the Regional Trauma Advisory Board at the April 21<sup>st</sup> meeting, where it was unanimously approved. Based on the UMC's willingness to continue to provide trauma services in the community, their active participation in the trauma system, and their compliance with all requirements of the Trauma Regulations staff recommends approval of the authorization for UMC to continue to serve as both a Level I Trauma Center and Level II Pediatric Trauma Center.

Chair Giunchigliani asked if the parties understood and were in agreement with the conditions as specified; the parties responded affirmatively.

In response to Member Boutin's question, Dr. Fildes reported that UMC serves as the only Level I trauma center in Nevada, and the only Pediatric Trauma Center of any designation in Nevada. The community has both Levels II and III Trauma Centers at two additional area hospitals. There is a Level II Trauma Center in Reno as well.

Chair Giunchigliani noted a recent study reported the trauma needs in Clark County are well-served and there is no need for additional trauma centers at this time. Dr. Sands said this particular item is agendaized for later discussion at today's meeting.

Chair Giunchigliani asked if anyone from the public wished to comment on this item. Seeing none, she called for a motion.

*A motion was made by Member Crowley to approve the renewal of authorization of University Medical Center (UMC) as a Level I Trauma Center and Level II Pediatric Trauma Center with the conditions as outlined in the Memorandum; seconded by Member Christensen and carried.*

5. **Memorandum #14-10:** Application for Approval for Recycling Technologies, LLC dba Re-New Recycling to Operate a Solid Waste Management Facility – Recycling Center, Located at 3050 Sirius Avenue, Ste. 101, Las Vegas, NV 89102 (APN: 162-08-303-032)

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health supervisor/engineer, and Dante Merriweather, environmental health specialist II, spoke relative to this matter. Mr. Ross said that Recycling Technologies, LLC has met all requirements to operate a recycling center as specified in Section 4 of the Regulations governing Recycling Centers.

Staff recommends approval based on the conditions as outlined in the memorandum and a final inspection. Mr. Ross noted that since the packet was prepared, conditions #4 and #5 have been satisfied. Petya Balova, Dave Wendell and Jose Torres, Jr., representing Recycling Technologies, LLC were present to answer questions of the Board.

Chair Giunchigliani asked the parties understood and were in agreement with the conditions as specified; the parties responded affirmatively.

Chair Giunchigliani referred to page two of the memorandum and that the facility will only receive and process only source-separated recyclables for which there is an available market to be permitted as a recycling center." She asked to which market the facility will sell its recycled goods – the facility will accept construction and demolition debris, e-waste, glass, lead-acid batteries, metals, paper, plastic and wood. Mr. Wendell said the items will be shipped to California. The facility has no conveyor in place for sorting materials. The batteries are drained and shipped out of state.

Chair Giunchigliani expressed concern about protective gear and asked if employees had rubber mats for standing upon. Mr. Wendell said a safety program is in place at the facility, which includes wearing of protective gear such as gloves, masks, goggles and hard hats if needed; there are also rubber mats in place.

Member Boutin asked how many employees will be on site at the facility. Mr. Wendell said at present they are able to accommodate six to seven employees, but he hopes to have up to twenty employees.

Most of the materials coming to the site are from commercial properties and casinos; however the public is able to drop off items as well.

Member Gustaveson noted Mesquite has an independent contract for handling waste and are attempting to do some recycling, but are experiencing problems with lack of businesses in the

immediate area and no market. He asked if the facility would be willing to work with Mesquite in removing some of the recyclable materials. Mr. Wendell said he could provide some containers. He agreed to work with Member Gustaveson to accommodate the request.

Chair Giunchigliani asked if anyone else wished to testify on this item. Seeing none, she closed the public hearing.

*A motion was made by Member Crowley to approve the application with the conditions as outlined; seconded by Member Vigilante and carried unanimously.*

Mr. Wendell asked if he could be part of the county-wide recycling committee. Chair Giunchigliani asked him to contact her office for additional information. Each jurisdiction has a representative and there are five independent representatives as well. The next meeting is scheduled for July.

Mr. Ross recognized the district's IT office, the district's webmaster Jacci Wilson, and Carol Clarke of solid waste plan review for their efforts in creating the Clark County Recycles page under "hot topics" on SNHD's website. The site went live in April and is very user-friendly. The Board had asked for something in March to display Solid Waste Plan Review's (SWPR) Table of Recyclable Materials vs. Facility Name. SWPR responded with a website tool to assist the public with where to take recyclable materials. Chair Giunchigliani noted the fast turnaround on this request and expressed her appreciation as well. She said the site is easy to read and provides valuable information. She thanked Mr. Ross for following up on the Board's direction.

- 3. ~~Memorandum #11-10: Proposed Amendment to SNHD Regulations Governing the Sanitation and Safety of Used Mattresses, Bedding and Upholstered Furniture to include a Section for Chemical Sanitization and Bed Bug Control Measures; Consideration of Business Impact Statement~~ *Continued to a future Board of Health meeting – date to be determined***

#### **IV. REPORT / DISCUSSION / ACTION**

##### **1. Receive SNHD Trauma Center System Report; Direction to Staff**

Dr. Sands said the practice has been to update the Board annually on the status of the trauma system, as the district is responsible by statute to oversee the development and maintenance of the regional trauma system in Clark County. The Regional Trauma Advisory Board works in concert with staff to continuously review the status of the system and develop additional plans.

Rory Chetelat, emergency medical services and trauma system manager, and Mary Ellen Britt, regional trauma coordinator, presented on this item. Mr. Chetelat acknowledged the efforts of Dr. John Middaugh, director of community health, and EMS staff who also contributed to the report (**attachment #3**).

Currently Clark County has several designated trauma centers, including:

- University Medical Center
  - Level I
  - Pediatric Level II
- Sunrise Hospital and Medical Center
  - Level II
- St. Rose Dominican Hospital – Siena Campus
  - Level III

The Office of Emergency Medical Services & Trauma System (OEMSTS) is responsible, via statute, for establishing the criteria for determining the optimal number and level of trauma centers. The Board of Health, based on staff's recommendation, shall determine the needs of the trauma system. This report is based on the annual review of the system, including consultation with an ad hoc expert panel of trauma specialists, at the request of Dr. Middaugh, to guide and educate him on trauma systems.

In building the report staff reviewed the number of trauma cases, the severity of each case, transportation time between the field and a trauma center, changes in population and the quality of care. All trauma cases in Clark County were plotted on a catchment area map using GIS technology to see time, distance, severity and other factors more efficiently than in the past.

The total number of trauma registry patients has steadily declined since 2007 – the patients are entered into both a state-wide and national trauma registry. At the scene, paramedics assess patients and determine the level of severity for transport to a designated trauma center. This rate is declining at the same rate as the trauma registry.

Transport times are very important. When the trauma system was under review in 2004 – 2005, UMC was the only trauma center, 93-94% of patients were arriving at the facility in under 30 minutes. With the addition of two additional adult trauma centers, patients are still transported approximately 93% of the time within a 30 minute window, which is critical. Most patients arrive at a trauma center within 11-20 minutes.

Trauma patients are assessed by severity and type, and staff relies on the trauma field triage criteria. Numbers continue to decline in this area as well. Once the patient is received at the hospital, hospital staff reassesses the patient to determine if the patient should go to the operating room, ICU, be discharged or if a transfer to another facility is necessary.

The consensus is that the existing trauma system is serving the community well, based on strong, clear and consistent evidence. There is no evidence of a lack of access to trauma care. Transport times to trauma centers remain consistent and within an acceptable time frame.

Staff concludes there are sufficient trauma care resources in the community. Due to decreasing volume there is no identified need or justification to expand the current trauma system. By expanding the system further at present there is the potential to destabilize the existing trauma centers. Staff will continue to monitor relevant data, as the data is received monthly, and update the Board as information changes.

Chair Giunchigliani asked if volumes are noted at all hospitals regarding patient beds, as she has heard that there is a decrease overall in the number of admitted patients and layoffs are resulting. She also asked if the Board has the authority to decommission a trauma center if the data shows a trauma center is no longer necessary and delivery of service is hurt at some point. Mr. Chetelat said the regulations do not give authority to decommission a trauma center; however when an application for reauthorization comes through staff could alert the Board that a change is necessary – staff only has the ability to authorize the application going forward, NSHD grants trauma certification to the requesting hospital. Ms. Britt said the Board can choose not to reauthorize a trauma center when the application comes through based on factual volume and evidence-based information.

Member Christensen asked why there is a decrease in trauma patients and if the decrease is consistent with penetrating versus blunt trauma. Mr. Chetelat said there have been increases in safety factors built into automobiles; there is a decline in population and construction as well.

John Fildes, MD, medical director of the UMC trauma center said transports in all categories, including heart disease and stroke, are down across the board, which is resultant of population decline. The National Highway and Traffic Safety Administration reported a historic low fatality rate due to the percent of five-star crash rated vehicles is at a historic high. The increased use of seat belts, child restraints and bicycle helmets are having an impact on the trauma system, as are safer crosswalks and roadways. The trauma system building experienced in the early 2000s was resultant of the population boom. Currently UMC's trauma volume is down 35% from what it was ten years ago. Staff is now committed to expanding general surgery training to Air Force active duty surgeons who will be deployed after graduation. UMC also retains a full complement of emergency medicine physician residents. At least 80% of those working in acute medicine and emergency medicine in the valley spend some of their time at UMC for training, be it paramedic, nursing or physician training. Dr. Fildes expressed concern that if the epidemiologic trend continues it will severely impact the ability to train and employ medical personnel in the valley.

Penetrating traumas, including gun shots, stabs, interpersonal violence and the like are on the rise. Typically rates are 80% blunt trauma, 20% penetrating trauma – the current trend shows penetrating trauma cases are at 28%. Cardiac care rates are not considered trauma cases, however these types of programs are also experiencing similar declines in patient volume.

Chair Giunchigliani said she has had discussions with Kathy Silver, the CEO of UMC, regarding the reestablishment of a certificate of need to ensure that as the valley starts to stabilize we do not create systems that add to the problem where there is no populational need. This could be an issue of discussion during the upcoming legislative session.

Member Boutin referenced the transportation time slides in the presentation and noted there have been 41 transfers from the trauma center to outside facilities. She said the City of Henderson issued a new contract with an ambulance company to assist in transporting patients in a timely manner. She asked if the transfers were outsourced and what the transfer time was for these patients. Mr. Chetelat said the transport times indicated result from response to the 911 call in the field and is the time from the scene to the hospital. Transfers are done after the patient is assessed and stabilized by a facility – the facility may transfer a patient to another facility with a particular specialty based on the patient's need(s). These transfer times are not tracked as they are under the care and control of a physician, not a paramedic. The transport method from facility to facility could be by ground or air depending upon the need of the patient.

Member Boutin said the transport figures are included in the report and would be beneficial to track the transport times due to various issues. Mr. Chetelat said the only transport times tracked are for original response to the first hospital. These times do not cover transfer times between facilities. Trauma field triage criteria are designated for transports to a hospital – the transports listed on the report designate the disposition after arriving at the first hospital. Chair Giunchigliani noted the penalty comes in for both the private and public sector based on transport contracts. Mr. Chetelat said this pertains to arrival on the scene, not for what occurs afterward. The private ambulance companies have a response standard they must meet from the time of dispatch to the scene.

Dr. Fildes said the bulk of the 41 transfers are from rural counties and across state lines. UMC sees many patients from northern Arizona, southern Utah and eastern California, as well as Lincoln County, Pahrump and even as far as Tonopah. Member Boutin asked for clarification on the term "disposition." Dr. Fildes said once a patient is received at a facility and is stabilized there is an inter-facility transport which may occur. Another category refers to those patients

received at a different trauma center which may not be able to offer the surgical care needed by a patient, and the patient will be transported to a different trauma center for needed care.

Chair Giunchigliani said we are also tracking data to ensure patients are not taken to UMC if another facility does not have the appropriate person on call to provide needed services.

Member Hardy referred to the number of deaths reported and asked if this refers to the number of patients who do not leave the emergency room for other treatment. The data refers to the emergency room outcome, not the final disposition of the patient. Dr. Fildes confirmed the data reflects death in hospital at any time from time of arrival to discharge. It also refers to patients who were given all appropriate medical interventions and failed to respond within 10-15 minutes of treatment, typically referred to as "DOA" or "dead on arrival." Member Hardy noted the impressiveness of the statistics and success rate we experience with trauma patients. Dr. Fildes said for those patients arriving alive at trauma centers the discharge rate is 94%.

Chair Giunchigliani thanked staff for their presentation and formally accepted the report.

## **2. Discuss Recruitment Process for SNHD Staff Attorney; Direction to Staff**

Dr. Sands announced that Mr. Smith will be moving on and leaving the district. As a result, the district will begin recruitment for legal counsel. Board members were provided with copies of the current classification specification and a draft recruitment notice. He asked Board members for feedback and welcomed questions regarding the transition process.

Chair Giunchigliani asked that two items be included under "knowledge of" on the classification specification: knowledge of Open Meeting Law and Ethics Law. She also asked automobile registration as required by law be added as a requirement – the county recently adopted a policy requiring new hires to provide proof of vehicle registration to ensure employees are complying with the law.

Staff will begin the recruitment process to solicit applications. Applications will be screened by human resources staff to ensure applicants meet the necessary qualifications of the position. Dr. Sands and Mr. Weiss will interview those applicants meeting the qualifications. From there the Board will form an Attorney Selection Committee to review the top applicants to provide feedback and guidance in selecting the staff attorney. Dr. Sands will extend an offer to the recommended candidate based on the feedback received from the Committee.

Chair Giunchigliani asked that a recruitment closure date be added to the recruitment notice. Dr. Sands said we have no way to gauge the number of applicants who may come forth and we want to ensure we are able to obtain a sufficient pool of applicants. Chair Giunchigliani asked the notice to read "will remain open until a sufficient number of applications are received and/or July 15, 2010." At this point staff could update the Board on the recruitment process and obtain additional direction for recruitment, if necessary.

Angus MacEachern, human resources administrator, stated that the district typically advertises open positions in such a manner so that when a sufficient number of applicants are received we do not have to wait to suspend recruitment to a future date – if there are enough applicants coming through using the current language on the recruitment notice we can post a notice that the recruitment will close in one week, including on the internet. Mr. MacEachern said for this type of position he would like to see a minimum of 15 qualified applicants; the last recruitment yielded five qualified applicants which came to the Attorney Selection Committee. Mr. MacEachern said though the requirements are clearly defined on the recruitment notice there

will be several applicants who do not meet the criteria, including lack of license to practice law in Nevada.

Chair Giunchigliani stressed again that she would like to see a specific date included on the recruitment notice or until a sufficient number of applicants is received. This will allow the flexibility to close the recruitment early or to notify the Board that the recruitment is not drawing enough applicants. Mr. MacEachern said recruitment will start the first weekend of June and will have an application deadline of mid to late-June.

Member Boutin expressed her agreement with Chair Giunchigliani that human resources should take direction from the Board in the recruitment and hiring process, as well as taking exception to the normal hiring process for positions that have extensive contact with the Chief Health Officer and the Board.

Chair Giunchigliani asked for the Board to be kept informed on the status of applications. She also thanked staff for adding information about the hearings and regulatory components, as those are important issues for applicants to be aware of when considering the position.

Dr. Sands said there could be a large number of applications that come through, however only a small amount will meet the requirements of the position. Staff is able to work within the parameters requested by the Board. He committed to keep the Board informed as recruitment progresses.

Chair Giunchigliani wished Mr. Smith well and thanked him for his service. Dr. Sands noted Mr. Smith started with the district when numerous legal challenges appeared, which are now under control, and thanked him for his service as well during those difficult situations.

Member Hardy said entering a position as legal counsel for the district is life-changing and applicants will be changing their lifestyle. He said we need to allow for thoughtfulness as to the applicant's ability to perform the job, including considering prior practice or previous employment. He said we do not want someone "desperate" for a job, but more someone who is able and competent in prior positions, which is more important. The selected applicant needs to be capable, competent, and able to transition his/her practice, whether in public or private sector, which will require planning on the applicant's part.

Chair Giunchigliani agreed that transitioning from the private sector to the public is key and the applicant will need to understand how to get up to speed. She said a transitory period to develop a comfort level is needed, which was not available during the last legal transition. She suggested having the selected applicant witness a hearing process and see proceedings to develop a comfort level – though the applicant may have expertise, but actually doing the job is another aspect.

## **V. PUBLIC COMMENT**

Public Comment is a period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

Chair Giunchigliani asked if anyone wished to address the Board. Seeing none, she closed the Public Comment portion of the meeting.

## **VI. HEALTH OFFICER & STAFF REPORTS**

### **Body Piercing Regulations**

Dr. Sands reported contact was made with the Board of Medical Examiners (BME) concerning the body piercing regulations and referred to the letter posted on the BOH Bulletin Board sent by Member Christensen to the BME. Chair Giunchigliani reminded Board members that issue relates to discussion last year surrounding single-point piercings and concern that the proposed regulations were unclear and that the BME should have input on whether the procedure constitutes the practice of medicine. Member Christensen said in his discussions with Douglas Cooper, executive director, it was noted that the information needs to be re-agendized for discussion by the BME; further any opinion sought from the BME must be requested by a physician licensed by the BME. The end results will most likely be the same; however we need to ensure that the proper processes are followed. The item will most likely be agendized for discussion at the Board's September 2010 meeting and Mr. Cooper will then publish an opinion of the Board's findings. The current regulations still stand and the practice of single-point piercing is prohibited – anyone practicing this procedure is doing so unlawfully.

### **Vector Control Update**

Dr. Sands reminded Board members of last month's budget discussion and the end of county funding for vector control services as of June 30<sup>th</sup>. Vector control staff is meeting with representatives from each jurisdiction to work out a plan for services over the next year. Some jurisdictions will be absorbing services for the coming fiscal year, while others will start in FY12. Glenn Savage, director of environmental health, and Dr. Sands will be meeting with each city manager to discuss the transition plans – he invited the Board member for each respective jurisdiction to attend these meetings as well. Information will be sent to our vector control partners regarding the plans for transition.

Chair Giunchigliani said initially the five-year funding agreement included each jurisdiction paying a percentage for vector control services; somewhere along the line the county absorbed the entire cost with no contributions from the other jurisdictions. She noted that both the City of Las Vegas and Clark County Code Enforcement drain pools – so long as everyone is consistent there is no problem; however if one jurisdiction drains pools and another treats chemically or with mosquito fish problems begin to arise. She said there needs to be agreement between the jurisdictions that mosquito testing and surveillance be conducted regardless. We need to come to agreement on this issue, as well as the burden of cost. It is understood that SNHD will continue to provide surveillance services.

### **Update on Bilbo's Litigation**

Dr. Sands informed the Board a permanent injunction favoring the district was issued by Judge Adair against Bilbo's. In July 2007 the Court issued a preliminary injunction directing Bilbo's to remove all ashtrays, matchbooks and other smoking paraphernalia from the premises. This issue went to court in March 2010. Bilbo's asserted that ashtrays and matchbooks were promoting commercial-free speech and that the Nevada Clean Indoor Air Act (NCIAA) was inhibiting their First Amendment rights. The definition of smoking paraphernalia was also challenged and Bilbo's began to distribute condiment cups to patrons in place of ashtrays. The permanent injunction was issued on May 3, 2010 and specifically states that the defendant "shall keep all ashtrays and matches from the area where smoking is prohibited; shall cease to provide ceramic cups, shot glasses or other items to be used as ash receptacles; and shall inform smoking customers that smoking is not permitted." Dr. Sands said this is more direct than the preliminary injunction and informs the business owner of their obligation to tell patrons not to smoke and not encourage or facilitate smoking where it is prohibited by law. This is a large win for the district, particularly for our enforcement efforts, and more importantly it is a big win for public health to protect the community from secondhand smoke.

Dr. Sands noted the defendant did file an appeal this week and our attorney assures staff the injunction remains in effect. Staff plans to update our materials and factsheets with the updated information. A training program will be implemented for food establishments to ensure compliance with the newly adopted food regulations, including those sections pertaining to NCIAA and the inspection process. Staff will continue to move forward and respond to the aftermath of any appeals.

Chair Giunchigliani said there is no mechanism in place to recapture enforcement expenses and suggested staff notify each business and that each jurisdiction's business license department provide a letter to each new bar/tavern owner so they are aware of the components of the law. Dr. Sands said funding received from the *Communities Putting Prevention to Work* grant may be able to support this action as well.

Member Boutin stated that recently an employee at Stake Out provided an Altoid box to use as an ashtray. She asked for clarification on what the law entails and what businesses can and cannot do in relation to NCIAA. Chair Giunchigliani replied that as an initiative it was somewhat flawed because some components were cut off, modified and changed, which then left the district with enforcement of the law with no funding mechanism attached. However with the permanent injunction in place staff will be able to better educate industry regarding compliance and that the district is trying to enforce the Act as best possible.

Member Crowley said that the people put forth an initiative as the legislative process did not accommodate the wishes of the people. The initiative passed because it is what the people wanted. She asked when either the legislature or the Board will be able to enhance the Act for improved enforcement ability. Chair Giunchigliani said that the legislature maintains the right to act and did not have to enact NCIAA. She said an economic argument came forward from those opposing the Act and the same argument will continue to resonate going forward.

Member Hardy said there is a three year waiting period before the legislature can act upon something voted upon and approved by the public. He noted that the public put the initiative in place and legislators are reluctant to change what the public sought. He said the public initially voted for something and the legislature did not act upon it, so the public ventured forward with another initiative. The first time the legislature can consider changes to the Act is during the 2011 session.

Member Crowley asked if the Board could make rules to support the Act separate from the county or state level. Member Boutin asked for clarification on how the Act was initiated. Dr. Sands said the Clean Indoor Air Coalition championed the Act, but he did not have enough background to provide a full history on the birth of the initiative. He said the district has the ability to write regulations. Initially the district was going to use the food regulations as a means for enforcing compliance with NCIAA as it directly correlates to food service and whether or not an establishment is deemed "smoking" or "non-smoking." There is also existing infrastructure for education and training on the Act.

Dr. Sands said the *Communities Putting Prevention to Work* leadership team is in San Diego this week discussing implementation of the action plan – one priority of the project is to preserve the NCIAA and improve enforcement.

Member Hardy further noted the legislature cannot ease off any restrictions sought by the public; however the law could become more strict.

(Member Anthony left the meeting at 10:30am)

Member Boutin said we do not want to have laws as strict as those in California where it's illegal to smoke cigarettes in public. She said there needs to be extensive communication, planning and lobbying to develop a strategic plan going forward. Chair Giunchigliani expressed concern about each local health authority developing their own plans and lacking consistency of enforcement across the state.

Member Boutin asked Member Hardy if the public's perception changes over time. She referenced a poll conducted by the City of Henderson where residents asked for a museum in the City. More recently when polled again residents overwhelmingly do not want the same museum. Considering the loss of tax revenue and employment as a result of NCIAA she inquired as to the status of the public's opinion of smoking. Member Hardy said the public is always capable of changing their minds.

Dr. Sands said when the Act was passed there was a competing initiative. The initiative sponsored by the Clean Indoor Air Coalition passed by firm majority; the initiative sponsored by tobacco interests was voted down. The vote was very decisive. Chair Giunchigliani said in politics additional surveys may be needed from time to time to gauge the public's perception and feeling.

Member Boutin said if the restrictions can only be tightened, the public should be polled to determine if there is still a desire for restrictions on smoking in public places. Chair Giunchigliani said questions should be clear when seeking guidance from the public. Member Hardy said legislators have an interest in what the Board of Health thinks and if the Board says provisions of the Act are problematic and offers some solutions, the legislature will listen.

(Member Christensen left the meeting at 10:34am and quorum was lost)

Member Hardy further stated it is best to have all the players at the table saying the same thing. The legislature acts on something that someone else has done the work on. If the state and the Board come together with what they've worked on, including problems and solutions, the legislature can made an educated decision on how to improve matters.

(Member Christensen returned and was seated at 10:35am and quorum was restored)

Member Boutin said if we plan to move forward with strengthening the Act, the Board should touch base with its constituents and gauge the public's current perception on the Act. Chair Giunchigliani said focus groups are helpful in providing missing information as well, including determining if there are any misperceptions of the Act.

Chair Giunchigliani noted this was a valuable discussion and asked for briefings in the future as to what the regulations currently address and how we can strengthen our education to industry. Dr. Sands said he will take this information back to the leadership team as they build the action plan this week.

### **Public Health Nursing Services in North Las Vegas**

Dr. Sands invited Bonnie Sorenson, director of clinics & nursing services as well as Veronica Morata-Nichols, community health manager forward to update the Board on the status of public health services and outreach in North Las Vegas following the closure of the public health center.

Chair Giunchigliani referenced an article in the Las Vegas Review Journal concerning poor immunization rates among school-aged children and asked staff to comment. Ms. Sorenson reported the health district has worked directly with Clark County School District for the past three years to ensure children entering 7<sup>th</sup> grade have their Tdap vaccination, as required by statute, and the vaccination rate is between 80-90%. Our focus continues to be on children aged 0-4, where are

rates continue to be around 59%. Ms. Sorenson said nationally immunization rates are falling as a result of the failing economy and people losing their pay source. Outbreaks of mumps are occurring on the east coast and California; there is currently a Pertussis outbreak in California as well. The district received funding from the United Way of Southern Nevada to assist in outreach efforts for early childhood vaccinations.

Ms. Sorenson said we are working diligently to find locations in North Las Vegas to provide immunization services to the community. The public libraries are asking for an hourly fee to use their facilities and the district would not be able to charge an administrative fee for vaccinations. Ms. Morata-Nichols said we will be partnering with the Boys & Girls Club on Las Vegas Boulevard and Carey to provide immunizations. Initially we will provide services one day per month for a four-hour time frame – this could increase depending upon the level of traffic for services. This location is less than half a mile from the former North Las Vegas public health center location.

Chair Giunchigliani asked if staff is providing services at the public housing authority. Ms. Sorenson said staff participates in various events and will set up in day care centers or spare rooms to perform fluoride varnishing, lead screening, healthy kids exams and other special programs, particularly in the projects.

Ms. Morata-Nichols reported staff met with school district staff, including Diana Taylor, to plan for back-to-school activities. During the last two weeks of August staff will have clinics at 4 quadrants of the valley, near big 4 major schools. throughout the district in target locations for mass immunization clinics before school starts. In response to Chair Giunchigliani's suggestion to use homeland security funding Ms. Sorenson said the event would need to be designated as an exercise or designate the site as a POD to utilize these dollars. Dr. Sands said staff can look into this option. The back-to-school fairs at the malls are free for the health district, as the sponsoring media outlet pays the required fees to host the event.

Member Hardy asked for clarification on who provides vaccinations from the health district. Ms. Sorenson said only registered nurses and LPNs provide vaccinations at the health district. In addition to administering the vaccine, the vaccinator must obtain a thorough medical history, answer the questions the client may have, and have knowledge of the appropriate anatomy and physiology to properly administer the vaccine, particularly because there are so many vaccines available.

Ms. Sorenson said that family planning clients are being seen at the East Las Vegas clinic and the response has been positive. TB clients were the most impacted on the relocation. Staff are able to provide direct observational therapy (DOT) using Skype technology, which is a free service over the Internet. Many of our TB clients live more in this central area and we are seeing increased compliance having patients come to the main facility.

### **Health Card Services**

Scott Weiss, director of administration, said a committee is still meeting to discuss updating the health cards program, as well as to determine if there continues to be a public health need for health cards. We need to establish a more effective and efficient manner to administer health cards if needed. The Board will be updated as more information is available. Chair Giunchigliani noted ordinance and policies throughout the County may need to be modified as a result of any pending changes. The increase in health cards issued is due to the three-year renewal period. Clients are also maintaining their health cards in the event it is needed for possible employment opportunities. Mr. Weiss said he would like to have a new program in place prior to planning for the FY12 budget.

**VII. INFORMATIONAL ITEMS**

***DULY NOTED***

**A. Chief Health Officer and Administration:**

1. Monthly Activity Report, Mid-April 2010 – Mid-May 2010
  - a. Letter of Appreciation from the Department of the Air Force to Dr. Lawrence Sands
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of April 2010
  - a. Grant and Agreement Tracking Report, as of May 17, 2010
3. Public Information Monthly Report, Mid-April 2010 – Mid-May 2010

**B. Community Health:**

1. Monthly Activity Report, April 2010
  - a. Southern Nevada Influenza Surveillance Update #18
  - b. April 2010 Disease Statistics

**C. Environmental Health:**

1. Monthly Activity Report, April 2010
  - a. Letter of Appreciation from John Marchiano regarding environmental health staff
  - b. Email of Appreciation from Jimmy Vigilante regarding environmental health staff

**D. Clinics and Nursing:**

1. Monthly Activity Report, April 2010
  - a. In-service calendar
  - b. Letters of Appreciation
  - c. Certificates of Recognition
  - d. Text4baby Tuesday – Weekly Update Publication

**VIII. ADJOURNMENT**

There being no further business to come before the Board, Chair Giunchigliani adjourned the meeting at 10:46 a.m.

SUBMITTED FOR BOARD APPROVAL

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

/src

attachments