MINUTES

SOUTHERN NEVADA HEALTH DISTRICT
FACILITIES ADVISORY BOARD MEETING
April 27, 2021, 3:00 P.M.

MEMBERS PRESENT

Leonard Freehof, *CEO*, (*Spring Valley)* UHS VHS
Sam Kaufman, *CEO*, (*Henderson)* UHS VHS
Claude Wise, *CEO*, (Valley) UHS VHS
Mason VanHouweling, *CEO*, UMC
William Caron, *CEO*, VA Southern Nevada
Leo Gallofin, *Director*, Rawson-Neal
Kim Shaw, *CEO*, (*San Martin)* Dignity Health (joined 3:24 p.m.)

MEMBERS ABSENT

Lawrence Barnard, *CEO*, *(St. Rose)* Dignity Health
Thomas Burns, *CEO*, (Rose de Lima) Dignity Health
Julie Taylor, *CEO*, (*Mountainview)* HCA
Todd Sklamberg, *CEO*, (*Sunrise)* HCA
Alexis Mussi, *CEO*, (*Southern Hills)* HCA
Vince Variale, *CEO*, North Vista
Sajit Pullarkat, *CEO*, (*Centennial Hills)* UHS VHS
Christopher Loftus, *CEO*, (Desert Springs) UHS VHS
Troy Mire, *CEO*, (Spring Mountain) UHS VHS
Robert Freymuller, *CEO*, (*Summerlin)* UHS VHS
Thomas Maher, *CEO*, Boulder City
Curtis Ohashi, CEO, Montevista

SNHD STAFF PRESENT

Fermin Leguen, *Chief Health Officer*
Heather Anderson-Fintak, *Associate General Counsel*
Michael Johnson, *Director of Community Health*
Christopher Saxton, *Director, Environmental Health*
Lei Zhang, *Sr. Public Health Informatics Scientist*
Gregory Lang, *Public Health Informatics Scientist*
Karen White, *CFO*
Joann Rupiper, *Chief Administrative Nurse*
John Hammond, *EMS Manager*
Andria Cordovez-Mulet, *Executive Assistant CHO*
Theresa Ladd, *Administrative Secretary*

GUESTS

Brian Rodgers, *COO & Partner, Community Ambulance*
Robert Richardson, *COO, Community Ambulance*
Donna Miller, *Regional Director, GMR*

I. CALL TO ORDER/ROLL CALL

Chair Freehof called the Southern Nevada Health District Facilities Advisory Board to order at 3:06 p.m. Theresa Ladd, Community Health Administrative Secretary conducted a roll call and determined that a quorum was not present.

Chair Freehof addressed Item II and moved forward to Item V.

Member Shaw joined at 3:24 p.m., quorum was reached
Chair Freehof asked and obtained motions for Items III and IV.

II. FIRST PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items appearing on the Agenda. All comments are limited to five (5) minutes.

Chair Freehof asked if anyone wished to address the Board pertaining to items appearing on the agenda. Hearing no one, the Public Comment portion of the meeting was closed.

III. ADOPTION OF THE April 27, 2021 AGENDA *(for possible action)*

A motion was made by Member VanHouweling seconded by Member Kaufman and carried unanimously to adopt the April 27, 2021 agenda as presented.

IV. CONSENT AGENDA

Items for action to be considered by the Southern Nevada Health District Facilities Advisory Board which may be enacted by one motion. Any item 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/FACILITIES ADVISORY BOARD MEETING:** January 26, 2021 ***(for possible action)***

A motion was made by Member VanHouweling seconded by Member Kaufman and carried unanimously to approve the Consent Agenda as presented.

V. REPORT/DISCUSSION/POSSIBLE ACTION

The Facilities Advisory Board may take any necessary action for any item under this section. Members of the public are allowed to speak on action items after the Board's discussion and prior to their vote. Once the action item is closed, no additional public comment will be accepted.

A. Receive and Discuss COVID-19 Vaccination Update; direct staff accordingly or take other action as deemed appropriate ***(for possible action)***

Ms. JoAnn Rupiper, Chief Administrative Nurse, provided an update on the COVID-19 vaccination campaign by reviewing the current vaccine site locations (Cashman, LVCC, SNHD Decatur and Partners).

Ms. Rupiper advised that strike teams are being utilized. The Health Equity Unit is most active whereas RTC sends a vehicle to pick up a group and delivers the group to the designated area (LV Convention Center), vaccinators board the bus and vaccinate.

Cashman operations is closing May 5 and moving to the LV Convention Center as in the last 2 weeks there has been less interest in vaccination. Highest vaccine numbers are on Tuesdays and Fridays; 1.3 M doses administered in Clark County. Completion rate in Clark County is 70-80% (depends on data, taken from Nevada Response Website). 31% have been vaccinated (aged 16 and older); % initiated aged 16 and older is 44%.

Vaccine Hesitancy: % of those aged 18 and over who are hesitant about receiving a COVID-19 vaccine is 9.5% (+/- 2.8%). Top three reasons for vaccine hesitancy: 48% don't trust COVID-19 vaccine, 42% Concerned about side effects, 37% Don't trust government. Nevada compares to other states with higher hesitancy rates (information taken from US Census Bureau, https://www.census.gov/library/visualizations/interactive/household-pulse-survey-covid-19-vaccination-tracker.html).

Ms. Rupiper provided websites to vaccine resources, including nvhealthresponse.nv.gov, www.immunizenevada.org, and covid.southernnevadahealthdistrict.org.

Chair Freehof raised the question to understand the actual percentage of Clark County population that are vaccinated in terms of opening things up and lifting restrictions, social distancing and occupancy rates. "Was it predicated on a 60% vaccination rate, which was targeted for June 1."

Dr. Leguen responded, "The 60% number was the rate we will dismiss the social distancing requirements. May 1 is our first target, based on 60% of population receiving the first dose of the vaccine."

Chair Freehof asked, "Is that the difference between vaccinated and initiated?"

Dr. Leguen responded, "Yes, initiated is people who received the first dose, fully vaccinated are people who received both doses of Pfizer or Moderna vaccine or one dose of J&J."

Ms. Rupiper stated SNHD is seeing 20% of no shows, SNHD overbooks and compensates; also seeing a lot of second doses. The state is going to do a reminder call to those who are overdue. SNHD allows walk ins and is trying to figure out why people are not coming in and try and remove the barriers.

3:24 p.m., Member Shaw joined the conference and quorum was achieved; Chair Freehof addressed Items III and IV on the agenda.

B. Discuss and Approve When In Person Meetings will Resume ***(for possible action) (All)***

Ms. Heather Anderson-Fintak, Associate General Counsel, informed the Board of the legal requirement to operate a physical location for the meeting.

A motion was made by Member VanHouweling and seconded by Member Kaufman and carried unanimously to approve resuming the next and future meetings In Person.

C. Receive and Discuss ET3 Pilot Program with Medicare and Leaders from EMS; direct staff accordingly or take other action as deemed appropriate ***(for possible action)***

Ms. Donna Miller, Regional Director, provided a high-level overview of the ET3 program, an emergency triage treatment and transport model.

ET3 is a Centre's of Medicare and Medicaid Innovation (CMMI) pilot project aiming to improve quality of care and lower costs by reducing avoidable transports to the ED, while ensuring patients receive the most appropriate care, at the right time, and in the right place.

ET3 Is a voluntary, 5 year payment model providing Medicare FFS patients and ambulance crews greater flexibility to address healthcare needs following a 911 call.

In the current EMS design, most 911 callers are transported to an ED, even when a lower destination may more appropriately meet that person's needs.

An ambulance only receives reimbursement when a transport happens; there is no payment for readiness or for responding to a call that results in no transport, regardless the reason. Medicare pays for EMS services when 911 callers are transported to an ED, most beneficiaries who call 911 are transported to an ED.

Under the ET3 Model, CMS will pay participants to transport to an alternative destination partner or initiate and facilitate treatment in place (TIP) with a qualified health care partner, either at the scene of the 911 emergency response or via telehealth.

ET3 will be implemented – this is a pilot program. It will be tried for 5 years, tested and validated.

Tiered approach: Tier 1, Process Improvement-Select Group-Troubleshooting unforeseen issues-Best Practices. Test and validate the ET3 benefit before full roll out, 100% QA monitored and will evaluate gaps between predicted and actual performance and improve tiered approach. Tier 2, Roll out to all crews.

Ms. Miller stated this program involves a specific population, those are Medicare patients, anticipates volume will be very low, 3-5 a day if that, with low impact on the hospital.

Chair Freehof asked, "Will the start date be in the next few months?"

Ms. Miller responded, "We want to make sure the main stakeholders are familiar with the program. Now that we've had the opportunity to present to you, once we pass that, we plan to have a video for our fire partners so they're familiar with the program and can complete training. We believe it's possible to make this happen by the end of May but don't want to commit until we hear from you."

Chair Freehof raised the question, "Is there any type of interim point where there's an evaluation or information that's gathered as this program develops?"

Ms. Miller responded, "There are certain reports to be submitted to Medicare regularly. Some of those reports we agreed to share with our fire partners. If there is an interest on your end, we could consider giving you a report on our QA's, and as we're monitoring and improving as we go."

Chair Freehof asked the Board if there was an interest to get interim data, maybe 3-6 months down the road.

Member Shaw stated it would be helpful; Member Kaufman and Chair Freehof agreed.

Chair Freehof would like to invite Ms. Miller to return to the Board in 6 months to provide an update.

D. Receive and Discuss Expand eCR Reporting Presentation ***(for possible action)***

Mr. Lei Zhang, Sr. Public Health Informatics Scientist, presented the Electronic Case Reporting (eCR) Presentation. Electronic case reporting (eCR) is the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. It moves data quickly, securely and seamlessly from EHRs in healthcare facilities to state or local health departments and is a critical tool for COVID-19 and other outbreak management needs.

eCR reduces burden by automatically sending required information to all public health agencies, eliminates the need for manual data entry, is compliant with HIPAA, and improves COVID-19 reporting. Case reporting to Public Health Agencies (PHAs) provides data to support, reporting and situational awareness, case management, contact tracing, critical demographic and clinical data for lab results, and coordinating isolation and other response measures.

Implementation is easy. eCR Now is a CDC strategic initiative that allows for rapid adoption and implementation of eCR for COVID-19. 1. Cohort-based COVID-19 rapid eCR implementations for provider sites that use an HER with eCR capabilities. 2, An eCR Now FHIR app that can be immediately implemented to automate COVID-19 eCR in otherwise not enabled EHRs. 3. Extension of the existing eHealth Exchange policy framework.

SNHD would like your support and welcomes all hospitals to participate in eCR. Currently, UMC is participating.

Member Shaw asked a clarifying question, "Is the expectation that hospital staff builds the data points or are you also collecting data points?"

Mr. Zhang responded, "All the data points are already collecting in your hospital EHR system. We will work with your facility IT department to complete mapping."

Chair Freehof requested the slides presented by Mr. Zhang be sent to the Board.

VI. COMMUNITY HEALTH REPORTS/STAFF REPORT

Director of Community Health Comments – Dr. Michael Johnson

Dr. Johnson reported COVID-19 numbers are moving in the right direction. Continuing to see cases decline in hospitalizations as well as COVID-19 related mortality. Our positivity rate is currently at 6.3%.

CDC is easing guidelines for wearing masks outside. People fully vaccinated or not, do not have to wear a mask outdoors when they walk or bike with members of their household. They can also go mask less in small outdoor gatherings. Un-vaccinated people, defined by the CDC as those who have yet to receive both shots of Pfizer or Moderna or 1 shot of the J&J, should wear a mask at outdoor gatherings that include other un-vaccinated people. They should also keep using masks at outdoor venues.

Finally, everyone should keep wearing masks at crowded outdoor events such as concerts and sporting events.

VII. FACILITIES ADVISORY BOARD REPORTS

Chair Freehof asked the board if there were any emerging issues to be discussed and if there are any items to be placed on the agenda for the next meeting.

Hearing no one, the Facilities Advisory Board Reports portion of the meeting was closed.

VIII. SECOND PUBLIC COMMENT

Chair Freehof asked if anyone wished to address the Board.

Hearing no one, the Public Comment portion of the meeting was closed.

IX. ADJOURNMENT

Chair Freehof adjourned the meeting at 4:12 p.m.

/tcl