



WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING NOTICE AND AGENDA

Members

Thursday, January 28, 2016

Kitty Jung, Chair

1:00 p.m.

Julia Ratti, Vice Chair

Oscar Delgado

Dr. George Hess

David Silverman

Dr. John Novak

Michael D. Brown

Washoe County Administration Complex Health District South Conference Room 1001 East Ninth Street Reno, NV

Items for Possible Action. All items numbered or lettered below are hereby designated for possible action as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

1:00 p.m.

- 1. *Roll Call and Determination of Quorum
- 2. *Pledge of Allegiance
- 3. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

4. Approval of Agenda

January 28, 2016

5. Approval of Draft Minutes

December 17, 2015

6. Recognitions

- A. Transfer
 - 1. Scott Baldwin From EHS Environmental Health Specialist to AQM Air Quality Specialist II 1/11/16

B. New Hires

- 1. Sonya Smith Public Health Nurse I, hired 12/14/15 CCHS
- 2. Maximilian Wegener Public Health Investigator II, hired 12/28/15 EPHP
- 3. Ellen Messinger-Patton Environmental Health Trainee I, hired 1/11/16 EHS
- 4. Briana Johnson Environmental Health Trainee I, hired 1/11/16 EHS

C. Promotion

1. Nick Florey – Environmental Health Specialist to Senior Environmental Health Specialist effective January 25, 2016 - EHS

7. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Accept cash donation in the amount of \$3,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARCs) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$3,000 in both revenue and expense to the FY16 Arctica Ice Donation budget, IO-20424.

Staff Representative: Steve Kutz

B. Appoint Vonnie L. Fundin to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning January 28, 2016 and ending on January 27, 2019

Staff Representative: Jim English

8. *Update on Quality Improvement Processes for Health District Services

Staff Representative: Sara Dinga

9. *Introduction of New REMSA President and Comments from REMSA Board Chair Presented by Jim Begbie

10. Regional Emergency Medical Services Authority

Presented by Dean Dow

- A. Review and Acceptance of the REMSA Operations Reports for November and December, 2015
- *B. Update of REMSA's Community Activities during November and December, 2015

11. *Regional Emergency Medical Services Advisory Board January Meeting Summary Staff Representative: Christina Conti

12. Discussion and possible approval of the draft REMSA response zones map within the Washoe County REMSA ambulance franchise service area

Staff Representative: Christina Conti

13. Acknowledge receipt of the Health District Fund Financial Review for December Fiscal Year 2016

Staff Representative: Anna Heenan

14. Discussion and possible approval of the Washoe County Community Health Improvement Plan, 2016-2018

Staff Representative: Sara Dinga

15. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

B. Community and Clinical Health Services, Steve Kutz, Director

Divisional Update, Program Reports

C. Environmental Health Services, Bob Sack, Director

EHS Division Update, Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – Community Health Improvement Plan, Truckee Meadows Healthy Communities, Strategic Planning, Quality Improvement, Budget, Security, Other Events and Activities and Health District Media Contacts

16. *Board Comment

Limited to announcements or issues for future agendas.

17. Emergency Items

18. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

19. Adjournment

Possible Changes to Agenda Order and Timing. Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

Special Accommodations. The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment. During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and appellant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment. The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcement or Issues for future Agendas."

Posting of Agenda; Location of Website.

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV Downtown Reno Library, 301 S. Center St., Reno, NV Reno City Hall, 1 E. 1st St., Reno, NV Sparks City Hall, 431 Prater Way, Sparks, NV Washoe County Administration Building, 1001 E. 9th St, Reno, NV Washoe County Health District Website www.washoecounty.us/health State of Nevada Website: https://notice.nv.gov

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at dspinola@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.





WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Members Kitty Jung, Chair

Julia Ratti, Vice Chair

Neoma Jardon

Dr. George Hess

David Silverman

Dr. John Novak

Michael D. Brown

Thursday, December 17, 2015

1:00 p.m.

Washoe County Administration Complex Health District South Conference Room 1001 East Ninth Street

Reno, NV

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:03 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair

Julia Ratti, Vice Chair (attended 1:00 p.m. – 3:00 p.m. via telephone)

Dr. George Hess Dr. John Novak David Silverman Mike Brown

Members absent: Neoma Jardon

Ms. Spinola verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO

Herb Kaplan, Deputy District Attorney

Anna Heenan, Administrative Health Services Officer, AHS

Charlene Albee, Division Director, AQM Steve Kutz, Division Director, CCHS Randall Todd, Division Director, EPHP Bob Sack, Division Director, EHS

Erin Dixon, Fiscal Compliance Officer, AHS Christina Conti, EMS Program Manager, EPHP

Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Audience member Jess Traver led the pledge to the flag.

3. *Public Comment

Cheryl Huett wished everyone a Merry Christmas.

4. Approval of Agenda

December 17, 2015

Dr. Novak moved to approve the agenda for the December 17, 2015, District Board of Health regular meeting. Dr. Hess seconded the motion which was approved six in favor and none against.

5. Approval of Draft Minutes

November 19, 2015

Dr. Novak moved to accept the minutes of the November 19, 2015 District Board of Health regular meeting as written. Mr. Silverman seconded the motion which was approved six in favor and none against.

6. Recognitions

A. Years of Service

1. Christina Conti-Rodriguez, 10 years, 12/5/05 through 12/5/15 – EPHP

Mr. Dick congratulated Ms. Conti-Rodriguez and presented her with a commemorative certificate.

2. Julie Hunter, 10 years, 12/27/05 through 12/17/15 – AQM

Mr. Dick congratulated Ms. Hunter and presented her with a commemorative certificate.

B. Departures

1. Mark Wickman, 10 ½ years, June 13, 2005 to December 4, 2015 – EHS

Mr. Dick thanked Mr. Wickman, congratulated him on his new position in Alternative Sentencing, and presented him with a commemorative certificate.

C. Congratulations

1. Dr. John Novak elected to the National Association of Local Boards of Health, Board of Directors effective January 1, 2016.

Mr. Dick congratulated Dr. Novak on his achievement.

7. Proclamation

1. National Radon Action Month

Accepted by Jamie Royce-Gomes and Susan Howe of the University of Nevada Cooperative Extension, and Frankie Vigil of the American Lung Association.

Mr. Dick read the proclamation.

[Vice Chair Ratti's call disconnected at 1:11 p.m.]

Ms. Royce-Gomes thanked the Board for the proclamation, reviewed the dangers of radon, and offered testing kits and services.

Ms. Vigil noted radon was the number one cause of cancer-caused deaths in women. She stated they appreciated the partnership and the help in spreading the message.

Chief Brown moved to adopt the proclamation. Dr. Hess seconded the motion which was approved five in favor and none against.

[Vice Chair Ratti's call was reconnected at 1:20 p.m.]

Chair Jung congratulated Dr. Novak and pointed out it was a great opportunity for Washoe County to be represented. It provided opportunities for grants, education, and training. She encouraged him to attend the next annual conference.

8. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

- A. Budget Amendments/Interlocal Agreements
 - 1. Approval of Award from the Association of Food and Drug Officials (AFDO) for total funding of \$2,500 for the period January 4, 2016 through September 16, 2016 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards, IO TBD; approve amendments totaling an increase of \$2,273 to the Retail Program Standards Grant, IO TBD

Staff Representative: Erin Dixon

- 2. Retroactive approval of Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health, for the period November 1, 2015 through June 30, 2015 in the total amount of \$56,382 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO TBA; Approve amendments totaling an increase of \$53,140 in both revenue and expense to the FY 16 CDC Public Health Preparedness FY16 Carryover, IO TBA Staff Representative: Erin Dixon
- 3. Approval amendments totaling an increase of \$24,005 in both revenue and expense to the FY 16 ASPR Public Health Preparedness Carryover Federal Grant Program, IO TBA

Staff Representative: Erin Dixon

B. Possible Approval of 2016 Washoe County District Board of Health Meeting Calendar Staff Representative: Kevin Dick

Dr. Novak moved to accept the Consent Agenda as presented. Chief Brown seconded the motion which was approved six in favor and none against.

9. PUBLIC HEARING – Discussion and proposed adoption of revisions to the Health Department Fee Schedule, specific to Air Quality Management and Environmental Health Services, (Development Review, Construction Plan Review, Food Service Establishment Permits, Temporary Foods/Special Events Permits, Permitted Facilities, Variances, Waste Management, Miscellaneous, Vector Fees, Underground Storage Tanks), as may be determined by the District Board of Health, with collection beginning on or after February 1, 2016

Staff Representative: Erin Dixon

Chair Jung opened the public hearing.

Ms. Dixon presented the staff report. She noted additions had been provided to the Board and made available to the public. She explained she had compared some fees to those of other jurisdictions, and provided an overview of her findings.

Ms. Dixon noted the Board had asked about posting of temporary food permits. The requirement is in the regulations and staff will make it a priority to enforce it.

Ms. Dixon explained that staff had arrived at alternatives to the proposed Temporary Food and Special Events permit fees as a result of comments received. Those had been provided to the

Board and made available to the public. There had been changes made to number of inspections, staffing and permit holders will now be required to pay for all reinspections. A fee for large special events will need to be developed to cover events that require substantial staff time.

Ms. Dixon noted fees associated with septic had also been revisited as a result of comments received. The number of staff hours required to complete the work was returned to current levels and that reduced the proposed fees. Staff will be forming a workgroup with the Builder's Association of Northern Nevada (BANN) to discuss and seek consensus on appropriate regulation and oversight of septic systems. Recommended changes to fees and/or regulations will be reported back to the Board.

Mr. Dick stated that Brian Reeder of the Associated General Contractors has agreed to participate in the workgroup along with BANN.

Ms. Dixon noted the Board had requested additional information about Dust Control permits, and Ms. Albee had compiled and submitted that information with the Board item.

Ms. Dixon explained the original fee implementation date had been targeted to align with the rollout of Accela. As Accela has been postponed, staff was proposing a start date of February 1, 2016. She pointed out a schedule of incremental implementation had been provided as part of the packet. It proposed a 50% increase on February 1, 2016, and the full 100% increase on February 1, 2017. Beginning July 1, 2017, the fees would begin to increase annually based on the Consumer Price Index (CPI), and a full revision would be completed five years after that.

Dr. Hess suggested the second increase should be done at the start of the fiscal year, so that it would be easier to compare results on a year-over-year basis. Ms. Dixon opined that the proposed schedule retained the opportunity to compare them in 12-month increments. Dr. Hess reiterated his request and suggested February was not an opportune time to implement the new fee structure.

Dr. Hess expressed concern about the per-acre dust control fee increasing exponentially based on the size of the project. Ms. Albee explained the issuance of the permit was for 18 months. Over that course of time, the project may or may not be finalized, and multiple inspections may need to be conducted.

Jess Traver of BANN noted they had been working with staff for approximately two years on the fees and had been successful in addressing issues. He complimented staff for their outreach efforts. Mr. Traver opined the septic fees were excessive, as they were based on review times that appeared to be more extensive than necessary. He noted BANN was looking forward to the opportunity to review the code, opining it would provide the opportunity to explore efficiencies. Mr. Traver also opined the fee increases should be postponed until after the review had taken place. He listed some of the other fees that the builders had expressed concern with and would like to discuss in the workshop forum. He noted the recordkeeping process for septic tank locations would be more useful if they were digitized.

Cheryl Huett of Goodies noted she had provided the Board with a list of the Temporary Annual Food Permit fees for Clark County. She acknowledged the proposed changes to the Temporary Food Permit fees were great, but questioned the per-day-inspection fee based on the number of days. She opined the structure should be revisited with regards to non-profits. She suggested alternative fees based on the number of days the permit would be active.

Frank Bouchard, representing two local construction operations, stated he was glad the fees had been reduced but opined they were still high. He stated the permittee was required to do the majority of the work by providing a complete and accurate set of plans, which likely did not require extensive review. He suggested the number of hours allotted for the physical inspection

of septic tanks was excessive.

Brodie Lewis, of MB Lewis Construction Company, stated he was also concerned by the proposed increases, and reviewed the ones most pertinent to his business. He expressed his appreciation for the reduction but opined it was not quite enough. He opined the methodology utilized to determine the fees may not be appropriate, and that the proposed fees were higher than anywhere else in the Western region.

Rex Flowers explained he was in the process of building a detached shop and was behind schedule due to challenges with the Health District. Additionally, he has been informed he will be paying higher fees due to an excessive number of required inspections. He noted an inspector had come to his home on a day when no one was there and had elected not to conduct the inspection. He inferred that he had been less than pleased with some interactions with staff.

Hayley Hamel of the Child Garden explained they had been required to put in a support kitchen due to the fact they heat lunches provided by the parents and serve pizza provided by a restaurant. She expressed concern with the fee increase for the kitchen. Ms. Hamel noted the inspector did not spend much time during their annual inspection as the facility was not actually making food. She opined the increase would affect all of the preschools in the County.

Tray Abney from The Chamber stated he could not speak highly enough of Mr. Dick and his team; they had been very proactive in reaching out and answering questions. Mr. Abney acknowledged the fees had been developed after a full-scale review of current practices and procedures. The Chamber agreed that a certain amount of increases were justified. He expressed support for the workgroup, noting they had the same concerns. They were appreciative of the phased-in approach. Mr. Abney noted the work towards creating efficiencies should be ongoing. He requested the Board bear in mind that other fees had also recently been increased.

Lea Tauchen, Retail Association of Nevada, stated she appreciated the Board's consideration of the burden that the fees could create for businesses. She echoed the comments made by The Chamber and reiterated the urging of the consideration for a phased-in approach. She noted most businesses have already created their budget for the following year, so it is a challenge for them to react to such a significant jump.

Debra Roth, of the Lion and Lamb Christian School, stated she had not been notified about the increase, they had received the information from another preschool director. She explained the challenges they and other businesses had faced with increasing regulations and fees. She opined it was the inspector's job to inspect the facilities and that it was unethical to raise the fee.

Marianna Ashley, of the Kid's Club Learning Center, noted it had been difficult to leave her business in the middle of the day for the hearing. She had been surprised at the amount of the increase. Upon contacting other child care facilities, she discovered that many were not providing any food at all. She found they had made that decision based on fee increases and additional requirements. She pointed out the fee for a support kitchen was proposed to be the same as the fee for a full kitchen.

Ms. Ashley had noted that inspectors write down the time an inspection starts and when it ends. It had been observed by herself and others that an inspection takes approximately 20 minutes, but she has noted times listed ranging from 45 minutes to two hours. During the inspection period, the inspector engages in substantial amounts of conversation with the owner. She went on to express concern for the health of the children who are being cared for at the centers but not provided anything to eat. The parents do bring food, but it is often not especially nutritious.

Kathleen Cooke, Sunflower Preschool, expressed her understanding that fees need to be raised. She stated she disagreed with some of the reasons for the increases. She opined the notification was insufficient, the timing of the hearing was unfair due to the pressures of the season, and the reasoning of making up revenues from the recession did not allow for the fact that all businesses had been challenged during that time. She stated it would not be possible for her to raise her fees enough to cover the increase and asked how much they should charge the parents, as they were already paying a substantial amount.

Stephon Van Dyke of Stephon's Mobile Bistro requested the Board consider the challenge of the increased fee to business owners.

Jennifer Wigmore of the Early Years Academy noted that there was no Support Kitchen fee in 2012, so although the rates may not have been raised, the number of required permits had been increased. Both of her most recent inspections were completed at the same time. She opined the amount of work to complete the inspection for the support kitchen did not warrant the amount of the fee, particularly when it was conducted at the same time as the annual inspection.

Paul Sampson opined the fees would have a tremendous effect on local businesses.

Virginia Blank of Faithful Friends Preschool supported the statements made and reiterated that the increase affected what they could offer the children. She supported the phased-in approach. She suggested there be a surcharge for facilities that received low scores and required more visits, and the fees should not increase as much for the ones with the high scores.

Chair Jung closed the public comment portion of the hearing.

Mr. Silverman explained the fee issue had been challenging for everyone involved. He understood that in general, acceptable increases were digestible and expected, and he felt it was unrealistic for anyone to expect that the fees should stay the same. He pointed out the Health Department had an important role in the community to be sure that businesses are operating properly and safely. He reiterated fees had not been increased in some time. He stated he did not fully understand how all the fees were calculated and fully appreciated the challenges and comments that were being made. He explained that he had spent a substantial amount of effort working to be clear that he and the Board would be making a decision that was in everyone's best interests.

Dr. Hess opined it would have always been necessary to have a small kitchen with a sink and refrigerator in a child care facility. He asked why a kitchen required a separate inspection and stated he did not understand the concept of a support kitchen. Mr. Sack explained they required separate permits because some child care facilities do serve food which meets the definition of hazardous food. This includes slicing of fruit. State law requires a permit for that. Mr. Sack stated the fees for the operation and the kitchen being combined into one could be explored. Currently they are separate because some facilities did not have kitchens, and others had kitchens of varying sizes. Dr. Hess expressed concern regarding the lack of a refrigerator at a facility and Mr. Sack explained a refrigerator is considered part of the child care facility.

Mr. Sack explained the permit fees were based on an average, not the time spent in each type of different facility. He acknowledged smaller facilities require less time.

Chair Jung summarized, noting that the smaller facilities were subsidizing the larger ones. Mr. Sack stated that was correct throughout all of the different types of fees, they were all based on averages for a category. Chair Jung asked if the fees for child care facilities could be based on the number of students. Mr. Sack stated the fees could be calculated in a number of ways. The current ones were based on the way they have been calculated in the past, but that did not stop them from being reevaluated.

Chair Jung noted that typically discussion is held after the motion is made and seconded, but she felt the discussion would assist in crafting the motion.

Chair Jung opined site inspections should be made by appointment, that inspectors are expected to conduct themselves in a professional manner and use their time in the most efficient way, and that every single time they can do multiple inspections at once, they should.

Chair Jung stated she would like the fees for the child care facilities to be reviewed and possibly restructured based on the size of the facility.

Chair Jung expressed concern about the effect of child care fees on nutrition due to the fact the County had received a Federal grant which supported a program of going to daycare centers and teaching them how to provide healthy games, healthy snacks, etc. She requested that be revived.

Chair Jung agreed with the staff suggestion of reducing inspections and placing more of the onus on the violator. When repeat inspections are necessary, they should pay more.

Chair Jung requested staff return to the Board with a proposed solution to recordkeeping, digitization, and a cost estimate. She opined the cost would be substantial but worthwhile.

Chair Jung requested staff review best practices for notification. She stated it is the public's responsibility to read postcards and look at the newspaper, although she conceded she is not diligent about it. She felt there must be another way to provide noticing and gather community input.

Chair Jung stated that to have a hearing at this time of day, during a business day, is really not being inclusive. She opined it should have been at 6:00 p.m. and that there is probably a way that the process can be improved.

Chair Jung agreed with Dr. Hess in that it makes much more sense to have the fees go into effect July 1. She stated that Mr. Dick had informed her that the cost to push it back would be \$313 (thousand) for Fiscal Year 2016.

Chief Brown stated he would like to see a streamlined construction process. He suggested that different agencies could find ways to assist each other and reduce overlap, thus reducing costs.

Dr. Hess noted that the fees for room inspections did not increase in a linear fashion based on increasing numbers of rooms. Mr. Sack explained that the public accommodations that required the most work for staff were the ones that have the mid-range number of rooms. He noted that one fee that had been considered was a reinspection fee, as those properties quite often require repeat visits.

Mr. Silverman expressed his concern regarding the fact that some businesses required less work but they were supporting larger businesses because they were paying an average fee for the category. He suggested some fees should have a base and be increased in relation to the size of the business or project. Mr. Sack reiterated the methodology used was the same as how it has always been done. In the past, that was not an issue, because they did not include indirect charges. Other methodologies could be used.

Chair Jung expressed support for Mr. Silverman's suggestion and requested staff research best practices to determine what was possible and fair. Mr. Sack stated they would be happy to look at that. He reiterated that there were other ways for the fees to be calculated. Mr. Silverman pointed out the fee should be based on level of risk factor.

Mr. Dick noted the fees were based on application of full-cost methodology to the existing structure. He opined alternatives could be researched and pointed out that any method would still result in some inequities. He compared it to coming up with a fair fee for garbage service, as an address that is close to the transfer station pays the same amount as an address in rural areas.

Dr. Novak moved to approve revisions to the Health District Fee Schedule for the Environmental Health Services and Air Quality Management as amended with the proposed fees recalculated presented in the Septic Disposal and Temporary Food Permits fee recalculation sheets. This motion is to begin with 50% of the fee increase on July 1, 2016, and 100% of the fee increase beginning on July 1, 2017. And with an annual adjustment based on the Western Consumer Price Index beginning on July 1, 2017. Fee adjustments will be allowed based on workshops and future re-evaluation of the process. Staff is requested to return to the Board to address overall concerns, including those highlighted at the dais today. Dr. Hess seconded the motion which was approved five in favor and Mr. Silverman against.

- 10. Regional Emergency Medical Services Authority Presented by Brian Taylor
 - A. Review and Acceptance of the REMSA Operations Reports for October, 2015

Mr. Taylor reviewed compliance results and offered to answer any questions.

Chief Brown moved to accept the report as presented. Dr. Novak seconded the motion which was approved six in favor and none against.

- *B. Update of REMSA's Community Activities during October, 2015
 - Mr. Taylor explained REMSA had provided additional unit hours for the Zombie Crawl.

Dr. Novak noted the number of survey respondents was low and pointed out the Board had requested that more surveys be sent out so that the number of responses would be higher. He expressed concern that the small number of responses did not provide necessary and useful information.

Mr. Taylor explained that Mr. Gubbels was working to increase the numbers and the topic was considered to be a high priority. Dr. Novak requested a progress report at the next presentation. Chair Jung opined it was imperative for REMSA to provide statistically significant customer service data and suggested alternative survey methods.

Ms. Conti explained that after Dr. Hess had originally requested the higher number of responses, he had worked with Kevin Romero of REMSA to increase the number of surveys distributed. She noted it had been anticipated there would be a delay in receipt of the results, so the January report should reflect the new percentages.

Mr. Dick noted the holiday Board meeting schedule causes more of a lag than usual for the REMSA reports. During the October REMSA Board meeting, Mr. Gubbels reported to them that the survey distribution rate would be increased to 40 percent. Dr. Novak reiterated his request for a process report in January.

Don Vonarx, Vice President of Information for REMSA, verified that the sampling size had been increased to 40 percent in November. He reported that the return rate was approximately seven percent when the sampling size was 100 percent. He stated they would continue to adjust as necessary.

11. Acknowledge receipt of the Health District Fund Financial Review for November Fiscal Year 2016

Staff Representative: Anna Heenan

Ms. Heenan reviewed the highlights of the staff report.

Dr. Hess asked if the revenues displayed in the report could reflect the fee increases. Ms. Heenan explained it was possible, and the new Accela software would provide additional reporting mechanisms to track the number of permits and the revenue coming in.

Chair Jung requested the reports be included in Ms. Heenan's monthly financial review, to include comparisons between pre-and post-increase revenues.

Dr. Novak thanked Ms. Heenan for breaking down the liabilities and opined it would be helpful if it was broken down in the report so that the public had access to the information.

Mr. Silverman suggested the number of permits and inspections also be tracked as well as the fees.

Chair Jung suggested that if Ms. Heenan had questions about what information the requester would like included she should contact them directly.

Chief Brown moved to acknowledge the presentation as provided. Mr. Silverman seconded the motion which was approved six in favor and none against.

12. Discussion, acknowledge and possible direction to staff on the Phase Two and Three Cost Analysis for the Health District – Fundamental Review Recommendation #10 Staff Representative: Anna Heenan

Ms. Heenan reviewed the staff report. She noted that approximately 87 percent of direct costs are due to staffing, so particular attention was paid to reviewing the current staffing structure to be sure it was the proper mix for the work activities. She reviewed details of the findings. She noted a challenge to the cost analysis was the lack of a good time accounting system, and explained that a better one is under development. The new permitting and case management systems will allow for more accurate reporting.

Dr. Hess opined the conclusion noted in the staff report was unhelpful as funding was not available for staff increases. He suggested practices and policies be reviewed for potential efficiencies and opined some of the calculations for patient times seemed excessive. Ms. Heenan explained the calculations included all staff time associated with a service, and therefore the time was more than just the actual time spent with the client. Dr. Hess reiterated that additional funding sources would need to be located if staff increases were necessary.

Mr. Dick explained the type of work done at the Health District was not quite the same as what was conducted in a physician's office, as it included contact investigations and getting people in for testing.

[Vice Chair Ratti disconnected from the meeting at 3:00 p.m.]

Mr. Kutz reiterated that the time accounting system was imperfect but was improving. He also reiterated that many services did not fit into the classic medical office case management model, but he would be looking more closely at the service hours that Dr. Hess had referenced. Chair Jung suggested Dr. Hess spend some time with staff in the clinic and potentially provide some feedback.

Mr. Dick acknowledged Ms. Heenan's work and noted it completes the cost analysis of all Health District programs. He also acknowledged the effective joint effort of the division directors and supervisors to provide the necessary information.

Mr. Dick opined one area in particular that was experiencing staff limitations was the

Chronic Disease program, and that the community would benefit from more activity in that area.

Chair Jung pointed out the report was also suggesting moving staff as necessary to properly balance workload.

Ms. Heenan stated she would not have been able to compile the report without the support of the management team and complemented their focus on transparency and accuracy.

Dr. Novak thanked staff for all of their work and explained he understood their recommendations for rebalancing. He acknowledged it may be necessary to increase staffing.

Chair Jung asked that a copy of the report be sent to the County Manager on her behalf so that it may be replicated in other departments.

Dr. Hess moved to acknowledge receipt of the report. Dr. Novak seconded the motion which was approved five in favor and none against.

- 13. *Staff Reports and Program Updates
 - A. Air Quality Management, Charlene Albee, Director Program Update, Divisional Update, Program Reports

Chair Jung congratulated Ms. Albee on the fact that for the first year since 1970 Washoe County had attained EPA air quality standards. She opined Ms. Albee deserved substantial credit. Chair Jung expounded on the importance of the achievement.

Ms. Albee reviewed some of the programs and activities that have been established to help achieve the goal.

B. Community and Clinical Health Services, Steve Kutz, Director Divisional Update, Program Reports

Mr. Kutz stated he had nothing to add but would be happy to answer questions.

C. Environmental Health Services, Bob Sack, Director EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease and EHS Inspections / Permits / Plan Review

Mr. Sack explained the E-coli investigation was winding down and staff continues to work with one of the affected facilities. He noted the number of inspections conducted was included in the monthly report, and included an annual cumulative total which displays year-over-year comparisons.

Mr. Silverman asked Mr. Sack if he was at liberty to discuss the true source of the E-coli outbreak and Mr. Sack stated he was not, as it was still under investigation.

Chair Jung asked if staff had reached out to the School District regarding helping them implement new practices to limit the Norovirus outbreaks. Mr. Sack explained that Dr. Todd would be covering that in his report, but EHS and EPHP work together very closely during those types of outbreaks.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd reported the investigation had been closed for each of the affected facilities. There had been in excess of 2,000 cases and some facilities had continued to be affected for an extraordinary amount of time. Staff will be working with the School District to suggest strategies to shorten future outbreaks.

Dr. Todd noted an area of particular concern with regards to the E-coli outbreak was the number of Hemolytic-uremic Syndrome (HUS) cases. Typically approximately 10 percent of the cases develop the syndrome. For this case it was 19.2 percent. He explained that if antibiotics are given to an E-coli patient, it increases the odds they will develop HUS, so staff has been reaching out to healthcare facilities to share that knowledge. Dr. Hess suggested that be included in the next edition of Epi-News. Chair Jung suggested he mention it while being interviewed by the media, to help educate the public.

Chair Jung requested she be informed of any pushback from the School District.

E. Office of the District Health Officer, Kevin Dick, District Health Officer Community Health Improvement Plan (CHIP), Truckee Meadows Healthy Communities, Health District Interlocal Agreement, Other Events and Activities and Health District Media Contacts

Mr. Dick explained comments from the CHIP Steering Committee were being incorporated into the plan, and the goal was to bring it back to the Board at the January meeting.

Mr. Dick explained the strategic planning process would be kicked off on December 18, and OnStrategy staff would be requesting interviews with each of the Board members. They were reviewing documentation to familiarize themselves with the operations of the Health District.

Mr. Dick noted the County Manager was hosting an open house immediately following the meeting and had requested Mr. Dick extend an invitation to the Board members.

14. *Board Comment.

Chair Jung requested a plan be developed to address the security of potentially challenging meetings. She indicated she would like a full safety analysis to include the potential for holding meetings in the Chambers and having deputies present. This type of analysis is being conducted County-wide.

Mr. Dick explained the County was focusing more attention on security issues and the Health District would be working cooperatively with the County.

Dr. Hess opined the meetings should be kept as open as possible, and Chair Jung explained it was not her intent to work to keep them more closed, just safer.

15. Emergency Items

None.

16. *Public Comment

As there was no one wishing to speak, Chair Jung closed the public comment period.

17. Adjournment

At 3:09 p.m., Chair Jung adjourned the meeting.

Respectfully submitted,

fin Will

Kevin Dick, District Health Officer Secretary to the District Board of Health

Dawn Spinola, Administrative Secretary Recording Secretary

Approved by Board in session on ______, 2016.

DBOH AGENDA ITEM NO. 7.A.





Staff Report Board Meeting Date: January 28, 2016

TO: District Board of Health

FROM: Steve Kutz, RN, MPH, Director, Community and Clinical Health Services

775-328-6159; skutz@washoecounty.us

SUBJECT: Accept cash donation in the amount of \$3,000 from Arctica Ice Sales to purchase

Long Acting Reversible Contraceptives (LARCs) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$3,000 in both revenue

and expense to the FY16 Arctica Ice Donation budget, IO-20424.

SUMMARY

Pursuant to Chapter 15 of Washoe County Code, specifically section 15.160, an officer or employee of a department or agency of the county may accept personal property for the use and benefit of the county where the value singly or in the aggregate is less than \$3,000 from a contributor during a fiscal year. In such event, the officer or employee will notify the board in writing of the acceptance.

District Health Strategic Objective supported by this item: Secure and deploy resources for sustainable impact.

PREVIOUS ACTION

There has been no previous action taken by the Board.

BACKGROUND

Washoe County Health District's Family Planning Program received a \$3,000 corporate donation from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives to help decrease high unintended pregnancy rates. The program plans on purchasing 60 Liletta IUDs with these funds.

FISCAL IMPACT

Should the board accept this cash donation, the adopted FY16 budget will be increased by \$3,000 in the following accounts:

Amount of

Account Number Description Increase/(Decrease)

2002-IO-20424 -484000 Donations \$3,000

Total Revenue \$3,000



Subject: Accept cash donation Date: January 28, 2016

Page 2 of 2

2002-IO-20424 -710703 Biologicals \$3,000

Total Expenditures \$3,000

RECOMMENDATION

Staff recommends that the District Board of Health accept cash donation in the amount of \$3,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARCs) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$3,000 in both revenue and expense to the FY16 Arctica Ice Donation budget, IO-20424.

POSSIBLE MOTION

Move to accept cash donation in the amount of \$3,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARCs) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$3,000 in both revenue and expense to the FY16 Arctica Ice Donation budget, IO-20424.

DBOH AGENDA ITEM NO. 7.B.



DD BS	
DHO	W

Staff Report Board Meeting Date: January 28, 2016

TO: District Board of Health

FROM: James English, Environmental Health Specialist Supervisor

775-328-2610, jenglish@washoecounty.us

SUBJECT: Appoint Vonnie L. Fundin to the Sewage, Wastewater and Sanitation Hearing Board

(SWS Board) for a three-year term beginning January 28, 2016 and ending on January

27, 2019.

SUMMARY

Environmental Health Services staff has been actively recruiting for individuals to fill the seats vacated on the SWS Board. At the current time one individual has come forward willing to serve on the SWS Board.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health.

PREVIOUS ACTION

During the September 25, 2014 District Board of Health (DBOH) meeting, Environmental Health Services staff recommended reappointment of two members to the SWS Board and requested direction regarding current and upcoming vacancies. The DBOH instructed staff to proceed with recruitment and provide the names of potential appointees for selection.

During October of 2014, staff advertised the vacancies through internet postings, professional organizational postings, governmental agency postings and by word of mouth.

In March of 2015, the Board approved the recommendation to appoint Matthew Buehler to the SWS Board for a three-year term.

BACKGROUND

The SWS Board considers regulation changes and variance applications pertaining to sewage, wastewater, sanitation, and well drilling. Over the years, staff has sought professionals in these fields to provide valuable expertise to support and enhance technical knowledge provided by program staff.

During the month of December 2015, Vonnie L. Fundin, of Fundin Pump and Well Service submitted a cover letter and resume stating his interest in participating on the SWS Board. Mr. Fundin meets the requirements of a general contractor and has over fifty years of water well industry experience.

EHS will continue to pursue outreach options to fill the two remaining seats on the sevenmember SWS Board, one of which must be an attorney licensed in the State of Nevada.



Appointment to the Sewage, Wastewater and Sanitation Hearing Board January 13, 2016 2 of 2 Subject:

Date: Page:

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board approve this appointment to the SWS Board.

FUNDIN PUMP & WELL SERVICE

4030 Eastlake Blvd. Washoe Valley, NV 89704

NV Lic. 74720

775-849-1027

CA Lic. 642319

December 15, 2015

Washoe County Sewage Wastewater & Sanitation Board

Dear Board Members,

My Name is Vonnie L. Fundin. I was recently approached by Wes Rubio, Senior Environmental Health Specialist with Washoe County. Wes asked if I would be interested in being a participant of the Washoe County Sewage Wastewater & Sanitation Board.

I have over 52 years of experience in the water well industry and feel that my knowledge in this field could be a of some help to your board. I would appreciate the opportunity to work with you. I have attached my Resume for your review.

Norm L Herlow

Vonnie L. Fundin

FUNDIN PUMP & WELL SERVICE

4030 Eastlake Blvd. Washoe Valley, NV 89704 Email: vmf1027@charter.net 775-849-1027

NV Lic. 74720

CA Lic. 642319

RESUME

Vonnie L. Fundin 4030 Eastlake Blvd. Washoe Valley, NV 89704 775-849-1027

History of experience and employment -

1952-1977 my Father Lyle Fundin started Artesia Pump Company in Artesia California. In 1956 he started manufacturing Vertical and submersible pumps. We made all the components except the electric motors. At the age of Twelve I worked in the machine shop after school running a lathe. At Fourteen I was running a pump pulling rig, servicing well pumps during the summer.

In 1964 Artesia Pump Co. relocated to Chino California and we purchased our first Well Drilling Rig and in 1966 we purchased a additional drilling rig and I operated one rig and my brother operated the second rig and we continued to drill over 400 wells in Chino and surrounding areas.

1977 - 1979 My Father, Myself and my younger Brother went into a Partnership and created Fundin Well Drilling. We moved our company to Yucca Valley California and purchased a new Well Drilling Rig.

1979 - 1983 Fundin Well Drilling Purchased the Fairbanks Morse assembly plant in Fresno California and moved it to Indio California where we stocked Turbin and Submersible pumps up to 16" and manufactured tube and shafts, assembled and shipped to customers. We also purchased 2 additional drilling rigs and drilled municipal and agriculture wells in the Indio and surrounding areas as well as continuing our business in Yucca Valley. I was totally involved in the workings of this company, Management, sales, machinist.

1983 - 1985 we dissolved the Partnership and we started Precision Pump & Drilling in Indio California. We purchased a Drilling Rig and Pump Service Rig and with my wife, son and one employee drilled and serviced wells in the Indio and surrounding areas.

1985 - 1986 I was approached by McCalla Bros. Well & Pump. They were in the process of opening a additional branch of their company in the Coachilla Valley California and asked me to help manage this branch. They purchased our equipment and my Son and Myself went to work for them, I was supervisor of drilling, pump repair and estimator.

Page 1 of 2

1986 - 1989 After one year McCall Bros. Sold to Layne Western Pump & Drilling and I continued to work with Layne Western supervising the drilling and repair of turbin pumps for municipal and agriculture wells.

1989 - 2000 I left Layne Western and went back in business as Precision Pump & Drilling in Indio and later moved to Yucca Valley to work alongside my Father and Brother servicing wells and pumps.

2000 - 2009 We sold Precision Pump to my Brother and moved to Washoe Valley to be closer to our Son Jeff and his Family. Jeff worked for Bruce Mackay Pump & Well Service in Reno. Bruce MacKay approached me and my wife and made us a offer to come and work in his company in management. I was supervisor of drilling, machinist and estimator.

2009 - I retired from Bruce MacKay.

2010 - We started Fundin Pump & Well Service in Washoe Valley. We continue to service and repair pumps and wells in Washoe Valley and surrounding areas. On January 1st of 2016, our Son Jeff and his wife will be coming on as additional owner's of Fundin Pump & Well Service.

Credentials: Nevada Water Well Driller's License # 2005. Nevada State Contractors license # 74720. California Contractor's License # 642319.

Vome L. Fundin



DHO_	KD	

Staff Report

Board Meeting Date: January 28, 2016

TO: District Board of Health

FROM: Sara Dinga, Director of Programs and Projects

(775) 328-2401, sdinga@washoecounty.us

SUBJECT: Update on Quality Improvement Processes for Health District Services

SUMMARY

In an effort to improve the quality of services for Health District clients and the community at-large, the Health District has trained all staff on quality improvement (QI) processes, and continues to utilize annual data to make improvements to the Health District's QI program. Multiple QI teams have formed within the Health District and are working on projects to improve processes.

District Health Strategic Objective supported by this item: <u>Strengthen District-wide infrastructure to improve public health</u>, <u>Secure and deploy resources for sustainable impact</u>, and <u>Strengthen WCHD as an innovative</u>, <u>high-performing organization</u>.

Fundamental Review recommendation supported by this item: <u>Develop an organizational culture</u> to support quality by taking visible leadership steps.

PREVIOUS ACTION

Approval of the Fundamental Review recommendations implementation plan, to include quality improvement activities occurred in March 2014, following the February 2014 Fundamental Review Report. A summary of those recommendations are included directly below under "Background."

BACKGROUND

The Washoe County Health District Fundamental Review recommended the Health District develop an organizational culture to support quality by taking visible leadership steps. The Health District launched a QI initiative and has a number of accomplishments.

- Development of a QI Plan
- QI training for all staff
- Annual QI survey sent and results analyzed
- QI Report Out Process developed
- Divisions currently implementing QI projects using what they learned from the training

The Health District has been able to identify process improvements and efficiencies utilizing quality improvement approaches and several projects will be presented during the DBOH meeting.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget.





Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS FOR NOVEMBER 2015

Fiscal 2016

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2015	6 mins. 0 secs.	92%	99%
Aug.	6 mins. 10 secs.	92%	95%
Sept.	6 mins. 22 secs.	91%	96%
Oct.	6 mins. 18 secs.	91%	94%
Nov.	6 mins. 19 secs.	92%	96%
Dec.			
Jan. 2016			
Feb.			
Mar.			
Apr.			
Мау			
June 2016			

Year to Date: July 2015 through November 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	96%

	Average R	esponse Tir	nes by Entity	/
Month/Year	Priority	Reno	Sparks	Washoe County
July 2015	P-1	5:29	6:02	8:39
	P-2	5:50	6:55	8:31
Aug. 2015	P-1	5:14	5:57	9:08
	P-2	5:55	6:59	8:50
Sept. 2015	P-1	5:21	6:18	9:42
	P-2	6:06	7:01	9:03
Oct. 2015	P-1	5:33	6:04	9:33
	P-2	6:00	6:37	9:33
Nov. 2015	P-1	5:28	6:09	9:16
	P-2	5:51	6:59	9:25
Dec. 2015	P-1			
	P-2			
Jan. 2016	P-1			
	P-2			
Feb. 2016	P-1			
	P-2			
Mar. 2016	P-1			
	P-2			
Apr. 2016	P-1			
	P-2			
May 2016	P-1			
	P-2			
June 2016	P-1			
	P-2			

Year to Date: July 2015 through November 2015

	,		20.00
Priority	Reno	Sparks	Washoe County
P-1	5:24	6:05	9:16
P-2	5:58	6:54	9:11

REMSA

Fiscal 2016

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July	3813	\$4,171,875	\$1,094	\$1,094
August	3849	\$4,133,146	\$1,074	\$1,084
September	3827	\$4,220,950	\$1,103	\$1,090
October	3879	\$4,265,879	\$1,100	\$1,093
November	3667	\$4,033,496	\$1,100	\$1,094
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
Totals	19035	\$20,825,346	\$1,094	
			Allowed ground Average bill -	\$1,098.00



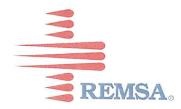
REMSA OCU Incident Detail Report

Period: 11/01/2015 thru 11/30/2015

12. 1 Monthly Reports (b) CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time
A-08-IC Reno	Zone A	09/08/2015 13:29:42	09/08/2015 13:34:40	437	00:08:59	00:04:38
A-08-IC Reno	Zone A	09/14/2015 16:21:49	09/14/2015 16:30:33	406	00:08:59	00:04:02
A-08-IC Reno	Zone A	09/15/2015 01:16:49	09/15/2015 01:25:47	136	00:08:59	00:03:34
A-08-IC Reno	Zone A	09/18/2015 10:35:25	09/18/2015 10:39:32	336	00:08:59	00:08:59
A-08-IC Reno	Zone A	09/18/2015 18:26:52	09/18/2015 18:31:32	429	00:08:59	00:00:00
A-08-IC Reno	Zone A	09/19/2015 18:12:15	09/19/2015 18:14:46	301	00:08:59	00:00:00
A-08-IC Reno	Zone A	09/22/2015 14:12:15	09/22/2015 14:20:57	317	00:08:59	00:00:00
A-08-IC Reno	Zone A	09/24/2015 07:18:14	09/24/2015 07:27:03	341	00:08:59	00:06:29

		Call Priority Reclassification	ssification	
Incident	City	Zone	Incident Date	Reason
312067-15	Reno, NV	A	11/08/2015	Upgrade
315206-15	Reno, NV	A	11/11/2015	Upgrade
327179-15	Reno, NV	A	11/23/2015	Upgrade



GROUND AMBULANCE OPERATIONS REPORT NOVEMBER 2015

1.	OVER	RALLS	STA	TISTICS:
	~ ~	~~~~~		

Total Number of System Responses	5371
Total Number of Responses in Which No Transport Resulted	1651
Total Number of System Transports	3720

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	51%
OB	1%
Psychiatric/Behavioral	5%
Transfers	11%
Trauma – MVA	9%
Trauma – Non MVA	18%
Unknown/Other	3%

Total Number of System Responses 100%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3720

Total number of above calls receiving QA reviews: 950

Percentage of charts reviewed from the above ALS transports: 26%

EDUCATION AND TRAINING REPORT



REMSA Education Monthly Course and Student Report

Month:	Novem	ber 2015
		DCI ZULJ

	Total	Total	REMSA	REMSA	Site	Site
Discipline	Classes	Students	Classes	Students	Classes	Students
ACLS	9	396	3	33	6	12
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	1	15	1	15	0	0
ACLS P	2	4	2	4	0	0
ACLS R	19	111	4	49	15	62
ACLS S	_ 5	6	3	3	2	3
AEMT	0	0	0	0		
AEMT T	2	28	2	28		
BLS	56	322	12	92	44	230
BLS I	3	19	0	0	3	19
BLS R	43	265	12	72	31	193
BLS S	22	52	2	2	20	50
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0 .
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	1	13	1	13		
EMT	1	22	1	22		
EMTT	0	0	0	0		
FF CPR	10	40	0	0	10	40
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	3	19	0	0	3	19
HS CPR	44	329	4	25	40	304
HS CPR FA	44	287	5	44	39	243
HS CPR FA S	1	1	0	0	1	1
HS CPR PFA	3	21	1	9	2	12
HS PFA S	0	0	0	0	0	0
HS CPR S	2	3	1	1	1	2
HS FA	11	90	2	6	9	84
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
· ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	8	1	8	0	0
ITLS S	1	1	1	1	0	.0
PALS	5	24	2	18	3	6
PALS I	1	17	1	17	0	0
PALS R	8	24	3	16	5	8
PALS S	2	5	0	0	2	5
PEARS	1	18	0	0	1	18
PM	1	10	1	10		
PM T	1	28	1	28		

	Total	Total	REMSA	REMSA	Site	Site
Discipline	Classes	Students	Classes	Students	Classes	Students
		Legend				Classes
ACLS	Advanced Cardialc Lif					w/ CPR
ACLS EP	Advanced Cardiacl Lif	fe Support for Experier	nce Providers			225
ACLS P	Advanced Cardiacl Lif	fe Support Prep				225
ACLS R	Advanced Cardiac Lif	fe Support Recert				
ACLS S	Advanced Carddiac Li	ife Support Skills				CPR
ACLS I	Advanced Cardiac Life	e Support Instructor				Students
AEMT	Advanced Emergency	Medical Technician				1220
AEMT T	Advanced Emergency	Medical Technician T	ransition			1320
BLS	Basic Life Suppot					
BLS I	Basic Life Support Ins	tructor				REMSA CPR
BLS R	Basic Life Suppot Rec	ert				Classes
BLS S	Basic Life Support Ski	lls				37
CE	Continuing Education	:				57
EMAPCT	Emergency Medical P	atients Assessment, Ca	are, & Transport			
EMPACT I	Emergency Medical P	atients Assessment, Ca	are, & Transport Inst	ructor		REMSA CPR
EMR	Emergency Medical R	Responder				Students
EMR R	Emergency Medical R	Responder Recert				245
EMS I	Emergency Medical S	ervices Instructor				243
EMT	Emergency Medical T	echnician				
EMTT	Emergency Medical T	echnician Transition				
FF CPR	Family and Friends CF	PR				
FF CPR FA	Family and Friends CF	PR and First Aid				
FF FA	Family and Friends Fi					
HS BBP	Heartsaver Bloodborn	ne Pathogens				
HS CPR	Heartsaver CPR and A					
HS CPR FA	Heartsaver CPR, AED,	and First Aid				
HS CPR FA S	Heartsaver CPR, AED,	and First Aid Skills				
HS CPR PFA		CPR, AED, and First Aid				
HS CPR S	Heartsaver CPR and A	AED Skills				
HS FA	Heartsaver First Aid					
HS FA S	Heartsaver First Aid Skills					
HS PFA	Heartsaver Pediatric F					
HS PFA S	Heartsaver Pediatric F	First Aid Skills				

ITLS

ITLS A

ITLS I

ITLS P

ITLS R

ITLS S

PALS

PALS I

PALS R

PALS S

PEARS

PM

PM T

International Trauma Life Support

International Trauma Life Support Access

International Trauma Life Support Recert

Pediatric Advanced Life Support Instructor

Pediatric Emergency Assessment, Recognition, and Stabilization

Pediatric Advanced Life Support Recert

Pediatric Advanced Life Suppor Skills

Paramedic

Paramedic Transition

International Trauma Life Support Skills

Pediatric Advanced Life Support

International Trauma Life Support Instructor

International Trauma Life Support - Pediatric



COMMUNITY RELATIONS: NOVEMBER 2015

Community Outreach:

Point of Impact

11/7/2015	Child Car Seat Checkpoint hosted by Frontier Financial Credit Union; 24 cars and 41 seats inspected.	3 staff; 10 volunteers

Safe Kids Washoe County

11/5/2015	11/5/2015 Cribs for Kids attends monthly Immunize Nevada Meeting, Reno .	
11/8-10/2015	11/8-10/2015 Cribs for Kids presents at 2015 Nevada Health Conference, Las Vegas.	
11/10/2015	Safe Kids monthly coalition meeting, Sparks	
11/11/2015	Cribs for Kids conducts Train the Trainer at Catholic Charities, Las Vegas.	
11/12/2015	Esther Bennett Elementary School Photojournalism project Pedestrian Safety lesson	2 volunteers
11/16/2015	Cribs for Kids monthly Northern Nevada Maternal Child Health meeting.	1 staff
11/18/2015	Cribs for Kids attend monthly Fetal Infant Mortality Review meeting.	1 staff
11/19/2015	Esther Bennett Elementary School Photojournalism project Photography lesson	1 volunteer

Public Relations

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Meetings

11/17/15	Employee Resource Team	



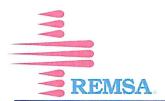
Regional Emergency Medical Services Authority

INQUIRIES FOR NOVEMBER 2015

INQUIRIES

NOVEMBER 2015

Incident No. 273207-15 Dated 10/30/15

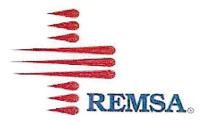


Regional Emergency Medical Services Authority

CUSTOMER SERVICE FOR NOVEMBER 2015

REMSA

Reno, NV Client 7299





1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

November 1, 2015 to November 30, 2015

Your Score

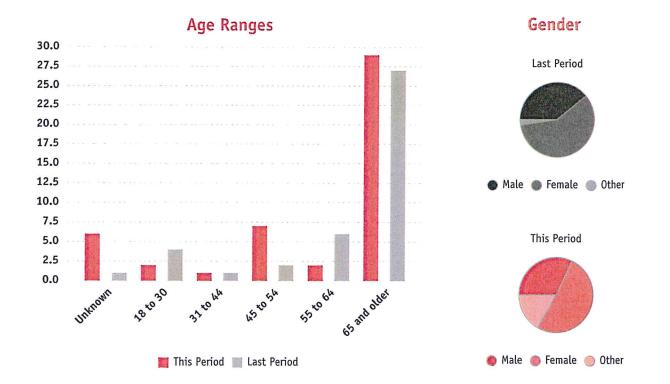
94.24





Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

		Las	st Period			This	Period	
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	1	0	0	1	6	0	1	5
18 to 30	4	2	2	0	2	0	2	0
31 to 44	1	0	1	0	1	1	0	0
45 to 54	2	0	2	0	7	2	4	1
55 to 64	6	3	3	0	2	1	1	0
65 and older	27	11	16	0	29	11	16	2
Total	41	16	24	1	47	15	24	8





November 1, 2015 to November 30, 2015



Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	0ct 2015	Nov 2015
Helpfulness of the person you called for ambulance service	93.52	96.55	94.83	93.24	93.88	92.26	94.79	91.20	89.56	95.27	
Concern shown by the person you called for ambulance service	92.00	97.41	94.83	94.40	93.88	91.25	95.31	91.20	88.98	95.27	91.28
Extent to which you were told what to do until the ambulance	91.67	95.54	96.00	92.54	91.30	91.67	93.75	87.52	86.07	96.05	92.13
Extent to which the ambulance arrived in a timely manner	94.70	92.50	95.00	94.46	90.18	91.84	96.57	91.81	87.28	95.63	89.56
Cleanliness of the ambulance	97.66	96.34	94.17	95.18	92.73	96.11	95.50	94.20	93.14	95.39	95.51
Comfort of the ride	89.84	92.68	91.67	91.96	88.21	100.00	(94.20	92.67	97.30	94.26
Skill of the person driving the ambulance	94.70	94.51	95.00	94.20	92.45	94.15	94.39				
Care shown by the medics who arrived with the ambulance	96.88	92.33	92.86	92.34	96.94	94.32	95.10	92.81	93.98	97.50	97.56
Degree to which the medics took your problem seriously	97.58	93.62	94.83	91.16	96.50	94.77	95.59	93.55	94.44	96.88	96.25
Degree to which the medics listened to you and/or your family	98.28	93.45	94.64	90.74	94.50	91.86	96.08	93.44	94.44	98.13	96.88
Skill of the medics	96.88	96.05	93.52	93.85	94.39	95.35	95.59	94.41	93.52	96.79	96.88
Extent to which the medics kept you informed about your	95.69	91.47	93.27	91.25	92.93	90.63	94.50	90.37	90.87	94.74	94.59
Extent to which medics included you in the treatment decisions	96.74	90.03	91.67	90.57	94.23	95.45	93.18	88.52	90.48	94.08	93.78
Degree to which the medics relieved your pain or discomfort	93.52	91.94	92.71	88.70	91.11	91.67	93.23	90.47	91.85	93.24	91.43
Medics' concern for your privacy	94.64	95.00	90.38	91.12	94.64	93.75	94.15	90.97	92.65	96.15	95.39
Extent to which medics cared for you as a person	95.97	94.11	93.75	90.98	95.21	95.83	96.00	91.40	95.67	95.95	95.63
Professionalism of the staff in our ambulance service billing	92.71	90.48	88.24	90.91	89.13	85.87	90.15	87.10	81.90	94.44	93.75
Willingness of the staff in our billing office to address your	90.63	92.50	85.94	91.18	89.29	86.36	89.84	87.07	82.41	93.75	89.47
How well did our staff work together to care for you	94.53	94.08	92.24	92.08	94.27	93.75	94.39	90.81	91.06	94.74	96.34
Extent to which our staff eased your entry into the medical	94.53	94.87	93.10	91.83	96.11	90.70	95.41	92.54	91.06	94.74	97.37
Appropriateness of Emergency Medical Transportation treatment	95.00	91.67	92.86	92.98	94.32	94.51	96.28	92.24	93.75	94.74	95.39
Extent to which the services received were worth the fees	88.39	86.03	85.00	90.78	89.40	86.83	88.64	88.30	87.23	94.29	90.74
Overall rating of the care provided by our Emergency Medical	95.31	93.62	93.97	91.38	95.65	92.86	95.59	93.00	93.75	96.71	95.51
Likelihood of recommending this ambulance service to others	96.88	92.59	94.83	93.42	94.57	94.23	95.59	92.56	93.00	97.79	94.74
Your Master Score	94.62	93.35	92.99	92.19	93.31	92.75	94.51	91.54	91.33	95.72	94.24
Your Total Responses	35	41	33	71	58	50	55	61	56	41	47



GROUND AMBULANCE CUSTOMER COMMENTS NOVEMBER 2015

"Staff & employees were wonderful" "I have used Remsa before and they are A-1. Always kind, concerned and most helpful" "Everything was perfect-all times I have used REMSA for my mom have been great-thank you!" "Nothing" "They did very good job" "Nothing-service was excellent" "Give a more accurate ETA"	"I received a pill for the pain but it didn't work" "They were so cool" "Possible stroke" "Due to age (76) pain meds not given"
"I have used Remsa before and they are A-1. Always kind, concerned and most helpful" "Everything was perfect-all times I have used REMSA for my mom have been great-thank you!" "Nothing" "They did very good job" "Nothing-service was excellent"	"Possible stroke"
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"Nothing" "They did very good job" "Nothing-service was excellent"	
"They did very good job" "Nothing-service was excellent"	
"Nothing-service was excellent"	"Due to age (76) pain meds not given"
	"Due to age (76) pain meds not given"
"Give a more accurate ETA"	
GIVE a more accurate LTA	
"Nothing, all good"	
"Keep up the hard work and the good care!"	"Was my first impression, and both were very professional and did provide very good service"
	"Excellent service"
"Do not put two women in unit making it necessary to call fire dept for help to load patient"	
"Keep up the good work & care that is given to patient. Thank you so much"	"Can't answer for no meds given"
"Donuts"	
"Make the ride not so humpy"	
make the fide flot so bullipy	"OK"
	"My mother was transported home from hospital to
	Hospice"
İ	"Keep up the hard work and the good care!" "Do not put two women in unit making it necessary to call fire dept for help to load patient" "Keep up the good work & care that is given to patient. Thank you so much"



Regional Emergency Medical Services Authority

REMSA PUBLIC RELATIONS REPORT FOR NOVEMBER 2015

PUBLIC RELATIONS

November 2015

ACTIVITY	RESULTS
Wrote a mini communication plan and messaging regarding potential ILS implementation.	Plan is ready and will be used if needed.
Wrote press release regarding Community Health Programs being listed as a Top 10 Integrated Delivery Networks to Watch.	The RGJ ran the story in both its Good News and business sections. The NNBW also ran the story.
Wrote a Care Flight 1-sheeter for user agencies regarding request process as well as a Care Flight overview.	Copy is completed and design will begin in December.
Finalized the Silver Saver brochure and assisted in the printing process.	Brochures are completed and a mailing will go out in December.
Finalized the Flight Plan brochure and assisted in the printing process.	Brochures are completed and a mailing will go out in December.
Wrote and distributed press release regarding Dean Dow joining Care Flight.	The RGJ and NNBW both ran the story. Dean will be doing rural media interviews and meet and greets in December.
Updated rural media lists in specific areas where Care Flight is targeting for business development.	Completed.
Designed 2016 calendar images for Care Flight that will be used in a calendar to be given in December as an item for requestors.	Calendar will be completed in December.
Wrote and designed a recruitment collateral piece for HR to use at career fairs and for talent acquisition.	The piece will be completed in December.
Wrote press release regarding Bill Landon receiving a national safety award.	The story ran in the RGJ, NNBW and JEMS.
Assisted in the strategy for and writing of the REMSA/Care Flight staff survey.	The survey will be distributed in January.
Began the planning and strategy around the filming and production of the Nevada Business Chronicles project.	Script and shot lists will be created in December. Filming will take place in January.
Continued design and production of the Care	Landing Zone poster is going through edits

Flight Landing Zone Safety poster.	and will be completed in December.
Began phase 1 of developing a new website for both REMSA and Care Flight. The Care Flight site will be priority 1.	Initial discovery and research will done in December.
Coordination and scheduling of the Channel 2 holiday food drive.	The event takes place on Dec. 11, and REMSA and Care Flight will receive substantial "air time" the morning of the event.
Continued work on and implementation of strategic communications plan for REMSA and Care Flight based on current environment and goals.	The detailed plan is currently being implemented company-wide.
Assisted in the writing and message strategy around the White Sulphur Spring ranch newsletter.	Newsletter was distributed in November.
Provided edits and strategy regarding annual staff communication.	The letter will distributed in December.
Researched options for cookie tin give-aways for Care Flight.	Tins will be ordered and distributed to requestors in December.
Pitched and obtained a Q&A feature in the RGJ for Dean Dow.	The Q&A will be done and published in December.
Began process and research to do a drone safety media pitch in December given that drones will be a popular gift this holiday season.	Pitch will take place in December.
Worked with Care Flight staff on Chanel 2 inquiry regarding flying during storm conditions.	The story did not take place, but strategy was discussed for future inquiries on the issue.
Explored potential PR story on winter sports illness and injury symposium that REMSA was participating in.	It was decided to not pursue for PR purposes.
Wrote a summary of composition, attributes and "roles" for the new employee communications committee.	Committee will be formed in January.

REMSA health programs named one of 10 to watch

Jessica Garcia, jigarcia@rgj.com

9:03 p.m. PST November 5, 2015



(Photo: Getty Images)

Executive magazine has named Regional Emergency Medical Services Authority's Community Health Programs to its list of 10 "Integrated Delivery Networks to Watch."

This special section of the national publication's September/October issue profiled organizations that are innovating across a variety of care types and settings to help transform the U.S. healthcare system. REMSA's Community Health Programs were named for demonstrating leadership in a unique and exciting way: partnering with local communities, collaborating with other providers, creating new pathways of care, embracing new reimbursement structures and more.

REMSA's Community Health Programs began in 2012 after REMSA was one of only 107 organizations in the United States to be awarded a round-one Health Care Innovation Award from the federal government. REMSA's project has been funded with almost \$10.8 million from the federal Department of Health and Human Services Centers for Medicare and Medicaid Service.

REMSA's Community Health Programs create new care and referral pathways which assure patients who have entered the 9-1-1 emergency medical services system with urgent, low-acuity medical conditions receive the safest, and most appropriate, levels of quality care at a lower overall cost. These innovations include the Nurse Health Line, Community Paramedicine and Ambulance Transport Alternatives. All three innovations were launched in 2012 and 2013.

Read or Share this story: http://on.rgj.com/1iGXgEG



TOP VIDEOS



Yellen: U.S. on track for interest rate hike 00:47

(/videos/money/2919931776001 /4643935056001)

Cabela's weighs deal amid slumping sales

Good News: Reno Care Flight paramedic honored

Staff report

10:02 p.m. PST November 16, 2015



Bill Landon, safety and training coordinator and flight paramedic with Care Flight in Reno, has been awarded the 2015 Air and Surface Transport Nurses Association Lynn Stevens Excellence in Safety award.

Landon was honored at a ceremony in Long Beach, Calif., on Oct. 21. The annual award is presented by ASTNA for contributions to safety initiatives impacting the safety and culture of a specific program or the transport community as a whole.

(Photo: RGJ file)

In 1998, Landon started his helicopter air ambulance career in Greeley, Colo. He joined Care Flight in 2003, and in 2005 he aided in the founding of a formalized safety committee comprised of pilots, medical flight staff,

air communication specialists, maintenance.personnel and managers.

Currently chaired by Landon, the committee meets bi-monthly and is responsible for the review, development, and implementation of safety initiatives for Care Flight and its customers.

Landon coordinates helicopter safety training annually for multiple pre-hospital agencies, ski patrols, and hospital emergency departments across the program's 40,000 square mile service area.

In 2015 with the involvement of all staff, Care Flight provided hundreds of hours of landing zone safety and medical education to its various customers and requesters across Northern Nevada and northeastern California free.

Landon has completed critical care and safety related education from the University of Maryland, Baltimore, the Board of Critical Care Transport
Paramedic Certification, Air & Surface Nurses Transport Association, and the Association of Air Medical Services Safety Management Training Academy in Wheeling, W. VA.

Read or Share this story: http://on.rgj.com/1j4Arep



TOP VIDEOS



<u>Judge finds Oscar Pistorius guilty</u> <u>of murder</u> 00:49



Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS FOR DECEMBER 2015

Fiscal 2016

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2015	6 mins. 0 secs.	92%	99%
Aug.	6 mins. 10 secs.	92%	95%
Sept.	6 mins. 22 secs.	91%	96%
Oct.	6 mins. 18 secs.	91%	94%
Nov.	6 mins. 19 secs.	92%	96%
Dec.	6 mins. 30 secs.	92%	97%
Jan. 2016		***************************************	
Feb.			
Mar.			
Apr.			
May			
June 2016			/

Year to Date: July 2015 through December 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	96%

	Average R	esponse Tin	nes by Entity	/
Month/Year	Priority	Reno	Sparks	Washoe County
July 2015	P-1	5:29	6:02	8:39
	P-2	5:50	6:55	8:31
Aug. 2015	P-1	5:14	5:57	9:08
	P-2	5:55	6:59	8:50
Sept. 2015	P-1	5:21	6:18	9:42
	P-2	6:06	7:01	9:03
Oct. 2015	P-1	5:33	6:04	9:33
	P-2	6:00	6:37	9:33
Nov. 2015	P-1	5:28	6:09	9:16
	P-2	5:51	6:59	9:25
Dec. 2015	P-1	5:39	6:06	9:51
	P-2	6:15	7:03	10:20
Jan. 2016	P-1			
	P-2		***************************************	
Feb. 2016	P-1			
	P-2	***************************************		
Mar. 2016	P-1			
	P-2			
Apr. 2016	P-1			
•	P-2	***************************************		
May 2016	P-1			
	P-2			
June 2016	P-1			
	P-2	***************************************		

Year to Date: July 2015 through December 2015

Priority	Reno	Sparks	Washoe County
P-1	5:27	6:06	9:22
P-2	6:00	6:57	9:26

REMSA

Fiscal 2016

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July	3813	\$4,171,875	\$1,094	\$1,094
August	3849	\$4,133,146	\$1,074	\$1,084
September	3827	\$4,220,950	\$1,103	\$1,090
October	3879	\$4,265,879	\$1,100	\$1,093
November	3667	\$4,033,496	\$1,100	\$1,094
December	3756	\$4,147,194	\$1,104	\$1,096
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
		_	\$0	
Totals	22791	\$24,972,540	\$1,096	

Allowed ground avg bill - \$1,098.00



REMSA OCU Incident Detail Report

Period: 12/01/2015 thru 12/31/2015

12. 1 Monthly Reports (b) CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response
A-08-IC Reno	Zone A	12/06/2015 11:46:27	12/06/2015 11:50:12	338	0:08:59	0:03:45
A-08-IC Reno	Zone A	12/12/2015 02:07:26	12/12/2015 02:07:26	414	0:08:59	0:00:00
A-08-IC Reno	Zone A	12/16/2015 18:17:04	12/16/2015 18:22:02	101	0:08:59	0:04:58
A-08-IC Reno	Zone A	12/20/2015 01:38:46	12/20/2015 01:38:46	432	0:08:59	0:00:00
A-08-IC Reno	Zone A	12/22/2015 10:41:11	12/22/2015 10:50:08	318	0:08:59	0:08:57
B-15-TA Verdi	Zone B	12/24/2015 07:51:19	12/24/2015 07:51:19	334	0:15:59	0:00:00
A-08-IC Reno	Zone A	12/25/2015 01:07:47	12/25/2015 01:09:19	418	0:08:59	0:01:32
A-08-IC Reno	Zone A	12/27/2015 19:12:38	12/27/2015 19:16:01	408	0:08:59	0:03:23

Incident Date
nci



GROUND AMBULANCE OPERATIONS REPORT

December 2015

1.	OVERALL STATISTICS:		
	Total Number of System Responses	5611	
	Total Number of Responses in Which No Transport Resulted	1818	
	Total Number of System Transports	3793	
2.	CALL CLASSIFICATION REPORT:		***************************************
	Cardiopulmonary Arrests Medical OB Psychiatric/Behavioral Transfers Trauma – MVA Trauma – Non MVA Unknown/Other Total Number of System Responses 100%	2% 49% 1% 6% 10% 9% 20% 3%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3793

Total number of above calls receiving QA reviews: 650

Percentage of charts reviewed from the above ALS transports: 17%



Regional Emergency Medical Services Authority

REMSA EDUCATION AND TRAINING REPORT DECEMBER 2015



REMSA Education Monthly Course and Student Report

Month: December 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	4	28	2	22	2	6
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	3	1	3	0	0
ACLS R	15	71	4	44	11	27
ACLS S	3	4	1	1	2	3
AEMT	0	0	0	0		
AEMTT	1	7	1	7		
BLS	42	249	5	62	37	187
BLS I	0	0	0	0	0	0
BLS R	53	185	18	86	35	99
BLS S	29	45	5	5	24	40
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		And the same of th
EMR R	1	17	1	17		State of the state
EMS I	1	13	1	13		
EMT	1	22	1	22		
EMTT	0	0	0	0		
FF CPR	9	49	0	0	9	10
FF CPR FA	0	0	0	0	0	19 0
FF FA	1	20	1	20	0	
HS BBP	0	0	0	0	0	0
HS CPR	20	100	3	9	17	
HS CPR FA	45	356	5	42		91
HS CPR FA S	0	0	0	0	40	314
HS CPR PFA	1	4	0	0	0	0
HS PFA S	0				1	4
HS CPR S	2	2	0	0	0	0
HS FA	5	30	0	0	1	1
HS FA S	1	1	0		5	30
HS PFA	0	0	0	0	1	1
ITLS		7		0	0	0
ITLS A	0		1	7	0	0
ITLS I	0	0	0	0	0	0
		0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	10	1	10	0	0
ITLS S	1	2	1	2	0	0
PALS	5	27	2	5	3	22
PALS I	0	0	0	0	0	0
PALS R	12	31	4	11	8	20
PALS S	0	0	0	0	0	0
PEARS	1	2	1	2	0	0
PM	1	10	1	10	新罗·克里斯特拉纳	
PM T	1	28	1	28		

	Total	Total	REMSA	REMSA	Site	Site		
Discipline	Classes	Students Legend	Classes	Students	Classes	Students Classes		
ACLS	Advanced Cardialc Li	fe Support				w/ CPR		
ACLS EP	Advanced Cardiacl Li	fe Support for Experier	nce Providers			201		
ACLS P	Advanced Cardiacl Li	fe Support Prep				201		
ACLS R	Advanced Cardiac Li	fe Support Recert						
ACLS S	Advanced Carddiac L	ife Support Skills				CPR		
ACLS I	Advanced Cardiac Lif	e Support Instructor				Students		
AEMT	Advanced Emergence	y Medical Technician				000		
AEMT T	Advanced Emergency	y Medical Technician T	ransition			990		
BLS	Basic Life Suppot							
BLS I	Basic Life Support Ins	structor				REMSA CPR		
BLS R	Basic Life Suppot Rec	ert				Classes		
BLS S	Basic Life Support Sk	ills				27		
CE	Continuing Education	n:				37		
EMAPCT	Emergency Medical F	Patients Assessment, C	are, & Transport					
EMPACT I	Emergency Medical F	Emergency Medical Patients Assessment, Care, & Transport Instructor						
EMR	Emergency Medical F	Responder				Students		
EMR R	Emergency Medical F	Responder Recert				205		
EMS I	Emergency Medical S	mergency Medical Services Instructor						
EMT	Emergency Medical 1	nergency Medical Technician						
EMTT	Emergency Medical 7	mergency Medical Technician Transition						
FF CPR	Family and Friends CI	amily and Friends CPR						
FF CPR FA	Family and Friends CI	PR and First Aid						
FF FA	Family and Friends Fi	rst Aid						
HS BBP	Heartsaver Bloodbor	Heartsaver Bloodborne Pathogens						
HS CPR	Heartsaver CPR and A	Heartsaver CPR and AED						
HS CPR FA	Heartsaver CPR, AED,	Heartsaver CPR, AED, and First Aid						
HS CPR FA S	Heartsaver CPR, AED,	Heartsaver CPR, AED, and First Aid Skills						
HS CPR PFA	Heartsaver Pediatric	CPR, AED, and First Aid	I					
HS CPR S	Heartsaver CPR and A	AED Skills						
HS FA	Heartsaver First Aid							
HS FA S	Heartsaver First Aid S	kills						
HS PFA	Heartsaver Pediatric	First Aid						
110								

HS PFA S

ITLS

ITLS A

ITLS I

ITLS P

ITLS R

ITLS S

PALS

PALS I

PALS R

PALS S

PEARS PM

PM T

Heartsaver Pediatric First Aid Skills

International Trauma Life Support

International Trauma Life Support Access

International Trauma Life Support Recert

Pediatric Advanced Life Support Instructor

Pediatric Emergency Assessment, Recognition, and Stabilization

Pediatric Advanced Life Support Recert

Pediatric Advanced Life Suppor Skills

Paramedic

Paramedic Transition

International Trauma Life Support Skills

Pediatric Advanced Life Support

International Trauma Life Support Instructor

International Trauma Life Support - Pediatric



COMMUNITY RELATIONS: DECEMBER 2015

Community Outreach:

Safe Kids Washoe County

12/2/2015	Safe Kids quarterly Board of Directors Meeting	2 staff, 8 volunteers
12/4/2015	Child Death Review team meeting, Reno	2 staff
12/8/2015	Safe Kids monthly coalition meeting, Sparks	
12/21/2015	Northern Nevada Maternal Child Health Meeting, Reno	1 staff

Meetings

12/1/15	Employee Resource Team	
12/10/15	Employee Resource Team	
12/17/15	CQI Steering Committee	

INQUIRIES

There were no inquiries in December 2015



Regional Emergency Medical Services Authority

CUSTOMER SERVICE FOR DECEMBER 2015

REMSA

Reno, NV Client 7299





Assess Your Vitals

1515 Center Street Lansing, Mi 48096 1 (877) 583-3100 service@EMSSurveyTeam.com www.EMSSurveyTeam.com

EMS System Report

December 1, 2015 to December 31, 2015

Your Score

89.07

Number of Your Patients in this Report

40

Number of Patients in this Report

5,191

Number of Transport Services in All EMS DB

99





Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

		Last Period				This		
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	6	0	1	5	2	0	1	1
31 to 44	1	1	0	0	2	2	0	0
45 to 54	7	2	4	1	5	4	1	0
55 to 64	2	1	1	0	4	3	1	0
65 and older	29	11	16	2	27	15	11	1
Total	45	15	22	8	40	24	14	2





December 1, 2015 to December 31, 2015



Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	0ct 2015	Nov 2015	Dec 2015
Helpfulness of the person you called for ambulance service	93.52	96.55	94.83	93.24	93.88	92.26	94.79	91.20	89.56	95.27	90.05	87.91
Concern shown by the person you called for ambulance service	92.00	97.41	94.83	94.40	93.88	91.25	95.31	91.20	88.98	95.27	91.28	87.15
Extent to which you were told what to do until the ambulance	91.67	95.54	96.00	92.54	91.30	91.67	93.75	87.52	86.07	96.05	92.13	85.19
Extent to which the ambulance arrived in a timely manner	94.70	92.50	95.00	94.46	90.18	91.84	96.57	91.81	87.28	95.63	89.56	93.59
Cleanliness of the ambulance	97.66	96.34	94.17	95.18	92.73	96.11	95.50	94.20	93.14	95.39	95.51	95.59
Comfort of the ride	89.84	92.68	91.67	91.96	88.21	100.00		94.20	92.67	97.30	94.26	95.71
Skill of the person driving the ambulance	94.70	94.51	95.00	94.20	92.45	94.15	94.39					
Care shown by the medics who arrived with the ambulance	96.88	92.33	92.86	92.34	96.94	94.32	95.10	92.81	93.98	97.50	97.56	91.22
Degree to which the medics took your problem seriously	97.58	93.62	94.83	91.16	96.50	94.77	95.59	93.55	94.44	96.88	96.25	91.67
Degree to which the medics listened to you and/or your family	98.28	93.45	94.64	90.74	94.50	91.86	96.08	93.44	94.44	98.13	96.88	89.86
Skill of the medics	96.88	96.05	93.52	93.85	94.39	95.35	95.59	94.41	93.52	96.79	96.88	93.06
Extent to which the medics kept you informed about your	95.69	91.47	93.27	91.25	92.93	90.63	94.50	90.37	90.87	94.74	94.59	87.50
Extent to which medics included you in the treatment decisions	96.74	90.03	91.67	90.57	94.23	95.45	93.18	88.52	90.48	94.08	93.78	84.20
Degree to which the medics relieved your pain or discomfort	93.52	91.94	92.71	88.70	91.11	91.67	93.23	90.47	91.85	93.24	91.43	83.16
Medics' concern for your privacy	94.64	95.00	90.38	91.12	94.64	93.75	94.15	90.97	92.65	96.15	95.39	85.74
Extent to which medics cared for you as a person	95.97	94.11	93.75	90.98	95.21	95.83	96.00	91.40	95.67	95.95	95.63	90.28
Professionalism of the staff in our ambulance service billing	92.71	90.48	88.24	90.91	89.13	85.87	90.15	87.10	81.90	94.44	93.75	86.11
Willingness of the staff in our billing office to address your	90.63	92.50	85.94	91.18	89.29	86.36	89.84	87.07	82.41	93.75	89.47	87.50
How well did our staff work together to care for you	94.53	94.08	92.24	92.08	94.27	93.75	94.39	90.81	91.06	94.74	96.34	87.50
Extent to which our staff eased your entry into the medical	94.53	94.87	93.10	91.83	96.11	90.70	95.41	92.54	91.06	94.74	97.37	90.03
Appropriateness of Emergency Medical Transportation treatment	95.00	91.67	92.86	92.98	94.32	94.51	96.28	92.24	93.75	94.74	95.39	89.71
Extent to which the services received were worth the fees	88.39	86.03	85.00	90.78	89.40	86.83	88.64	88.30	87.23	94.29	90.74	80.10
Overall rating of the care provided by our Emergency Medical	95.31	93.62	93.97	91.38	95.65	92.86	95.59	93.00	93.75	96.71	95.51	88.24
Likelihood of recommending this ambulance service to others	96.88	92.59	94.83	93.42	94.57	94.23	95.59	92.56	93.00	97.79	94.74	91.67
Your Master Score	94.62	93.35	92.99	92.19	93.31	92.75	94.51	91.54	91.33	95.72	94.24	89.07
Your Total Responses	35	41	33	71	58	50	55	61	56	41	47	40



GROUND AMBULANCE CUSTOMER COMMENTS JANUARY 2015

What Can We Do To Serve You Better	Description / Comments
"Get me directly into the ER not a waiting room ER for 3 hours"	
	"They were so great at a time of distress. Discomfort relieved so effectively"
"To be treated with medicine would have helped out, tremendously"	"They just drove mt to the hospital, not believing me"
"Repeat service"	"They took me to the hospital of my choice"
"Nothingeverything was very good"	
"A good experience. I wish to thank them!"	
"Pad on stretcher to me on during transporation"	
"Keep the personnel you have"	"See other side"
"Nothing"	
"None. Great job"	"I just want to say thank you! Great crew"
"More concern regardless of age"	
"it couldn't be better"	"Excellent"
"Wait for me to get my shoes and clothes"	"Positive, once I didn't have time to dress or pack anything!"
back the joking around between themselves as I was	
	"To be treated with medicine would have helped out, tremendously" "Repeat service" "Nothingeverything was very good" "A good experience. I wish to thank them!" "Pad on stretcher to me on during transporation" "Keep the personnel you have" "Nothing" "None. Great job" "More concern regardless of age" "it couldn't be better" "Wait for me to get my shoes and clothes" "Maybe the ambulance people could nto have held



Regional Emergency Medical Services Authority

REMSA PUBLIC RELATIONS REPORT FOR DECEMBER 2015

PUBLIC RELATIONS

December 2015

ACTIVITY	RESULTS
Attended weekly Media Relations meeting to assist in on-going public relations efforts.	NA
Continued working on marketing and strategy for Community Health Programs.	NA
Attended weekly Care Flight marketing meeting to assist in on-going marketing efforts.	NA
Attended weekly Public Affairs meeting to assist in on-going communication efforts.	NA
Attended weekly Government Affairs meeting to assist in on-going government relations efforts.	NA
Wrote and designed Care Flight 1-sheeter for user agencies regarding request process as well as a Care Flight overview.	Piece is final and being used.
Designed 2016 calendar images for Care Flight that will be used as an item for requestors.	Calendar was completed in December.
Continued to work on a recruitment collateral piece for HR to use at career fairs and for talent acquisition.	The piece will be completed in January.
Assisted in the strategy for and writing of the REMSA/Care Flight staff survey.	The survey will be distributed in January.
Wrote outline for planning and strategy purposes for the filming and production of the Nevada Business Chronicles project.	Filming will take place in January.
Continued design and production of the Care Flight Landing Zone Safety poster.	Landing Zone poster is going through edits and will be completed in January.
Continued phase 1 of developing a new website for both REMSA and Care Flight. The Care Flight site will be priority 1.	Architecture and wireframes will be completed in January.
Coordination and management of the Channel 2 holiday food drive.	REMSA and Care Flight received good "air time" for their participation in the event at 6 a.m. on Dec. 11 (including two separate interviews).
Continued work on and implementation of strategic communications plan for REMSA and Care Flight based on current environment and goals.	The detailed plan is currently being implemented company-wide.

Production management and design work for a cookie tin give-away for Care Flight.	Tins were distributed to requestors in December.
Pitched and obtained a Q&A feature in the RGJ for Dean Dow.	The Q&A will be done and published in January or February, depending on most appropriate timing given leadership changes at REMSA.
Continued to position Care Flight as a key resource and expert on drone safety given its popularity.	Channel 4 did an interview with Dean Dow on the subject and sub-committee was formed to work on this specific effort.
Worked with REMSA HR team on possible SWAG items to be brought to recruitment events.	SWAG will be ordered and used in January.
Reached out to rural media regarding Dean Dow being in town in December for possible interviews and meet and greets. Wrote talking points for Dean when he makes the visits.	The Record-Courier (Gardnerville newspaper) met with Dean, and a story regarding his arrival to the organization was written. Other meetings will take place the first part of 2016.
Assisted in the writing of a newsletter article regarding Care Flight for the Graeagle Property Owners Association.	Story ran in the December newsletter issue.
After the shooting incident at San Bernadino, REMSA did an interview with KOLO regarding how REMSA's TEMS team works in those scenarios.	KOLO ran the story on Dec. 3.
Assisted in the wording and strategy regarding the internal memo about holiday bonuses.	The memo was sent out in December.
Pitched a story to Channel 2 regarding a reporter doing a ride-along with REMSA during the Santa Pub Crawl to cover how REMSA works in a large crowd scenario.	Channel 2 did the story and ran it the evening of the Pub Crawl.
Developed a testimonial sheet for Community Health Programs to use in business development.	The sheet is being used and is on the website.
Developed communication strategy, messaging and timeline regarding leadership changes at REMSA including internal memos.	The plan and messaging was used by the board chair and internal executives.
Reviewed and gave suggestions regarding REMSA's internal process on media inquiries and communications.	Process will be finalized after leadership changes are completed.
Wrote and distributed press release regarding Care Flight delivering Santa as part of Holiday with a Hero in Carson City.	The RGJ ran the story on the front page (Good News) on Dec. 15.

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Repurposed "Snow Play Safety" community advisor (safety and health tips) and distributed to regional media.	NA
Wrote the "intro" letter that was distributed as part of the Silver Saver mailing.	Mailing was sent in December.
Production management and tweaking of a Care Flight sticker to be used for teen demographic.	Stickers will be printed and delivered in January.
Had photo of Care Flight removed from Arizona newspaper after it was used in a story regarding a helicopter crash in that area.	Upon speaking to the editor, the photo was removed.
Wrote and distributed press release regarding Care Flight's training they did at Sky Tavern.	Channels 2 and 8 attended and covered the training.
Began research to get an estimate on a new Care Flight photo shoot.	Photo shoot may take place in January or February.
Contacted Care Flight regarding the possibility of an Avalanche safety press release.	It was decided to hold on this release at this time.
Served as the media contact for the Jim Gubbels leave of absence story that the RGJ and Channel 4 did.	Stories were published on Dec. 30/31.

DBOH AGENDA ITEM NO. 11.



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STAFF REPORT BOARD MEETING DATE: January 28, 2016

TO: District Board of Health

FROM: Christina Conti, EMS Program Manager

775-326-6042, cconti@washoecounty.us

Subject: Regional Emergency Medical Services Advisory Board January Meeting Summary

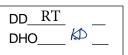
The Regional EMS Advisory Board (Board) held its quarterly meeting on January 7, 2016. Below is a summary of the main items discussed:

- **Updates to the EMSAB:** The Board heard updates on several regional initiatives, to include the implementation of ALS in the City of Reno Fire Department, ILS within the region for REMSA and EMS coverage for the Gerlach Volunteer Fire Department's jurisdiction.
- EMS Oversight Program Quarter 1 FY 15/16 Data Report: The Board reviewed the Quarter 1 data report for FY 15/16. The report was not approved for distribution as there were some concerns over data anomalies that the Board would like rectified prior to distribution. Additionally, the new format for the data report utilizes National Standards as a way of performance comparisons. During the meeting, it was discussed that individual jurisdictions may elect to have their respective Councils review the 2011 Standards of Coverage document as well. This item will be brought back to the Board for future discussion and direction to staff.
- **Fire EMS Trainings:** The Board received an update on the Fire EMS trainings that have been occurring for the first two quarters of the fiscal year. It is a collaborative effort between regional fire partners and REMSA personnel and is conducted in the REMSA simulation lab. Fire partners worked with REMSA personnel and the EMS Coordinator to determine the topics for training.
- **REMSA Response Map Revision:** The Board reviewed and approved the revised draft response map for REMSA. The EMS Manager will present the draft map to the District Board of Health for final approval.
- Omega Protocols: The Board heard an update that outlined the work the region continues to do on the development of Omega protocols. Legal representatives from each jurisdiction have met and a draft policy has been written. The region is working to schedule a meeting with both legal and operational representatives.
- Mutual Aid Process within Washoe County: The Board heard an update on the
 assignment regarding the utilization of mutual aid within the region. The EMS Oversight
 Program will be working with regional partners to further identify opportunities for
 improvement to enhance EMS services within Washoe County.



DBOH AGENDA ITEM NO. 12.





Staff Report Board Meeting Date: January 28, 2016

TO: District Board of Health

FROM: Christina Conti, EMS Program Manager

775-326-6042, cconti@washoecounty.us

SUBJECT: Discussion and possible approval of the draft REMSA response zones map within the

Washoe County REMSA ambulance franchise service area.

SUMMARY

The purpose of this agenda item is present the progress the region has made with regards to the revision of the response zones within the Washoe County REMSA ambulance franchise service area. Consensus has been reached inside the franchise service area and the draft map will be presented for approval.

PREVIOUS ACTION

During the March 2015 EMS Advisory Board (EMSAB) meeting, as part of the program update, staff reviewed the meeting held between EMS personnel, District Health Officer Kevin Dick and REMSA staff on Monday, February 23, 2015. The purpose of the meeting was to discuss the franchise service area and propose changes to the response map.

EMSAB members recommended a meeting with regional partners to discuss the proposed changes. The recommended changes to the map included Sparks special zone 5.1 as well as the Mount Rose corridor.

During the June 2015 EMSAB, EMSAB members approved the project charter that outlined the process for revising the response zones within the Washoe County REMSA ambulance franchise service area.

EMSAB members approved a presentation on the revision process during the October 23, 2015 meeting.

During the EMSAB meeting on January 7, 2016, the Board heard an update on the progress and reviewed a draft map for the franchise service area. The Board approved the presentation and recommended the EMS Manager present the draft map for approval to the District Board of Health.

BACKGROUND

During the March 2015 EMSAB meeting, it was recommended that the EMS Working Group reconvene to discuss the proposed map revisions. This meeting was held on April 15, 2015 and



Subject: Franchise Area Map Zones

Date: January 28, 2016

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had representatives from all regional fire partners, WCSO, WCHD, and REMSA. Since the Amended and Restated Franchise Agreement removed the provision of the City's Boundaries forming the basis of the response zones it was determined that the historical method of updating the map based on reviews of annexed areas should be updated to be based on criteria such as standards of coverage.

The EMS Program staff developed a project charter that provided a structure to the project, to include objectives and a timeline for the revision process. The charter was used by the EMS Working Group subcommittee to modernize the Washoe County REMSA ambulance franchise response zones, based on specific criteria and quantifiable measures.

The first subcommittee meeting was held on May 19, 2015. During the meeting, recommendations to the project charter were discussed and the document was approved. The next steps were proposed, to include obtaining the approval of the proposed path by the EMS Advisory Board.

In June, EMS staff, along with Gary Zaepfel from Washoe County GIS, went to San Joaquin County, Stockton, CA, to meet with their EMS Oversight Program. The meeting was excellent and the EMS Oversight Program was able to learn about several different processes that could be explored regionally.

EMS staff met with regional fire/REMSA partners on June 22, 2015 to review the Stockton trip and the information obtained from contractor Insprionix, which had developed their regional response map. During this meeting, the methodology for map development was agreed to and the process for developing the maps was established. It was agreed that the region would primarily utilize population density, provided by the census report, and not call data. In addition, a methodology for future reviews of the map was discussed.

EMS staff, along with Mr. Zaepfel, have met with or corresponded with regional partners several times over the last nine months to develop a revised franchise area response map. With the assistance of Mr. Zaefpel, the region sent several data layers to Inspironix for review, analysis and recommendation. Inspironix developed a draft response map that the region began reviewing on August 26, 2015. During the meeting, the methodology for developing the draft map was reviewed and the proposed changes to the existing map were reviewed.

Mr. Zaepfel developed a PDF map with layers that included the draft zones, existing zones and call data for a 20 week period of time. The region met on September 25, 2015 to review the interactive map. The region determined that there were three areas of specific concern to review, the Spanish Springs and Cold Springs designations as well as the Southern Reno extension.

Over the course of the next three months, the region met on several different occasions to review the areas. Consensus was reached in both Spanish Springs and Cold Springs before the October 23, 2015 EMSAB meeting. Concerns regarding the feasibility of the Zone A extending as far south as recommended were listened to by regional partners. The EMS Oversight Program reached back out to Inspironix for some options to apply to the Southern Reno area. Inspironix provided seven options for the region to consider, with the caveat that the first four options should be strongly considered before moving on to the more aggressive options of the last three.

Subject: Franchise Area Map Zones

Date: January 28, 2016

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The last meeting was held on Monday, December 14, 2015. Regional consensus was reached for the South Reno extension. Inspironix options A and B were included as a modification to the original recommendation. The original methodology of looking at the population density with a call volume overlay supported the decision to downgrade two areas of South Reno to a Zone B.

The EMS partners within the franchise area have reached a regional consensus. However, the final area that needed to be reviewed was the Mount Rose corridor, specifically where the REMSA franchise boundary ends and the North Lake Tahoe Fire Protection District (NLTFPD) ambulance service area begins. The EMS Oversight Program was a part of several meetings, beginning in July 2015, between REMSA and NLTFPD discussing the Mount Rose corridor. It has been agreed that the boundary along Mount Rose will follow the voted upon boundary from the 1982 special election. The special election consisted of one question relating to an additional tax ad valorem to provide paramedic ambulance service. The constituents in the Incline Village/Crystal Bay region were the eligible voters.

Once the REMSA response zone map is approved, REMSA and the EMS Program can work on implementation of the response zone map and bring a timeline and implementation plan to the District Board of Health for approval. It is anticipated that this could occur in February 2016.

FISCAL IMPACT

There is no fiscal impact to the FY 15/16 budget should the Board approve the draft map response zones within the Washoe County REMSA ambulance franchise service area.

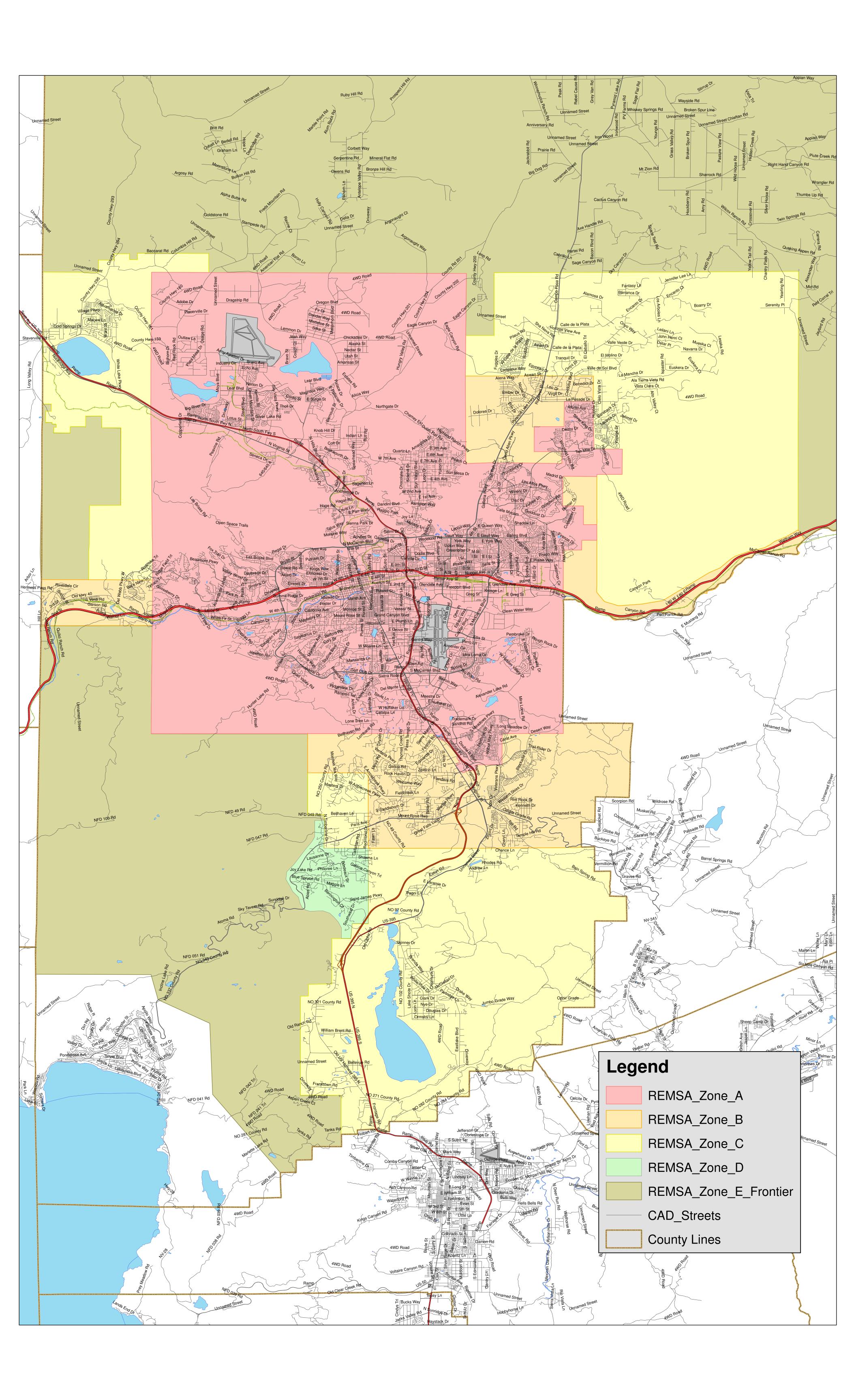
However, there is an anticipated financial impact to REMSA with the approval of the new franchise map. An impact analysis is being conducted to determine the effects of the new franchise response zones.

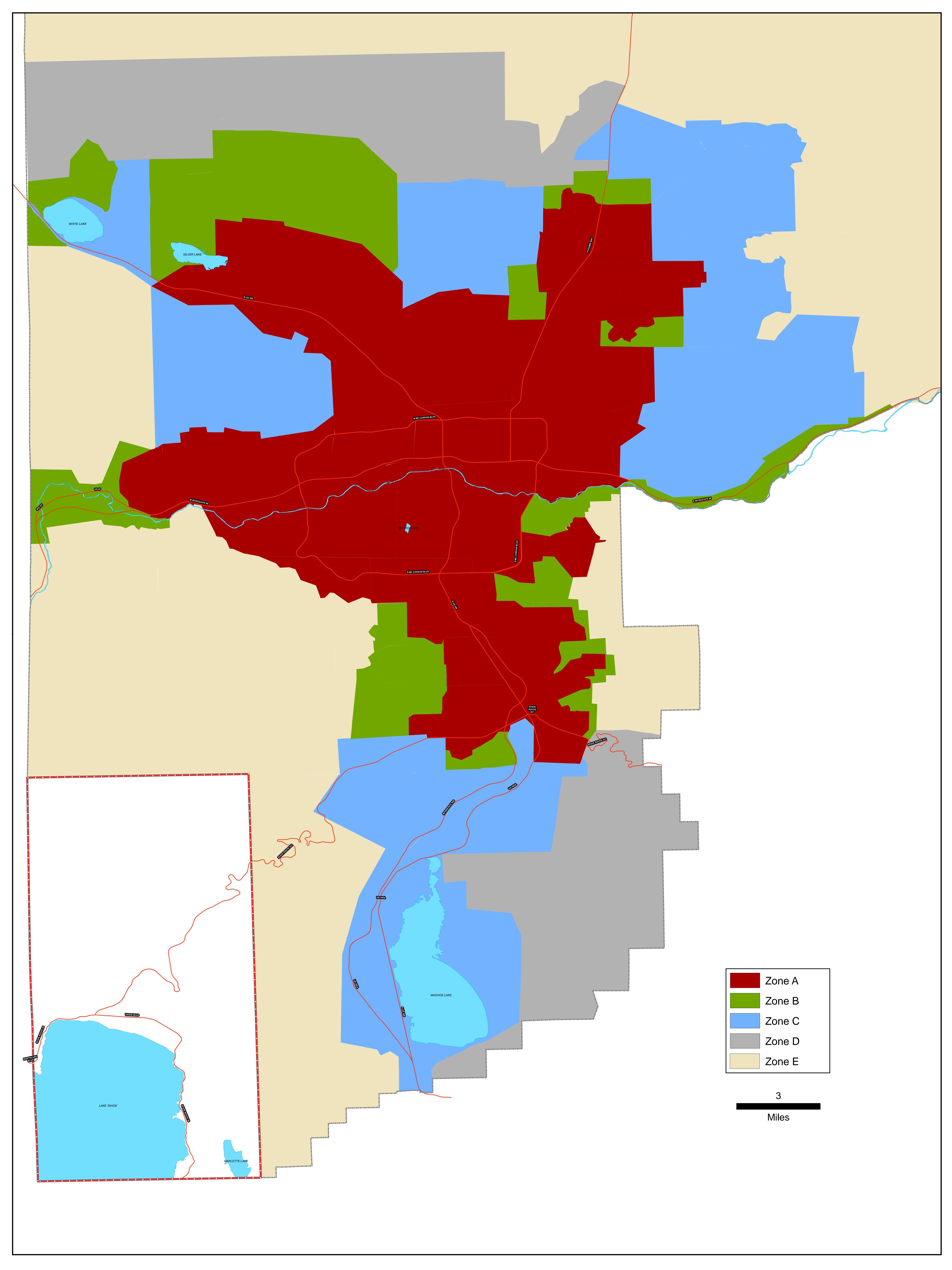
RECOMMENDATION

Staff recommends the Board approve the draft REMSA response zones map within the Washoe County REMSA ambulance franchise service.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the draft REMSA response zones map within the Washoe County REMSA ambulance franchise service area."







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Risk_NA

STAFF REPORT BOARD MEETING DATE: January 28, 2016

TO: District Board of Health

FROM: Anna Heenan, Administrative Health Services Officer

328-2417, aheenan@washoecounty.us

SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for December,

Fiscal Year 2016

SUMMARY

The six months of fiscal year 2016 (FY16) ended with a cash balance of \$1,407,561. Total revenues were \$9,340,596 which was 47.5% of budget and an increase of \$851,694 compared to fiscal year 2015 (FY15). With 50.0% of the fiscal year completed 46.2% of the expenditures have been spent for a total of \$9,837,477 up \$160,603 compared to FY15 mainly due to negotiated increases in salaries and benefits

District Health Strategic Objective supported: Secure and deploy resources for sustainable impact.

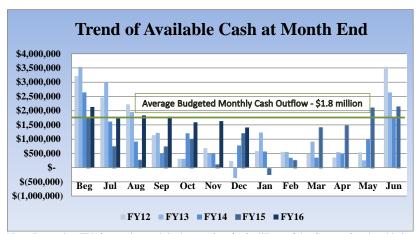
PREVIOUS ACTION

Fiscal Year 2016 Budget was adopted May 18, 2015.

BACKGROUND

Review of Cash

The available cash at the end of the sixth month of FY16 was \$1.407.561 which was 79.5% of the average budgeted monthly cash outflow of \$1,769,707 for the fiscal year. The encumbrances and other liability portion of the cash balance totals \$796.653 leaving \$610,908 available for future obligations. The County support is the single largest source of cash and continues to come in each month at 1/12 of the budget or \$839,738.



Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation

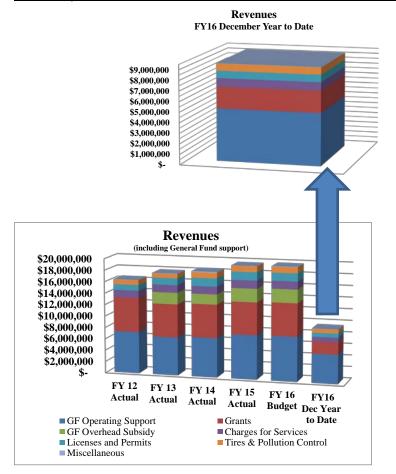


Date: DBOH meeting January 28, 2016

Subject: Fiscal Year 2016, December Financial Review

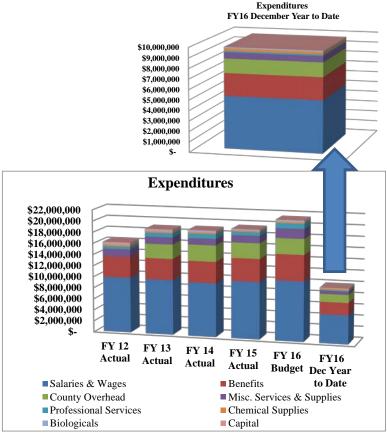
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Review of Revenues (including transfers from General fund) and Expenditures by category



Total year to date **revenues** of \$9,340,596 were up \$851,694 which was up 10.0% from the same time last fiscal year and was 47.5% of budget. The main source of the increase is from the County General Fund support, excluding that source of revenue the fund was 2.0% up from last year. The revenue categories that were up over last fiscal year licenses and permits by are as follows: \$45,603 or 6.9%; charges for services by \$187.894. 30.7%: fines and forfeitures received \$500; miscellaneous revenue up \$6,679, 34.9%; tire and pollution control funding was up \$70,656 or 11.7%; and, the County General Fund transfer was up \$766,682 for year to date December FY16. Federal and state grant revenues are down \$226,319 compared to the prior year.

The total year to date **expenditures** of \$9,837,477 increased by \$160,603 or 1.7% compared to the same time frame for last fiscal year 2015. Salaries and benefits expenditures for the six months were \$7,281,355 up \$108,635, 1.5%, over the prior year. Services and supplies expenditures of \$2,488,046 were down \$8,146. total capital expenditures of \$9,995 were up \$2,034 or 25.5% over last fiscal year.



Date: DBOH meeting January 28, 2016

Subject: Fiscal Year 2016, December Financial Review

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Review of Revenues and Expenditures by Division

The County General Fund support is the single largest source of revenue for the six months at \$5,038,428 and 50.0% of budget. AQM has received the largest percent of revenue compared to budget of 53.8% or \$1,213,949 but down \$61,203 in funding compared to FY15. CCHS received \$1,348,716 in revenue or 37.4% of budget and down \$71,245 over FY15. EHS has received \$960,339 which is 48.7% of budget and up \$83,722 over FY15. EPHP has received \$779,052 in revenue and is up \$133,668 or 20.7% over last year due to additional grant funding and an increase in birth and death certificates.

With 50.0% of the fiscal year completed the total expenditures were \$9,837,477 which is 46.2% of budget and up \$160,603 over last fiscal year. ODHO spent \$272,502 and is up 7.7% over FY15 due to filling a position that was vacant in FY15. AHS has spent \$504,186 or 49.4% of budget and is 13.3% down over last year due to a prior year employee retirement payout of accrued benefits. AQM spent \$1,292,236 of the division budget and has increased \$55,121, 4.5% over last fiscal year. CCHS has spent \$3,430,031 year to date and is down \$40,300 over last year. EHS spent \$3,134,125 and has increased \$101,060 or 3.3% over last year. EPHP expenditures were \$1,204,397 and were \$102,281 or 9.3% over FY15.

Washoe County Health District										
Summary of Revenues and Expenditures										
Fiscal Year 2011/2012 through December Year to Date Fiscal Year 2015/2016 (FY16)										
	Actual Fiscal Year			Fiscal Year 2014/2015		Fiscal Year 2015/2016				
				Actual Year					FY16	
				End	December	Adjusted	December	Percent of	Increase	
	2011/2012	2012/2013	2013/2014	(unaudited)	Year to Date	Budget	Year to Date	Budget	over FY15	
Revenues (all sources of funds)										
ODHO	-	-	-	-	-	-	-	-	-	
AHS	8	33,453	87,930	151	41	-	111	-	170.3%	
AQM	1,966,492	2,068,697	2,491,036	2,427,471	1,275,152	2,255,504	1,213,949	53.8%	-4.8%	
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	1,419,960	3,610,928	1,348,716	37.4%	-5.0%	
EHS	1,755,042	1,828,482	1,890,192	2,008,299	876,617	1,972,876	960,339	48.7%	9.6%	
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	645,385	1,729,897	779,052	45.0%	20.7%	
GF support	7,250,850	8,623,891	8,603,891	10,000,192	4,271,746	10,076,856	5,038,428	50.0%	17.9%	
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$19,512,566	\$ 8,488,902	\$19,646,061	\$ 9,340,596	47.5%	10.0%	
Expenditures										
ODHO	-	-	-	481,886	253,030	515,468	272,502	52.9%	7.7%	
AHS	1,202,330	1,366,542	1,336,740	1,096,568	581,218	1,021,350	504,186	49.4%	-13.3%	
AQM	1,955,798	2,629,380	2,524,702	2,587,196	1,237,115	3,223,296	1,292,236	40.1%	4.5%	
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	3,470,331	7,372,877	3,430,031	46.5%	-1.2%	
EHS	4,848,375	5,614,688	5,737,872	5,954,567	3,033,064	6,539,945	3,134,125	47.9%	3.3%	
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	1,102,116	2,621,636	1,204,397	45.9%	9.3%	
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$19,399,860	\$ 9,676,874	\$21,294,570	\$ 9,837,477	46.2%	1.7%	
Revenues (sources of funds) less Expenditures:										
ODHO	-	-	-	(481,886)	(253,030)	(515,468)	(272,502)			
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(581,177)	(1,021,350)	(504,075)			
AQM	10,694	(560,683)	(33,666)	(159,725)	38,037	(967,792)	(78,287)			
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(2,050,371)	(3,761,949)	(2,081,315)			
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(2,156,447)	(4,567,069)	(2,173,786)			
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(456,732)	(891,739)	(425,344)			
GF Operating	7,250,850	8,623,891	8,603,891	10,000,192	4,271,746	10,076,856	5,038,428			
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ (1,187,972)	\$ (1,648,509)	\$ (496,881)			
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506		\$ 619,997				
FB as a % of Expenditures	24.2%	14.9%	11.4%	11.7%		2.9%				
Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services,										

EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

Date: DBOH meeting January 28, 2016

Subject: Fiscal Year 2016, December Financial Review

Page 4 of 4

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for December, Fiscal Year 2016.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for December, Fiscal Year 2016.

Attachment:

Health District Fund financial system summary report

Horizontal Page: Page:

4 1 120

Variation:

Plan/Actual Rev-Exp 2-yr (FC) Washoe County

Fund Center: 000 Functional Area: 000 Fund: 202

P&L Accounts

6 2016

1 thru

Period:

Accounts: GO-P-L

Business Area:

Run date: 01/13/2016 10:04:19

Run by: AHEENAN

Report: 400/2S16

Standard Functional Area Hiera Default Washoe County Health Fund

130 46 29 449 447 441 45 46 46 46 1,058 Balance 120,734-153,241-7,038-10,722-634,073-53,395-200,029-204,351-36,516-60,954-15,440-3,223,843-52,618-1,513 12,292-243,245-3,695,449-1,370-19,225-261,826-8,694-6,948-14,827-17,301-10,690-17,612-25,622-2,100-34,183-57,906 359 16,772 2015 Actual 18,987-6,405-219,971-19,278-6,513-269,752-38,484-44,046-15,560-660,347-157,827-3,734-17,168-1,162-2,047,693-359-14,699-24,388-23,706-210-1,500-9,310-114,934-225,303-376,573-218,174-64,366-45,938-2,926,064-6,022-2,730-16,119-18,522-6,173-24,378-2015 Plan 11,000-311,068-16,026-474,103-75,000-1,294,420-8,200-50,000-97,000-5,000-31,000-5,271,536-235,667-468,548-7,000-30,000-318,667--000,68 105,000-6,621,513-32,000-42,000-4,100-480,000--8,000-21,000-3,600-20,000-116,984-57,889-392 46 54 113 353 353 54 61 81 80 55 17,990-75,519-5,539-282,911-3,859-1,774 211,257-18,129-Balance 69,203-12,649-1,505 12,737-3,801 9,215-12,410-8,097-36,336-52,435-38,278-666,633-3,284,284-150,401-231,514-23,936 12,520-1,357 183,173-13,319-114,502-7,000-14,927-3,977,193-19,056-216,028-28,421-44,035-7,403 2016 Plan 2016 Actuals 28,327-21,481-226,913-56,872-51,722-1,927,563-64,549-55,298-705,950-2,770,401-3,214-354-10,785-26,141-6,774-141,390-26,778-237,034-435,499-32,136-111-266,186-16,073-2,138-19,797-7,481-16,288-253,972-37,263-11,524-8,853-8,351-1,505-5,301-19,590-33,903-24,468-11,000-509,823-30,000-209,951-1,450-7,000-21,000-1,500-20,000-32,000-42,000-477,443-5,211,847-291,791-5,000--000,06 1,372,583-6,747,595-75,000-31,000-15,457-28,421-20,000-468,548-550,000--000,68 8,200-35,344-470,000-10,167-18,000-50,000-60,804-116,984-Birth and Death Certificates Other Healt Service Charges Plan Review - Food Services 460162 Services to Other Agencies Medicaid Clinical Services Food Service Certification Plan Review - Pools & Spas 431105 Federal Grants - Indirect Duplication Service Fees Childhood Immunizations Plan Review-Air Quality Influenza Immunization Medicare Reimbursement 422503 Environmental Permits 432310 Tire Fee NRS 444A.090 Water Company Permits Air Pollution Permits 422513 Special Event Permits State Grants-Indirect Maternal Child Health Food Service Permits Pgm Inc-3rd Prty Rec Plan Review - Vector Wat Well Const Perm Other Immunizations Outpatient Services 422514 Initial Applic Fee 432311 Pol Ctrl 445B.830 Eng Serv Health Family Planning 431100 Federal Grants Water Quality 432100 State Grants Tuberculosis Pool Permits ISDS Permits Licenses and Permits RV Permits IT Overlay NESHAP-AOM Intergovernmental STD Fees NOE-AOM 422511 122508 422510 460501 422509 432105 460500 460504 160508 160511 160512 160513 160516 160509 160510 160514 460515 160517 160518 160521 60219 60520 160523 60524 160525 160526 Accounts

Page: Horizontal Page: Variation:

2/ 1/ 13

Washoe County Plan/Actual Rev-Exp 2-yr (FC)

Fund: 202 Fund Center: 000 Functional Area: 000

P&L Accounts

6 2016

Period: 1 thru Accounts: GO-P-L Business Area: *

Run by: AHEENAN
Run date: 01/13/2016 10:04:19
Report: 400/2S16

Health Fund Default Washoe County Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance		2015 Plan	2015 Actual	Balance	
460529 Assessments-AOM	51.336-	29.612	-1/27 10	0	0 00			
460530 Inspector Benistrato	00010	710173	#7/ T7	0 1	220	73,002-	28,334-	45
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* Charge for constitution	(
	1,361,248-	799,486-	561,762-	59	1,329,615-	611,592-	718,023-	46
471265 Illegal Dumping 1977		-009	200					
* Fines and Forfeitures		200-	200					
483000 Rental Income						41-	11	
484000 Donations, Contributions		700-	700			+	-l	
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Miscellaneous	87,780-	25,830-	61,950-	29	98,663-	19,152-	79,511-	10
	69	4,302,168-	5,267,038-	45	344,21	4.217.155-	5.127.056-	7 7
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	49,515	58,470	8,955-	118		85,406	85.406-	
823	7,603	7,218	385	95		11.798	11 798-	
701419 Comp Time - Transfer		2,785	2,785-			1 1		
701500 Merit Awards			-					
* Salaries and Wages	10,645,830	5,085,871	5,559,960	400	10.478.015	5.140.347	337 668	0 7
705110 Group Insurance	5	7	827.1	0 0	1 452 108	· (2 0	n c
705210 Retirement	2,842,180	21,		2 4	50R. 52	α	1 300,000	n c
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Washoe County Plan/Actual Rev-Exp 2-yr (FC)

Period: 1 thru 6 2016 Accounts: GO-P-L Business Area: *

Run by: AHEENAN Run date: 01/13/2016 10:04:19 Report: 400/2816

P&L Accounts

Fund: 202 Fund Center: 000 Functional Area: 000

Health Fund Default Washoe County Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	Acts	2015 Plan	2015 Actual	Balance	
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705350 Unemply Comp	15,483	7,742	7,741	20	15,179	7,590	7,590	50
705568 Breat & Adjustment				_	21,855		21,855	
* Employee Benefits	4,658,139	2,195,484	2,462,654	47	4,200,674	2.032.373	2.168,301	48
710100 Professional Services	Ò	117,700	672,452	15	687,734	171,563	516,172	- C
710105 Medical Services	9,621	2,335	7,286	24	9,323	2.289	7 034) () (
710108 MD Consultants	71,612	21,639	49,973	30	83,908	18.713	700,100	0 0
710110 Contracted/Temp Services	7,279	1,533	5.746	2 2	31,581	17 229	17 350	2 J T
				4	1000	7771	400 1 FT	7
710200 Service Contract	171,856	40,180	131.676	23	120.720	20 802	20 08	00
710205 Repairs and Maintenance	24,18	3,385	20.804	1 4	1 0 1 0 1 0 0	5 260) (о О п
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710308 Animal Supplies	1,600	564	980.1	ر ا تر	009 1)	076,22	7
710312 Special Dept Expense)	1	00%	-008 300-	
710319 Chemical Supplies	231,900	243.309	11,409-	707	231 900	750	0000	0
710325 Signs and Markers	ì)	1000	2	2	0
710334 Copy Machine Expense	30,061	14.491	15.569	84	25,625	13 497	12 128	C.
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710355 Books and Subscriptions	6,364	6.111	, , ,	9 0	# U C C	1007	000000000000000000000000000000000000000	0 0
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	41,641	7,659	33,982	18	28,429	7,469	20,960	26
710502 Printing	28,365	10,727	17,638	00 M	22,171	4,396	17.776	20
710503 Licenses & Permits	6,470	3,930	2,540	61	6,331	2,405	900 8	0 00
710505 Rental Equipment	1,800	1,800		100	1,800		1,800)
710506 Dept Insurance Deductible		300	300-			150	150-	
710507 Network and Data Lines	9,755	4,121	5,634	42	11,295	4.835	6.460	43
710508 Telephone Land Lines	36,040	16,978	19,062	47	42,650	17,204	25.446	04
710509 Seminars and Meetings	53,367	11,154	42,213	21	50,633	9,650	40.984	01
710512 Auto Expense	11,541	3,730	7,811	32	14,665	3,059	11.607	10
710514 Regulatory Assessments	18,500	12,998	5,502	7.0	11,920	13,070	10000	117
710519 Cellular Phone	13,709	6,183	7.525	7 2	15,117	7 7 7	000/0	- ++
710529 Dues	8,325	4,945	2,300	0 6	11 20 11	980	100	7 0
710535 Credit Card Fees	12,107	7,993	4 114	, 9	12 665		1001	j [
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110565 Undesignated Budget				-	90,642		90,642	

4/1/12

Page: Horizontal Page: Variation:

Washoe County Plan/Actual Rev-Exp 2-yr (FC)

Fund: 202 Fund Center: 000 Functional Area: 000

P&L Accounts

6 2016

Period: 1 thru Accounts: GO-P-L Business Area: *

Run by: AHEENAN Run date: 01/13/2016 10:04:19 Report: 400/ZS16

Health Fund Default Washoe County Standard Functional Area Hiera

2016	710594 Insurance Premium 710598 Telecomm Charge-out contra 710600 LT Lease-Office Space		Biologicals Referral Services	Outnation+	District Dis	Utilities	Water/Sewer	ESD Asset Management	Equip Srv Replace	Equip Srv O & M	Equip Srv Motor Pool	ESD Fuel Charge	Prop & Liab Billings	Travel	Cash Over Short		pun	Equipment nonCapital		701004 Equipment Capital	Comital Carles Capital	OUTTAY	21, 485192 Surplus Equipment Sales	Other Fin. Sources	sfer From General	Transfers In	814430 To Reg Permits Capit	Transfers Out	Other Financing Src/Use
.6 Plan	79,703		242,868	03 160	207,00	7,755		66,552	38,039	62,441		47,382	75,992	145,143			2,795,882	137,573	,826,640	105,880		105,880	,236,489		,076,856-	0	180,85	58,081	0
2016 Actuals	, r	000	110,603		156,14	486		31,020	12,613	38,773		20,178	37,996	33,254		58	1,397,941		2,488,046	9, 995		9, 995	9,779,396		5,038,428-	5,038,428-	58,081	58,081	4,980,347-
Balance	900	927 120	132,265	L	45,524	1,769		35,532	25,426	23,668		27,204	37,996	111,889		-85	1,397,941	118,563	3,338,595	95,885		95,885	11,457,094		5,038,428-	5,038,428-			5,038,428-
	Li Li	n n	46	, i	T C	22		47	33	62		43	20	23			20	14	43	o		9	46		50	20	100	100	50
2015 Plan	1. T	109,115	203,743	1	96,370	4,889		66.526	27,586	41,538	5,000	48,591	74,502	222,874			2,741,061	100,055	5,868,891	381,454	25,000	406,454	20,954,034		10,000,192-	10,000,192-			10,000,192-
2015 Actual		46,487	102,698		35,346	1,362		32,574	13,513	23,774)	27,151	37,251	42,530	20-	069	1,370,531	37,223	2,496,193	7,961		7,961	9,676,874		4,271,747-	4,271,747-			4,271,747-
Balance		62,628	101,045		61,024	3,526		33 050	14 073	17,012	000 5	21,440	37.251	180,344	20	-069	1,370,531	62,832	3,372,698	373,493	25,000	398,493	11,277,160		5.728.445-	5,728,445-			5,728,445-
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Staff Report Board Meeting Date: January 28, 2016

TO: District Board of Health

FROM: Sara Dinga, Community Health Improvement Plan

(775) 328-2401, sdinga@washoecounty.us

SUBJECT: Discussion and possible approval of the Washoe County Community Health

Improvement Plan, 2016-2018

SUMMARY

A final draft of the Washoe County Community Health Improvement Plan, 2016-2018 has been completed for District Board of Health consideration and approval.

District Health Strategic Objective supported by this item: Demonstrate the value and contribution of public health, Strengthen District-wide infrastructure to improve public health, Strengthen WCHD as an innovative, high-performing organization and Achieve targeted improvements in health outcomes and health equity.

Fundamental Review recommendation supported by this item: a) Perform cost analysis of all programs (Fundamental Review states: Resource commitment should ultimately reflect priorities in the WCHD's strategic plan and in the Community Health Improvement Plan, demonstrating organizational alignment); b) Develop metrics for organizational success and improved community health; and c) Undertake an organizational strategic plan to set forth key health department goals and objectives so that priorities are clearly articulated for the DBOH, WCHD staff, stakeholders, and the community. The Community Health Improvement Plan is also part of the Accreditation Readiness Review included within the Fundamental Review.

PREVIOUS ACTION

Approval of the Fundamental Review recommendations implementation plan, to include Community Health Improvement Plan activities occurred in March 2014, following the February 2014 Fundamental Review Report. A summary of those recommendations are included directly below under "Background."

BACKGROUND

The purpose of the Community Health Improvement Plan (CHIP) is to describe how the Health District and the community will work together to improve the health of the population that it serves. The CHIP is based on the findings of the Community Health Needs Assessment (CHNA) and is a community driven process that has culminated in a set of agreed upon priorities that will be a focus for community improvement.



Subject: Community Health Improvement Plan

Date: 01.28.16 Page **2** of **3**

In May 2015, the CHIP Steering Committee met for the first time to begin the process of providing recommendations to the Health District for development of the CHIP. The CHIP Steering Committee continued to meet over a period of eight months to work through the following CHIP development processes:

- Review and analysis of quantitative and qualitative CHNA data. The Health District provided a summary of this data to the CHIP Steering Committee through the creation of infographics and PowerPoint presentations.
- The CHIP Steering Committee prioritized the health issues within the CHNA over a period of two months. The CHIP Steering Committee first narrowed the health topic areas within the CHNA through a process called Dotmocracy. At the completion of this process, eight priority health issues were identified for Washoe County, to include:
 - Access to Healthcare and Social Services
 - o Alcohol and Drugs
 - o Built Environment
 - Education
 - Food Security
 - o Income/Poverty
 - Mental Health
 - o Obesity/Physical Activity and Overweight

In an effort to further narrow these priorities, the CHIP Steering Committee then utilized a process called Grid Analysis in which each priority is analyzed further and scored based on the following:

- o Importance to community members
- o Opportunity/available assets
- o Severity of the problem
- o Number of people affected
- o How much the data suggests a need to improve

Based on the data and discussion from the Grid Analysis process, the CHIP Steering Committee selected the following four health priorities for the Washoe County CHIP:

- o Access to Healthcare and Social Services
- o Behavioral Health (combining both Mental Health and Alcohol and Drugs)
- o Education (K-12)
- Food Security
- The next step in the process was to validate these four health priorities with community members and community partners. These priorities were validated through 99 community member interviews and/or surveys, 34 community partner surveys, and 20 key informant interviews.
- Finally, these priorities were further validated during nine community workgroups in which community partners came together to discuss the priorities and begin development of action plans for the CHIP.

Subject: Community Health Improvement Plan

Date: 01.28.16 Page **3** of **3**

The Community Health Improvement Plan is a prerequisite for accreditation under the standards of the Public Health Accreditation Board.

The continued participation of the various organizations identified in the CHIP will be essential to successful implementation of the plan and making progress in addressing the priorities. Much of the work to be accomplished must be performed by these organizations. The Health District will seek to play a role to continue the engagement of these organizations working collaboratively on the plan, and to track and evaluate progress in meeting the plan's goals and objectives.

The CHIP Executive Summary has been included with this report for your review. The full Community Health Improvement Plan can be found at https://www.washoecounty.us/health/files/data-publications-reports/CHIP%20-%20DRAFT%20FOR%20BOH%2001.19.16.pdf.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board approve the Community Health Improvement Plan. However, in order to support the successful implementation of the plan the Health District may need to dedicate additional staff resources for the plan implementation. This may be addressed in subsequent years budgeting processes.

RECOMMENDATION

Recommend the Board of Health approve the Washoe County Community Health Improvement Plan, 2016-2018.

POSSIBLE MOTION

I move to approve the Washoe County Community Health Improvement Plan, 2016-2018.

Washoe County

Community Health Improvement Plan

Executive Summary

2016-2018







Authored by: Washoe County Health District

In partnership with: Truckee Meadows Healthy Communities

> WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE

Executive Summary

In coordination with community members and community partners, the Washoe County Health District developed the Washoe County Community Health Improvement Plan (CHIP) to address local health issues that are contributing to or causing poor health in Washoe County. The CHIP is a living document that will be updated annually as new information, needs, gaps, resources, and emergent issues are identified.

For purposes of the CHIP, four priority health issues were selected for Washoe County:

Access to
Healthcare and
Social Services

Behavioral Health Education (K-12)

Food Security

More than 200 community members and community partners participated in the selection and validation of the above listed priorities. For a detailed description of the processes utilized to select these four health priorities, please refer to Appendix Two.

After selection of the four priority health issues, action plans for each health priority were developed, and are included within the CHIP. The goals, objectives, strategies, timelines, and lead organizations included within each action plan were determined based on information collected from 99 community member interviews, 34 community partner surveys, 20 key informant interviews, and nine community workgroups.

Implementation of each of the action plans will occur through workgroups and workgroup subcommittees who will meet on a regular basis beginning in early 2016. The CHIP Steering Committee and the Washoe County Health District encourage participation from all Washoe County organizations addressing the four health priorities. Please send an e-mail to https://december.new.org/health-generalContactUs@washoecounty.us if you wish to become involved in one or more of the CHIP workgroups.

A summary of the goals and objectives within the CHIP action plans are included within the table on the following pages. The objectives included within the table are abbreviated for the Executive Summary, and the complete SMART objectives are included within the CHIP action plans.

Summary of Washoe County CHIP Goals and Objectives:

Pric	ority One: Access to Healthcare and Social Services		
Goa	ıls	Object	tives
		1.1	Provide Family Health Festivals to at-risk communities in Washoe County.
		1.2	Develop a Family Health Festival Strategic Plan.
		1.3	Increase the percentage of Washoe County residents who have a usual primary care provider.
		1.4	Increase the number of non-high school graduate adults who receive their Adult High School Diploma.
1	Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those	1.5	There will be zero (0) ADA paratransit trip refusals in Washoe County within the Reno Transportation Commission paratransit service area.
	who are underinsured or uninsured.	1.6	There will be zero (0) ADA paratransit trip refusals in Washoe County outside of the Reno Transportation Commission paratransit service area.
		1.7	Increase the number of trips provided by private/not-for-profit organizations for seniors, disabled, and low income residents for medical and social service needs.
		1.8	Increase the number of reduced-rate or other discounted transit trips provided for seniors, disabled, and low income residents in Washoe County (taxi bucks, RTC ACCCESS coupons, etc.).
	Improve coordination of care in Washoe County	2.1	Develop a strategic plan to restructure and improve Nevada 2-1-1.
2	across healthcare settings, social services, individual providers, and the community.	2.2	Explore models for engagement of assistance providers in underserved communities.
Pric	ority Two: Behavioral Health		
Goa	nis	Object	tives
	Improve access to behavioral health services for	3.1	Increase the proportion of adults aged 18 years and older with serious mental illness who receive treatment.
3	individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.	3.2	Increase the proportion of adults aged 18 years and older with major depressive episodes who receive treatment.
		3.3	Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Pric	rity Two: Behavioral Health (continued)		
Goa	ls	Object	tives
		4.1	Decrease the number of K-12 bullying incidents within the Washoe County School District.
		4.1.a	Decrease the percentage of Washoe County high school students who are bullied on school property.
	Constant beauthing and income and for Work as Country	4.1.b	Decrease the percentage of Washoe County high school students who are electronically bullied.
4	Create a healthier environment for Washoe County youth.	4.2	Decrease the percentage of Washoe County high school students who miss school because they feel unsafe at school or on their way to or from school.
		4.3	Decrease the percentage of Washoe County high school students who feel sad or hopeless.
		4.4	Decrease the percentage of high school students who seriously consider attempting suicide.
		4.5	Decrease the percentage of high school students attempting suicide.
		5.1	Decrease the percentage of Washoe County high school students who currently drink alcohol.
		5.2	Decrease the percentage of Washoe County high school students who recently participated in binge drinking.
		5.3	Decrease the percentage of high school students who drank alcohol for the first time before age 13 years.
		5.4	Decrease the percentage of University of Nevada, Reno students who currently drink alcohol.
5	Protect the health and safety of Washoe County youth through the reduction of substance use and	5.5	Decrease the percentage of University of Nevada, Reno students who recently participated in binge drinking.
	abuse.	5.6	Decrease the average number of drinks consumed by University of Nevada, Reno students on last drinking occasion.
		5.7	Decrease the percentage of Washoe County high school students who ever used marijuana.
		5.8	Decrease the percentage of Washoe County high school students who tried marijuana for the first time before age 13 years.
		5.9	Decrease the percentage of Washoe County high school students who currently use marijuana.

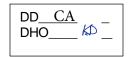
	rity Two: Behavioral Health (continued)		
Goal	ls	Object	
		5.10	Decrease the percentage of University of Nevada, Reno students who currently use marijuana.
		5.11	Decrease the percentage of Washoe County high school students who ever used methamphetamines.
		5.12	Decrease the percentage of Washoe County high school students who ever used cocaine.
		5.13	Decrease the percentage of Washoe County high school students who ever used inhalants.
		5.14	Decrease the percentage of Washoe County high school students who ever used heroin.
	Protect the health and cafety of Washes County	5.15	Decrease the percentage of Washoe County high school students who ever used ecstasy.
5	Protect the health and safety of Washoe County youth through the reduction of substance use and	5.16	Decrease the percentage of Washoe County high school students who ever took prescription drugs without a doctor's prescription.
	abuse.	5.17	Decrease the percentage of University of Nevada, Reno students who ever took prescription painkillers without a doctor's prescription.
		5.18	Decrease the percentage of University of Nevada, Reno students who ever took prescription sedatives without a doctor's prescription.
		5.19	Decrease the percentage of University of Nevada, Reno students who ever took prescription stimulants without a doctor's prescription.
		5.20	Decrease the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property.
		5.21	Decrease the percentage of Washoe County high school students who drove a vehicle when they had been drinking alcohol.
			Decrease the percentage of Washoe County high school students who rode in a vehicle by someone who had been drinking alcohol.

Pric	tiy Three: Education (K-12)		
Goa	lls	Objectiv	es
		6.1	Increase the Washoe County School District graduation rate.
		6.1.a- 6.1.c	Increase the Washoe County School District graduation rate for black/African American, Hispanic/Latino, and Native American/American Indian students.
		6.1.d- 6.1.f	Increase the Washoe County School District graduation rate for Children in Transition, children living in poverty, and for students enrolled in Special Education classes.
6	Improve health outcomes of Washoe County youth through educational attainment.	6.2	Decrease the percentage of Washoe County School District graduates attending Truckee Meadows Community College who require remedial math courses.
	tillough educational attainment.	6.3	Decrease the percentage of Washoe County School District graduates attending Truckee Meadows Community College who require remedial English courses.
		6.4	Decrease the percentage of Washoe County School District graduates attending the University of Nevada, Reno who require remedial math courses.
		6.5	Decrease the percentage of Washoe County School District graduates attending the University of Nevada, Reno who require remedial English courses.
		7.1	The Washoe County School District will adopt a Student Wellness Policy that meets state and federal requirements for nutrition and physical activity.
		7.2	Increase the percentage of Title 1 schools with Provision 2 or Community Eligibility status.
	Support student health, wellness and achievement	7.3	Increase the number of Title I schools with Girls on the Run programming.
7	through nutritious eating habits and physical activity.	7.3.a	Provide the Girls on the Run program to 500 adolescent girls in Washoe County.
		7.4	Pilot the University of Nevada, Reno's Coaches Challenge program in at least 20 elementary school classrooms within Washoe County.
		7.4.a- 7.4.b	Washoe County elementary students who complete Coaches Challenge will report an increase in physical activity and nutritious eating.

Pric	ority Four: Food Security		
Goa	ıls	Objectiv	es
		8.1	Conduct a community needs assessment in the 89502 zip code with the goal of better understanding the role of food banks and their partners in a structured approach to achieve community-based outcomes that improve family stability.
8	Implement programs that address the immediate need for food and promote long-term health and	8.2	Design a plan for improving outcomes identified through the community needs assessment process (identified in Objective 8.1), including the identification of interventions that draw from the best available evidence base.
	food security in households and communities.	8.3	Design an evaluation and data collection plan for those interventions identified in Objective 8.2.
		8.4	Implement interventions identified in Objective 8.2 and assess outcomes utilizing the evaluation plan in Objective 8.3.
		8.5	Develop a Washoe County Community Garden Plan to identify goals, objectives and strategies for Community Gardens in low-income neighborhoods.
9	Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.	9.1	Reduce the gap in the number of meals served to seniors residing in Washoe County.

DBOH AGENDA ITEM NO. 15.A.





AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: January 28, 2016

DATE: January 15, 2016

TO: District Board of Health

FROM: Charlene Albee, Director

775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

a. AQM Preparation for the Revised Ozone Standard



In response to the revised National Ambient Air Quality Standard (NAAQS) for ozone, AQM staff has been exploring the options available to reduce the emissions of ozone precursors, which include volatile organic compounds (VOCs) and oxides of nitrogen (NOx). As a refresher, EPA strengthened the ozone standard to 70 parts per billion (ppb) from the previous standard of 75 ppb which was established in 2008. The most recent three years of ozone monitoring data (2013 – 2015) indicates the design value for Washoe County is 71 ppb which is considered to be in non-attainment under the new standard. By October, 2016, AQM staff will be required to develop an attainment status recommendation for submittal by the Air Quality Management Division, through the State of Nevada, to EPA Region IX for consideration. This all means 2016 is our year to focus our maximum efforts towards our mission to *Keep it Clean*.

Based on a recommendation from EPA Region IX staff, AQM staff has been researching the opportunities provided in the U.S. EPA Ozone Advance Program. This program promotes a collaborative effort between EPA and local agencies to proactively reduce ozone precursors in attainment areas to continue to maintain the existing standards and help to meet the new standards. The program provides a flexible framework that allows for participants to determine their own goals and the measures they want to implement in order to be successful. The program does not guarantee participation will prevent a non-attainment designation but credit is available for the actions taken as part of the Advance Program in the event a non-attainment designation does occur.



Subject: AQM Division Director's Report

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The Ozone Advance Program not only provides for, but encourages, local voluntary measures to reduce air pollution before pursuing reductions that will become regulatory mandates. The proactive efforts should produce positive outcomes by further improving air quality to ensure continued health protection; provide needed reductions that could result in a lower non-attainment classification and feed into future State Implementation Plans; and reductions targeting ozone often result in multi-pollutant co-benefits like reducing PM2.5 (particulate matter less than 2.5 microns in diameter).

Recognizing the challenges involved with implementing voluntary programs, the Ozone Advance Program encourages the establishment of stakeholder groups. As a first step towards this goal, a meeting has been scheduled for January 27th to introduce an anti-idling campaign and explore the opportunities available in the community. The following organizations have confirmed their participation in the meeting:

- The Associated General Contractors (hosting the meeting)
- The Chamber
- Rocky Mountain Fleet Managers Association
- The Builders Association of Northern Nevada
- The Retail Association of Nevada

The new campaign will be developed in order to reach out to everyone in our community to change behaviors that will reduce idling and contribute to a healthy community. The goal is to have the campaign ready to be distributed prior to the 2016 ozone season.

The commitment to the Ozone Advance Program will require additional actions by AQM staff through the submittal of program eligibility criteria including ozone monitoring data to confirm Washoe County is in attainment with the 2008 ozone standard and existing emission inventory data. Additional information on the Ozone Advance Program will be presented at a future District Board of Health regularly scheduled meeting.

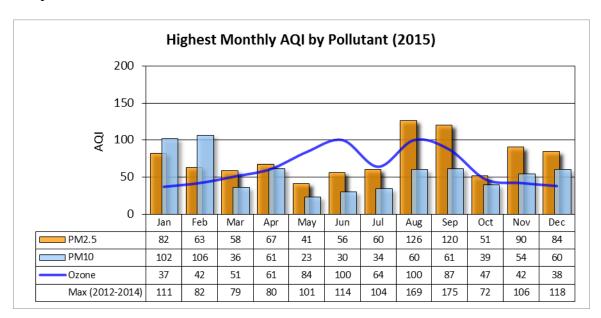
Charlene Albee, Director Air Quality Management Division

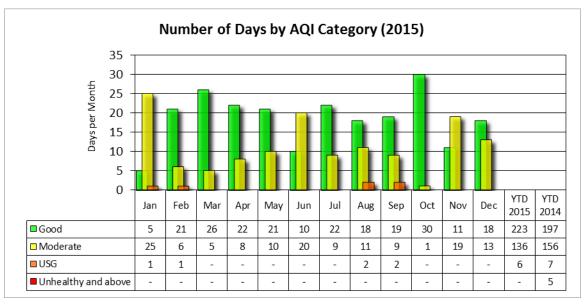
Subject: AQM Division Director's Report

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2. Divisional Update

a. Below are two charts detailing the latest air quality information for the month of December. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.





Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit OurCleanAir.com for the most recent AQI Summary.

Subject: AQM Division Director's Report

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3. Program Reports

There were no exceedances of any National Ambient Air Quality Standard during the month of December. The active weather pattern during much of December resulted in enough mixing to keep the burn code Green for 28 days, Yellow for 2 days, and Red for 1 day.

In February 2015, the AQMD and Truckee Meadows Fire Protection District (TMFPD) collaborated on a pilot project to allow flexibility to the Open Fires regulation (Section 040.035). The primary change was to move the start date of the Spring open burn season from March 1 to February 14, weather permitting. Nearly 400 residents completed open burn applications for the 15-day pilot project and TMFPD estimates there may have been many more burning without submitting an application. Of the 395 applications received by the TMFPD, 0 percent were reviewed, 12.4 percent of the applications were incomplete, and 7.6 percent were for properties located in prohibited areas. The pilot project uncovered gaps in the process and provided a learning opportunity for future modifications to the open burn program. The most significant gap was lack of a process to review applications to ensure basic air quality and fire safety requirements were being met. In July 2015, the DBOH directed AQM staff to work with TMFPD to implement a Spring 2016 project with better process results. AQM staff attempted to work with TMFPD and developed the following recommendations to begin discussions to improve the open burn program. underlined items are those that differ from the existing regulation and requirements for the burn season that opens March 1.

- 1. The Spring 2016 open burn season will begin no earlier than [February 15].
- 2. Open burning will be allowed [inside and] outside Hydrographic Area 87
- 3. TMFPD determines when weather conditions are safe for open burning.
- 4. [Open burning shall not occur when the burn code is Yellow or Red.]
- 5. Residents shall submit a complete application [at least one day] prior to burning. TMFPD shall review applications for basic air quality and fire safety requirements. If the application is complete, TMFPD will approve the application.
- 6. A copy of the approved application will be returned to the applicant. TMFPD will compile open burn application data and share with TMFPD fire stations and AQMD.
- 7. TMFPD will inspect at least 5 percent of approved applications prior to, or during, open burning to ensure basic air quality and fire safety requirements are being met.
- 8. [No more than 300 permits shall be issued.]
- 9. [Permits shall not be issued for parcels less than 0.75 acres in size.]
- 10. Open burns do not include prohibited materials (i.e., garbage, tires, plastic, etc.)
- 11. Smoke from the open burns does not create a public nuisance.

TMFPD evaluated the recommendations contained in these 11 conditions and determined that they cannot implement a Spring 2016 pilot project. They specifically cite lack of capacity to meet conditions 5, 6, 7, 8, and 9. TMFPD has been researching on-line application systems that could help streamline the review and approval process.

Daniel K. Inouye Chief, Monitoring and Planning

Subject: AQM Division Director's Report

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a. Permitting & Enforcement

	20	15	20	14
Type of Permit	December	YTD	December	Annual Total
Renewal of Existing Air Permits	91	1297	94	1328
New Authorities to Construct	1	99	14	133
Dust Control Permits	9 (339 acres)	151 (2129 acres)	14 (112 acres)	114 (1172 acres)
Wood Stove (WS) Certificates	21	391	25	322
WS Dealers Affidavit of Sale	36 (21 replacements)	135 (85replacements)	17 (13 replacements)	105 (80 replacements)
WS Notice of Exemptions	641 (17 stoves removed)	7490 (50 stoves removed)	809 (1 stoves removed)	7143 (63 stoves removed)
Asbestos Assessments	72	1077	75	862
Asbestos Demo and Removal (NESHAP)	57	150	24	199

Staff reviewed twenty one (21) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Suzanne Dugger Air Quality Specialist II has completed the Washoe County Excellence in Public Service Certificate program, and will be recognized by the Board of County Commissioners at the January 19th Board Meeting.
- After completing an open competitive recruitment process, Mr. Scott Baldwin was selected and accepted the Air Quality Specialist II position in the Enforcement Section. Mr. Baldwin transferred on January 11, 2016 from the Environmental Health Services Division.
- Inspection staff continues to monitor the Pyramid and McCarran expansion project with no enforcement actions. To date, eleven (11) of thirty (30) structures have completed the required asbestos abatement and are preparing for demolition.
- Permitting and enforcement has completed their first QI project. The project was an update to the gas station permitting and inspection procedures.

Subject: AQM Division Director's Report

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Staff conducted thirty eight (38) stationary source and fifty four (54) gas station inspections in December 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

	2	2015	20	14
COMPLAINTS	December	YTD	December	Annual Total
Asbestos	3	25	5	27
Burning	0	8	4	9
Construction Dust	0	32	4	53
Dust Control Permit	1	6	0	20
General Dust	2	48	2	52
Diesel Idling	1	3	0	3
Odor	2	30	1	16
Spray Painting	1	8	2	8
Permit to Operate	1	12	2	31
Woodstove	0	13	2	12
TOTAL	11	185	22	231
NOV's	December	YTD	December	Annual Total
Warnings	3	24	5	41
Citations	0	8	0	11
TOTAL	3	32	5	52

^{*}Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf Chief, Permitting and Enforcement

DBOH AGENDA ITEM NO. 15.B.



DD_SK DHO___ &D ___

COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT BOARD MEETING DATE: January 15, 2016

DATE: January 28, 2016

TO: District Board of Health FROM: Steve Kutz, RN, MPH

775-328-6159; skutz@washoecounty.us

SUBJECT: Program Report – Divisional Update, Program Reports

1. Divisional Update – 2015 in Review

CCHS remained dynamic in 2015, providing 33,710 important and needed clinical service encounters both here and in the community. Social media analytics indicate that we had over 500 posts or tweets, and over 1.5 million impressions/exposures. Additionally, clients received health education, staff met grant goals and deliverables, and management continued to lead programs and provide staff development opportunities.

One of CCHS's largest accomplishments for 2015 was a significant increase in third-party reimbursements. Due to changes in our practices, contracting with Immunize Nevada for a billing specialist, and increased scrutiny and direction to our contracted biller (Revenue Cycle Management [RCM]), we went from hundreds of dollars collected in 2014 to over \$47,000 for 2015. As a reminder, increased revenue and reimbursement for clinical services was a Fundamental Review recommendation.

Another outcome of the Fundamental Review is the Truckee Meadows Healthy Communities 89502 project. Our Immunization and Family Planning Programs partnered to provide services at 89502 Family Health Festivals.

We made the decision to terminate all our agreements with Netsmart, our Electronic Health Record (EHR) and RCM vendor, due to performance and dissatisfaction with their customer service. After a rigorous vetting process, Patagonia Health was selected to be our new EHR, and we expect to launch this in the next couple of months, with staff currently in the planning and implementation phases with Patagonia.



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CCHS was again successful with our Public Health Associate Program (PHAP) applications. We received two new PHAs for a two year rotation, bringing the total number of PHAs in CCHS to six over the past three years.

In our WIC program staff were recertified as *Lactation Counselors*, and they strengthened the connection with Renown Health Lactation Connection for more challenging breastfeeding issues. They also collaborated with Catholic Charities of Northern Nevada to provide WIC clients with the national program "Cooking Matters", teaching families how to shop, cook on a tight budget, and how to read food labels.

The Maternal Child Adolescent Health (MCAH) program completed its first full calendar year of our Fetal Infant Mortality Review (FIMR) program, reviewing 37 cases. The program had a FY goal to review 30 cases.

In the Sexual Health program all clinic staff attended extensive Partner Services training last February to enhance STD contact tracing, in response to our ongoing increase in STDs. There was improved and increased advertising that increased HIV testing. Staff also worked to improve reporting from community healthcare providers.

The TB program had a 28% increase (2,046 to 2,615) in the number of clients served for 2015, and had a 57% increase (7 to 11) active TB cases in 2015.

For 2015 the Immunization program launched its Facebook page, and Lynnie Shore and Sara Dinga received the "Innovation in Immunization" Immunize Nevada Silver Syringe award for training local firefighters and EMTs to administer vaccinations in the event of a public health emergency. The program participated in 145 off-site clinics, serving a total of 2,756 clients with 5,037 doses of vaccine administered.

The Chronic Disease Prevention program was successful in getting the RenOpen Streets to be a smoke free event, reaching over 1,100 people; this was the first outdoor event in our area to be smoke free and is leading the way for future smoke-free/vape-free events. Kelli Goatley-Seals, Program Coordinator, assumed the chair of the WCSD Student Advisory Committee; this group will be taking actions that will impact all 65,000 students in the school district. Staff worked with the University of Nevada, Reno (UNR) to become a tobacco free campus.

The Family Planning Program had the best Title X audit in the last 20 years, with only three findings. Feedback from the review team was extremely positive. The Office of Population Affairs (OPA) developed a benchmarking tool for all Title X grantees. The following are the Family Planning Program's Benchmarking Successes:

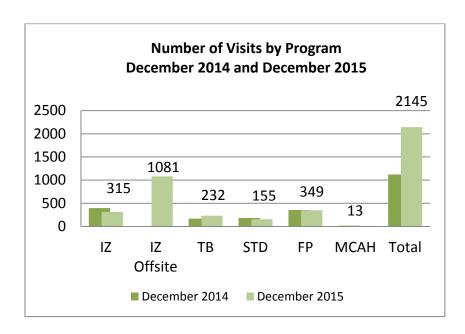
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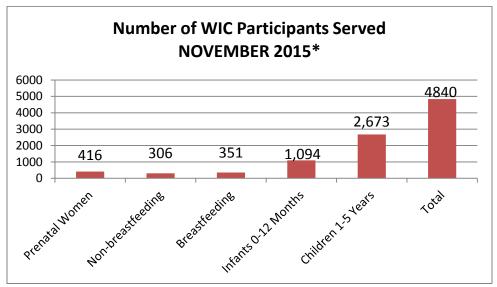
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• Only 1% of Title X Grantees have higher rates of chlamydia screening among female users less than 25 years than the Family Planning Program.

• Only 26% of Title X grantees have higher rates of most or moderately effective contraceptive use among female users 15-19 years than the Family Planning Program.

a. Data/Metrics –





*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

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2. Program Reports – Outcomes and Activities

a. **Sexual Health** – Jennifer Howell, Program Coordinator, will be conducting RESPECT training on February 10-11, 2016 for Washoe County Health District and HOPES staff members. RESPECT is an individual-level, client-focused, HIV prevention intervention. The RESPECT intervention is designed to support risk reduction behaviors by increasing the client's perception of his/her personal risks and by emphasizing incremental risk-reduction strategies.

Guadalupe Gomez, Public Health Associate, will be participating in the Project Homeless Connect on January 26, 2016. This annual event is coordinated by Catholic Charities of Northern Nevada and aims to connect homeless individuals and families with community resources.

Staff was invited and participated in a national teleforum, "The Syphilis Epidemic: Briefing and Call to Action", hosted by the National Association of Community Health Centers. The partnership and collaboration between HOPES and WCHD that worked to identify and address our local syphilis outbreak was highlighted, along with other experiences from primary care and public health providers. Ivy Spadone, Chief Operating Officer for HOPES and Jennifer Howell, WCHD Sexual Health Program Coordinator offered their perspectives of the partnership and experiences in our community. Dr. Gail Bolan, Director of CDC's Division of Sexually Transmitted Disease Prevention (DSTDP) at the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention also participated on the call. The syphilis packet that was mailed to Washoe County health care providers in January 2014 was also provided as an example of engaging the healthcare community. Information and a recording of the call are available at: http://www.nachc.com/Syphilis.cfm

b. Immunizations – Thirteen School Located Vaccination Clinics (SLVCs) were conducted in December, in partnership with Immunize Nevada and the Washoe County School District. A total of 855 doses of flu vaccine were administered to 777 children and 78 adults. A total of 221 doses of vaccine were also administered to 148 participants in partnership with the Kids to Seniors Korner program. Additionally, outreach vaccination clinics were held at the Reno-Sparks Gospel Mission and Salvation Army Men's Drop-In Center where 182 doses of vaccine were administered to 78 participants. Staff also completed Vaccines for Children (VFC) provider vaccine storage and handling compliance and education visits for the Calendar Year 2015 grant.

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c. **Tuberculosis Prevention and Control Program** – Washoe County had 11 cases of active tuberculosis in 2015, an increase from seven cases in 2014. Staff is currently working on a large contact investigation (27 contacts, spanning four states) where the index case died of undiagnosed tuberculosis.

Julie Baskin, Public Health Associate, will also be participating in the Project Homeless Connect on January 26, 2016. She is collaborating with the State TB Controller to provide educational materials related to TB prevention for this event. Steve Kutz will be attending the National TB Conference on February 24, 2016 in Denver Colorado.

- d. Family Planning/Teen Health Mall The competitive Title X Grant Proposal was submitted on December 31, 2015. The needs assessment demonstrated that additional outreach efforts are important to the program. Additional funding was requested to enhance outreach and collaboration through an Intermittent Hourly (IH) Health Educator and additional services through an IH APRN. Plans are also underway to apply for additional funding for an Enrollment Assister as the needs assessment indicated that cost of services can be a barrier to care.
- e. **Chronic Disease Prevention Program (CDPP)** Staff have been working with the Washoe County School District (WCSD) on a student wellness policy. In December, the WCSD Board of Trustees approved Board Policy 5600, supporting student wellness and the wellness policy.

Staff provided training to approximately 25 Northern Nevada Head Start employees on tobacco cessation services in coordination with efforts to reduce tobacco use and exposure within Head Start families.

Staff developed an Epi-News on ICD-10 Codes for Tobacco Dependence and Exposure, including information for providers on cessation and electronic nicotine delivery systems (attached).

- f. **Maternal, Child and Adolescent Health** (**MCAH**) Fetal Infant Mortality Review (FIMR) staff has received 30 fetal/infant death cases since October 1, 2015. In the second quarter of FY 2016, staff conducted data abstraction and summarized 17 cases and nine cases were presented to the Case Review Team. The FIMR Community Action Team (CAT) met on January 11, 2016.
- g. Women, Infants and Children (WIC) –In a joint venture with the State of Nevada WIC office and the Center for Unique Business Enterprise (CUBE), WIC clients will be offered a unique opportunity to attend a Nutrition Class at the CUBE. This class will

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teach participants to read and understand the primary components of a "*Nutrition Facts Label*" and learn how to make healthy choices when selecting foods. This "pilot" will also include a cooking demonstration, recipes that will be budget friendly, and take less than 30 minutes to prepare and cook. The anticipated roll out of these classes is in February 2016. The CUBE provides the community with High-Quality Education Services which includes classes, seminars, and events and is committed to developing long-term relationships with government agencies and entrepreneurs.

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WASHOE COUNTY HEALTH DISTRICT

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EPI-NEWS



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IN THIS ISSUE: ICD-10 Codes for Tobacco Dependence and Exposure

On October 1, 2015, the International Classification of Diseases, Tenth Revision (ICD-10) diagnosis codes took effect. According to the American Health Information Management Association, ICD-10 codes will more effectively capture data to improve performance and policy, create efficiencies, contain costs, and better serve patients.¹

NEW TOBACCO-RELATED ICD-10 CODES

Included in ICD-10 is the expansion of tobacco dependence and exposure codes. There are now over 50 diagnostic codes providing broader and more indepth data, covering the following categories: nicotine use and dependence, maternal tobacco use and exposure, toxic effect of tobacco and nicotine, environmental tobacco smoke exposure, counseling and medical advice not elsewhere classified, and history of nicotine dependence.2 These new diagnosis codes define specific types of tobacco product use or exposure, and whether or not a patient is symptomatic. Symptomatic patients are those who use tobacco and have been diagnosed with an adverse health effect or disease that the U.S. Surgeon General has linked to tobacco use.3 Providers must document to the highest degree of specificity that is known.

ICD-9 Code 305.1, nicotine dependence, transitioned to the new ICD-10 codes as shown in Table 1.3

Table 1. ICD-10 Codes for Nicotine Dependence

	•
ICD-10 Code	Description
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission

Table 2 shows some other commonly used tobaccorelated ICD-10 diagnosis codes.

Table 2. Other Tobacco Related ICD-10 Codes*

ICD-10 Code	Description
P04.2	Newborn affected by maternal use of tobacco
P96.81	Exposure to environmental tobacco smoke in the perinatal period
T65.2	Toxic effect of nicotine and tobacco
Z57.31	Occupational exposure to environmental tobacco smoke
Z71.6	Tobacco use counseling, not elsewhere classified
Z72	Tobacco use not otherwise specified (NOS)
Z77.22	Contact with and exposure to environmental tobacco smoke
Z87.8	History of nicotine dependence (not a current user)

^{*} This table was adapted from the University of Wisconsin's Center for Tobacco Research & Intervention's ICD-10 Codes Tobacco/Nicotine Dependence and Secondhand Smoke Exposure, October 2015

Tables 3 and 4 show the Current Procedural Terminology (CPT) and the Healthcare Common Procedure Coding System (HCPCS) billing codes for physician services, differentiating between symptomatic and asymptomatic patients. These remain unchanged from ICD-9.

Table 3. CPT Codes for Symptomatic Patients**

CPT Codes	Type of Counseling	Description
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

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Table 4, HCPC\$ Codes for Asymptomatic Patients (Medicare Only)**

HCPCS Codes	Type of Counseling	Description
G0436	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
G0437	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

^{**} Both Tables 3 and 4 are adapted from the American Academy of Family Physicians' 2015 Coding Reference: Tobacco Use Prevention and Cessation Counseling

RECOMMENDATIONS

Tobacco use and exposure remains the leading preventable cause of death and disease in the United States (U.S.). In 2006-2010, 21.7% of deaths in Washoe County and 21.3% of deaths in Nevada were due to tobacco-related illnesses.

Medical visits are unique opportunities for healthcare professionals to assess and intervene with individuals who use tobacco. The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians:⁵

- Ask all adults about tobacco use, advise users to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration approved pharmacotherapy for cessation to adults who use tobacco.
- Ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.

The USPSTF further concludes that:

- The current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women.
- The current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women.

Finally, it is recommended that healthcare providers refer patients to the Nevada Tobacco Quitline, especially patients who do not have insurance or have limited insurance coverage. The Nevada Tobacco Quitline is operated by National Jewish Health. Their services are medically-oriented and build upon their expertise in respiratory health. The Nevada Tobacco Quitline offers professional cessation coaching sessions, Nicotine Replacement Therapy (NRT) medications, and

customized educational material to support the needs of those seeking to quit tobacco use free of charge.

Nevada Tobacco Quitline 1-800-QUIT-NOW or <u>www.nevadatobaccoquitline.com</u>

To obtain 1-800-QUIT-NOW cards, Quitline Provider Referral Forms and other tobacco information for your office, please visit www.GetHealthyWashoe.com, or contact Washoe County Health District, Chronic Disease Prevention Program at: info@gethealthywashoe.com or (775) 328-6150.

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ACKNOWLEDGEMENTS

The Washoe County Health District would like to give special thanks and recognition to Heather Press, Immunize Nevada, and Sandy Wartgow, Carson City Health and Human Services, for their assistance with this report.



DD_BS_DHO____KD__

Staff Report Board Meeting Date: January 28, 2016

DATE: January 15, 2016

TO: District Board of Health

FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)

775-328-2644; bsack@washoecounty.us

SUBJECT: EHS Division Update, Program Updates - Food, Land Development, Vector-Borne

Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

• EHS welcomed two new Environmental Health Specialist Trainees this month. Brianna Johnson comes from the Nevada Division of Environmental Protection where she worked as an Environmental Scientist III. Ellen Messinger-Patton comes from a local environmental analytical laboratory where she worked as a laboratory technician and sales representative. Both are a valuable addition to our division.

Nick Florey was promoted to Senior Environmental Health Services effective January 25, 2016, and will oversee the Special Events and Plan Review programs.

- Second interviews are scheduled for the second recruitment process of Environmental Health Specialist Trainees.
- Based on the Cost Benefit Analysis developed by AHS and on EHS program needs, the division has completed a general workload restructure that is being implemented in 2016.
- Staff has developed a comprehensive divisional training manual to prepare the trainees for the new
 generalized workload. The manual consists of performance measure checklists, individual program
 field training manuals and evaluation forms, and internal program specific SOPs. In addition to
 providing a structured division-wide training program, this training manual is designed to prepare
 incoming trainees for the Registered Environmental Health Specialist credentialing exam.

PROGRAM UPDATES

Food

• As a result of the FDA National Retail Food Regulatory Program Standards Strategic Planning Workshop held in November, staff has developed strategies to re-establish momentum in achieving conformance with the Program Standards including a plan to prioritize and manage specific projects that will significantly enhance the effectiveness of the food protection program's mission. In addition to the development of an overall Program Standards strategic plan, staff has developed the following specific actions plans:



EHS Division Director Staff Report Board Meeting Date: January 28, 2016 Page 2 of 4

- Action Plan to build agency-wide support and awareness of the value of the Standards Program and how continued implementation will directly contribute to continuous program improvement.
- Action Plan to develop and implement a new food establishment inspection form that will emphasize a risk based inspection approach by identifying the status of each risk factor and intervention. Implementation of the new form meets the criteria of Standard 3 Inspection Program Based on HACCP Principles.
- The food program was awarded an additional grant from the Association of Food and Drug Officials (AFDO) administered Retail Program Standards Grant Program. This grant will provide funds for a public outreach campaign titled "What to Expect When You're Inspected." The campaign will promote awareness of the new food establishment inspection form and the risk based inspection approach. Implementation of this campaign meets the criteria of Standard 7 Industry and Community Relations.
- In an effort to encourage food establishment owner, operators and employees to subscribe to the Food Safety listserve on the Washoe County News website, staff sent information emails and postcards to food establishment permit holders. Food protection program staff plans to utilize this listserve to notify industry of free food safety workshops and trainings to be held here at the Health District. A survey to gauge interest in workshop topics, dates and times will be sent through the listerve in the next few weeks. Implementation of the listserve and workshops meets the criteria of Standard 7 Industry and Community Relations.
- Staff continues to receive, review and approve Hazard Analysis Critical Control Point (HACCP)
 plans for food establishments conducting special processes. Ongoing implementation of
 procedures to verify and validate waiver requests and HACCP plans meet the criteria of
 Standard 3 Inspection Program Based on HACCP Principles.
- Staff has implemented the existing food protection training program intended to prepare the new environmentalist trainees to conduct risk-based assessments at food establishments. The training program consists of a combination of US Food and Drug Administration (FDA) on-line training courses, videos, reading material, a structured field training schedule, field training manual and internal SOPs. Implementation of the training program meets the criteria of Standard 2 Trained Regulatory Staff.

Land Development

- Plans are picking up with the start of the new year. Currently, plans are on pace to match or exceed the same time period last year (2015). Interviews for the vacant Licensed Engineer position will be held this month.
- Well plans have started to come back in after the holiday lull. They are expected to remain the same with drought conditions having affected some of the shallower wells in the region.
- Staff will be attending the 2016 Southwest Onsite Wastewater Conference which will cover the
 use and design of alternative septic systems and education, and advancement for land
 development activities.

Vector-Borne Disease

- Staff recently met with Washoe County Community Services Department (CSD) to discuss the removal of sumps in private catch basins provided that a detention basin is constructed for the project and using the basin as the sediment collection point. The City of Reno allows this detail method of having private catch basins sump-less when detention basins are required in development. Our Program wants to be able to use the same design criteria for Washoe County projects. By removing the sump which holds water, adult mosquitoes cannot colonize these private catch basins. The design feature eliminates standing water in catch basins which reduces calls from neighbor subdivisions of biting adult mosquitoes. Unfortunately this design is not supported in the public infrastructure of which there are approximately 14,000 of these catch basins.
- Staff will be submitting to the Nevada Department of Environmental Protection (NDEP) a
 document that details all of the Program's pesticide treatment activities for the year. Besides the
 pesticide treatments, this document includes additional information to include the description of
 standing water, temperature, wind speed and the presence of larvae in the water. This 2-inch
 binder of material submitted to NDEP is collected throughout the year and is due the middle of
 January every year.
- Staff is also renewing the annual permit to the Nevada Division of Wildlife (NDOW). The permit allows our Program to capture and release rodents, determining the number of fleas per animal in our surveillance for plague. The information required by NDOW to renew our permit is due the end of January 2016.
- Staff reviewed nine civil plans with the Certificate of Occupancy (C of O) issued in the sign-off on four projects. In addition, staff inspected 15 new housing projects that have the 24-inch catchment area for the typical front lot. The 24-inch buffer is that no turf is planted up to the sidewalk and or curb. The 24-inch catchment area starts from the back face of the sidewalk. If there is no sidewalk, the catchment area starts from the back face of the curb. The catchment area allows water to infiltrate in this 24-inch strip to eliminate over watering of water running off the sidewalk and standing in infrastructure. The landscapers are incorporating this design detail to the typical front lots and common areas with turf.

Waste Management

• The WCHD posted public notice of the intent to permit a Tire Management Facility, Rubber Enterprises. The period of public comment is open for 30-days for the public, other government agencies and commissioners to voice their opinion for whether the permit should or should not be issued.

EHS 2015 Inspections/Permits/Plan Review

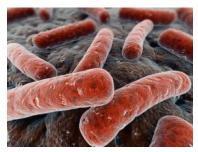
	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	AUG 2015	SEP 2015	OCT 2015	NOV 2015	DEC 2015	Mo. Avg
Child Care	5	11	5	16	9	9	14	13	22	4	12	8	11
Complaints	49	53	77	73	72	121	123	132	119	98	65	45	86
Food	404	543	536	394	412	441	451	337	429	492	328	290	421
General*	63	103	108	109	315	159	162	376	152	172	89	97	159
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	42	19	24	16	8	37	11	11	18
Plan Review (Residential Septic/Well)	46	57	45	48	46	62	42	44	44	62	53	47	50
Residential Septic/Well Inspections	33	76	86	85	86	72	94	72	66	93	80	92	78
Temporary Food/Special Events	26	46	60	72	168	346	221	327	831	186	97	Not avail	221
Well Permits	8	12	11	13	14	11	9	12	14	15	21	10	13
Waste Management	8	21	32	16	15	16	8	6	7	17	12	19	15
TOTAL	661	932	973	834	1,179	1,256	1,148	1,335	1,692	1,176	768	619	1,071

^{*} General Inspections Include: Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

Food Poisoning Bulletin

Reno Provisions Closing; Made Dessert Linked to Twisted Fork Outbreak January 4, 2016 by Linda Larsen

According to a message on its Facebook page, Reno Provisions, the cafe that made a dessert linked to a food poisoning outbreak in Nevada in 2015, is closing. An E. coli outbreak at the Twisted Fork restaurant in Reno, Nevada last year sickened at least 22 people.



Investigators at the Washoe County Health District discovered that chocolate mousse made by Reno Provisions, a store and cafe, for the restaurant was contaminated with the pathogenic bacteria. Apparently a blender used for meat that was not cleaned properly before it was used again to make the mousse was the culprit.

The outbreak took place in October and November, 2015. The Health District ordered Reno Provisions to establish a Hazard Analysis Critical Control Point (HACCP) system approach to address the outbreak and learn to control hazards of contamination during food production.

Cross-contamination is one of several ways that food can be contaminated with pathogenic bacteria. Foods that can carry E. coli bacteria include raw milk, raw meat,

raw poultry, and contaminated produce. When these foods are prepared and the surfaces, utensils, and appliances that touch them are not properly cleaned, the bacteria can easily transfer to other foods. This is a critical issue when the later prepared foods are not cooked to kill bacteria.

Cuts of beef are usually contaminated with E. coli bacteria on their surfaces, since this bacteria live in the guts of ruminant animals. That's why the USDA and food safety experts tell people to thoroughly cook ground beef and other ground meats to 165°F before eating to kill this bacteria.

Reno Provisions temporarily closed after the outbreak for investigators to do their work and for cleaning. The Twisted Fork restaurant also voluntarily closed after the outbreak. The Washoe County Health Department did not release any information about whether or not any people were hospitalized in this outbreak, or whether any of the patients developed hemolytic uremic syndrome, a serious complication of this type of infection. About 15% of children who contract an E. coli infection develop HUS.

The symptoms of an E. coli infection include diarrhea that may be watery and/or bloody, severe abdominal cramps, a mild fever, nausea, and vomiting. Symptoms usually appear within three to seven days after exposure to the pathogenic bacteria. Some people recover on their own, but others become so ill they need to be hospitalized.

An E. coli infection can develop into hemolytic uremic syndrome (HUS), in some cases. Risk factors for this complication include age and health status. Young children, the elderly, those with compromised immune systems, and people with chronic health conditions are more likely to develop HUS. The symptoms of HUS include lethargy, little or no urine output, pale skin, easy bruising, a skin rash, and bleeding from the nose or mouth. If these symptoms develop, a patient needs immediate medical attention to save their life.

Meat Blender Contaminated Chocolate Mousse with E. coli

November 29, 2015 by Carla Gillespie

When an <u>E. coli outbreak</u> at the Twisted Fork in Reno, Nevada was linked to a dessert item prepared by another company, many wondered: what can it be? Something containing fresh berries? Something made from unpasteurized dairy?

Nope. It turns out that the chocolate mousse made for the restaurant by Reno Provisions that gave 22 people E. coli infections was contaminated when a blender used for meat that was not cleaned properly before it was used again to make the mousse. Washoe County District Health Officer Kevin Dick said in a statement, "several people who ate at the Twisted Fork restaurant had the dessert, as did some other people outside the Reno area who then developed the E. coli infection. That commonality led investigators to the dessert supplier, and to tests of food and equipment at Reno Provisions."

Washoe County Health District led the investigation into the outbreak which sickened 22 people who ate at the restaurant between mid-October and mid-November. The Health District directed Reno Provisions to establish plans through a Hazard Analysis Critical Control Point (HACCP) system approach, which address the control of hazards including cross contamination during the food production processes.

"The Health District takes our responsibility to protect the public from communicable diseases very seriously, whether it's an E. coli outbreak from food served in restaurants, or norovirus in schools," said Dick. "We want the public to know it is our highest priority to protect the health of residents and visitors to our area."

Symptoms of an <u>E. coli infection</u> include abdominal cramps, diarrhea that can be watery or bloody, fever, nausea, and vomiting. Symptoms usually appear in one to three days after exposure and last about a week. Many people sickened by this bacteria recover on their own, but others become so ill they must be hospitalized. An E. coli infection can be deadly, especially if it develops into hemolytic uremic syndrome (HUS), that can destroy the kidneys.



EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISON DIRECTOR STAFF REPORT BOARD MEETING DATE: January 28, 2016

DATE: January 18, 2016

TO: District Board of Health

FROM: Randall Todd, DrPH, EPHP Director

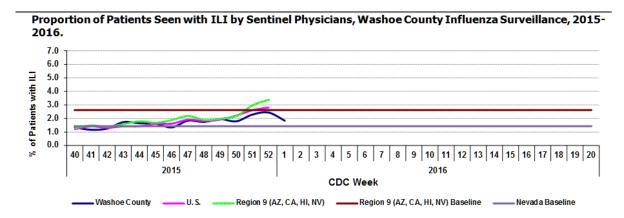
775-328-2443, rtodd@washoecounty.us

Subject: Program Updates for Communicable Disease, Public Health Preparedness, and

Emergency Medical Services

Communicable Disease (CD) -

Influenza Surveillance – It should be noted that starting in January of each calendar year the CDC restarts from 1 the numbering of weeks for disease reporting purposes. Referring to disease counts by CDC Week makes it easier to compare across years and/or across jurisdictions. It can, however, become a bit confusing for influenza surveillance because the flu season each year begins on Week 40 of one year and continues through Week 20 of the following year. Also, as a reminder, influenza is a reportable disease when it is diagnosed and laboratory confirmed by a healthcare provider. However, most people who become ill with influenza are never diagnosed by a healthcare provider. Therefore, health jurisdictions across the nation select a number of healthcare providers who agree to act as "sentinels" and report both the number of patients seen in their practices and the subset of those who "appeared" to have an influenza-like-illness or ILI. This percentage of ILI from all sentinel providers can then be compared on a weekly basis. For the week ending January 9, 2016 (CDC Week 1) 12 participating sentinel providers reported a total of 116 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 1.8% (116/6,360) which is below the regional baseline of 2.6%. During the previous week (CDC Week 52), the percentage of visits to U.S. sentinel providers due to ILI was 2.8%. This percentage is above the national baseline of 2.1%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.8% to 5.3%.





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Five death certificates were received for week 52 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 52 was 79. This reflects a P&I ratio of 6.3% which is below the epidemic threshold set by CDC for week 52 at 7.0%. The national P&I ratio for week 52 was below the epidemic threshold at 5.7%. The total P&I deaths registered to date in Washoe County for the 2015-2016 influenza surveillance season is 74. This reflects an overall P&I ratio of 6.5% (74/1,139).

Public Health Preparedness (PHP) General

- The PHP program has completed the 2nd quarter reports for the CDC base grant, ASPR base grant, the 2nd quarter CDC PHEP Ebola grant and the 1st quarter ASPR HPP Ebola grant.

Healthcare Preparedness

The Inter Hospital Coordinating Council (IHCC) developed and voted on goals for 2016. The IHCC also developed, voted on, and approved a one-page Healthcare Requesting Form. This form includes the appropriate information from the Action Request Form (ARF) in a simplified format that allows healthcare partners to make requests more efficiently. Examples of a healthcare request would include staff, medical supplies, generators, personal protective equipment and water. A healthcare facility would submit the healthcare requesting form to Washoe County Emergency Management (WCEM) and notify the Washoe County Health District (WCHD) PHP Program. The WCEM and WCHD would work together to coordinate the resource.

- The Public Health Emergency Response Coordinator (PHERC) for healthcare continues to participate in the Medical Surge Working Group. On December 9, 2015 the State held a meeting to discuss the current draft of the Nevada Statewide Medical Surge Plan. A meeting was held on January 8, 2016 to review the first draft of the Region 2 Medical Surge Plan. Washoe County is included within Region 2 along with Carson City, Churchill, Douglas, Lyon, Mineral, and Storey Counties. Final drafts of both the statewide and Region 2 plans are expected by February.
- In preparation for Ebola, the CDC categorized healthcare facilities into three tiers: Frontline Healthcare Facilities (Washoe County has five), Assessment Hospitals (Washoe County has two), and Treatment Centers (there is not a treatment center in Nevada). An Assessment Hospital should be able to do the following:
 - o Safely receive and isolate a patient with possible Ebola
 - o Provide immediate laboratory evaluation and coordinate Ebola testing
 - o Care for a patient for up to five days

An Assessment Hospital should also have enough Ebola personal protective equipment (PPPE) for up to 5 days of care.

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In light of this, PHP staff held the Concepts and Objectives meeting for a full-scale Infectious Disease exercise at one of the two assessment hospitals in Washoe County. All Washoe County hospitals will have the ability to participate in the exercise in June.

- The PHERC for healthcare will participate in the Infectious Disease Readiness Assessment on January 19 at one of the Assessment Hospitals. The PHERC is part of the statewide team and is responsible for Personal Protective Requirements and EMS portions of the assessment.
- The PHERC held the kick-off meeting for the development of the Transportation Annex of the Washoe County Medical Examiner's Office Mass Fatality Management Plan. The anticipated completion date for this annex is May 2016.

Public Preparedness

- The PHERC for public preparedness worked with the City of Sparks and executed an MOU which allows Sparks and the Health District to open a Point of Dispensing site in the city during a public health emergency.
- The PHP program held a kick-off meeting for the Pharmaceutical Cache Plan. This plan is expected to become an annex to the Medical Countermeasures Distribution and Dispensing Plan. The intent is to identify local pharmaceutical resources that can be marshalled in a public health emergency. The plan will identify and provide a mechanism to access local area pharmaceuticals.

Medical Reserve Corp (MRC)

- The Washoe County Medical Reserve Corp Unit hosted a Statewide MRC meeting on January 15. Units from Carson City, Southern Nevada and the Nevada Division of Public and Behavioral Health attended and discussed each unit's activities and how they might collaborate during emergencies.

Emergency Medical Services (EMS) –

The EMS Coordinator continues to participate on the Medical Surge Working Group. The State held a meeting to discuss the current draft of the Nevada Statewide Medical Surge Plan on December 8, 2015. Additionally, the EMS Coordinator had taken the lead on organizing the plan efforts of Region 2 (the seven northwestern counties of Nevada). A meeting was held on January 8, 2016 to review the first draft of the Region 2 Medical Surge Plan. The group has scheduled a meeting at the end of February to review the final draft of both the plan and annexes.

EMS staff joined the committee to help Washoe County become a HeartSafe Community. Several meetings have been held with involved regional partners. The designation would be given from Nevada Project Heartbeat. The purpose of the HeartSafe designation is to recognize collective efforts of agencies and organizations to enhance and improve their pre-hospital system,

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increase awareness of Sudden Cardiac Arrest, increase placement of AEDs, increase availability of CPR/AED training, promote heart-healthy behaviors, and make communities a healthier place to live and visit. Chief Mike Brown is a huge proponent of this project as Incline Village/Crystal Bay has attained this designation. The committee has set an internal goal of June 30, 2016 as the target date of completion of the requirements to receive the designation.

The regional EMS partners are meeting to discuss the possibility of utilizing Intermediate Life Support (ILS) ambulances within the REMSA Franchise service area, as indicted in the Amended and Restated Franchise for Ambulance Service. The ILS ambulances would respond to specific priority 3 Emergency Medical Dispatch (EMD) determinants. The next meeting will discuss the operational concerns of implementing the use of ILS ambulances.

EMS staff coordinated and facilitated a meeting with the legal representatives of all EMS agencies on December 9, 2015 to discuss Omega calls. The meeting concluded with the legal representatives agreeing to develop an agreement/MOU between REMSA and the jurisdictions. EMS staff is currently working to schedule an additional meeting with legal and operational personnel to review the agreement and address any remaining concerns related to the Omega response process.

The EMS Coordinator held a meeting with Fire, EMS and Law Enforcement to discuss and develop a communications plan (ICS 205) for the Multi-Casualty Incident Plan (MCIP) on December 10, 2015. The MCIP revisions are slated to be complete by the end of the fiscal year.

The EMS Program Manager was able to present to the two City Councils and the Truckee Meadows Fire Protection District (TMFPD) Board of Fire Commissioners. The City of Reno presentation was on December 14, 2015, the City of Sparks presentation was on December 14, 2015 and the TMFPD Board of Fire Commissioners presentation was on December 15, 2015. The final presentation needed to complete is to the District Board of Health.

The EMS Program Manager has begun working with regional representatives from dispatch, fire, REMSA, and radio to draft the 5-year strategic plan. The committee of ten individuals has set a goal of bringing preliminary information back to the EMS Advisory Board in July for input, direction and possible recommendations. The committee plans to meet monthly to ensure work on this item progresses and last met on December 15, 2015.

EMS and PHP staff conducted an evacuation tabletop at Hearthstone, an assisted living facility, on December 18, 2015. Multiple facilities identified the need to exercise their evacuation plans as well as the possibility of using the evacuation system in the Mutual Aid Evacuation Annex (MAEA). To date, three facilities have conducted tabletops and are considering the feasibility of becoming MAEA plan members.

In collaboration with the Nevada Hospital Association (NHA) the WCHD was able to order and provide a baseline number of DMS Evac1-2-3 evacuation kits for Washoe County MAEA member facilities, REMSA and NLTFPD. EMS staff dispersed the kits to the facilities throughout the week of December 21, 2015.

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The EMS Coordinator observed an EMS Fire Training on December 30, 2015. This quarterly training simulated an altered adult hypothermic patient. EMS Coordinator received positive feedback from the crews who completed the simulation and believes it helps build better field relationships between responding agencies.

The EMS Advisory Board convened on January 7, 2016. The agenda was comprised of a variety of items, including several updates on current EMS topics in the region, the FY15/16 Quarter 1 report, Fire EMS trainings, Omega calls and mutual aid.

REMSA Percentage of Compliant Responses FY 2015 - 2016

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2015	92%	99%	100%	100%	99%	92%
August 2015	92%	95%	94%	100%	95%	92%
September 2015	91%	96%	97%	100%	96%	92%
October 2015	91%	95%	92%	100%	94%	92%
November 2015*	92%	96%	97%	100%	96%	92%
December 2015*	92%	97%	97%	100%	97%	92%
YTD	92%	96%	96%	100%	96%	92%

^{*} Compliance calculations include exemption calls.

REMSA 90th Percentile Responses

Month	Zone A	Zone B	Zone C	Zone D
Month	8:59	15:59	20:59	30:59
July 2015	8:34	13:18	17:00	N/A*
August 2015	8:32	12:46	19:51	N/A*
September 2015	8:53	13:06	18:23	18:22
October 2015	8:39	14:24	19:14	N/A*
November 2015	8:37	14:03	18:11	N/A*
December 2015	8:42	12:31	17:39	N/A*

^{*}There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

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Performance with NFPA Standards - December 2015

The EMS Oversight Program is going to continue to measure partner responses against the National Fire Protection Agency established standards. Performance measures will be explored in the Quarterly EMS Report. However, per the request of Board members, the ambulance assignment performance measure is included below. While "Clock Start" is not an NFPA standard, it impacts the ability for an ambulance to be assigned if the dispatcher is unable to obtain the appropriate information.

	Total and % of Calls for Month		calls w start w	and % of ith Clock vithin 60 onds	calls w Start v	r and % of with Clock within 90 conds	calls w start w	r and % of with Clock within 120 conds	of ca Cloo	er and % ills with ek Start er 121 conds
All calls	5238	100.0%	4971	94.9%	5185	99.0%	5217	99.6%	21	0.4%
Priority 1	1974	37.7%	1872	94.8%	1955	99.0%	1969	99.7%	5	0.3%
Priority 2	2228	42.5%	2130	95.6%	2205	99.0%	2217	99.5%	11	0.5%
Priority 3	939	17.9%	884	94.1%	928	98.8%	934	99.5%	5	0.5%
Priority 9	97	1.9%	85	87.6%	97	100.0%	97	100.0%	0	0.0%

The chart above shows the time lapse between the call being answered in the REMSA Dispatch center and the "clock start" variable, used for compliance. The clock starts when the citizen answers three pieces of information: address phone number and citizen identified chief compliant.

		and % of or Month*	Number and % of calls with Assignment within 90 seconds		with Assig	nd % of calls nment within seconds	Number and % of calls with Assignment over 120 seconds		
All calls	5236	100.0%	4986	95.2%	5092	97.2%	144	2.8%	
Priority 1	1972	37.7%	1888	95.7%	1930	97.9%	42	2.1%	
Priority 2	2228	42.6%	2112	94.8%	2159	96.9%	69	3.1%	
Priority 3	939	17.9%	891	94.9%	906	96.5%	33	3.5%	
Priority 9	97	1.9%	95	97.9%	97	100.0%	0	0.0%	

^{*}Ambulance assignment was missing for 2 calls during December 2015.

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and an ambulance being assigned to the call.

NFPA Standard:

Assignment Made within 90 seconds - 90% standard Assignment Made within 120 seconds - 99% standard Assignment over 120 seconds

DBOH AGENDA ITEM NO. 15.E.



DHO	₩ <u></u>

DISTRICT HEALTH OFFICER STAFF REPORT BOARD MEETING DATE: January 28, 2016

DATE: January 28, 2016

TO: District Board of Health

FROM: Kevin Dick, District Health Officer

(775) 328-2416, kdick@washoecounty.us

SUBJECT: District Health Officer Report - Community Health Improvement Plan, Truckee

Meadows Healthy Communities, Strategic Planning, Quality Improvement, Budget,

Security, Other Events and Activities and Health District Media Contacts

Community Health Improvement Plan (CHIP)

The Final draft of the CHIP has been reviewed by the CHIP Steering Committee. Final edits have been made, and the CHIP is therefore ready for Board approval. Once approved, CHIP workgroups will move forward with implementation of the CHIP strategies in order to meet the CHIP goals and objectives.

<u>Truckee Meadows Healthy Communities (TMHC)</u>

I met with Tony Slonim, CEO of Renown Health to discuss Renown Health's support and participation in TMHC due to Phyllis Freyer's upcoming retirement from Renown. Dr. Slonim offered to participate on committee in Ms. Freyer's place and to continue to host the monthly meetings. In addition, Dr. Slonim confirmed Renown Health's intention to continue to collaborate with the Health District to jointly conduct a Community Health Needs Assessment during calendar year 2017.

The Steering Committee met on January 15 and elected Dr. Slonim and I to co-chair the committee, Cherie Jamason, Food Bank of Northern Nevada as Secretary and Nancy Hamilton, Wells Fargo, and Nancy Brown, Charles Schwab, as the Finance Committee.

Mew members attending included Alex Woodley, City of Reno, Chuck Duarte, Community Health Alliance, and Tracy Turner, Community Foundation. The Steering Committee also voted to add a representative from Northern Nevada Medical Center.

TMHC received updates on the work being conducted through the Arnold Foundation Feeding America grant for long-range planning for the 89502 zip code area, and the PhotoVoice project to engage youth in 89502 in a healthy community. TMHC received approval for a reallocation of grant funds received from the Federal Home Loan Bank of San Francisco and discussed utilization of those funds. TMHC has also initiated discussions with Social Entrepreneurs to provide support for the TMHC initiatives and will continue those discussions.



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Strategic Planning

The Health District Strategic Planning process is moving forward according to schedule. OnStrategy will begin one-on-one interviews with the Board of Health members on January 25th, and meet with the Health District leadership team on March 2, 2016. A strategic planning retreat will then take place on April 14th-15th.

OI

Results were analyzed for the 2015 QI survey, which is a re-assessment of the Health District's progress toward implementing an agency-wide QI program. The same survey was provided to staff in 2013 and 2014. Survey results continue to show an increase in employees' understanding of QI processes, an increase in excitement about finding new and better ways to work and provide services, and an increase in staff participation in QI projects. There was not a single category within the survey responses that showed a downward trend since 2013, when the survey was first administered.

The Q-Team has developed a report-out process for the QI projects implemented by Health District staff. Staff who are working on QI projects will present to the Health District Leadership Team every other month when the entire leadership team meets.

Budget

Ms. Heenan and I met with budget representatives from the County Managers office to discuss the Health District budget, and whether a standard approach might be established to provide general fund transfer support for increases that result from cost of living and benefits increases due to the County's collective bargaining agreements affecting Health District labor costs. We also discussed fee increases adopted in December, some proportional reduction in the County subsidy for shared costs, and ending fund balance issues. We did not reach resolution on these topics during the meeting.

Security

On January 12th the Health District was evacuated due to an unattended backpack found in one of the restrooms. The situation was resolved quickly with County staff and Sheriff's Officers responding to provide assistance. The event also served to identify areas that might be improved upon regarding County communications complex-wide, and control of access to the building.

The County continues to work to address security within the 9th Street complex. The Health District will work with them to continue to improve security of the Health District and to address issues identified regarding security during DBOH meetings.

Other Events and Activities

Attended TMHC Executive Committee meetings on December 18 and January 6.

Attended a TMHC Steering Committee meeting on January 15.

Attended a TMHC 89502 subcommittee meeting on January 21.

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Met with Tony Slonim, CEO of Renown, to discuss Renown's continued support of the TMHC project on January 6.

Attended an Emergency Medical Services Advisory Board meeting on January 7.

Met with Commissioners Jung and Lucey regarding food needs in Washoe County on January 11.

Attended a Norovirus Outbreak Hotwash meeting with WCSD on January 12.

Attended Washoe County Department Heads meeting on January 13.

Met with Councilman Delgado to provide an introduction and orientation to the Health District on January 15.

Attended a briefing on the Accela Regional Project on January 15, and the Accela Regional Project Management Oversight Group meeting on January 21.

Participated in the Board of County Commission Meeting/Strategic Plan Workshop on January 19.

Attended the REMSA Board meeting January 22.

Met with Dr. Max Coppes, Senior Vice President of Renown Health, to coordinate on public health issues, on January 25.

Held the second teleconference with the State and Clark County on January 26 regarding establishing common goals for the next Legislative session.

Participated in an Idle Reduction Campaign kickoff meeting January 27.

Attended Colliers' annual Area Trends Forecast briefing on January 7.

Attended The Chamber's DIRECTIONS 2016 Engines of Change gathering on January 28.

I met with the Division Directors and Supervisors on January 6 and with the Division Directors on January 22. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Health District Media Contacts: December 9, 2015 - January 19, 2016

Grindr

Health Distr	ict Media Contacts: December 9, 2015 -	January 19, 2016	
<u>DATE</u>	MEDIA	REPORTER	STORY
1/14/2016	KTVN CH2- CBS Reno	Megan Green	Norovirus - Ulibarri
1/11/2015	KRNV CH4 - NBC Reno	Joe Hart	Clean Indoor Air Act - Ulibarri
12/30/2015	KTVN CH2- CBS Reno	Shelby Jay	Influenza - Ulibarri
12/30/2015	Reno Gazette Journal	Anjeanette Damon	REMSA management change - Howell
12/22/2015	KRSN FM - ESPN Deportes	Laura Calzada	Health District Current Issues Update - Ulibarri
12/17/2015	Reno Gazette Journal	Mark Robison	Health Officer Qualifications - Ulibarri/Dick
12/14/2015	Reno Gazette Journal	Mark Robison	Health Officer Qualifications - Ulibarri/Dick
12/9/2015	Reno Gazette Journal	Mark Robison	Health Officer Qualifications - Ulibarri/Dick
Press Relea	ses/Media Advisories/Editorials/Talking	Points	
12/17/2015	Feature story for NALBOH News	Dr. Todd - EPHP	Norovirus update in Washoe County
12/17/2016	Press Release	PIO Ulibarri	Health District receives strategic planning funding
Social Medi	a Postings		
	Facebook	Ulibarri/Schnieder/Barker/	124 postings on CDC Travel Advisory/Air Quality/
		Howell	Chronic Disease Prevention/STD/HIV Testing
	Twitter	Schnieder	120 Tweets Air Quality

Howell

31 Popups/31 Banner ads



Fundamental Review Recommendation Status

Legend:	January 28, 2016
	Complete
	Underway
	Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process Underway but Progress Stalled or Delayed
	Not Yet Underway - No Changes Necessary
	Parking Lot
	Not Recommended
Status Goa	1
1	Place WIC organizationally where it is most closely aligned with similar functions
	a. WIC moved to CCHS effective January 21, 2014
2	Develop a DBOH orientation manual and program
	a. Completed August 2014
3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a. Land development user group established, meeting regularly. Incorporates food and retail assoc.
4	Critically examine clinic appointment scheduling from a patient access perspective
	a. Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b. Extended IZ hours established.
	c Vital Statistics staffed five days a week
	d Interactive Voice Response software options being explored
5	Update fee schedules and billing processes for all clinical and environmental services
	a. Third-party billing service terminated 12/31/15. Immunize Nevada under contract to improve billing.
	b. Adopted new fees for services not previously charged for. Effective 7/1/15.
	c. Fee revisions approved for EHS and AQM December 2015. Effective 7/1/16 (50%) and 7/1/17 (100%)
	d. CCHS services reviewed, new fees adopted October 22, 2015

Fundamental Review Recommendation Status

6	Explore tiered level of services for Environmental Health programs and inspections
	a. Consider the desire & support for this type of tiered structure and this item within the larger context
7	Participate in the business process analysis across all building permitting in the county
	a. ILA and contract with Accela signed. 16-month implementation proceeding.
8	Develop infrastructure to support the District Health Officer
	a. ODHO staffing includes Admin. Secretary, Communications Manager, and Director of Programs and Projects.
9	Implement time coding for employees
	a. Time coding in EHS and AQM has been underway for over a year and the time accounting data is being evaluate
10	Perform cost analysis of all programs
	a. Completed and accepted by Board December 2015
11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a. Assessing cost analysis results.
12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a. The District is maintaining a positive and productive working relationship with the County Manager & budget of
13	Align programs and services with public demand
	a. Shifted home visiting resources to provide additional clinical services on 6/1/14
	b. Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
14	Conduct a CHA in concert with current partner organizations
	a. Complete.
15	Develop metrics for organizational success and improved community health
	a. In FY16, continue to identify metrics that help to manage programs and resources and tell our story
16	Continue current collaborative action plan to resolve REMSA oversight issues
	a. Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
17	Maintain current levels of local and state financial support
	a. Past action on this recommendation is captured under Recommendation 12 above
	b. Advocate sustaining or enhancing funding through State agencies
18	Conduct a governance assessment utilizing NALBOH criteria
	a. Completed 1/16/14. Repeat in 2018 per approved Significant Board Activities schedule
19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a. SP schedule established. Targeted completion June 2016.
20	Implement a performance management system
	a. Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. s

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Fundamental Review Recommendation Status

21	Consider alternative governance structures
	a. This is not a recommendation for staff action
22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a. District provided testimony on bills during the 2015 legislative session and assisted in changing regrations
	b. Working collaboratively with NDPBH and SNHD regarding 2017 Legislative session priorities
23	Develop an organizational culture to support quality by taking visible leadership steps
	a. QTeam established, all-staff training completed 9/15/15, FY 16 QI Plan finalized
24	Seek Public Health Accreditation Board accreditation
	a. Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

Acronyms: IZ - Immunizations

ILA - Interlocal Agreement

CHA - Community Health Assessment

CHIP - Community Health Improvement Plan

SP - Strategic Plan

QI - Quality Improvement

DBOH - District Board of Health

NALBOH - National Association of Local Boards of Health

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