

Kitty Jung, Chair
 Julia Ratti, Vice Chair
 Neoma Jardon
 George Hess, MD
 David Silverman
 John Novak, DMD
 Michael D. Brown

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Kevin Dick
 District Health Officer

Leslie Admirand
 Deputy District Attorney

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MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, January 22, 2015, 1:00 p.m.

Place of Meeting: Washoe County Health District
 1001 East Ninth Street, Building B
 South Auditorium
 Reno, Nevada 89512

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.

Time/ Item	Agenda Item	Presenter
1:00 p.m. *1.	Call to Order Pledge of Allegiance - Led by Invitation	Ms. Kitty Jung
*2.	Roll Call	Ms. Dawn Spinola
*3.	Public Comment Limited to three (3) minutes per person. No action may be taken.	Ms. Kitty Jung
*4.	Introduction of New Board Members	Ms. Kitty Jung
5.	Approval of Agenda January 22, 2015 Regular Meeting	Ms. Kitty Jung
6.	Approval of Draft Minutes December 18, 2014 Regular Meeting	Ms. Kitty Jung
*7.	Recognitions A. Years of Service 1. Irene Ramos-Hernandez, 20 years, hired 12/5/1994 – CCHS 2. Jessica Cabrales 10 yrs of service, hired 1/3/2005 – CCHS	Mr. Kevin Dick Ms. Kitty Jung

Time/ Item	Agenda Item	Presenter
	<ul style="list-style-type: none"> 3. Rebecca Koster 15 yrs of service, hired 1/10/2000 - CCHS B. New Hires <ul style="list-style-type: none"> 1. Charlie Gray – Environmental Health Specialist Trainee 1, hired 1/5/15 - CCHS C. Recognition of Achievement <ul style="list-style-type: none"> 1. Nicole Alberti - completed the Chamber’s 2014 Leadership Reno Sparks Program D. Board Retirements <ul style="list-style-type: none"> 1. Dr. Denis Humphreys, member since 12/18/02, Chair from 1/22/09 through 12/16/10 	
8.	<p>Proclamations</p> <ul style="list-style-type: none"> A. National Radon Action Month B. National Heart Month 	<p>Mr. Kevin Dick Ms. Kitty Jung</p>
9.	<p>Consent Agenda Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> <ul style="list-style-type: none"> A. Air Quality Management Cases <ul style="list-style-type: none"> 1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board: <ul style="list-style-type: none"> a. Alston Construction – NOV No. 5293, Case No. 1169 b. F&P Construction – NOV No. 5294, Case No. 1168 c. NITU Arlington Gas – NOV No. 5455, Case No. 1170 B. Budget Amendments / Interlocal Agreements <ul style="list-style-type: none"> 1. Approval of a pilot program to allow open burning within the Truckee Meadows Fire Protection District jurisdiction outside of the Truckee Meadows Hydrographic Area from February 14 through 28, 2015. 2. Approve the abolishment of one vacant Intermittent Hourly Licensed Engineer position (#70007454) 3. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015, in the amount of \$317,061, in support of the HIV Prevention Grant Program, IO 10013 	<p>Ms. Charlene Albee</p> <p>Ms. Erin Dixon Ms. Patsy Buxton</p>

Time/ Item	Agenda Item	Presenter
*10.	Introduction of Jim Begbie as the Consumer at Large District Board of Health Appointed Representative to the REMSA Board of Directors	Ms. Christina Conti
11.	Introductions, interviews and possible selection and appointment of a candidate as the Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors	Ms. Christina Conti
12.	Regional Emergency Medical Services Authority A. Review and Acceptance of the REMSA Operations Reports for November and December, 2014. *B. Update of REMSA's Community Activities During November and December, 2014	Mr. Jim Gubbels
13.	Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2013 through 6/30/2014	Ms. Brittany Dayton
14.	Possible Reappointment of Dr. George Hess to the District Board of Health for a second term beginning January 2015 and ending December 2018	Ms. Kitty Jung
*15.	Presentation of significant findings of the Washoe County Community Health Needs Assessment	Mr. Kevin Dick
16.	Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date December 31, 2014	Ms. Anna Heenan
17.	Presentation and discussion of follow-up report regarding direction provided at the December 18, 2014 meeting with respect to benchmarking statistics and request for Board to direct staff to continue with or make adjustments to uniform methodology approved June 26, 2014.	Ms. Anna Heenan
18.	Acceptance of the January 2015 Nevada legislative session report and providing input and/or direction as DBOH may feel is appropriate.	Mr. Kevin Dick
*19.	Staff Reports and Program Updates A. Director, Air Quality Management	Ms. Charlene Albee

Time/ Item	Agenda Item	Presenter
	2014 Year in Review; Divisional Update – Monthly Air Quality Index; Program Reports -- Monitoring & Planning and Permitting B. Director, Community and Clinical Health Services Divisional Update, Program Reports C. Director, Environmental Health Services Food, Land Development, UST/LUST, Vector-Borne Disease, and EHS Inspections / Permits / Plan Review D. Director, Epidemiology and Public Health Preparedness Communicable Disease, Public Health Preparedness, and Emergency Medical Services E. District Health Officer, Office of the District Health Officer Community Health Needs Assessment, Truckee Meadows Healthy Communities Conference, Fundamental Review, Other Events & Activities and Health District Media Contacts	Mr. Steve Kutz Mr. Robert Sack Dr. Randall Todd Mr. Kevin Dick
*20.	Board Comment Limited to announcements or issues for future agendas.	Ms. Kitty Jung
21.	Emergency Items	Mr. Kevin Dick
*22.	Public Comment Limited to three (3) minutes per person. No action may be taken.	Ms. Kitty Jung
23.	Adjournment	Ms. Kitty Jung

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a "\$."

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.

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.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: 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.”

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

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>

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
 Matt Smith, Chair
 Kitty Jung, Vice Chair
 Dr. Denis Humphreys
 Neoma Jardon
 Julia Ratti
 Dr. George Hess
 David Silverman

**Thursday, December 18, 2014
 1:00 p.m.**

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

The Washoe County District Board of Health met in regular session on Thursday, December 18, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order, Pledge of Allegiance

Chair Smith called the meeting to order at 1:04 p.m.
Dr. Humphreys led the pledge to the flag.

2. Roll Call

The following members and staff were present:

Members present: Chair Matt Smith
 Vice Chair Kitty Jung
 Dr. Denis Humphreys
 Dr. George Hess
 Julia Ratti (arrived at 1:14 p.m.)
 David Silverman
 Neoma Jardon

Members absent: None

Staff present: Kevin Dick, District Health Officer, ODHO
 Leslie Admirand, Deputy District Attorney
 Jeff Whitesides, Manager, EPHP,
 Charlene Albee, Division Director, AQM
 Steve Kutz, Division Director, CCHS
 Bob Sack, Division Director, EHS
 Anna Heenan, Administrative Health Services Officer, AHS
 Christina Conti, EMS Program Manager, EPHP
 Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

3. Public Comment

Chair Smith opened the public comment period.

Alex Woodley, City of Reno Code Enforcement Manager, acknowledged, commended and thanked the Environmental Health Services Division staff for their cooperation and professionalism during actions taken to ensure the basic quality and safety of local hotels and motels.

Chair Smith closed the public comment period.

4. Approval of Agenda

Dr. Humphreys moved to approve the agenda for the December 18, 2014, District Board of Health meeting. Mr. Silverman seconded the motion which carried unanimously.

5. Approval of Draft Minutes

Dr. Humphreys moved to approve the minutes of the November 20, 2014 District Board of Health regular meeting as written. Mr. Silverman seconded the motion which carried unanimously.

6. Recognitions

Presented by Mr. Dick and Chair Smith

A. Years of Service

1. Dale Brice - 20 years, hired 12/6/1994 – CCHS

Mr. Kutz stated the division was very happy to have Mr. Brice on the team and Mr. Kutz noted Mr. Brice has found ways to save the District substantial amounts of money over the years.

2. Jeff Jeppson - 5 years, hired 12/7/2009 – EHS

Mr. Dick introduced and congratulated Mr. Jeppson.

B. New Hires

1. Chantelle Batton - Environmental Health Specialist Trainee I, hired 12/1/14 – EHS

At Mr. Sack's request, Ms. Batton provided a brief overview of her prior work experience and stated she was happy to be with the District.

2. Victoria Nicolson-Hornblower – Public Health Nurse I, Promoted to Full Time from Intermittent Hourly 12/15/14 – CCHS

Mr. Kutz introduced Ms. Nicolson-Hornblower and stated the division was very happy to have her as a full-time employee.

3. Nicole Kleine – Public Health Nurse I, Promoted to Full Time from Intermittent Hourly 12/15/14 – CCHS

Mr. Kutz introduced Ms. Klein and explained she was most recently working with the UNR School of Nursing, so CCHS was glad to have her.

C. Recognition of Achievements

1. Ruth Castillo, Washoe County Excellence in Public Service Certificate

Mr. Dick introduced and congratulated Ms. Castillo.

2. Nicole Alberti, University of Minnesota Performance Improvement Certificate

Mr. Dick explained Nicole has been working with the Accreditation Readiness Team (ART) and noted she had invested a significant amount of personal time in pursuing the certificate.

D. Retirements

1. Margot Jordan, 11/4/85 - 01/02/2015 – CCHS

Mr. Dick explained Ms. Jordan had led the ART team and more recently the QI Team, in addition to handling her normal job functions. He stated she would be missed and the District appreciates all of her contributions over the years. He presented her with a commemorative clock.

E. Board Retirements

Mr. Dick explained two members were terming out. Originally Mr. Smith's replacement was to be selected in December, so he was being acknowledged for his service at this meeting. Dr. Humphrey's replacement is scheduled to be chosen in January, so the Board and the District request his presence at the January Board meeting so that he may be honored as well.

1. Matt Smith, member since 1/22/03, Chair from 1/27/11 to 12/18/14

Mr. Dick reviewed Mr. Smith's service with the Board and thanked him for the support he has provided to him and the District. Dr. Humphreys shared a bit of mutual history and congratulated Mr. Smith. Councilmember Jardon congratulated him as well.

Mr. Smith stated his true satisfaction and personal victory was in sticking to his commitment to the Board and the District. It had provided him with a tremendous opportunity for personal growth. He noted he had always worked with exceptional Board members and thanked them and the District staff.

The audience congratulated him with a standing ovation.

Mr. Dick presented Mr. Smith with a commemorative clock.

7. Resolution

Nevada Breastfeeding Welcomed Here

Nicole Alberti and Jan Houk accepted the resolution. Ms. Alberti thanked the Board for pledging to support breastfeeding mothers and contributing to the health of the community.

Councilmember Ratti moved to approve the resolution. Commissioner Jung seconded the motion which was approved unanimously.

8. Consent Agenda

A. Air Quality Management Cases

1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board:
 - a. Lennar Reno LLC – NOV No. 5436, Case No. 1167

A. Budget Amendments / Interlocal Agreements

1. Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year for the period November 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; ratification by the governing bodies shall be a condition precedent to its entry into force; and if approved, authorize the Chairman to execute the Interlocal Agreement; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.
2. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health for the period October 1, 2014 to September 30, 2015 in the amount of \$1,062,144 in support of the Women, Infants and Children (WIC) Grant Program IO 10031; and if approved, authorize the Chairman to execute.
3. Approve amendments totaling an increase of \$69,151 in both revenue and expense to the FY15 Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.

Councilmember Ratti moved to approve the Consent Agenda as presented. Councilmember Jardon seconded the motion which was approved unanimously.

9. Regional Emergency Medical Services Authority

Presented by Mr. Jim Gubbels

A. Review and Acceptance of the REMSA Operations Reports for October, 2014.

Mr. Gubbels presented the report. He noted the Board had received a separate handout with revised numbers and explained the automated system had missed five calls. That had changed response numbers but not compliance numbers.

He reported Priority One compliance in Zone A was 92 percent. For Zones B, C and D, it was 98 percent.

Average Priority One response times in minutes was 5:20 for Reno, 5:56 for Sparks and 9:23 for Washoe County. Average Priority Two response times in minutes was 5:46 for Reno, 6:57 for Sparks and 9:22 for Washoe County.

Average bill for October was \$1,067, bringing the year to date total to \$1,069.

Councilmember Ratti requested year-to-date figures be added to the report. Mr. Gubbels stated he could add that and suggested eliminating the system-wide response numbers. Councilmember Ratti opined those should remain.

Mr. Gubbels noted he had passed out a report listing penalty fund expenditures and reviewed some of the details. He explained that in the future he would report the expenditures to the Board as they occurred, instead of waiting until a full year had passed.

Councilmember Jardon complimented REMSA on their food drive participation.

Commissioner Jung moved to approve the report. Dr. Humphreys seconded the motion which was approved unanimously.

*B. Update of REMSA's Community Activities during October, 2014

Mr. Gubbels reported REMSA had conducted a drill to practice transferring a suspected Ebola patient between hospitals and that it had been quite successful. They had also conducted stroke drills with the hospital.

REMSA staff members have generously donated gifts and time to the community for the holiday season.

Mr. Gubbels thanked Chair Smith for his dedication, leadership and volunteerism.

10. Discussion and possible reappointment of Jim Begbie as the Consumer-at-Large District Board of Health Appointed Representative to the REMSA Board of Directors and possible appointment of a Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors

Staff Representative: Ms. Conti

Ms. Conti introduced the staff report, noting five candidates had applied for the Member of the Accounting Profession (MAP) position on the Board. Included in the report were summaries of her interviews with each of them, as well as their resumes and letters of interest. Dr. Hess requested she provide an overview of each, which she did. She noted the EMS Program staff had conducted an outreach at the recommendation of the Board which had yielded more candidates than they originally had.

Commissioner Jung noted the individual is appointed to the REMSA Board but they do not report to the District Board of Health (DBOH). Ms. Conti stated that was correct but opined that if the Board asked them to they would. She reviewed the REMSA Board composition and noted DBOH is responsible for appointing three positions. Mr. Gubbels elaborated for clarification and discussed member terms.

Councilmember Ratti opined the original REMSA franchise had been a creative solution to serve the community and address the challenge of a competitive ambulance market. Additionally, governing agencies had created a private, charitable nonprofit; to serve the needs of the non-profit and the EMS needs of the community.

Councilmember Ratti went on to opine a primary duty as an appointee was to be a trustee for the REMSA Board, but their secondary responsibility as an appointee of the DBOH was to be thoughtful about the needs of the community as a whole. Therefore, she would like to

see a person appointed who understood both responsibilities. She asked if any of the individuals that were interested in the position had demonstrated that understanding.

Ms. Conti stated there were several candidates who did appreciate the community responsibility and the need for information sharing. She had explained to the candidates that they would have a relationship with the DBOH. Several of them felt as though it was an opportunity for change, to be more collaborative with and transparent to the citizens.

Councilmember Ratti credited Mr. Gubbels for transparency achieved under his leadership. She opined more steps could be taken, such as sharing the response information publicly. She expressed her pleasure that there were five qualified candidates but stated she would not be able to decide between them without having a discussion with each of them.

Commissioner Jung asked Ms. Conti if she agreed that Mr. Nelson appeared to have the highest level of interest in the type of transparency that Councilmember Ratti was speaking of. Ms. Conti stated that was correct. Councilmember Ratti noted Mr. Morgan had experience with public/private partnerships. Ms. Conti added that Mr. Morgan had served on numerous boards and brings a wealth of knowledge and the ability to share new and tested ideas with the REMSA Board.

Councilmember Jardon opined it was difficult to get a clear understanding of an individual without meeting with them face to face, so she did not feel comfortable endorsing or supporting any of the candidates unless that was possible.

Mr. Silverman stated he had not heard Ms. Conti recommend any one candidate and she replied she had not. He agreed the resume and the conversation with the candidate may reveal different things and suggested it would be easier for Ms. Conti to arrive at a recommendation than for the Board members to interview the candidates individually.

Mr. Dick noted the staff and Board had not gone through this process in some time. He and Ms. Conti had discussed the best method for presenting the candidates and had been reluctant to make a recommendation because it was an important decision for the Board. There may be other options, such as having the Board interview the candidates during a meeting or selecting specific Board members to meet with the candidates and come back with a recommendation.

Chair Smith pointed out the interviews would need to be conducted in a public setting. Councilmember Ratti asked if a subcommittee could be created and Deputy District Attorney (DDA) Admirand stated the item was not agendaized for that. If that route were pursued the selection would be pushed out more than a month. Councilmember Ratti suggested they schedule brief interviews to be held at the next Board meeting.

DDA Admirand clarified the Board could vote on the reappointment and continue the new appointment so the interviews could be conducted at the next meeting.

Mr. Dick opened the discussion regarding the reappointment of Mr. Begbie, noting he was the current At-Large DBOH appointee and was currently the chair of the REMSA Board. He has acted as Interim District Health Officer (DHO) on several occasions. Mr. Dick opined that since Mr. Begbie had assumed the chair, changes were occurring which are complementary to some of the changes Mr. Gubbels has been making since becoming CEO. He recommended Mr. Begbie remain.

Commissioner Jung asked what the length of the term would be and Mr. Dick replied it would be three years. Commissioner Jung pointed out it would be three more years before the Board could decide who their consumer advocate would be. Mr. Dick clarified staff had not recruited for the position as Mr. Begbie was currently seated and was willing to serve an additional term. If the Board decides recruitment is warranted, staff will conduct that.

Commissioner Jung noted Mr. Begbie has never reported to or contacted the Board, so they do not know what his qualifications are. She expressed concern with reappointing someone who may not be the right person for the position. Dr. Hess noted Mr. Begbie had originally been appointed by the DBOH. Commissioner Jung pointed out the parameters and obligations were different now that there was a new franchise agreement in place.

Dr. Humphreys suggested they acknowledge what Mr. Begbie has accomplished on the REMSA Board. He opined Mr. Begbie's past experience with the Health District speaks for itself. He acknowledged Commissioner Jung's points, and stated he felt comfortable proceeding with the reappointment.

Councilmember Ratti pointed out that although Mr. Begbie had never come before the Board, he had never been invited to. She acknowledged the situation was completely different now. Based on that, rather than just automatically appointing Mr. Begbie without any consideration, but short of going out for a full recruitment, perhaps he could be invited to participate during the interviews. That would set the tone that the Board wants to hear more from its representatives.

Councilmember Jardon agreed with that course of action and asked if a time delay would cause problems with the term. Mr. Gubbels noted Mr. Begbie had been involved in the reinstated franchise. He reminded the members that Mr. Dick serves on the REMSA Board and is aware of the actions of the three Board-appointed members. He suggested the REMSA Board was being treated differently than the Air Quality Board which was also a subcommittee of the DBOH.

Ms. Conti went back to Councilmember Jardon's question, explaining the members serve until a replacement is appointed, so if there was no action it would not cause an impact. Mr. Gubbels acknowledged that was correct. He pointed out that if the Board had asked, Mr. Begbie would have attended the meeting.

Commissioner Jung asked Mr. Dick if he attends the REMSA meetings in their entirety or if he is asked to leave during certain segments. He replied that he participates up to the point the Executive Session begins, then he leaves. Commissioner Jung asked what happens with appeals of the Air Quality Board decisions and Mr. Dick replied the appeal is heard by the DBOH. Commissioner Jung opined the Boards were completely different and the analogy not pertinent.

Commissioner Jung reiterated it was a new era, and although Councilmember Ratti had suggested a good compromise, this was the time to start off with a different relationship. She stated she felt the Board appointees represent them and should report to them, asking questions, voicing opinions, discussing transparency issues or otherwise addressing topics that arise.

Mr. Dick noted another issue with the analogy with the Air Pollution Control Board is that board is subject to the Open Meeting Law and the REMSA Board is not.

Chair Smith opined it was important for the DBOH to decide if they wanted the option to consider other appointees when a term ends. He asked the members if they would like Mr. Begbie to come and have a discussion with the Board or if they would prefer he was one of a group of people available for selection.

Dr. Hess moved that Mr. Begbie be reappointed to the REMSA Board. He felt he had served the term and the Board had not asked him to do anything in a different way. At this point, they had the ability to request he report to the Board. He did not want to go through the process of considering other candidates. **Commissioner Jung seconded the motion** for the purpose of discussion.

Councilmember Ratti clarified that Dr. Hess' comment was referring to five candidates for the MAP position. Councilmember Ratti noted it would be disruptive to the REMSA Board to unseat the person they had chosen as chair. She agreed the Health District and Board were undergoing change but this particular appointment was caught in the middle of the old ways and the new. She stated she would like Mr. Begbie to come and tell the Board why he would like to continue to serve on the REMSA Board. As stated earlier, that action sets a new tone for the direction of the DBOH. She intends to vote for Mr. Begbie's reappointment, but not until next month, when the discussion with him has occurred.

Councilmember Jardon asked Mr. Dick if he was recommending Mr. Begbie be reappointed and he confirmed that he was.

The motion to reappoint Mr. Begbie to the At-Large position passed with six in favor and Councilmember Ratti opposed.

Councilmember Ratti moved to invite the candidates for the accounting-specific position to the next meeting to make presentations. She also moved to delegate the structure and format of that presentation to staff, retaining a segment for open questions. Commissioner Jung seconded the motion which passed unanimously.

11. Presentation and Possible Acceptance of 2015 Washoe County District Board of Health Meeting Calendar

Staff Representative: Mr. Dick

Mr. Dick introduced the item.

Councilmember Ratti moved to accept the calendar. Dr. Hess seconded the motion which was approved unanimously.

Mr. Dick explained the budget items will be incorporated into the February meeting and the Board may schedule a strategic retreat later in the year if they so wish.

12. Presentation, discussion and possible approval of proposed new Washoe County Health District Logo

Staff Representative: Mr. Dick

Mr. Dick presented the staff report, noting the current logo is difficult to reproduce and does not identify that it represents the Health District. The new one is much clearer and cleaner.

Dr. Humphreys noted changes of this nature have fiscal impacts. Mr. Dick stated the District is aware of the need to control costs so the plan is to do a soft roll out and change letterhead and business cards as new orders come in. The Community Health Assessment and the upcoming Healthy Communities Conference both offered opportunities to introduce it to the community.

Councilmember Jardon asked what the Public Health logo was attempting to express, and Mr. Ulibarri explained the trident signified prevent, promote and protect.

Councilmember Ratti moved to accept the new logo. Mr. Silverman seconded the motion which was approved unanimously.

13. Acknowledgement of the receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date November 30, 2014

Staff Representative: Ms. Heenan

Ms. Heenan presented the review. She noted it was typical for expenditures to exceed revenues during the first months of the year as grant reimbursement can be slow. During the fourth quarter, the opposite will be true. Additionally, some annually-budgeted expenditures are completely depleted during the first months of the fiscal year.

Councilmember Ratti asked if the lower fund balance figure for the beginning of the year was due to the Board's decision to start with a lower balance to help fund the current year. Ms. Heenan acknowledged that was correct and added that the District did not receive a General Fund transfer during the first month. She noted it had been an intentional decision to reduce the fund balance but that required monitoring, as it had been quite diminished.

Ms. Heenan explained the components of the fund balance, noting a substantial portion was restricted funds. The fund balance should not be used to balance the budget, that should occur through increased revenues and decreased expenditures.

Councilmember Ratti moved to acknowledge receipt of the report. Commissioner Jung seconded the motion which was approved unanimously.

14. Discussion, acknowledgement and possible direction to staff given status quo financial projections for the Health District Fund and the next steps in preparation of the Fiscal Year 2015-2016 Budget Process

Staff Representative: Ms. Heenan

Ms. Heenan presented the staff report. She explained the goal of the item was to set the stage for where the Board wished to go in Fiscal Year (FY) 16.

Ms. Heenan provided a brief economic outlook, noting the economy appears healthy and job growth is at 3.7 percent, which drives up sales tax and property tax projections. She pointed out that will positively affect the General Fund, which is the source of approximately half of the District's funding. She noted the County, as well as the District, was faced with inherent increases in expenditures that were not controllable, such as merit, PERS and health insurance.

Ms. Heenan went on to explain that the budget for FY15 was essentially flat but was actually deficit. Therefore, it was important to go into FY16 with the mindset of closing the

gap. She acknowledged the Board had been proactive in dealing with budget issues by authorizing the Fundamental Review and its recommendations to conduct cost analyses and review the fee structure. It was hoped those activities could help reduce the deficit.

Ms. Heenan stated the fees would be workshopped in February and brought back to the Board for direction in March. Her updated projections, to be presented to the Board in February, would include the new fees, with the understanding they may need to be reversed out of that projection if the Board does not approve them.

She explained the next step to close the gap was the cost analyses on all 22 programs, which would uncover revenue increase and cost expenditure opportunities. The staff report contained a three-year forecast for all 22 programs and a chart indicating at what point a fund balance problem will occur if no changes are made.

Fiscal staff will be working with program managers to review estimated year-end expenditures and revenues, adjusting base requests for FY16 and developing their requests for any new items or services. That information will be integrated into the forecasting model and brought back to the Board in February so they may see the input. The numbers for the employee-related costs should be available by then and would also be reflected in the forecast.

Any direction provided by the Board in February will be incorporated into the forecast and brought back in March. The County will present their budget to the Board of County Commissioners (BCC) in April. By that time, the District will know how much the General Fund transfer will be. The BCC adopts the budget in May and sends it to the State.

Dr. Hess noted 71 percent of the budget was salary and benefits and Ms. Heenan's staff report indicated any cuts should come from sources other than staff reductions. He expressed concern the remaining 29 percent did not provide enough flexibility to make a difference and opined it would be necessary to look at staffing. Ms. Heenan acknowledged the District had control over the number of employees, but not the pay structure.

Councilmember Ratti complemented Ms. Heenan on the presentation of the material. She requested an explanation of the term "status quo," possibly meaning that no major shifts would be made this year, only minor adjustments. Ms. Heenan stated that was correct. She further explained it referred to no revenue increases and the inevitable expenditure increase. Councilmember Ratti asked if the forecast was status quo. Ms. Heenan explained that if no changes were made at this point in time, the District will face the ending fund balance being negative in approximately a year and a half.

Ms. Heenan went on to reiterate the fund balance contained restricted funding, and it was unlikely that would be spent by the end of the year. Therefore it would show as part of the remaining fund balance but would not be available for general use.

Councilmember Ratti clarified that by accepting the report, the Board acknowledges the status quo environment which is problematic, and decisions will need to be made to address those problems. Ms. Heenan noted that was correct and reiterated the draft budget would be brought back in February so Board approval or direction will drive the new financial situation.

Chair Smith asked for an overview of the restricted fund balances and Ms. Heenan provided them for him, as well as providing examples of what the funds could be used for. Chair Smith reiterated it could create a false picture to the BCC of how much money the District had available. Ms. Heenan stated that could be explained to them.

Commissioner Jung noted a time when the County Manager had halted all expenditures for a specified duration of time. She asked if Mr. Dick had that authority and if Ms. Heenan agreed with that type of philosophy. Ms. Heenan stated she agreed with the strategy but felt it did not need to be adopted at this time, as current staff were aware of and respected fiscal constraints. Mr. Dick could adopt the strategy if he chose to. Commissioner Jung indicated she wanted the record to reflect that was an option, as it had been very effective at the time. She opined the use of an ending fund balance was not an optimal way to balance a budget. The District could function on a tight margin as it had the County for backup if absolutely necessary, but its margin had always been a deficit and has always been used to balance the following year.

Mr. Dick noted that when the general fund transfer amount was not yet known during the previous budget cycle, the District entered a period during which vacant positions were not filled and existing staff stepped up to cover the additional work. He agreed it was not an optimal way to conduct business.

He noted the report was Ms. Heenan's idea and that he had supported it. The intention was to provide the Board with a picture of what would occur if things continued in the current direction. He felt it was a good tool to help frame decisions, which were not all about reducing spending, but also recovering revenue.

Dr. Humphreys moved to acknowledge receipt of the status quo financial projections and direct staff to continue with the next steps for the next fiscal year. Councilmember Ratti seconded the motion which was approved unanimously.

15. Discussion, acknowledge and possible direction to staff on the recommended cost analysis and methodology for the Health District Administration to conduct a cost analysis of all Health District programs – Fundamental Review Recommendation #10.

Staff Representative: Ms. Heenan

Ms. Heenan presented the staff report, explaining it was being presented to receive feedback from the Board to be sure staff was providing them with the information they would like to have for the cost analysis. Methodology approved by the Board in June was utilized, which involved gathering historical fiscal records, reviewing activities and work processes, determining required staffing, and comparing those to benchmarks and best practices, which allowed identification of potential improvements.

Councilmember Ratti reiterated her appreciation for Ms. Heenan's ability to clearly express status and goals. She noted the Board had had to make tough decisions during the recession and had utilized a matrix format to compare options, but that did not indicate the scale of changes that were necessary. It also did not indicate if individual programs were efficient. She acknowledged cost analysis processes can make staff a bit nervous and shared that her view was that it was only one source of data, it was not all-encompassing.

Commissioner Jung recalled the Board giving clear direction not to use the National Association of County and City Health Officials (NACCHO) benchmarks or public health uniform distribution as benchmarks as Nevada, as a state, performs much more poorly in terms of contributions to public health. Therefore, comparisons to national associations give the appearance of Washoe County always being at the bottom of the list in terms of services and

expenditures, rendering the comparisons meaningless. She opined the Fundamental Review (FR) had directed staff to use pre-recession versus post-recession statistics as benchmarks.

Ms. Heenan explained the staff report requesting direction from the Board was to use the PHUND\$ database. Those statistics are compared to the region that includes Washoe County, which is the West. Commissioner Jung reiterated neighboring counties have higher expenditures so it was not a fair comparison.

Mr. Dick explained the FR included some analysis comparing Washoe County to benchmarks. The financial analysis utilized the PHUND\$ system to analyze the Health District and programs. While the District may be below levels of benchmarks from other health districts in the Administrative Health Services (AHS) area, others were identified as being above the benchmark levels. Commissioner Jung reiterated her recollection from the FR and the Board was to use pre-recession and pre-County Wide Cost Allocation Plan (COWCAP) levels for benchmarks.

Chair Smith asked if the FR review team had selected certain cities to use for comparison. Dr. Hess stated he found it very useful to have some idea of what other health departments are investing their resources in, and to not view that as a mistake.

Commissioner Jung noted the FR team had suggested the District not follow that methodology. According to their projections, and with the state and local government's investment or lack thereof, the District would have an opportunity to set and to achieve its own benchmarks. That would help the District determine what is manageable and what matters to its citizens. Other communities may have high benchmark comparison scores in community health, while Washoe County may do better in Air Quality. Many of these comparisons are impossible, as the data comes from the wrong organizations. Commissioner Jung stated she did not want to compare data utilizing an organization whose whole function is to lobby other communities to spend more money for health, not when so many other options are available.

Dr. Hess stated he would not disagree with looking at some other source of information. Commissioner Jung stated the District was told by the FR team to use our pre-recession levels as a benchmark, at least for a fiscal basis. Dr. Hess asked what good that would be as science has changed. Commissioner Jung agreed, but opined it made more sense than using a different source.

Ms. Heenan explained she was not aware of the requirement to utilize the pre-2007 levels. She stated she would take another look at the FR. She also explained she was using the PHUND\$ database as directed by the Board based on the staff report. The District is now a member of PHUND\$, which provides the opportunity to submit the information to the organization for analysis against other agencies. They had noted that the District's numbers were very different from many other agencies. The analysis they provided offered the opportunity to be sure the comparisons are made against organizations that are similar.

Ms. Heenan further explained she had reviewed the statistics from many different regions to find similar data for comparison purposes. Many of the studies she did were rejected because they were not statistically valid. Once valid statistics were located, there were enough comparables available to compile the information. She pointed out that every public health organization is handled differently, and that creates challenges in locating benchmarks. NACCHO is one place where those benchmarks can be obtained.

Commissioner Jung explained comparisons against benchmarks did not indicate the overall efficiency of a division or program. NACCHO is a wealthy organization so any attempts to model the District after them will be unsuccessful and will not assist in strategic planning.

Mr. Dick stated staff would look at the FR and pre-recession levels, but he did not get the impression from the FR team that NACCHO benchmarks should not be used. The statistics they provide begin as a survey of health districts and the statistics collected are broken out by staffing levels of districts that are serving different sizes and populations. One of the FR team members that analyzed the Health District initially is on the committee that pulls those numbers together. Mr. Dick noted the NACCHO data was one of the few sources available that provided any kind of comparable. It was one source of information for planning purposes, but there were others as well.

Councilmember Ratti requested more information about how public health data is collected. Ms. Heenan explained the National Connection for Local Public Health (NCLPH) sponsors the PHUND\$ effort, and when an organization joins, it must submit extensive amounts of information which is fed into a central database. This allows the NCLPH to provide comparables to other agencies. Mr. Dick opined it had been a grant-funded project and stated he would check the origin.

Councilmember Ratti stated she completely understood the value of comparing similar organizations. She asked if it was possible to compare Washoe County data to communities, or just regions. Ms. Heenan replied it was not possible to extract communities out of regions, but she could review different regions. She noted the benchmarking for the pilot project in AHS provided unique challenges as there were limited numbers of benchmarks for that program. There were more available for the other programs in the District.

Councilmember Ratti recalled the FR had indicated they could use the numbers but should not rely solely on them. She was not inclined to dismiss them because they do provide a data point, and understood there were not many others to utilize. Ms. Heenan stated there was not, and explained her analysis also included being sure divisions were being compared equally by reviewing equal programs.

Councilmember Ratti explained the City of Sparks had reviewed the number of police officers per capita compared to other jurisdictions and had concluded through a third party independent study that the recommended number of officers was unnecessary for their area. She opined the initial data provided on overview that was a starting point for more thorough investigation and deliberation. She stated she would also like to see pre-recession comparisons.

Commissioner Jung expressed concern that if benchmarks were utilized, as health emergencies faded away, District strategic planning processes would become more complacent and utilize those exclusively. That approach would not drive a continuous process improvement targeted towards the unique needs of Washoe County, particularly if the benchmarks utilized were not pertinent. She noted part of her job as a Board member was to be sure this did not occur. She wanted real public health change based on the findings of the FR. Commissioner Jung went on to opine the better approach was to evaluate resources, and study the effectiveness and sustainability of programs.

Additionally, she noted the Board of County Commissioners (BCC) had directed the Health District to begin working towards diminishing its dependency on General Fund (GF) transfers.

Strategic planning should involve working towards reducing that dependency and she opined utilizing inappropriate benchmarks, particularly those from NACCHO and the National Association of Local Boards of Health (NALBOH) would not help achieve that goal.

Dr. Humphreys acknowledged processes were changing and methodologies were in transition, and he felt the information provided really spelled out where the District has been, where it is and where it needs to go. He opined the information also gave them the information they needed to decide what should be done in the future. He complemented Ms. Heenan on what she had done to educate the Board.

Chair Smith stated, that because there was some confusion regarding what staff was told to do, that he recommended the minutes be reviewed as well as FR Recommendation 10, and report back to the Board, because there is valid points both ways. He would want to do what the Board recommended and also follow the FR recommendations as the Board had agreed to.

Councilmember Ratti expressed she was pleased to have some data on which to base a decision. She acknowledged it was not all of the data they needed but the report and the discussion were all steps in the right direction. Dr. Hess agreed and thanked Ms. Heenan.

Chair Smith moved the minutes and the recommendation be reviewed and brought back to the Board. Councilmember Ratti seconded the motion which was approved unanimously.

[Councilmember Jardon departed the meeting at 3:17 p.m.]

16. Presentation, discussion, possible Board input and direction to staff to monitor and act upon 2015 Legislative Session identified topics of interest and Bill Draft Requests affecting the Health District and to submit a monthly staff legislative status report providing an update on legislative actions and Health District positions during the legislative session.

Staff Representative: Mr. Dick

Mr. Dick introduced the item and reviewed the District's topics of interest. He explained the Bill Draft Requests (BDR) contained very little information as to whether or not they are applicable to the District so the list of BDRs currently being tracked was hoped to be diminished as more information becomes available.

Mr. Dick noted the item was being presented to inform the Board of the District's efforts regarding the session and to provide them an opportunity to direct staff to look at other legislative areas. Additionally, the staff report requested the Board set direction for staff to provide a monthly report to guide direction.

Councilmember Ratti moved to accept the report. Mr. Silverman seconded the motion which was approved unanimously.

17. Staff Reports and Program updates

A. Director, Air Quality Management (AQM)

Ms. Albee noted her report had provided information regarding a new ozone standard. The Environmental Protection Agency (EPA) has agreed with the recommendations submitted by AQM which were approved by the Board. Washoe County is in attainment, which is good for public health and economic development.

Dr. Hess requested information regarding days when the County was not in compliance and its effect on the overall ratings. Ms. Albee replied it was not out of compliance per se, the compliance figure is compiled by utilizing data from the top percentile of the number of days the standard was exceeded.

Ms. Albee further explained the data was compiled over a three-year period. Although Washoe County was currently in attainment, the EPA will be announcing new standards. If the County is then in non-attainment, voluntary programs will become mandatory.

Ms. Albee expressed her sincerest appreciation to Chair Smith, noting his path over the years had been very impressive and that she admired his evolution.

B. Director, Community and Clinical Health Services

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

C. Director, Environmental Health Services

Mr. Sack noted some information regarding Kiley Ranch had been included in the report. He stated any development does meet requirements as part of being approved. Problems in the past have occurred when wetlands are placed into Home Owners Associations and the association not following through with their ongoing maintenance.

Mr. Sack stated the last few weeks had seen a dramatic increase in plan reviews for wells, septic systems and water projects. Councilmember Ratti asked if the impending merger of the water companies would be causing any of it and Mr. Sack stated it would not. The drought is causing the need for a number of redrills.

Commissioner Jung asked who paid for larvacide treatment costs. Mr. Sack explained it was covered by General Fund money provided to the Health District. Commissioner Jung asked if there was a way to reclaim or recoup costs and Mr. Sack replied that was being explored, but nothing in the fee structure allowed it. Commissioner Jung opined that for any new development the charges should be calculated and put into an escrow account so that all taxpayers are not subsidizing the developers. Mr. Sack reiterated that was being reviewed for potential direction and action.

Councilmember Ratti reminded the Board the FR team had asked why the county was spending so much money on mosquito control when there were so few problems. She suggested spending time on exploring that question rather than trying to decide how to charge the proper entities. Perhaps the money would be better spent on other health issues in the County.

Mr. Sack pointed out very few environmental health agencies dealt with mosquitos; it is typically handled by another agency.

D. Director, Epidemiology and Public Health Preparedness

Mr. Whitesides noted one change from the contents of the packet, one Enterovirus D68 case has been reported in Washoe County.

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

Mr. Dick reviewed his trip to Emmitsburg, MD for a regional emergency management course and exercise which simulated a major earthquake in the Reno area. Aaron Kenneston, the County's Emergency Manager, had created the opportunity and obtained grant funding to cover most of the costs for a contingent of about 70 representatives from the Washoe County region.

Mr. Dick stated Immunizations was now open some evenings, which had been a FR recommendation. Staff is flexing their schedules so the service is being made available without requiring overtime or comp time pay.

He recognized Dr. Lei Chen, who had spotted an error on a CDC infographic, resulting in a corrected version being distributed.

He thanked Chair Smith and wished everyone a happy holiday.

18. Board Comment

Commissioner Jung explained the Truckee Meadows Fire Protection District (TMFPD) had utilized funds to retrofit and upgrade an ambulance to be ready in case of a mass disaster situation. REMSA was not pleased with this information but the BCC requested that TMFPD work through the Health District to come to an agreement. The goal is to use the ambulance in the frontier areas to transport patients to a place where they can be transferred to a REMSA unit. It may become an issue requiring review by the DBOH.

19. Emergency Items

None.

20. *Public Comment

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

21. Adjournment

At 3:42 p.m., Councilmember Ratti moved to adjourn. Chair Smith seconded the motion which was approved unanimously.

Respectfully submitted,



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

Dawn Spinola

Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2015.

DRAFT

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS, many Washoe County residents don't know that radon is a colorless, odorless, naturally occurring radioactive gas that is the leading cause of lung cancer among nonsmokers; and

WHEREAS, the U.S. EPA estimates 21,000 people in the U.S. die each year from lung cancer caused by indoor radon exposure; and

WHEREAS, radon kills more people than secondhand smoke, drunk driving, falls in the home, drowning, or home fires; and

WHEREAS, any home in Washoe County may have elevated levels of radon, even if neighbors don't, and living in a home with elevated levels is like smoking half a pack of cigarettes a day; and

WHEREAS, easy and inexpensive testing can help identify and fix the risk of radon exposure; and

WHEREAS, the Washoe County Health District, the University of Nevada Cooperative Extension, the American Lung Association, the Nevada Division of Public and Behavioral Health, and the U.S. Environmental Protection Agency support efforts to test for radon, mitigate elevated levels, and have new homes built with radon-reducing features.

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the month of January as

Radon Action Month

in Washoe County.

Kitty Jung, Chair

Washoe County District Board of Health

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS, heart disease is the leading cause of death in Washoe County and throughout the state; and

WHEREAS, making healthy choices regarding smoking, nutrition, physical activity, medical care and other lifestyle factors is essential to living a heart healthy life; and

WHEREAS, promoting awareness of heart health issues, is an important responsibility and depends on the actions of many organizations and groups in our community; and

WHEREAS, National Wear Red Day and its symbolic Red Dress® are building awareness of women's heart disease risk, and empowering them to reduce their risk and prevent heart disease; and

WHEREAS, Washoe County residents are encouraged to take action to make heart health a priority for themselves and their families;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the month of February 2015,

AMERICAN HEART MONTH

and February 6, 2015,

WEAR RED DAY

encouraging all Washoe County citizens to work together to promote and improve heart health and increase awareness and understanding of women and heart disease.

Kitty Jung, Chair

Washoe County District Board of Health

STAFF REPORT

BOARD MEETING DATE: January 22, 2015

DATE: January 9, 2015
TO: District Board of Health
FROM: Charlene Albee, Director, Air Quality Management Division
 (775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Alston Construction, Case No. 1169, Unappealed Citation No. 5293 with a \$1,600.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5293 be upheld and a fine of \$1,600.00 be levied against Alston Construction for a violation of Section 030.2175, Operations Contrary to Permit, for a violation of Condition No. 3 of Dust Control Permit No. DCP14-0071 which requires any soil tracked onto adjoining paved roadways be promptly removed. Failure to comply with the conditions of the dust control permit constitutes a Major Violation of the District Board of Health Regulations Governing Air Quality Management. This is a negotiated settlement.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

Wednesday October 7, 2014, Air Quality Management (AQMD) received a dust complaint from an anonymous source indicating a severe cloud of dust from earth movers at the location of Red Rock Road and Moya Boulevard. The construction site near this intersection is the Project Wild Horse, which was 49 acres in size. Air Quality Specialist II Michael Osborn responded to the site and observed a small amount of dust coming from the loading and unloading of trucks. During this visit Specialist Osborn determined there was no dust violation.

October 8, 2014, Specialist Osborn received another dust complaint on the Project Wild Horse. On arrival Specialist Osborn observed a minor dust violation and contacted Tom Rushing of Alston Construction and Jimmy Willoughby of F&P Construction. Specialist Osborn immediately shut down all operations and issued Alston Construction NOV Warning No. 5362 and F&P Construction NOV Warning 5363, both warnings were issued for failure to control fugitive dust and trackout.

November 7, 2014, AQMD received two dust complaints. Air Quality Specialist II Kristina Craig conducted a site visit and met with Dayton Pitts from F&P Construction and Tom Rushing from

Alston Construction, to discuss trackout dust mitigation options. Tom Rushing shut down operations until trackout was cleaned up. Both contractors agreed to increase the trackout mitigation effort.

November 10, 2014, AQMD received a complaint from the City of Reno for fugitive dust near the Project Wild Horse site. Specialist Craig contacted Mr. Dayton Pitts and Mr. Randy Pitts of F&P Construction to discuss the condition of the project. Mr. Randy Pitts shut down operations until additional control measures could be implemented.

November 11, 2014, AQMD received another dust complaint from the City of Reno. Specialist Craig responded to the Project Wild Horse site and conducted an inspection. Again, representatives from Alston Construction and F&P Construction were contacted to discuss the need for more dust mitigation and trackout control.

November 12, 2014, AQMD received another dust complaint near Red Rock Road in front of the Project Wild Horse site. Senior Air Quality Specialist Dennis Cerfoglio and Specialist Craig responded and upon arrival at the site determined trackout on Red Rock Road was creating excessive fugitive dust from the soil being tracked onto the paved roadway. The determination was made to issue Notice of Violation Citation No. 5293 to Alston Construction and Citation No. 5294 to F&P Construction for failure to comply with Condition No. 3 of Dust Control Permit No. DCP14-0071. Additional mitigation measures were agreed upon and would be implemented immediately.

November 13, 2014, AQMD received a fugitive dust complaint from the Red Rock Road area. Specialist Craig met with Mr. Rushing to discuss non-compliance with dust control plan and, excessive complaints. Mr. Rushing shut down the job site.

November 14, 2014, Division Director Albee, Branch Chief Wolf and Specialist Craig met with both Mr. Pitts to inform them that a "Stop Work Order" was being issued for the fugitive dust and trackout problem. During the meeting it was determined that the stop work order would not be issued at this time but would be deferred until the following Monday pending implementation of additional effective dust mitigation measures.

November 17, 2014, Specialist Craig performed site visit to determine if dust control measures incorporated during the weekend were sufficient. No dust violations were observed during visit. AQMD has received subsequent complaints; however, to date no additional violations have been identified.

On December 9, 2014, Senior Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Kristina Craig, Mr. Mark Drahos Project Manager for Alston Construction. Specialist Cerfoglio explained their responsibility for controlling fugitive dust on the site. Senior Specialist Cerfoglio commented that trackout and fugitive dust needed to be controlled by whatever means necessary on the job site 24 hours a day 7 days a week. All parties agreed the trackout and fugitive dust problems were the responsibility of Alston Construction and F&P Construction and would be addressed in the future. After careful consideration of all the facts in the case, Senior Specialist Cerfoglio recommended Citation No. 5293 be upheld with a fine of \$1,600.00. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5293 issued to Alston Construction with a \$1,600.00 negotiated fine. Alternatives to upholding the citation as presented include:

- The District Board of Health may determine no violation of the regulations has occurred and dismiss Citation No. 5293.
- The Board may determine to uphold Citation No. 5293 and levy any fine in the range of \$0 to \$10,000.00 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow for Alston Construction to be properly noticed.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be:

“Move to approve the Consent Agenda as presented.”



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5293

DATE ISSUED: 11/12/14

ISSUED TO: Tom Rushing PHONE #: (775) (702) 210-3183

MAILING ADDRESS: 500 E. Warm Spring Rd #240 CITY/ST: Las Vegas ZIP: 89119

NAME/OPERATOR: Alston Co PHONE #: (702) 614-5345

PERMIT NO. DCP14-0071 COMPLAINT NO. CMP14-0157, 0185, 0186

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11/12/14 (DATE) AT 1030 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input checked="" type="checkbox"/> 040.030 __DUST CONTROL <u>(1A)</u> | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input checked="" type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input checked="" type="checkbox"/> OTHER <u>permit condition</u> | <input checked="" type="checkbox"/> OTHER <u>permit condition</u> |

VIOLATION DESCRIPTION: Failure to maintain less than 50' of truck out from job site to Red Rock Rd.

LOCATION OF VIOLATION: Moya & Red Rock Rd.

POINT OF OBSERVATION: Moya & Red Rock Rd.

Weather: Slight clouds, Blue skies Wind Direction From: N E S W

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Abate Immediately Signature _____

CITATION: You are hereby notified that effective on 11-12-14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 1030 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] AQS TD Date: 11/12/14

Issued by: Tom Rushing Title: Superintendent

PETITION FOR APPEAL FORM PROVIDED



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: 12-9-2014
Company Name: Alston Construction
Address: 730 Sandhill Road Suite 100
Notice of Violation No.: 5293 Case No.: 1169

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 040.030 Dust + Track Out on Red Rock Road

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,600⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on January 2015.

[Signature]
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

MARK DIZAHOS
Print Name

DENNIS A. CERFOGLIO
Print Name

PROJECT MANAGER
Title

Sr. Air Quality Spec.
Title

[Signature] Kristina Craig
Witness

[Signature] Kristina Craig
Witness

Witness

Witness

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Alston Construction
Contact Name Mark Drahos

Case 1169 NOV 5293 Complaint CMP14-0160

Violation of Section 030.2175 Operating Contrary to Permit Conditions

I. Base Penalty as specified in the Penalty Table = \$ 250.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.00

Comment: Chose not to shut down and continued to transport dirt to Petco site.

2. Toxicity of Release

Criteria Pollutant – 1x
Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: PM 10

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

Comment: Various Complaints

Total Adjustment Factors (1 x 2 x 3) = 1.00

B. Adjusted Base Penalty

Base Penalty \$ 250.00 x Adjustment Factor 1.00 = \$ 250.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 250.00 x Number of Days or Units 1.0 = \$ 250.00

Comment: Criteria Pollutant PM10

D. Economic Benefit

Avoided Costs \$ 800.00 + Delayed Costs \$ 1000.00 = \$ 1800.00

Comment: Two Street Sweepers

Penalty Subtotal

Adjusted Base Penalty \$ 250.00 + Economic Benefit \$ 1800.00 = \$ 2050.00

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>10%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>No previous violations</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>0%</u>
Comment _____		
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-20%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>2050.00</u>	x	<u>-20%</u>
Penalty Subtotal		<u>-410.00</u>
(From Section II)	Total Adjustment Factors	Total Adjustment Value
	(From Section III)	

Additional Credit for Environmental Investment/Training - \$
Comment: N/A
Adjusted Penalty:

\$ <u>2050.00</u>	+/-	<u>\$ -410.00</u>	=	<u>\$ 1600.00</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


Air Quality Specialist

11/24/2014
Date


Senior AQ Specialist/Supervisor

11/24/2014
Date

STAFF REPORT

BOARD MEETING DATE: January 22, 2015

DATE: January 9, 2015
TO: District Board of Health
FROM: Charlene Albee, Director, Air Quality Management Division
 (775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to F&P Construction, Case No. 1168, Unappealed Citation No. 5294 with a \$1,600.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5294 be upheld and a fine of \$1,600.00 be levied against F&P Construction for a violation of Section 030.2175, Operations Contrary to Permit, for a violation of Condition No. 3 of the Dust Control Permit No. DCP14-0092 which requires any soil tracked onto adjoining paved roadways to be promptly removed. Failure to comply with the conditions of the dust control permit constitutes a Major Violation of the District Board of Health Regulations Governing Air Quality Management. This is a negotiated settlement.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

Wednesday October 7, 2014, Air Quality Management (AQMD) received a dust complaint from an anonymous source indicating a severe cloud of dust from earth movers at the location of Red Rock Road and Moya Boulevard. The construction site near this intersection is the Project Wild Horse, which was 49 acres in size. Air Quality Specialist II Michael Osborn responded to the site and observed a small amount of dust coming from the loading and unloading of trucks. During this visit Specialist Osborn determined there was no dust violation.

October 8, 2014, Specialist Osborn received another dust complaint on the Project Wild Horse. On arrival Specialist Osborn observed a minor dust violation and contacted Tom Rushing of Alston Construction and Jimmy Willoughby of F&P Construction. Specialist Osborn immediately shut down all operations and issued Alston Construction NOV Warning No. 5362 and F&P Construction NOV Warning 5363, both warnings were issued for failure to control fugitive dust and trackout.

November 7, 2014, AQMD received two dust complaints. Air Quality Specialist II Kristina Craig conducted a site visit and met with Dayton Pitts from F&P Construction and Tom Rushing from

Alston Construction, to discuss trackout dust mitigation options. Tom Rushing shut down operations until trackout was cleaned up. Both contractors agreed to increase the trackout mitigation effort.

November 10, 2014, AQMD received a complaint from the City of Reno for fugitive dust near the Project Wild Horse site. Specialist Craig contacted Mr. Dayton Pitts and Mr. Randy Pitts of F&P Construction to discuss the condition of the project. Mr. Randy Pitts shut down operations until additional control measures could be implemented.

November 11, 2014, AQMD received another dust complaint from the City of Reno. Specialist Craig responded to the Project Wild Horse site and conducted an inspection. Again, representatives from Alston Construction and F&P Construction were contacted to discuss the need for more dust mitigation and trackout control.

November 12, 2014, AQMD received another dust complaint near Red Rock Road in front of the Project Wild Horse site. Senior Air Quality Specialist Dennis Cerfoglio and Specialist Craig responded and upon arrival at the site determined trackout on Red Rock Road was creating excessive fugitive dust from the soil being tracked onto the paved roadway. The determination was made to issue Notice of Violation Citation No. 5293 to Alston Construction and Citation No. 5294 to F&P Construction for failure to comply with Condition No. 3 of Dust Control Permit No. DCP14-0092. Additional mitigation measures were agreed upon and would be implemented immediately.

November 13, 2014, AQMD received a fugitive dust complaint from the Red Rock Road area. Specialist Craig met with Mr. Rushing to discuss non-compliance with dust control plan and, excessive complaints. Mr. Rushing shut down the job site.

November 14, 2014, Division Director Albee, Branch Chief Wolf and Specialist Craig met with both Mr. Pitts to inform them that a "Stop Work Order" was being issued for the fugitive dust and trackout problem. During the meeting it was determined that the stop work order would not be issued at this time but would be deferred until the following Monday pending implementation of additional effective dust mitigation measures.

November 17, 2014, Specialist Craig performed a site visit to determine if dust control measures incorporated during the weekend were sufficient. No dust violations were observed during this visit. AQMD has received subsequent complaints; however, to date no additional violations have been identified.

On December 9, 2014, Senior Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Kristina Craig, Mr. Matt Clifton, Mr. Randy Pitts and Mr. Dayton Pitts for F&P Construction. Specialist Cerfoglio explained their individual responsibilities for controlling fugitive dust on the site. Senior Specialist Cerfoglio commented that trackout and fugitive dust needed to be controlled by whatever means necessary on the job site 24 hours a day 7 days a week. All parties agreed the trackout and fugitive dust problems were the responsibility of F&P Construction and Alston Construction and would be addressed in the future. After careful consideration of all the facts in the case, Senior Specialist Cerfoglio recommended Citation No. 5294 be upheld with a fine of \$1,600.00. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5294 issued to F&P Construction with a \$1,600.00 negotiated fine. Alternatives to upholding the citation as presented include:

- The District Board of Health may determine no violation of the regulations has occurred and dismiss Citation No. 5294.
- The Board may determine to uphold Citation No. 5294 and levy any fine in the range of \$0 to \$10,000.00 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow for F&P Construction to be properly noticed.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be:

“Move to approve the Consent Agenda as presented.”



NOTICE OF VIOLATION

NOV 5294 DATE ISSUED: 11-12-14

ISSUED TO: Fanel P Construction PHONE #: 775-851-3449

MAILING ADDRESS: 4607 Arc Center Circle CITY/ST: Reno, NV ZIP: 89502

NAME/OPERATOR: Fanel P Construction PHONE #: 775-851-3449

PERMIT NO. DCP14-0092 COMPLAINT NO. CMP 14-0160.086

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11/12/14 (DATE) AT 11:30 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input checked="" type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input checked="" type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input checked="" type="checkbox"/> OTHER <u>permit condition.</u> | <input checked="" type="checkbox"/> OTHER <u>permit condition.</u> |

VIOLATION DESCRIPTION: Failure to maintain less than 50' of track out from job site - location N. Virginia to Red Rock Rd.

LOCATION OF VIOLATION: N. Virginia St.

POINT OF OBSERVATION: Red Rock Road

Weather: Slight cloudy, Blue skies Wind Direction From: N E S W

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature: [Signature]

CITATION: You are hereby notified that effective on 11/12/14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within immediate hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 12/12/14

Issued by: [Signature] AQS/TH Title: AQS/TH

PETITION FOR APPEAL FORM PROVIDED



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: 12-9-2014
Company Name: F&P Construction
Address: 4607 B Aircenter Circle
Notice of Violation No.: 5294 Case No.: 1168

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 040.030 Dust & Track Out on Red Rock Road

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1600.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on January 2015.

Cindy Pitts
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

Cindy L Pitts
Print Name

DENNIS A. CERFOGLIO
Print Name

sec/trees
Title

Sr. Air Quality Spec.
Title

Kristina Ceram
Witness

Kristina Ceram
Witness

Witness

Witness

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name F and P Construction
 Contact Name Randy Pitts

Case 1168 NOV 5294 Complaint CMP14-0160

Violation of Section 030.2175 Operating Contrary to Permit Conditions

I. **Base Penalty as specified in the Penalty Table** = \$ 250.00

II. **Severity of Violation**

A. **Public Health Impact**

1. **Degree of Violation**

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.00

Comment: Chose not to shut down and continued to transport dirt to Petco site.

2. **Toxicity of Release**

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: PM 10

3. **Environmental/Public Health Risk (Proximity to sensitive environment or group)**

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

Comment: Various Complaints

Total Adjustment Factors (1 x 2 x 3) = 1.00

B. **Adjusted Base Penalty**

Base Penalty \$ 250.00 x Adjustment Factor 1.00 = \$ 250.00

C. **Multiple Days or Units in Violation**

Adjusted Penalty \$ 250.00 x Number of Days or Units 1.0 = \$ 250.00

Comment: Criteria Pollutant PM10

D. **Economic Benefit**

Avoided Costs \$ 800.00 + Delayed Costs \$ 1000.00 = \$ 1800.00

Comment: Two Street Sweepers

Penalty Subtotal

Adjusted Base Penalty \$ 250.00 + Economic Benefit \$ 1800.00 = \$ 2050.00

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>10%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>No previous violations</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>0%</u>
Comment _____		
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-20%</u>

IV. Recommended/Negotiated Fine

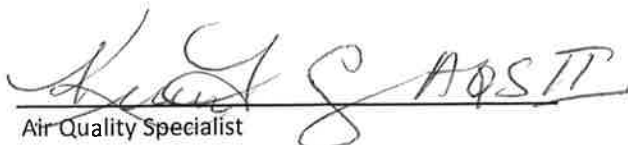
Penalty Adjustment:		
\$ <u>2050.00</u>	x	<u>-20%</u>
Penalty Subtotal (From Section II)		<u>-410.00</u>
	Total Adjustment Factors (From Section III)	Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: N/A

Adjusted Penalty:

\$ <u>2050.00</u>	+/-	<u>\$ -410.00</u>	=	<u>\$ 1600.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine


Air Quality Specialist

11/24/2014
Date


Senior AQ Specialist/Supervisor

11/24/2014
Date

STAFF REPORT

BOARD MEETING DATE: January 22, 2015

DATE: December 23, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to NITU Arlington Gas (dba Jackson Foods) Case No. 1170, Unappealed Citation No. 5455, with a \$2,500.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5455 be upheld and a fine of \$2,500.00 be levied against NITU Arlington Gas for a violation of Condition No. 4 of Permit to Operate Number G11-0005. Condition No. 4 of the Permit to Operate requires annual testing. Failure to conduct the annual testing constitutes a Major Violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175 – Operations Contrary to Permit). This is a negotiated settlement.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

On November 24, 2014, Specialist Suzanne Dugger performed a routine annual inspection at 350 South Arlington Street. During the inspection Specialist Dugger noted the facility had failed to perform the A/L (air to liquid) Test and the Static Pressure Decay Test both of which are to be performed annually. Condition No. 4 of Permit to Operate No. G11-0005 stipulates:

An annual A/L (Air to Liquid) Test and Static Pressure Decay Test will be required to demonstrate compliance with the CARB Executive Orders for vacuum assist Phase II vapor recovery systems. The AQMD must be notified at least 72 hours prior to the test. The testing must be completed 90 days from the expiration date of this permit and the results submitted within 30 days of the test.

Due to the failure of performing the required tests Specialist Dugger issued Notice of Violation Citation No. 5455 per the requirements of Section 030.2175, Operations Contrary to Permit of the

District Board of Health Regulations Governing Air Quality Management. Specialist Dugger requested that the testing be scheduled within one week.

On November 26, 2014, Specialist Dugger was notified by the manager at Arlington Gas that the testing was performed and the test results would be available immediately.

On December 15, 2014, Enforcement Branch Chief Michael Wolf conducted a negotiated settlement meeting via phone call attended by Specialist Suzanne Dugger and Mr. Richard Wright, representative for Jackson Foods. Branch Chief Wolf explained to Mr. Wright the citation had been issued because the facility had not performed the required annual testing. Mr. Wright was informed the testing is a necessity to demonstrate the facility is in compliance with permit conditions and district regulations. Mr. Wright acknowledged his responsibility to have the required annual testing performed and advised he would do a better job in the future. After consideration of the facts, Branch Chief Wolf proposed Citation No. 5455 be upheld with a fine of \$2,500.00. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5455 issued to NITU Arlington Gas dba Jackson Foods with a \$2,500.00 negotiated fine. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine no violation of the regulations has occurred and dismiss Citation No. 5455.
2. The Board may determine to uphold Citation No. 5455 and levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow Mr. Wright to be properly noticed.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be:

“Move to approve the Consent Agenda as presented.”



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
MEMORANDUM OF UNDERSTANDING

AIR QUALITY MANAGEMENT DIVISION
 WASHOE COUNTY HEALTH DISTRICT

Date: 12-15-2014
 Company Name: JACKSONS FOOD
 Company Address: 350 S. ARLINGTON
 Notice of Violation No.: 5455 Case No.: 1170
 Location of Violation: 350 S. ARLINGTON RENO

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced Citation for the violation of Regulation: 030.2175 VIOLATION OF PERMIT CONDITION FAILURE TO PERFORM TESTING

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,500.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on JAN. 22, 2015

[Signature]
 Signature of Company Representative

[Signature]
 Signature of District Representative

Richard Wright
 Print Name

Michael Wolf
 Print Name

ENVIRONMENTAL MANAGER
 Title

Permitting & Enforcement Sup
 Title

[Signature]
 Witness

[Signature]
 Witness

Jack Davis
 Witness

SUZANNE DUGGER
 Witness



**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
VAPOR RECOVERY INSPECTION SHEET**

STATION NITU INC. ADDRESS 350 SOUTH ARLINGTON
 CITY RENO ZIP 89501 CONTACT INDERPREET Singh
 OWNER/OPERATOR KEWAL BAINS PHONE (775) 789-1420
 NUMBER OF DISPENSERS (GASOLINE) 2 NUMBER OF NOZZLES (GASOLINE) 4
 NUMBER OF PRODUCT GRADES (GASOLINE) 3 NUMBER OF NOZZLES (DIESEL) 0
 FOR EACH DISPENSER

Date 11-24-2014
 Permit # G11-0005
 INSP S. DUECKER
 VN # _____

DEFECTIVE OR NON-OPERABLE EQUIPMENT

NOZZLE NUMBER	GAS GRADE								

- PUMPS**
- VACUUM PUMP
 - LEAKS FTGS/SWIVELS
 - USE INSTRUCTIONS
 - WINTER FUEL ADVISEMENT....
- HOSE**
- CUT/PUNCTURED.....
 - FLATTENED/KINKED
 - LENGTH.....
 - SWIVEL.....
 - RETRACTORS.....
- NOZZLE**
- NOZZLE/SPOUT.....
 - SWIVEL JOINTS.....
 - FACE SEAL.....
 - BELLOWS.....
 - VAPOR CHECK VALVE.....
- VENT PIPES**
- 2" DIA. X 12 HGT.-MIN.
- OTHER**
- VACUUM/ASSIST EQUIP
 - AFTERBURNER

<i>NO PERMIT VIOLATIONS @ THIS TIME</i>									

PHASE I System Type: Two-Point Coaxial _____ Other _____ PHASE II INSTALLED YES NO _____

	TANK					BALANCE			
	#1	#2	#3	#4		TANK #1	TANK #2	ASSIST TANK #3	TANK #4
1. PRODUCT GRADE (UR, U+, UP)					8. DEFECTIVE VAPOR POPPET				
2. TANK CAPACITY, GALLONS					9. MISSING FILL CAP				
3. MISSING VAPOR CAP					10. DEFECTIVE FILL CAP				
4. DEFECTIVE VAPOR CAP					11. FILL CAP GASKET				
5. VAPOR CAP NOT ENGAGED					12. FUEL/DEBRIS IN VAULT				
6. VAPOR CAP GASKET					13. VAULT DRAIN VALVE				
7. DEFECTIVE COAXIAL					14. FILL-VAP-STEM LOOSE				

REMARKS: ISSUED NOV # 5455 FOR FAILURE TO PERFORM A/L AND STATIC PRESSURE DECAY TEST. 1 WEEK TO SCHEDULE NO OTHER VIOLATIONS @ THIS TIME.

OPERATOR (X) _____

Unless otherwise noted all equipment must be repaired or replaced within 7 working days of the inspection date. Failure to repair or replace equipment may result in a Notice of Violation for permit conditions (Section 030.2175 - Operations Contrary to Permit. Washoe County District Board of Health Regulations Governing Air Quality Management).



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
MEMORANDUM OF UNDERSTANDING

AIR QUALITY MANAGEMENT DIVISION
WASHOE COUNTY HEALTH DISTRICT

Date: 12-15-2014

Company Name: JACKSONS FOOD

Company Address: 350 S. ARLINGTON

Notice of Violation No.: 5455 Case No.: 1170

Location of Violation: 350 S. ARLINGTON RENO

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced Citation for the violation of Regulation: _____

030.2175 VIOLATION OF PERMIT CONDITION
FAILURE TO PERFORM TESTING

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,500.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on JAN. 22, 2015.

Signature of Company Representative

Print Name

Title

Witness

Witness



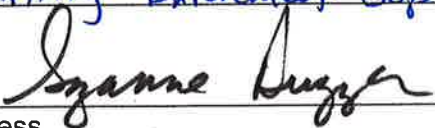
Signature of District Representative

Michael Wolf

Print Name

Permitting & Enforcement Sup

Title



Witness

SUZANNE DUGGER

Witness

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containmentment & Abatement (per day or event)	\$ 2,000 - \$10,000

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name NITU Inc. - Arlington Gas
 Contact Name _____

Case _____ NOV 5455 Complaint CMP14-0205

Violation of Section 030-2175

I. Base Penalty as specified in the Penalty Table = \$ 2500.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1.00

Comment: failure to test

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x Adjustment Factor 2.0

Comment: gas

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 1.0

Comment: _____

Total Adjustment Factors (1 x 2 x 3) = 2.00

B. Adjusted Base Penalty

Base Penalty \$ 2500.00 x Adjustment Factor 2.00 = \$ 5000.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 5000.00 x Number of Days or Units 1 = \$ 5000.00

Comment: _____

D. Economic Benefit

Avoided Costs \$ _____ + Delayed Costs \$ 500.00 = \$ 500.00

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 5000.00 + Economic Benefit \$ 500.00 = \$ 5500.00

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 25%

B. Mitigating Factors (0 – 25%) - 20%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment: _____

C. Compliance History

No Previous Violations (0 – 10%) - 10%

Comment: _____

Similar Violation in Past 12 months (25 - 50%) + _____

Comment: _____

Similar Violation within past 3 year (10 - 25%) + _____

Comment: _____

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -55%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>5500.00</u>	x	<u>-55%</u>	=	<u>-3025.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:


\$ <u>5500.00</u>	+/-	<u>\$ -3025.00</u>	=	<u>\$ 2500.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



Air Quality Specialist

11-26-2014

Date



Senior AQ Specialist/Supervisor

12/15/14

Date

STAFF REPORT
BOARD MEETING DATE: January 22, 2015

DATE: January 9, 2015

TO: District Board of Health

FROM: Charlene Albee, Director
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Approval of a pilot program to allow open burning within the Truckee Meadows Fire Protection District jurisdiction outside of the Truckee Meadows Hydrographic Area from February 14 through 28, 2015.

SUMMARY

In response to a request submitted by the Truckee Meadows Fire Protection District (TMFPD), the Air Quality Management Division (AQMD) is recommending the District Board of Health approve a pilot program to allow open burning, with conditional approval, for a 15 day period prior to the AQMD regulatory start date of March 1. TMFPD's request was submitted in response to citizen inquiries regarding the limited period open burning is allowed due to AQMD's statutory public health requirements and TMFPD's public safety requirements.

Health District goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

District Board of Health Regulations Governing Air Quality Management Section 040.035, "Open Fires", was amended in April 1988 and August 1993.

BACKGROUND

District Board of Health Regulations Governing Air Quality Management (AQM Regulation) Section 040.035, "Open Fires", prohibits burning, with limited exceptions, year-round in the Truckee Meadows Hydrographic Area. Limited open burning is allowed outside of this area from March 1 through October 31.

On December 16, 2014, the AQMD received a written request from the TMFPD to extend the open burning period, as defined by AQM Regulation Section 040.035.D.1. TMFPD considers factors such as fuel moisture and climate to determine when open burning is allowed. In recent years, the drought

has forced the TMFPD to close the burn season earlier in the spring and open it later in the fall. The TMFPD spring burn season has averaged approximately ten days over the last three seasons.

The table below summarizes the proposed additional 15 days in February for the most recent five years. The most recent three years are more appropriate because: 1) The Fine Particulate Matter (PM_{2.5}) Air Quality Index (AQI) calculations were revised in 2012 which increased the number of days the AQI was above 50, and 2) a PM_{2.5} monitor was installed in Sparks in 2012 where higher wintertime concentrations are typically measured. An AQI of 101 corresponds to the health-based National Ambient Air Quality Standard (NAAQS). Washoe County currently meets the NAAQS however; the trend is showing higher wintertime PM_{2.5} concentrations.

Spring	2010	2011	2012	2013	2014	Ave (12-14)
Air Quality Data (Feb 14-28)						
- Max PM _{2.5} (ug/m3)	15.0	16.7	17.4	19.8	12.6	16.6
- Max PM _{2.5} (AQI)	57	61	62	67	52	60
- Days when AQI >= 50	2	3	2	7	4	4.3
- Days of Yellow/Red	0	0	0	0	0	0.0
- Date of last Yellow/Red	Jan 7	Jan 10	Jan 2	Jan 24	Jan 28	Jan 18
Weather Data (Feb 14-28)						
- Days >= 0.01 in. precip.	2	0	3	0	5	2.7
- Total precipitation (in.)	0.26	T	0.11	T	0.33	0.15

Weather conditions in late February may be unsettled or stagnant. Allowing open burning only on days with good dispersion will minimize increased PM_{2.5} concentrations.

Land managers such as the Nevada Division of Forestry and US Forest Service conduct prescribed burns as part of their forest management programs. They prepare Smoke Management Plans for each prescribed burn project. These plans include very specific weather conditions that must be met before the burn can begin. The conditions ensure that the prescribed burns meet Washoe County's Smoke Management Program and minimize the impact to the community. All land managers in Washoe County voluntarily postpone their burns when the wintertime burn code is Yellow. Prescribed burns are prohibited when the burn code is Red. AQMD staff recommends that open burn permittees also follow this guideline.

Public participation in this pilot program is unknown. If large quantities of projects, acres, or tons of materials is allowed to burn on the same day, PM_{2.5} levels may increase to unhealthy levels. Tracking burns on a daily basis will be necessary to determine the incremental air quality impacts and if the pilot program is successful.

AQMD staff supports a spring pilot program with the following specific conditions.

1. TMFPD shall document that each open burn permittee is in compliance with AQM Regulation Section 040.035.
2. TMFPD shall submit a summary of open burns conducted during the pilot program to the AQMD by March 15, 2015. The summary shall include date, location, and amount of material for each burn.
3. Open burning shall not be conducted when the wintertime burn code is Yellow or Red.

The spring pilot program will be considered successful if all of the following are demonstrated.

1. No significant increases of air pollutants are monitored.
2. The open fires do not cause a public nuisance.
3. Compliance with the Yellow and Red burn codes is demonstrated.
4. Compliance with AQM Regulation Section 040.035 is demonstrated, specifically subsections D.2 through D.10.

If approved, the AQMD and TMFPD will provide an evaluation of the spring pilot program to the DBOH by the July 23, 2015 meeting.

FISCAL IMPACT

There will be no fiscal impacts from the Board approving the pilot program.

RECOMMENDATION

Staff recommends the Board approve the pilot program to allow for open burning with conditional approval, as presented in the staff report, for the period from February 14 through 28, 2015. Alternatives to approving the pilot program as presented include:

1. The Board may decide to not approve the extended burn period and direct staff to enforce Section 040.035 as currently adopted.
2. The Board may direct staff to further investigate the effects of the extended burn period and other potential solutions to meet the needs of the citizens of Washoe County.

POSSIBLE MOTION

Should the Board concur with staff's recommendation, a possible motion would be:

“Move to approve a pilot program to allow open burning within the Truckee Meadows Fire Protection District jurisdiction outside of the Truckee Meadows Hydrographic Area, from February 14 through 28, 2015, with the AQMD conditions presented in the staff report.”

Amy Ray
Fire Marshal



Tim Leighton
Division Chief

Charles A. Moore
Fire Chief

December 16, 2014

Ms. Charlene Albee
Director, Air Quality Management Division
Washoe County Health District
1001 East Ninth St., B171
P.O. Box 11130
Reno, NV 89520

Dear Ms. Albee,

The Truckee Meadows Fire Protection District (TMFPD) would like to request an extension of the open burning period, as defined in the Washoe County Smoke Management Program, adopted by the Washoe County Board of Fire Commissioners August 26, 2014.

TMFPD understands that open burning is closed, per Health District regulations, November 1st through February 28th on an annual basis. We would like to allow our residents the opportunity to burn their untreated yard debris in a time when the fuel moistures are up and there is some moisture in the area. We have noticed in recent years that we seem to get moisture in the area in the two weeks after the open burning season ends, between November 1st and November 14th.

In recent years, we have also experienced moisture, and ideal open burning weather, in the two weeks prior to February 28th as well. Therefore, TMFPD would like to request an extension of the open burning period to include November 1st through November 14th and February 14th through February 28th. We understand that residents are required to have a permit listing all requirements for open burning in accordance with Washoe County Code 60 prior to burning within this time period. TMFPD will only open burning if the conditions within the area are safe to do so, as determined by the current weather and suggestions of staff.

Thank you for your consideration. Please feel free to contact me with questions at 775-326-6000.

Regards,

/s/

Charles A. Moore
Fire Chief

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

1001 E. Ninth St. Bldg D 2nd Floor • Reno, Nevada 89512 • PO Box 11130 • Reno, Nevada 89520
Office 775.326.6000 Fax 775.326.6003

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

STAFF REPORT
BOARD MEETING DATE: January 22, 2015

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer, 775-328-2419, edixon@washoecounty.us

SUBJECT: Approve the abolishment of one vacant Intermittent Hourly Licensed Engineer position (#70007454).

SUMMARY

It is recommended that the District Board of Health approve the abolishment of one vacant Intermittent Hourly Licensed Engineer position (#70007454).

District Board of Health strategic priority: Be assured that mandates are met and needed services are delivered.

PREVIOUS ACTION

There has been no previous action taken by the Board this fiscal year.

BACKGROUND

The Intermittent Hourly Licensed Engineer position has been vacant since March 23, 2013. The position resides in the Environmental Health Division and was established to allow for additional staffing support. This staffing support is no longer necessary due to the hire of a full time Licensed Engineer on November 18, 2013. The Washoe County Health District is requesting that this position be removed from the authorized position list effective February 1, 2015.

FISCAL IMPACT

Should the Board approve to abolish this position, there will be no additional fiscal impact to the FY15 adopted budget.

RECOMMENDATION

Staff recommends that the District Board of Health approve the abolishment of one vacant Intermittent Hourly Licensed Engineer position (#70007454).

POSSIBLE MOTION

Move to approve the abolishment of one vacant Intermittent Hourly Licensed Engineer position (#70007454).

STAFF REPORT
BOARD MEETING DATE: January 22, 2015

DATE: January 8, 2015

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015, in the amount of \$317,061, in support of the HIV Prevention Grant Program, IO 10013.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$317,061, for the period January 1, 2015 through December 31, 2015 in support of the HIV Prevention program, IO 10013. A copy of Award is attached.

District Board of Health strategic priority supported by this item: Experience a low rate of communicable disease.

Approval of this Award also supports the District's Community & Clinical Health Services Division Sexual Health program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The District Board of Health approved a Notice of Subgrant Award in the amount of \$317,061 in support of the HIV Prevention Program on February 27, 2014 for the period January 1, 2014 through December 31, 2014.

BACKGROUND

The Subgrant provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising, lab/outpatient, non-capital equipment, and other expenses, including funding specifically for community outreach, planning meetings and program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates,



transportation and food vouchers, educational outreach items, nutritious food and beverage, behavioral reinforcers, etc.).

FISCAL IMPACT

This is a calendar year grant and sufficient budget authority exists through June 30, 2015. As such, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015, in the amount of \$317,061, in support of the HIV Prevention Grant Program, IO 10013.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015, in the amount of \$317,061, in support of the HIV Prevention Grant Program, IO 10013.



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

HD #: **14790**
 Budget Account: 3215
 Category: 15
 GL: 8503
 Job Number: 9394015

NOTICE OF SUBGRANT AWARD

Program Name: HIV Prevention Program Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District Attn: Anna Heenan
Address: 4150 Technology Way, Suite #106 Carson City, NV 89706-2009	Address: P.O. Box 11130 Reno, NV 89520-00207
Subgrant Period: January 1, 2015 through December 31, 2015.	Subgrantee's: EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>73786998</u>

Purpose of Award: To conduct HIV prevention services in Northern Nevada.

Region(s) to be served: Statewide Specific county or counties: Washoe County

Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>201,154</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>9,522</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ <u>5,704</u></td></tr> <tr><td>4. Supplies</td><td style="text-align: right;">\$ <u>29,000</u></td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ <u>42,857</u></td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ <u>28,824</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>317,061</u></td></tr> </table>	1. Personnel	\$ <u>201,154</u>	2. Travel	\$ <u>9,522</u>	3. Operating	\$ <u>5,704</u>	4. Supplies	\$ <u>29,000</u>	5. Contractual/Consultant	\$ <u>0</u>	6. Other	\$ <u>42,857</u>	7. Indirect	\$ <u>28,824</u>	Total Cost:	\$ <u>317,061</u>	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$317,061.00 during the subgrant period.
1. Personnel	\$ <u>201,154</u>																
2. Travel	\$ <u>9,522</u>																
3. Operating	\$ <u>5,704</u>																
4. Supplies	\$ <u>29,000</u>																
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6. Other	\$ <u>42,857</u>																
7. Indirect	\$ <u>28,824</u>																
Total Cost:	\$ <u>317,061</u>																

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	100%	93.940	5U62PS003654-04

Terms and Conditions:
 In accepting these grant funds, it is understood that:

1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:

- Section A: Assurances;
- Section B: Description of Services, Scope of Work and Deliverables;
- Section C: Budget and Financial Reporting Requirements;
- Section D: Request for Reimbursement;
- Section E: Audit Information Request; and
- Section F: DPBH Business Associate Addendum

Kitty Jung Chair, District Board of Health	Signature 	Date
Lyell Collins, MBA Program Manager		12-3-14
Christine Mackie Bureau Chief	 	
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health	 	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stating in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any exiting or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***The Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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**DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

A. HIV Testing

A.1: During the funding period, 100% of HIV media messages targeted to healthcare providers will include predetermined language promoting the recommendation of opt-out testing;

A.2: During the subgrant period, the Subgrantee will create and distribute provider packets on the importance of opt-out HIV testing to the top 10% of providers reporting morbidity on HIV, STD, TB, and Hepatitis;

A.3: During the funding period, the Subgrantee will offer opt-out testing at 100% of the clinics at the local health authority;

A.4: During the funding period, the Subgrantee will offer HIV testing at least once a week in a non-healthcare setting;

A.5: During the funding period, the Subgrantee will offer HIV testing at a setting that is selected based on high-risk clientele, or venues where high-risk activities are known to occur;

A.6: During the funding period, the Subgrantee will ensure at least 90% of clients testing for HIV are informed of their test results;

A.7: During the funding period, the Subgrantee will ensure that 95% of clients testing positive for HIV are informed of their test results within 7 days;

A.8: During the funding period, the Subgrantee will participate on the HIV Testing Workgroup and meet at least semi-annually to determine testing priorities;

A.9: During the funding period, the Subgrantee must utilize the Social Networks Testing model within their health jurisdiction;

A.10: By June 30, 2015, the Subgrantee will have the Personal Cognitive Counseling (PCC) intervention fully implemented into its Counseling and Testing Program;

A.11: Annually, the Subgrantee will administer at least 2,000 HIV tests (600 must be rapid HIV tests) within its health jurisdiction, of which, at least 75% (1500) must be determined to

be at high-risk for acquiring HIV and/or meeting the target populations identified in the Jurisdictional HIV Prevention Plan.

A.12: During the funding period, the Subgrantee must meet an overall 1% HIV positivity rate per grant year.

B. Comprehensive Prevention with Positives

B.1: During the funding period, the Subgrantee will link 85% of newly identified HIV-positive individuals into Partner Services;

B.2: During the funding period, the Subgrantee will ensure at least 80% of HIV-positive individuals referred to an HIV care provider attend their first appointment;

B.3: During the funding period, the Subgrantee will ensure their local HIV care services referral list is updated annually, and a copy submitted to the Nevada Division of Public and Behavioral Health's HIV Prevention Program when updates are made, but no later than December 31st.

C. Condom Distribution

C.1: During the funding period, the Subgrantee will distribute at a minimum 24,000 condoms to individuals at highest-risk and at locations where high-risk individuals gather.

D. Prevention Planning

D.1: During the grant period, the Subgrantee will provide administrative oversight and leadership to the Northern Nevada HIV Prevention Planning Group (NNHPPG). This includes, but is not limited to the provision of oversight of logistical planning, training of new co-chairs, taking of minutes, provision of hydration/nutrition to members, and general leadership. This will ensure that the Prevention Planning Group is adhering to the Centers for Disease Control and Prevention's Prevention Planning Guidance and its Policies and Procedures.

D2: Subgrantee shall maintain a current Membership Roster of the NNHPPG which includes the following: Name, Affiliation, Mailing address, Email address, and Phone number. A copy of the current roster shall be submitted annually to the Nevada Division of Public and Behavioral Health's HIV Prevention Program, by December 31st, or as updates are made.

D.3: The Subgrantee will participate in the statewide and regional prevention planning process as described in the CDC Prevention Planning Guidance.

E. Reporting

E.1: The Subgrantee will submit to the Nevada Division of Public and Behavioral Health, a narrative and statistical report by July 30, 2015 and January 30, 2016. The report will be

submitted in a format as determined by the Centers for Disease Control and Prevention. Measurements for each goal contained in the subgrant can be found on pages 43-46 of the grant application. Unless otherwise instructed, data must be collected to address each deliverable.

E.2: During the funding period, the Subgrantee shall submit to the Nevada Division of Public and Behavioral Health's HIV Prevention Program, a monthly report on rapid HIV testing, to include: the number of rapid HIV tests performed, location where the tests were performed, and the current HIV positivity rate.

F. Evaluation

F.1: Subgrantee will collect process-monitoring data on HIV prevention activities.

F.2: Subgrantee will be responsible for the collection of all performance indicator data, as well as counseling and testing, Partner Services, and aggregate data using the CDC recommended format, or a format agreeable by Subgrantee and the Nevada Division of Public and Behavioral Health. Data entry will be kept current and reported to the Nevada Division of Public and Behavioral Health as indicated by the Centers for Disease Control and Prevention data submission timeline.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5U62PS003654-04 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division or the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U62PS003654-04 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 201,154	(Includes Fringe)	
Salary		\$	<p>In Kind 41,179 Public Health Nursing Supervisor 33,940 Health Educator Coordination (.54 FTE) 32,684 Public Health Nurse II/DIS (.42 FTE) <u>14,835</u> Public Health Nurse II/DIS (.40 FTE) 122,638 Office Assistant II (.32 FTE) <i>Subtotal</i></p> <p>51,029 Fringe Benefits: 41.609% of salary = \$51,029</p> <p>27,487 RN – Intermittent Hourly Pooled (\$26.43/hr x 20 hrs per wk x 52 wks per year. (Amount does not include fringe benefits.)</p>
2. Travel	\$ 9,522		
		\$	<p>2,874 <u>In-State Travel</u> Airfare: \$200 per r/trip x 2 trips x 2 staff = \$800 Per Diem: \$66/day x 2 days x 2 trips x 2 staff = \$528 Ground Transportation: \$12/day x 2 days x 2 trips x 2 staff = \$96 Lodging: \$100/night x 1 night x 2 trips x 2 staff = \$400 Mileage: \$.56 per mile x 535 miles = \$300 Conference Registration for 5 staff @ \$150 = \$750 HIV Health Educator Coordinator and one other staff to travel to Las Vegas for trainings or meetings. Registrations for 5 staff, including the HIV Health Educator Coordinator, to attend the AIDS Education and Training Center (AETC) Autumn Update locally. Mileage is for day-to-day travel expense to conduct relative HIV prevention services, including HIV testing, condom distribution and attending HIV-related local meetings.</p> <p>6,648 <u>Out-of-State Travel</u> Airfare: \$400 per r/trip x 2 trips x 2 staff = \$1,600 Per Diem: \$66 x 4 days x 2 trips x 2 staff = \$1,056 Ground Transportation: \$12/day x 4 days x 2 trips x 2 staff = \$192 Lodging: \$150/night x 3 nights x 2 trips x 2 staff = \$1,800 Conference Registration: 2 conferences x \$500 ea. x 2 staff = \$2,000 HIV Health Educator Coordinator, and one staff or appropriate community member to attend two development conferences such as the National HIV Prevention Conference, the U.S. Conference on AIDS (USCA), or other HIV prevention-related conference.</p>
3. Operating	\$ 5,704		
		\$	<p>300 Postage and Freight: \$25 per mo. x 12 mos. = \$300 700 Copy Machine: \$58.33 per mo. x 12 mos. = \$700 2,000 Printing: \$166.66 per mo. x 12 mos. = \$2,000 600 Licenses & Certifications = \$600 900 Telephone: \$75 per mo. x 12 mos. = \$900 480 Network and Data Lines: \$40 per mo. x 12 mos.= \$480 624 Cell Phone: \$ 52 per mo., x 12 mos. = \$624 100 Books and Subscriptions = \$100</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

4. Supplies	\$	29,000	
			\$ 2,000 Educational Materials = \$2,000 1,000 Computer laptop, scanner = \$1,000 25,000 Medical Supplies = \$25,000 1,000 Office Supplies: \$83.33 x 12 mos. = \$1,000
5. Contractual Consultant	\$	<0>	
	\$	<0>	
6. Other	\$	42,857	
	\$		100 Professional Services: Marketing development & materials = \$100 21,147 Advertising: Targeted HV testing efforts, including social network strategies - \$1,762.25/mo. x 12 mos. = \$21,147 1,500 Program Incentives: Implementing the social network strategy intervention - \$125/mo x 12 mos. = \$1,500 250 Hydration at testing events: \$250 500 Meeting Room Rental: Meeting spaces, storage space for HIV materials and audio/visual equipment = \$500 17,860 Lab/Outpatient Services: Costs associated with HIV testing, including test kits and controls = \$17,860 1,500 <u>Northern Nevada HIV Prevention Planning Group</u> Hydration/Nutrition for NNHPPG meetings = \$900 Community Engagement meetings = \$500 Supplies for PPG meetings = \$100
7. Indirect	\$	28,824	
	\$		10% of Direct Costs, (including Personnel) \$288,237 x 10% = \$28,824
Total Cost	\$	317,061	

- The Subgrantee may move no more than 10% of their total budget (\$31,706) between existing budget categories, without prior approval, if it does not alter the agreed upon Scope of Work; however, the Subgrantee must submit a revised budget within fourteen (14) days, should the Subgrantee alter its budget.
 - Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
 - Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Requests for Reimbursements must be at least quarterly, but may be made monthly;
- The maximum available through this subgrant is \$317,061 per grant year;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Supporting documentation to support reimbursement requests must be retained and made available to the Nevada Division of Public and Behavioral Health when requested;
- Additional expenditure detail will be provided upon request from the Division.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- To provide technical assistance, upon request and when feasible;
- Provide prior approval of all reports or documents to be developed by Subgrantee;
- Will be responsible for forwarding all documents or other required reports to the Centers for Disease Control and Intervention (CDC) or other entity, as required under this grant;
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- The Division's HIV Prevention Program will conduct at least annually, one (1) programmatic and fiscal review of the subgrantee. The Division of Public and Behavioral Health has the option to conduct site-visits more often should they be necessary.
- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

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SECTION D

Request for Reimbursement

HD#: **14790**

Budget Account: 3215-15

GL: 8503

Draw #: _____

Program Name: HIV Prevention Program Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health Distrivt Attn: Anna Heenan
Address: 4150 Technology Way, Suite 106 Carson Ctiy, NV 89706-2009	Address: P.O. Box11130 Reno, NV 89520-00207
Subgrant Period: January 1, 2015 through December 31, 2015	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: 2015

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$201,154.00	\$0.00	\$0.00	\$0.00	\$201,154.00	0.0%
2 Travel	\$9,522.00	\$0.00	\$0.00	\$0.00	\$9,522.00	0.0%
3 Operating	\$5,704.00	\$0.00	\$0.00	\$0.00	\$5,704.00	0.0%
4 Supplies	\$29,000.00	\$0.00	\$0.00	\$0.00	\$29,000.00	0.0%
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$42,857.00	\$0.00	\$0.00	\$0.00	\$42,857.00	0.0%
7 Indirect	\$28,824.00	\$0.00	\$0.00	\$0.00	\$28,824.00	0.0%
Total	\$317,061.00	\$0.00	\$0.00	\$0.00	\$317,061.00	0.0%

This report is true and correct to the best of my knowledge

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

**Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009**

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO

3. When does your organization's fiscal year end? 6/30/15

4. What is the official name of your organization? Washoe County Health District

5. How often is your organization audited? Annually

6. When was your last audit performed? FY14 - pending BCC approval

7. What time period did your last audit cover? 7/1/13 - 6/30/14

8. Which accounting firm conducted your last audit? Kafoury, Armstrong, & Co.

Patsy Buxton for Anna Heenan
Signature 1/8/15 Date

Administrative Health Services Officer
Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

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8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e)(2)(ii)(E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and

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subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

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14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. Permitted Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

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- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.

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2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity	Business Associate
Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	<u>Washoe County Health District</u> Business Name
Phone: (775) 684-5975	<u>1001 E. Ninth Street, Bldg. B</u> Business Address
Fax: (775) 684-4211	<u>Reno, NV 89512</u> Business City, State and Zip Code
	<u>775-328-2400</u> Business Phone Number
	<u>775-328-3752</u> Business Fax Number
_____ Authorized Signature	_____ Authorized Signature
for Richard Whitley, MS _____ Print Name	<u>Kitty Jung</u> _____ Print Name
Administrator, Division of Public and Behavioral Health _____ Title	<u>Chair</u> <u>District Board of Health</u> _____ Title
_____ Date	_____ Date



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: January 22, 2015

TO: District Board of Health

FROM: Christina Conti, EMS Program Manager
775-326-6042, cconti@washoecounty.us

SUBJECT: **Introductions, interviews and possible selection and appointment of a candidate for the Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors**

SUMMARY

The REMSA Board of Directors is comprised of seven positions, three of which are District Board of Health (DBOH) appointed representatives. The member of the accounting profession representative DBOH appointment was recently vacated by Dick Barnard. This requires a DBOH appointment of a member of the accounting profession to serve the remainder of the term.

District Health Strategic Objective supported by this item: Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

In 1986, upon the creation of the Franchise agreement for ambulance services in Washoe County, the REMSA Board of Directors was created to include the three representatives appointed by the DBOH. Since 1986, the DBOH has appointed representatives to the REMSA Board of Directors as positions have become vacant.

BACKGROUND

During the November 20, 2014 DBOH meeting, EMS staff was directed to conduct an independent outreach for an appropriate replacement for the CPA position on the REMSA Board of Directors. EMS staff sent out an announcement to the largest firms in Washoe County as well as to the Nevada Society of CPAs. The firms who received an announcement were: Ingenium CPA, CFO Accounting Solutions, and Pangborn & Co. The outreach yielded three additional candidates to accompany the previous two submitted from REMSA outgoing Board of Director CPA Dick Barnard. A summary of all five candidates is listed in alphabetical order below.

Candidate #1 Carlon, Lisa

Ms. Carlon has been in the field of public accounting since 1995. Over the years, she has worked with CEOs, CFOs, bookkeepers, and advisors. In addition to public accounting, Ms. Carlon has non-profit experience and is currently a Board member for the Nevada Diabetes Association. The diverse background of Ms. Carlon has given her the ability to work successfully with other professionals, regardless of their discipline. Ms. Carlon was submitted by REMSA as a possible DBOH appointment. During her tour of REMSA, Ms. Carlon was impressed with the community involvement. Ms. Carlon is interested in joining the Board to continue working in our community with non-profit organizations and utilizing her strengths of being a CPA to further the objectives of the

organization.

Candidate #2: Dobrowski, Michael

Mr. Dobrowski has worked in the accounting field since 1990, having experience in both private industry and healthcare. Mr. Dobrowski has had involvement with Boards of Directors and Foundations, providing input on financial strategy and projects. While the majority of his experience is in private industry, Mr. Dobrowski has a firsthand understanding of the healthcare industry from an auditors perspective as well as a member of the healthcare team. Mr. Dobrowski responded to the recruitment of EMS staff. Mr. Dobrowski hasn't had an opportunity to tour REMSA. However, he is impressed with the image REMSA projects in the community and the service provided to the citizens. Mr. Dobrowski is interested in joining the REMSA Board to give back to the community by utilizing his experience as a CPA and familiarity of the healthcare industry.

Candidate #3: Jimenez, Nissa

Ms. Jimenez has worked in public accounting since 2001. During her career, Ms. Jimenez has participated on audit teams for both government and non-profit agencies, to include NLTFPD, REMSA and Tahoe Forest Hospital. Ms. Jimenez also worked as a volunteer fire/EMT while in college in upstate New York, which allowed her the opportunity to help citizens directly and have a firsthand understanding of EMS services from both a fire/EMT and ambulance service perspective. Ms. Jimenez responded to the recruitment of EMS staff. During her tour of REMSA, Ms. Jimenez was left with a feeling of pride at the opportunity to work with an organization that touches so many of our citizen lives. Ms. Jimenez is interested in joining the REMSA Board to give back to the community through volunteerism that highlights her professional skills and her personal interests.

Candidate #4: Morgan, David

Mr. Morgan had been a practicing CPA for more than 50 years at Pangborn & Co, retiring this past August. Mr. Morgan has been a Board member of over 10 Boards within Washoe County to include, Nevada State Board of Accountancy, Reno-Sparks Chamber of Commerce, EDawn, and Girls Scouts of the Sierra. His experience in the various community organizations has given Mr. Morgan an understanding of both governmental and non-profit financial structures and obligations. Mr. Morgan responded to the recruitment of EMS staff. During his tour of REMSA, Mr. Morgan was left with the enthusiasm for the mission of the organization and feels that as a retired CPA, he could dedicate the time to the mission and goals of REMSA. Mr. Morgan is interested in joining the REMSA Board to continue his devotion to public service within our community.

Candidate #5: Nelson, Tim

Mr. Nelson is a CPA who has held several financial leadership roles since 1986. Mr. Nelson has held positions of Accountant, Controller, Chief Financial Officer, and Chief Executive Officer. Mr. Nelson has served on the Boards of several community organizations to include, SBA's Nevada Small Business Development Center and the Northern Nevada Chapter of the American Red Cross. With his background, Mr. Nelson has an understanding of public accounting, insurance requirements and small business. Mr. Nelson was submitted by REMSA as a possible DBOH appointment. During his tour of REMSA, Mr. Nelson was impressed by the organizational mission and the services provided to citizens. Mr. Nelson is interested in joining the REMSA Board to assist with ensuring REMSA is fiscally sound, transparent to the community and continues to respond to the community.

Subject: REMSA Board of Directors Appointments

Date: December 18, 2014

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Each of the five candidates for the CPA Appointed position brings an individual strength that would be of benefit to the REMSA Board. Ms. Carlon brings strength of diverse interactions with other professionals. Mr. Dobrowski brings strength of understanding the intricacies of the healthcare industry, having worked for one of the regional hospitals for several years. Ms. Jimenez brings strength of understanding the accounting field as well as the EMS world from her volunteerism. Mr. Morgan brings strength of years of experience and community involvement in various disciplines. Mr. Nelson brings strength of a varied background with experience in both insurance brokerage and accounting. One candidate has a working knowledge of EMS but not within Washoe County.

FISCAL IMPACT

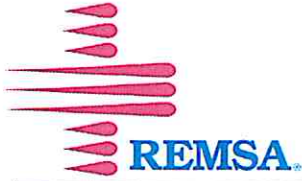
There is no additional fiscal impact to the FY15 budget should the Board approve the appointments to the REMSA Board of Directors.

RECOMMENDATION

Staff recommends the appointment of (*insert name*) as the Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors.

POSSIBLE MOTION

Should the Board be prepared to appoint a representative, a possible motion would be: "Move to approve the appointment of (*insert name*) as the Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors".



Regional Emergency Medical Services Authority

REMSA

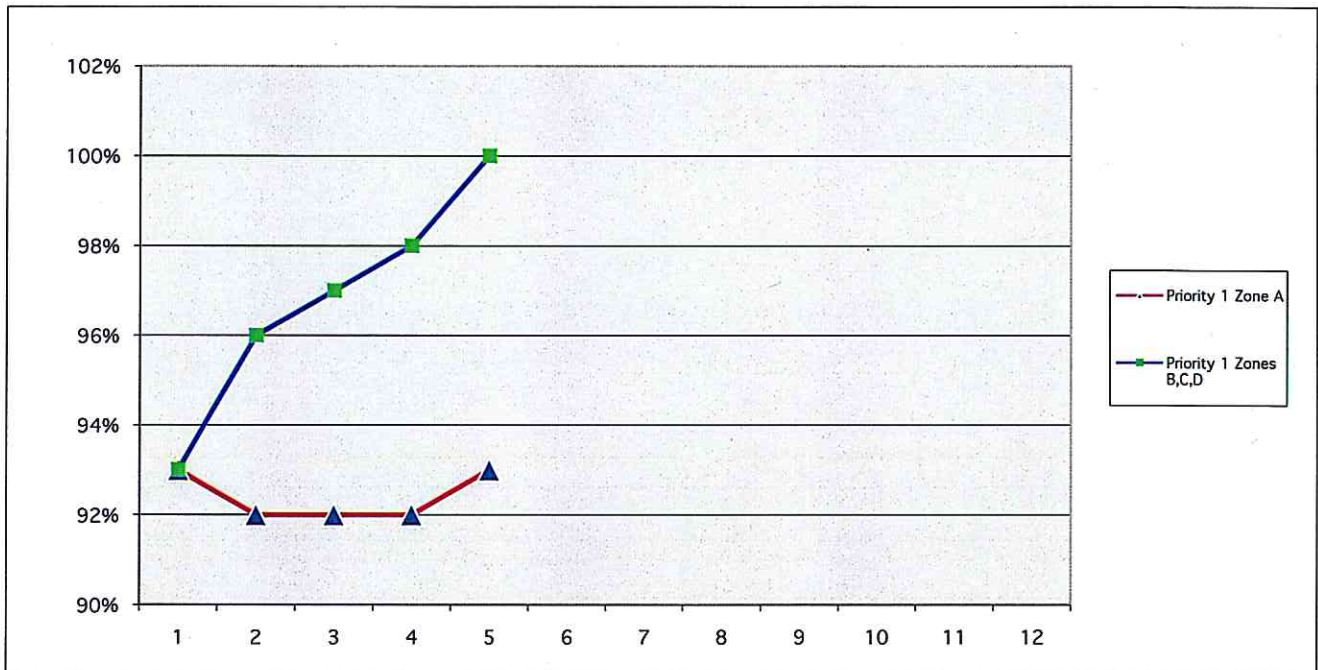
OPERATIONS REPORTS

FOR

NOVEMBER 2014

Fiscal 2015

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.	5 mins. 58 secs.	92%	96%
Sept.	5 mins. 35 secs.	92%	97%
Oct.	5 mins. 54 secs.	92%	98%
Nov.	5 mins. 59 secs.	93%	100%
Dec.			
Jan. 2015			
Feb.			
Mar.			
Apr.			
May			
June 2015			

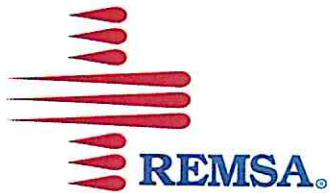


Average Response Times by Entity									
Month/Year	Priority	Reno	Sparks	Washoe County	Month/Year	Priority	Reno	Sparks	Washoe County
July 2014	P-1	5:07	5:59	8:34	Jan. 2015	P-1			
	P-2	6:33	6:55	9:53		P-2			
Aug. 2014	P-1	6:06	6:11	9:07	Feb. 2015	P-1			
	P-2	6:54	6:51	10:03		P-2			
Sept. 2014	P-1	5:23	6:01	10:29	Mar. 2015	P-1			
	P-2	5:54	7:02	10:19		P-2			
Oct. 2014	P-1	5:20	5:56	9:23	Apr. 2015	P-1			
	P-2	5:46	6:57	9:22		P-2			
Nov. 2014	P-1	5:17	5:56	8:40	May 2015	P-1			
	P-2	5:54	6:21	9:00		P-2			
Dec. 2014	P-1				June 2015	P-1			
	P-2					P-2			

REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.	3965	\$4,234,791	\$1,068	\$1,069
Sept.	3674	\$3,942,547	\$1,073	\$1,070
Oct.	3806	\$4,059,917	\$1,067	\$1,069
Nov.	3535	\$3,791,791	\$1,073	\$1,070
Dec.			\$0	\$1,070
Jan. 2015			\$0	\$1,070
Feb.			\$0	\$1,070
Mar.			\$0	\$1,070
Apr.			\$0	\$1,070
May			\$0	\$1,070
June 2015			\$0	\$1,070
Totals	18747	\$20,057,536	\$1,070	
				Allowed ground avg bill - \$1,076.00



GROUND AMBULANCE OPERATIONS REPORT

November 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	5230
Total Number Of Responses In Which No Transport Resulted	1654
Total Number Of System Transports	3576

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		46%
OB		0%
Psychiatric/Behavioral		8%
Transfers		12%
Trauma		28%
	Trauma – MVA	8%
	Trauma – Non MVA	20%
Unknown/Other		4%
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: 3576
 Total number of above calls receiving QA reviews: 299
 Percentage of charts reviewed from the above ALS transports: 8%

Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
11/4/2014	REMSA	7
11/6/2014	EMS CES 911 Training	8
11/6/2014	Riggs Ambulance	6
11/9/2014	EMS CES 911 Training	2
11/12/2014	REMSA	10
11/14/2014	REMSA	7
11/20/2014	REMSA	4
11/22/2014	EMS CES 911 Training	1
11/25/2014	EMS CES 911 Training	10
11/30/2014	EMS CES 911 Training	3

Advanced Cardiac Life Support Recert

Date	Course Location	Students
5/12/2014	Humboldt General Hospital	1
9/18/2014	Humboldt General Hospital	5
9/29/2014	East Fork Fire Paramedic District	9
10/8/2014	Humboldt General Hospital	5
10/13/2014	East Fork Fire Paramedic District	12
11/8/2014	EMS CES 911 Training	3

11/8/2014	Casey Quinlan	4
11/11/2014	EMS CES 911 Training	2
11/12/2014	Barb Murphy-Vonarx	1
11/12/2014	Eastern Plumas Healthcare	2
11/14/2014	EMS CES 911 Training	2
11/18/2014	Saint Mary's Regional Medical Center	11
11/18/2014	REMSA	11
11/25/2014	EMS CES 911 Training	2
11/26/2014	REMSA	8

Advanced Cardiac Life Support Skills

Date	Course Location	Students
11/3/2014	REMSA	1
11/4/2014	REMSA	1
11/7/2014	Riggs Ambulance	1
11/12/2014	REMSA	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
11/3/2014	REMSA	4

Bloodborne Pathogen

Date	Course Location	Students
11/18/2014	Jennifer Kraushaar	18
11/19/2014	Jennifer Kraushaar	8
11/20/2014	Jennifer Kraushaar	20
11/24/2014	Career College of Northern Nevada	2
11/24/2014	Career College of Northern Nevada	5

Family & Friends CPR Awareness

Date	Course Location	Students
7/28/2014	Saint Mary's Maternal Child Services	10
8/11/2014	Saint Mary's Maternal Child Services	16
8/14/2014	Saint Mary's Maternal Child Services	6
9/8/2014	Saint Mary's Maternal Child Services	12
9/22/2014	Saint Mary's Maternal Child Services	7
10/8/2014	Saint Mary's Maternal Child Services	2
10/12/2014	Saint Mary's Maternal Child Services	3
10/13/2014	Saint Mary's Maternal Child Services	11

Health Care Provider CPR

Date	Course Location	Students
4/25/2014	Career College of Northern Nevada	1
5/20/2014	Riggs Ambulance	12
5/27/2014	Riggs Ambulance	9
6/27/2014	Humboldt General Hospital	10
9/8/2014	Humboldt General Hospital	13
9/23/2014	Humboldt General Hospital	16
9/29/2014	Carson High School Health Science	27
9/30/2014	Carson High School Health Science	27
10/1/2014	Carson High School Health Science	27
10/2/2014	Carson High School Health Science	27
10/6/2014	Carson High School Health Science	27
10/7/2014	Humboldt General Hospital	10
10/7/2014	Carson High School Health Science	10

10/8/2014	Carson High School Health Science	27
10/9/2014	Carson High School Health Science	27
10/10/2014	Humboldt General Hospital	5
10/15/2014	Milan Institute	9
10/26/2014	Sierra Nevada Job Corps	6
10/31/2014	REMSA	1
11/1/2014	CPR 1St Aid Training	1
11/3/2014	Newmont Mines	27
11/3/2014	EMS CES 911 Training	3
11/3/2014	Carlin Volunteer Fire Department	9
11/4/2014	EMS CES 911 Training	2
11/4/2014	REMSA	8
11/6/2014	REMSA	8
11/6/2014	REMSA	9
11/6/2014	Gerald Purdum	1
11/7/2014	Career College of Northern Nevada	7
11/7/2014	Silver Legacy	9
11/8/2014	REMSA	10
11/8/2014	TMCC WDCE - REMSA	16
11/8/2014	Riggs Ambulance	19
11/9/2014	EMS CES 911 Training	10
11/10/2014	Storey County Fire Department	1
11/10/2014	Lander County Community Health	11
11/12/2014	Carlin Volunteer Fire Department	5
11/12/2014	Milan Institute	7
11/13/2014	Nevada Legislative Counsel	2

11/13/2014	Eastern Plumas Healthcare	5
11/13/2014	West Hills Hospital	4
11/13/2014	Lander County Community Health	4
11/13/2014	Fresenius Medical	4
11/13/2014	Sierra Nevada Job Corps	6
11/14/2014	Lander County Community Health	8
11/15/2014	Nye County Emergency Management	2
11/16/2014	Paula Steinmentz	3
11/16/2014	UNR Orvis School of Nursing	12
11/16/2014	Majen	6
11/16/2014	Barrick Goldstrike Mines	2
11/17/2014	REMSA	8
11/18/2014	REMSA	8
11/19/2014	REMSA	8
11/19/2014	REMSA	5
11/19/2014	REMSA	4
11/20/2014	Humboldt General Hospital	3
11/21/2014	Nevada Legislative Counsel	6
11/21/2014	Riggs Ambulance	4
11/21/2014	Barrick Cortez Gold Mines	1
11/22/2014	REMSA	3
11/23/2014	UNR Orvis School of Nursing	12
11/25/2014	Nevada Legislative Counsel	5
11/25/2014	Jennifer Kraushaar	4
11/25/2014	Lawrence Smith	1
11/30/2014	UNR Orvis School of Nursing	9

11/30/2014	UNR Orvis School of Nursing	8
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Health Care Provider Employee

Date	Course Location	Students
11/4/2014	REMSA	1
11/12/2014	REMSA	1
11/17/2014	REMSA	1
11/17/2014	REMSA	1
11/19/2014	REMSA	1
11/19/2014	REMSA	1
11/20/2014	REMSA	1
11/24/2014	REMSA	1
11/25/2014	REMSA	1
11/25/2014	REMSA	1

Health Care Provider Recert

Date	Course Location	Students
7/7/2014	Humboldt General Hospital	7
8/21/2014	Humboldt General Hospital	6
11/1/2014	Humboldt General Hospital	16
11/3/2014	REMSA	8
11/6/2014	EMS CES 911 Training	1
11/7/2014	REMSA	9
11/8/2014	Hearthstone of Northern Nevada	5
11/8/2014	EMS CES 911 Training	2
11/10/2014	REMSA	5
11/13/2014	REMSA	8

11/13/2014	Washoe County School District	3
11/13/2014	Humboldt General Hospital	9
11/13/2014	Humboldt General Hospital	2
11/14/2014	EMS CES 911 Training	7
11/15/2014	REMSA	8
11/16/2014	EMS CES 911 Training	1
11/18/2014	Tahoe Forest Hospital	15
11/18/2014	EMS CES 911 Training	2
11/20/2014	Sierra Army Depot	3
11/20/2014	Sierra Army Depot	4
11/20/2014	REMSA	6
11/20/2014	Aaron Boyce	6
11/21/2014	Hearthstone of Northern Nevada	9
11/21/2014	REMSA	7
11/22/2014	EMS CES 911 Training	3
11/24/2014	EMS CES 911 Training	1
11/24/2014	Lander County Community Health	1
11/24/2014	Casey Quinlan	1
11/24/2014	REMSA	5
11/25/2014	EMS CES 911 Training	1
11/25/2014	Nevada Air Guard	1
11/25/2014	REMSA	8
11/25/2014	Tahoe Douglas Fire Department	4
11/25/2014	Tahoe Douglas Fire Department	7
11/25/2014	Tahoe Douglas Fire Department	1
11/26/2014	Nevada Air Guard	4

11/26/2014	REMSA	6
11/28/2014	EMS CES 911 Training	2
11/30/2014	CPR & Medici	1

Health Care Provider Skills

Date	Course Location	Students
10/14/2014	Majen	2
10/30/2014	REMSA	1
10/31/2014	REMSA	1
10/31/2014	Tahoe Forest Hospital	1
11/3/2014	Willow Springs Center	3
11/5/2014	Tahoe Forest Hospital	1
11/6/2014	Paula Green	1
11/8/2014	Dave Zordell	7
11/10/2014	Majen	1
11/13/2014	REMSA	1
11/13/2014	Paula Green	2
11/14/2014	Willow Springs Center	4
11/14/2014	Willow Springs Center	1
11/17/2014	Majen	1
11/18/2014	Paula Green	1
11/19/2014	Riggs Ambulance	1
11/19/2014	Tahoe Forest Hospital	1
11/19/2014	Willow Springs Center	4
11/20/2014	Tahoe Forest Hospital	1
11/21/2014	Majen	1
11/21/2014	Tahoe Forest Hospital	1

11/24/2014	Majen	10
11/25/2014	Majen	1
11/25/2014	Majen	2
11/25/2014	Riggs Ambulance	1
11/25/2014	Tahoe Forest Hospital	6
11/26/2014	Tahoe Forest Hospital	2

Heart Saver CPR/AED

Date	Course Location	Students
8/11/2014	Humboldt General Hospital	15
10/27/2014	Humboldt General Hospital	13
11/5/2014	Washoe County School District	7
11/6/2014	Washoe County School District	2
11/7/2014	Nevada Air Guard	3
11/8/2014	Washoe County School District	5
11/10/2014	EMS CES 911 Training	2
11/12/2014	REMSA	10
11/12/2014	Washoe County School District	5
11/13/2014	Washoe County School District	5
11/13/2014	Nevada Air Guard	3
11/14/2014	Paula Green	6
11/14/2014	Paula Green	4
11/15/2014	Elko County School District	2
11/15/2014	Elko County School District	1
11/15/2014	Washoe County School District	5
11/15/2014	Randi Hunewill	17
11/17/2014	Washoe County School District	4

11/18/2014	Washoe County School District	3
11/19/2014	Washoe County School District	5
11/19/2014	UNR EHS	6
11/19/2014	Dustin Hopfe	3
11/19/2014	Humboldt General Hospital	7
11/20/2014	Ben Brown	5
11/22/2014	Washoe County School District	5
11/22/2014	REMSA	7
11/26/2014	Dustin Hopfe	2

Heart Saver CPR/First Aid

Date	Course Location	Students
5/17/2014	Riggs Ambulance	9
7/16/2014	Humboldt General Hospital	3
8/8/2014	Humboldt General Hospital	8
8/8/2014	Sierra Nevada Job Corps	3
10/6/2014	Humboldt General Hospital	27
10/8/2014	Humboldt General Hospital	20
10/31/2014	Alex MacLennan	10
11/1/2014	Nampa Fire Department	25
11/1/2014	REMSA	5
11/4/2014	Majen	4
11/6/2014	Sierra Army Depot Training Division	9
11/6/2014	Jennifer Kraushaar	13
11/7/2014	Majen	10
11/7/2014	Community Living Options	1
11/7/2014	Sierra Nevada Job Corps	12

11/10/2014	Humboldt Human Development Services	1
11/10/2014	Eagle Valley Children's Home	3
11/11/2014	Majen	4
11/12/2014	Sierra Nevada Job Corps	7
11/12/2014	Majen	1
11/13/2014	Humboldt Human Development Services	2
11/14/2014	Sierra Nevada Job Corps	7
11/15/2014	Barrick Goldstrike Mines	8
11/15/2014	Sherwin Williams - REMSA	11
11/15/2014	REMSA	10
11/18/2014	Jennifer Kraushaar	18
11/18/2014	Majen	4
11/19/2014	Work of Heart	7
11/19/2014	Majen	15
11/19/2014	Jennifer Kraushaar	8
11/20/2014	Work of Heart	6
11/20/2014	Jennifer Kraushaar	20
11/20/2014	Susan Phillips	3
11/20/2014	Susan Phillips	4
11/21/2014	Sierra Nevada Job Corps	7
11/21/2014	Community Living Options	3
11/21/2014	Nampa Fire Department	12
11/24/2014	Nye County Emergency Management	4
11/26/2014	Majen	10

Heart Saver First Aid Skills

Date	Course Location	Students
10/30/2014	REMSA	2
10/31/2014	REMSA	1
11/4/2014	Majen	1

Heart Saver First Aid

Date	Course Location	Students
11/5/2014	Silver Lake Volunteer Fire Department	1
11/7/2014	Community Living Options	1
11/7/2014	Silver Legacy	9
11/9/2014	EMS CES 911 Training	6
11/13/2014	Nevada Legislative Counsel	2
11/13/2014	Elko County School District	3
11/13/2014	Milan Institute	5
11/18/2014	Majen	1
11/18/2014	Washoe County School District	5
11/19/2014	Majen	1
11/21/2014	Nevada Legislative Counsel	6
11/25/2014	Nevada Legislative Counsel	5

Heart Saver CPR/ AED - Spanish

Date	Course Location	Students
11/25/2014	REMSA	3

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
11/8/2014	Verdi Elementary School - REMSA	17

11/15/2014	REMSA	9
11/15/2014	Margaret Twohey	3
11/22/2014	Jennifer Kraushaar	7
11/22/2014	Eastern Plumas Healthcare	6

International Trauma Life Support

Date	Course Location	Students
10/13/2014	REMSA	10

International Trauma Life Support Recert

Date	Course Location	Students
11/19/2014	REMSA	12

Pediatric Advanced Life Support

Date	Course Location	Students
11/6/2014	REMSA	6
11/24/2014	REMSA	8
11/30/2014	Mark Norwood	2

Pediatric Advanced Life Support Recert

Date	Course Location	Students
4/3/2014	Humboldt General Hospital	1
5/12/2014	Humboldt General Hospital	1
9/30/2014	East Fork Fire Paramedic District	8
10/8/2014	Humboldt General Hospital	5
10/13/2014	East Fork Fire Paramedic District	11
11/4/2014	EMS CES 911 Training	2
11/10/2014	REMSA	6
11/12/2014	Barb Murphy-Vonarx	3

11/22/2014	REMSA	7
11/24/2014	EMS CES 911 Training	2

Pediatric Advanced Life Support Skills

Date	Course Location	Students
11/12/2014	Zack Marcus	1
11/18/2014	Tahoe Douglas Fire Department	2
11/26/2014	Riggs Ambulance	2

Pediatric Advanced Life Support Instructor

Date	Course Location	Students
11/10/2014	Great Basin College - REMSA	2
11/24/2014	REMSA	8

Pediatric Emergency Assessment, Recognition & Stabilization

Date	Course Location	Students
11/5/2014	John Mohler & Co	5

Ongoing Courses

Date	Course Description / Location	Students
11/1/14	REMSA Education - EMT Transition	16
11/4/14	REMSA Education - EMT Transition	14
11/17/14	REMSA Education - EMR	8
8/11/14	REMSA Education - EMT	36
10/6/14	REMSA Education - CCEMTP	26
2/1/14	REMSA Education- Paramedic	13
8/26/14	REMSA Education - Paramedic	14
Total Students This Report		1882

5. COMMUNITY RELATIONS:

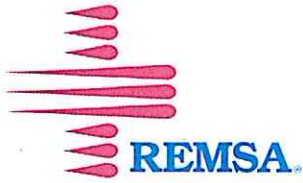
Community Outreach:

Point of Impact

Date	Description	Attending
11/1/14	Child Safety Seat Checkpoint, McDonald's on Silverada Blvd, Reno; 20 cars and 25 seats inspected.	20 volunteers; 3 staff

Safe Kids Washoe County

Date	Description	Attending
11/4/14	2014 Nevada Health Conference Planning Meeting	1 staff
11/5/14	Baby Fair and Diaper Derby Planning and Supplies	1 staff
11/6/14	Esther Bennett Elementary School Safety Committee meeting, Sun Valley.	6 volunteers; 1 staff
11/7/14	Maternal Child Health Advisory Board Meeting	1 staff
11/12/14	Child Death Review Executive Committee Meeting	2 staff
11/12/14	Fetal Infant Mortality Review meeting	1 staff
11/14/14	Esther Bennett Photojournalism Class	2 volunteers; 1 staff
11/17/14	Northern Nevada Maternal Child Health Meeting	1 staff
11/19/14	Immunize Nevada Monthly Meeting	2 staff
11/21/14	Safe Kids Day Webinar	1 volunteer; 1 staff



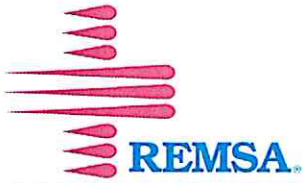
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
NOVEMBER 2014**

INQUIRIES

November 2014

There were no inquiries in the month of November.



Regional Emergency Medical Services Authority

CUSTOMER SERVICE

FOR

NOVEMBER 2014

GROUND AMBULANCE CUSTOMER COMMENTS NOVEMBER 2014

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Prompt & courteous. Immediate care and concern for pain & well being.	Return the twin fitted bottom white sheet with the patient's name on it. Thank you.	
2	Your young men did a great job. They were so good at making my fears and nervousness (nervous).	I think I got the best service.	Just great. 1 out of 10.
3	Everything. Polite, professional moved me out the house & into the bus and I.V. with no pain.	Nothing. Everyone was so helpful. They had their hands full.	
4	Supported me.		
5			Your staff that helped me were above and beyond polite and very pleasant.
6	Everything; even moved my furniture back -	Nothing I know of.	Very thorough. Thank you!
7	Everything! My treatment by REMSA could not have been better, after my own stupid mistake in tripping & falling.	I just hope you don't HAVE to serve me again!	I'll try to stay out of trouble - Thank you!
8	Very kind and considerate with our situation.		
9	Everything.		It was good.
10	Professional, caring, confident.		Excellent care & service!
11	Somewhat I didn't like the fact that they said I moved my feet when they transferred me I could not move anything.	Not lie.	
12			Both paramedics were informative, helpful, kind & considerate.
13	Everything was handled in a professional & competent manner.	Good job.	
14	The medic was great!!!	Nothing at this point.	
15	Prompt response & extremely helpful.	You're great.	
16	Everything. I felt like I was in the best hands possible.	-0-	
17	Very patient with patient's hundreds of questions. Very polite, professional and kind.		
18	Very professional & helpful.	Doing a good job now.	
19	The service was fully appreciated, both of the personal was helpful, good and kind.	I found both men met the needs of or the information I needed, they were professional in every way.	I have to say excelent. I felt confident I was in good hands and care.
20	Prompt, careful & caring service. Thank you so much.		
21	No comment.	No comment.	Made it comfortable enough for me.
22	Kept me calm.	Can't think of anything.	Thanks so much for everything.
23	Dispatcher was very calming and let me know exactly what was happening. Crew was very efficient, sympathetic and thorough.	Nothing. You are great.	
24	"Very" respectfull.	We (family) see nothing.	
25	Nothing. I was physically f**king abused by your punk ass workers.	Touch me & you'll get a law suit.	You people f**king suck. I'd be dying and would'nt call you. f**k off.
26	Transported me carefully.	Can't think of anything.	
27	Very polite & compassionate. Thank you.		
28	Everything.	As usual.	
29	They were so quick and transferred me to the hospital. They did an excellent job. They really took care of me good. They are really professional.	I am just very impressed that they save a lot of people's life.	Just beautiful. No comment. I knew everything. I wasn't unconscious.
30	Very professional staff. Have never had issues with your staff in 4 yrs. of service.	Let me know blood pressure. Give me a written document w/blood pressure.	Hospital Dr. was not happy I was brought in with the blood pressure I had and I was put in the middle. Have been in to St. Mary's Heart Group and Dr. said to go in if chest - 10-24-14 - hurts or blood pressure up. The are doing stress test treadmill/ultrasound of heart and monitor of heart. Your staff most probably saved my life. Dr. found my blood pressure high at visit. Good job.
31	We have had the need of REMSA services on more than one occasion. They have always given the best of care.	Nothing.	See above.
32	Help me breathe better.		
33	The gentleman was very polite & helpful.	Nothing!	God bless you for your services. Thank you!
34	Everything.	Everything was excellent.	Everything was excellent.
35	Everything.	Everything was excellent.	Everything was excellent.
36	Everything went very well.	Keep doing well & on time.	
37	Everything!	Everything was great!	
38	You guys were there so fast!	Nothing.	We are blessed to have you all!
39	Asking if I had any medical problems & how did this incident happen.	I'm not sure.	The REMSA staff was very respectful & helpful.
40	Responded quickly & efficiently, very professional.		
41	You were notified by Life Station and the response time was very quick after you were notified.		Your care and service was outstanding. I am grateful for all your service.
42	You saved my wife's life. Kudo's to the paramedic's. Thank you very much.	You did a great job!	I was frustrated with the 911 person. Kept asking me 500 ques. -- Your welcome, she is coming home Oct. 31, 14 (trick or treat night).
43	You are the best...always... I did get the best of care.		But I do have a problem. I was wareing a heart shaped sapphire necklace, & an mother of pearl ring...which i no longer have. Who do I call.
44	You were on time. Personnel was confident & calm.		Thank you!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
45	Very helpful.		
46	I think that they were outstanding and very professional.	I was very happy with their care.	The young man was excellent getting a line in (IV catheter). I have not received a bill at this time. (Retired RN)
47	The was quick to get here. I was still on the phone with the dispatcher.	Nothing. Everything was good.	It was quick & good. Thank you for your help.
48	Excellent.	Your service is excellent.	
49	Polite conversation & very comforting.	Don't plan on being there again.	Great job!
50	Excellent care all the way.	Fully covered all aspects.	
51	Everyone was real helpful and nice.	Everything was fine.	
52	I can't fill this out, I'm sorry. I was unconscious & have no recollection of the transport to hospital.		
53	Everyone did a great job. Thanks crew.		
54	Prompt, caring, efficient, tender.	Just stay as you are.	AAA++
55	No problems. All was well done and professional.	-	
56	Excellent.		Wonderful.
57	Everything was done in a great manner & with comfort.	Just keep doing what you are doing.	
58	You were professional, polite, & kind.		
59	Everything - thank you.		
60	Provided comfort & assisted in calming my son.	N/A	N/A
61	REMSA arrived in record time!!		These guys are top notch.
62	Consoling, instant in taking vital signs, & reassuring.	Stay as good as you are.	
63	The team that responded (apologies for not remembering names) were professional and made me feel comforted in stressful situation.	Keep open lines of communication. As a patient of a stressful accident, stress continues after accident as well.	Thanks to all who helped!
64			Everyone was great. Very nice and calming to my 8 yr old.
65	Timely response with professional attitudes.		
66	Took patient to ER for x-rays. P.T.S.D.	Currently very good.	Good care & attitude.
67	Everything!!	They all were the greatest! So, nothing.	
68	Staff were excellent explaining procedures, but they were most helpful dealing w/my son.	N/A	
69	Everything.	Nothing, just send us the bill.	Your staff ask questions and done there job very well.
70	Everything.		Everyone was very helpful.
71	Nothing.	This was a mess from the moment your crew arrived - just causing me more distress.	Horrible and unprofessional experience! I was in severe pain at like 4 in the morning. I had put this off for 2 hours because I knew in spite of the pain - it was not life threatening. When your crew arrived they said they were there to help me with a bed bug problem. (I had no bed bugs. I had never mentioned the words bed bugs.) Then they asked if I was certain I wanted to go to the hospital, I (being in a lot of pain) said yes. The REMSA crew member said that if I was going to get upset, she would call the police on me. I've had to use REMSA before, but this time was horrible and unprofessional.
72			Was at hospital. Never met paramedics. All I know is she pushed her alert.
73	You did just fine. Thank you.		
74	The crew was very helpful.		
75	Prompt & very curtius.		Excellent!
76	Everything.	Just what your doing. Save lives.	
77	Everything was great.	Your service is the best.	
78	Professional while still being friendly and showed concern for patient.		Very nice to family members. Provided directions to hospital.
79	Everything, very professional. They gave me a good exam before moving me.	We have always had good service when we had to call.	They offered to let my wife ride in the ambulance with me.
80	Good service.		
81	Responded within 15 minutes - crew very kind and gentle. Thank you.		
82	A great job.	Nothing.	-0-
83	The 2 paramedics were amazing. I do not remember much from the incident, but I do remember how respectful they both were. They were caring not only to me, but made my kids feel better. My husband was amazed with them, and because of them my husband, after 17 years of of law enforcement, has enrolled in the paramedic program. No one wants to be in the ambulance, but they were two amazing! If we ever have to use your service again, I can only hope they are the two to respond. I can only thank you enough for the service and quality of people REMSA hires. Know not only myself, but my children and husband will forever be grateful for the 2 paramedics. They both are the true definition of public service.	N/A	N/A
84	Friendly in time of stress.		

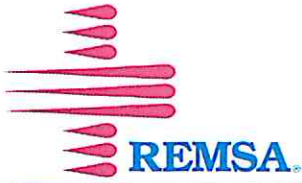
What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
85		Quick, friendly, informative & very responsive. Very thankful to have such a great crew.	It was very sad when you & others lost a family member & friend in (person's name) on 11/06/13.
86	Helped me make decision re: going to hospital.	Nothing - service and EMTs were great - please let me know.	Very cognizant of my concerns.
87	Very nice and very helpful. Extra kind to a sick scared old lady.	Nothing you were great.	Its nice you can help people who need it and treat them like humans!
88	Everything. No complaints.	Get off the scene of incident asap.	I can't pay you, I am going to have file BK. Please be patient, I will have the BK #'s asap.
89	Everything - THANK YOU!		All 3 staff were professional and took time w/me, asking ques. and offering options.
90	Got IV started, I'm a very hard stick.	I can't think of anything to say that would be negative.	Everything was fast and courteous.
91	Caring.		
92	Everything.	Nothing.	Made me feel relaxed and in good hands and would be okay.
93	Got my wife from bed to the ambulance and protected her modesty the whole time.	No suggestion - job well done!	The crew checked on us each time they came back to the ER.
94	Everything!		
95	Came quickly, staff was knowledgeable and personable.	Get an ambulance with a smoother ride - my rode rough.	
96	Very personable.	You were great.	
97	I had a fever of 107. They told me that that wasn't bad so I relaxed some. My heart rate was 170 because I was scared. The fever & heart rate went down because they lied to me. I didn't know 107 was really bad. Thank you.	Nothing.	
98	Everything.		Very good.
99	Kind, personal, efficient ---- kept me informed -	Keep up good work.	I was very pleased w/the 2 young men that day on the ambulance.
100	All.		
101	In every respect: They were very kind and thought full - wish every person treated with the respect they did.		We thank you.
102		N/A. Your doing a wonderful job.	it was very good.
103	Provided professional & prompt assistance. Took the time to listen to our concerns.	N/A	Thank you to all involved.
104	Very prompt and efficient.		Friendly and put me at ease.
105		Excellent service.	You are the best professional.
106	Made pt comfortable.		
107	You f**king suck. I was physically abused and laughed at while having a panick attack.	Don't touch me and never send heartless f**ks who abuse people.	POOR/SHITTY/HORRIBLE - f**k OFF
108	Knowable, courtesy, kind, speedy. Very pleased.		My Drs. office called for transport to the hospital.
109			Thank you for all your help.
110	Perfect service for the transfer to med flight.		
111	Efficient, polite, business at all times. Got the needle in first try - no pain.	"Keep on truckin"	N/A
112	Everything was perfect. Thank you.		
113	Driving, timely, navigated well, good communication, helpful, above and beyond.	Billing is polite but NOT helpful.	
114	Accomodated special needs well.	Nothing, service was superb.	Crew was genuinely caring - clear that it's not "just a job." Very professional & knowledgeable. After 35 yrs. in law enforcement, I know the difference.
115	Very prompt with care.		
116	Prompt, and the paramedics were nice, and kept me informed on what they were doing.		
117	Your response has always been excellent. We have had to call 911 several times.	Just what you have been doing. We always know when we call help will be on the way.	
118	Seemed effcent & helpful. Thank you.		
119	Very professional.	-0-	
120	All of it!	Keep doing what you dol	Great.
121	All the above.	Nothing.	Good care of the patient.
122	I felt compassion & care for my mother & myself in a situation that appeared grim.		Thank you for the medical staff you hired. I will never forget their faces & care.
123	EMTs were calm, personable, helpful - did their job - allowed me to ride in passenger seat to hospital since we're out of town.	We appreciated them - given the circumstances - positive experience.	
124	Got my husband to the hospital extremely quick. Everyone was compassionate, courteous & very professional.		Job well done!
125	Arrived promptly - competent & caring.	Keep up the good work.	Excelent.
126	Made me as comfortable as possible. Treated me with compassion.		
127	Yes.		
128	"Bedside" manner.		
129	Everything.		
130	Helpful - help to relieve the stress by talking.	I have no idea. Everything was awsome.	Say hi to (Rocky the Flying Squirrel) & I believe (The OR Flying Goose) the Englishman.
131	Timely & efficient.	-	
132	We were very pleased with all of the help that we received, everything was great.	Everything was perfect.	
133	My husband was in Vietnam in the 1960's. He was exposed to Agent Orange.	Your services are always exceptional! Thank you!	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
134	I was having an anxiety attack in the middle of the night. I'd been having them for some time.	Two medications that had been prescribed for me were not effective. My husband was in bed taking dialysis, so I couldn't wake him up to take me to the emergency room. So I felt so bad, I had to call you for your "prestine services." Thank you! I'm now on correct medicine for anxiety & I'm normal again! Doctor at (St. Elizabeth) hospital put me on Lorazepam (ativan) every 8 hrs.	
135	Nothing. My boyfriend died in your ambulance. Your staff wouldn't let me be w/him.	Be more sincere.	
136	Everything. The ambulance folks were great. They both deserve bonuses.		
137	With us being from Out of State. Everyone was kind, helpful, and professional!	Nothing.	
138	Quick response & quick assesment of situation. Very professional & helpful.	Nothing - very efficient & knowledgeable.	In general - response was great - the emergency.
139	Everything.	-0-	Very professional.
140	Your people were knowledgeable.	Nothing.	
141			All of your professionals were wonderful!
142	Everything.	Keep doing what you do.	
143	On site personnel very knowledgeable - shared all info with us. First class!		
144			I have REMSA insurance.
145	Immediate response.		
146	Helpful.	Just keep being friendly. Always there for me when I needed them.	
147	Considerate of patient and family members. Professional and knowledgeable team.	Nothing we can think of at this time.	
148	Explain the trip well. Kept me calm.	N/A	The trip was smooth, but once we got to Oakland it took too long.
149	Efficient/courteous/cheerful/able!		Excellent.
150	Everything.	Stay the same. Thank you.	
151	Everything.	Nothing, except maybe enter & leave bldg from the BACK of the building.	Good.
152	Arrived in Palomino Valley quickly.		
153	Prompt, efficient, compassionate!	Nothing.	Perfect!
154	Very efficient & friendly.		Everyone was so nice & calm as I (the wife) was freaking! Thank you for being there.
155	I felt that they were careful in handling patient & waiting for me, as I followed behind them to Carson City.	Nothing I can think of - thank you.	Did fine job driving knowing I was following.
156	Get here on time very helpful.		
157	Everything.	Nothing.	
158	Everything! Great team.		
159		The crew was great but hospital made all arrangements.	
160			I'm sorry but hospital made arrangements. When I meet crew at hospital after transported the were great.
161			Patient was transported from Life Care to Renown. I was not there but crew is always great.
162	Everything.	N/A	
163	Yes, I appreciate the service to the hospital! However in NO way should the techs say they thought I took to much pain medicine without knowing. Which took the focus of the true problem, STROKE, a brain hemorrhage in the occipital! Also just because someone can't respond doesn't mean they can't hear! I had to listen to jokes, laughing and stupid conversation among the techs. I was so scared, unable to see and in great pain! The ambulance was the worst part of my stroke, because of the insensitive and unprofessional behavior of techs. Please understand this isn't to get anyone into trouble but to help them better service in the future!		2:30 pm Sept. 5th 2014
164			The crew in general were very nice and courteous, no complaints. The young lady was especially nice. You should kick out all the grouchy men and hire all women (just kidding).
165	Everyone was wonderful! I am in REMSA 30 day program. The two ladies that came are so sweet & helpful. God bless them!! They explain how the REMSA program work.		
166	I am currently unemployed & using Medicaide.		
167	Everything. Service crew was great.	Keep up the great service.	
168	Came in a timely manner. Very polite. They treated me with respect.		They showed great concern about what was going on.
169	Good job.		
170			Give this crew a raise and paid vacation...well done!
171			10 out of 10 for this crew...as always!
172	Took care of dehydration quickly.	?	Very satisfactory.
173			I am so sorry but I was out cold from before the ambulance picked me up until the next day! I'm sure the service was very good! Sorry I can't be more helpful.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
174		Nothing - your people were calm, arrived in a timely manner & informative.	
175	Everything went just well.		
176	Excelent.	-	-
177	Helped me thru a very stressful time.	Your people are great.	
178	Timely and efficient.	Nothing.	
179	Everything well thanks.	You all done good.	Very good.
180	Told me I would not fall out of carriers.		
181	Excellent.	-	
182	Everything.	Nothing.	Very helpful.
183	Helpful to calming me and allowing me the option to follow them to the hospital.		
184	The paramedics had patient in the ambulance doing CPR - very kind to me - I was in shock. Polite and caring. Although patient died - they did their all to save him.		
185	Very attentive people.		
186			Was unconscious entire time.
187	Your flight crew were very kind caring and professional. Good job!!!	You are doing a good job - can't think of anything you could do to improve.	
188	Over all frome the time I was pick-up from the VA, to Renowne. They were vary professional.	Nothing.	Everything went smoothly and timing.
189	Made patient so comfortable with them that he went willingly (he had dementia).	I can't imagine.	(Deceased)
190	Good.	Good.	Good.
191	Your staff was able to calm me and give me the information that I needed in a way I understood.	Keep everything the way it is...it's perfect to me.	I thank you for all of your help in my care.
192	Very supportive, kind & helpful during my crisis.		
193	Everything, great job.		Both guys were competent and professional; great job.
194	You handled well bringing my spouse back to our apartment.	Keep up the good work.	The care and service was well done. I can't ask more. Thank you so much! God Bless!
195	All.	Be faster.	
196			We have used REMSA several times. Always fine.
197	Prompt & discreet. Thank you.		
198	Friendly, efficient.		
199	Good communicators. Attentive.	/	/
200	Everything.	Nothing.	Very prompt, courteos, helpful.
201	Friendly & cheerful.	-	Pleasant & willing to help in any way.
202			Everyone was very nice.
203	Having never needed this type of service compounding by traveling to Reno for work. They were amazing! I felt safe and assured it was ok. They used my blood sugar tester & theirs. They talked to me not just to everyone else.		It was nice not going through the lobby - the service elevator was so nice.
204	Everything.		
205	Everything. The guys were superb.		
206	Poorly - the driver drove all over hell to reach St. Mary's took twice as long - he went through all kinds of residential neighborhoods when all he had to do was go to the end of the street and turn right on La Posada to Pyramid.		I kept telling him he was going in circles but he would not listen! Ridiculous!!!!
207		I was in your hands 100%. I am still here. I had just finished eating a bowl of soup. As I got up to return the dish to the sink I had a (pop) in my left side of my head - I went down for seconds - I felt and saw blood - I went to the refrig - got an ice pack/grabbed a towel, and wrapped it over the ice - called REMSA/grabbed my purse & keys - said I would meet them downstairs - 2 met me in the elevator - from then on you - all of you were excellent. At 94 I did pretty good myself.	
208	Seamless care and transport from my E.R. room at South Meadows to the main Renown.	Nothing. My care was done in a very caring and professional manner.	
209	I thought it was good the way it was. I can't think of anything to change.		
210	Courtesy, gentleness.	N/A	
211	You were very informative.	Make sure that your patient is properly secured, I had to brace myself to stay on the gurney.	
212	Response time alway's good. When I called medic's explained medications I was using well.	Year's ago I was in aircraft management work. Would like to see Carflight, if possible.	Takes a lot of dedication and hard work. Service was exelent.
214	Everything.		
215	I was mostly "out" on the pavement. But from what I can gather y'all provided thorough, expeditious, safe care.	Can't think of a thing.	
216	I can't think of anything where I did not feel safe with the new women of REMSA.		
217	Everything, courteous, makes you feel that they care about.		Just keep doing a well as you are now.
218	Made me as comfortable as possible. Showed sincere concern.		The female attendant took time to follow up on my well being. All attention greatly rec'd.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
219	Care very good.		
220	Catering to my immediate needs & concerns. Talked me through everything. ER unit was well prepared & efficient.	Nothing.	Great service. Thank you.
221	You are good people!!		
222	Keep up the excellent service.	It was very nice service.	
223	Haven't talked to billing staff yet. Very timely, paramedics were very polite, helpful, and professional.	Service was great.	
224	Took me from VA to Renown.		
225	The ride from St. Mary's to Renown was smooth & painless. Thank you.		
226	You hire a great staff. No one is perfect, REMSA is close!!		
227	Dispatcher stayed on line until ambulance arrival.	Some calming verbage while traveling to the hospital would have made the situation less stressful.	
228	Everything.	Nothing.	
229	Communicated to the person that was sick. Appreciate the helpfulness of your crews.	The boys are all great people.	Everything that REMSA does is great.
230	Everything.	Keep up all that you do.	
231	Everything.	Keep up the same great service.	
232	Got him home.	He said charge less - \$800 for 5 miles way to high.	
233	Transfers.		
234		All paperwork should be handled at the time or in a manner to separate necessary signatures from questionnaires.	When family has been dealing with long-term health issues their knowledge should be respected.
235	Got the IV in easily & quickly.	Be sure eye medication & CPAPs go with patient time allowing.	
236	Made me feel comfortable on way to hospital. I wasn't scared.		
237	Everything.	?	
238	Very quick to respond.		
239	Everything!!!	Not a thing!! Thank you.	
240	Your personnel transported me to the hospital safely.	From what I remember, your crew were well trained and performed their duties well.	I'm alive today - recovering at home. Thank you.
241	Everything.	Nothing. I'm doing fine. Much better.	Service was very good. Everyone was so helpful.
242	Everything.		Always very good service.
243	Yes. As always your service & assistance has been greatly appreciated.	More support for Nurse Hotline: 2nd time I called never got a call back.	Staff w/ambulance exceptional every time.
244	Excellent.		
245	Overall care was excellent.	Keep doing what you do.	
246	They made me feel comfortable and let me know what they were doing for me until we arrived at the hospital.		
247	Great.		
248	Excellent communication, & very patient & compassionate.	They did a great job.	
249	Promptness.	We were never asked for our insurance info; our insurance has changed!	Excellent.
250	Friendly & good care.		
251	Treated me with respect. Didn't try to move me off the floor until after they gave me some pain medicine.	Can't think of anything.	Very good. They had to find my key hidden outside because I couldn't get up. Very thoughtful.
252	Transferred me from Renown So. Meadows to Reno per doctor; urologist not available at So. Meadows.		
253	Prompt arrival after I called 911, was put on stretcher, taken to Renown Hospital emergency room.	Make sure keys secure & other items. Close purse.	My keys fell out of my zipper purse, also my ID cards. Zipper open. Lucky I got items returned.
254	The ambulance workers were extremely polite and compassionate. They communicated well and listened well.	They did a great job.	
255	Courteous, respectful, sincere, patient!!!	Unknown.	I've never gone by ambulance before, I was overly impressed with how I was treated.
256	Lifted me from sidewalk without hurting my back, gave me good advice to go to ER.		Dispatch to ask if sirens are needed. I was embarrassed.
257	All done very well.	?	Excellent.
258	Transfers were very professional.		Crew was amazingly personable & kind.
259	Everything.		
260	Calmed me down.	You were the best!!	
261	Everything - awesome.		
262	The crew was very informative, professional and curious.		
263	Pleasant and respectful.		
264	Everything.		
265	Was perfect.	Nothing.	
266	All.	Good job.	
267	Came on time. Contact hospital.	I can not think of any.	Great.
268	Made me feel comfortable.		
269	Helpful, polite & made us feel that we were in good hands.		
270	Everything.	I believe at the time I was out I did not know that the Sparks police fingerprinted me when I was out.	
271	Prepair to patient moved.		

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
272	Ya'll saved my life.	Nothing.	Thank ya'll bunches for giving a second chance with my family & friends. Sorry about my wrighting. Thank ya'll again.
273	Fast and very efficient.	You do good.	
274	Everything.	Nothing.	
275	Made me feel at ease.	Nothing.	Very good.
276	The entire operation went flawlessly.	If I go to the hospital again, just a duplication of the original service would be fine.	
277	Lead EMT was very professional and did a good job of helping me relax.	My sister (who has some mobility issues) wanted to accompany me, but she could not climb into the truck. It would be useful to have a step or ramp she could have used. I'm sure other older people would have similar challenges.	
278	Arrived quickly; assessed injury & pain level; treated my husband (and me) very well; gave us info & reassurance.	Dispatcher was patient and helpful when we were fumbling for the address at our daughter's house.	As a visitor in Reno, I was so thankful to have such good care.
279			
280	All things.	Clearafy proseder.	
281	From what my sisters & cousin said - they were great! One of my cousin is a nurse in Reno - she was also a great help.	Nothing that I can think of. I was kind of out of it.	From what I was told later on: They were wonderful - thank you for taking great care of me.
282	Very kind and patient with my mother (82 yrs old).	They were great! No needed improvement.	EMT and his female partner were awesome - very professional and explained everything in detail about my mother's care.
283	Everything OK.	You the exelent serv.	Your serv. is exelent and helpful and friendly.
284	They always treat me so kindly & I'm klaustrophobic spelled? & they give me my space & make me feel comfortable. You do a GREAT job. Very proffesional.	Nothing.	
285	They were all very calm, kind and professional. Thank you very much!		
286	Very nice guys.		
287	Fast, efficient, into feedback continuous, comfort.	No suggestions.	All went well.
288	Eased concerns, effective in IV insertion, knowledgeable medically.		
289	They worked well as a team. I was very comfortable with them. Thanks.		
290	Courteous & professional staff.		Thanks for being where you are needed.
291	I felt safe and in good hands. The personnel were friendly and comfortable.	-	Arrival time was good. This was the first time I've used an ambulance. I'm glad I did! Thanks.
292	Everything.	Can't think of anything.	Great.
293	Very polite and efficient.		
294	Arrived quickly - clearly explained options.	-0-	Very efficient & decisive.
295			Paramedics professional. Thanks for prompt service.
296	Got my tush where it needed to be.	You will not be need - hopefully.	
297	Very quick response, taking vital signs, & transport to ER.	N/A	Excellent.
298	Everything.	Nothing.	



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
NOVEMBER 2014

PUBLIC RELATIONS

November 2014

ACTIVITY	RESULTS
Coordinated and attended Sparks City Council meeting to present initial results of grant programs.	Meeting took place on Nov. 24.
Worked with Channel 8 on Care Flight story regarding lasers being an obstacle for pilots and the dangers.	Story ran on Nov. 26
Planning for Channel 2's Share Your Christmas food drive event.	Event will take place on Dec. 12
Pitched REMSA for inclusion in Nevada Business Magazine's story on medical education story in its January issue.	JW Hodge will be interviewed from REMSA in December.

Emergency! These People Answer the Calls



Susan Skorupa, RGJ 7:35 a.m. PST November 17, 2014
(Photo: provided to the RGJ)

Brian Taylor, a 1981 Hug High School graduate, took basic emergency medical technician classes at the University of Nevada, Reno, and credited the 1970s television show "Emergency!" with getting him hooked on pre-hospital medical care.

The Mineral County Moody-Nixon-Reuter family has built up a dynasty of emergency medical service beginning with Lowell Moody, a volunteer fire chief in the 1940s. Three generations later, Kyle Reuter, a 2004 high school graduate, is a certified First Responder and drives an ambulance. Lindsey Reuter, a 2008 graduate and Kyle's sister, is a certified EMT — emergency medical technician.

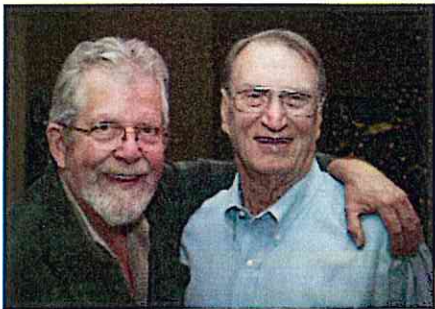
Dr. Connie Antone-Knoll graduated Wooster High School in 1967, became a doctor and in the 1980s was instrumental in getting the Fernley Volunteer Fire Department upgraded from EMT 1 classification

to EMT 2.

Rusty and Art Johnson moved to Esmeralda County in 1976 and soon took over the ambulance service started years earlier by Rusty's mother Genevieve Hanson.

Dr. Elwood Schmidt, a Reno doctor, has worked with emergency medical service personnel such as Taylor and the others — both volunteer and professional — for most of his career. When he wondered why no one had written about the many people who have treated the victims of car wrecks, fires and other emergencies, his wife Nancy Cummings, told him, "You do it."

So he did.



Photographer John Kasinger and author Dr. Elwood Schmidt
(Photo: provided to the RGJ)

"Nevada EMS: A History of Emergency Medical Services in Nevada" (\$39 at nevadaemshistory.com) is an oral history told by nearly 150 emergency medical technicians from every Nevada county, from the founding days of modern emergency services at the end of World War II

through today.

They talk about how they came to become emergency responders. They recall their most memorable emergency calls — not all calls have happy endings. Small, devoted service organizations are remembered, and the start-up pains of some of the state's best-known rescue services recounted.

"I practiced in rural communities all my life; that's what I liked," Schmidt said. "I moved to Reno in 1995 and wanted to work part-time. I filled in at Yerington with Nevada Rural Health Services, in Carlin, Eureka."

In the 1950s, Schmidt said, emergency responders put victims on gurneys, and ambulances rushed them

off for treatment. Over the years, emergency responders have become well-trained and armed with equipment.

"It turned out to be fun," Schmidt said of his research. "I could relate to the EMS people and had worked on their patients for all those years."

It took about 18 months for Schmidt to conduct interviews in every Nevada County, covering more than 80 percent of all emergency services agencies in the state. John Kasinger photographed all the interviewees.

"I wanted to honor the fact that lots of people do volunteer work that does not get recognized," Schmidt said.

However, he also included paid emergency service personnel in the book because "so many of them started as volunteers in the services," he said.

The book, arranged by county, also covers EMS legislation in Nevada and some of the advances that made the science so much more helpful in saving lives and in training technicians.

Their stories include:

- Ely native Patty Winters trained in emergency services and ran a station-wagon style ambulance in Smoky Valley where it took community fund raisers to come up with money for fuel and supplies.
- Diana Hazelton served as an EMT from 1973 to 1992, and delivered nine babies and helped rescue a boy buried in a sand dune in southern Nevada.
- In Esmeralda County, Vicky Serfoss recalled helping a 4-year-old boy thrown off the handlebars of an all-terrain vehicle. He was revived by assisted breathing and recovered from his injuries.
- Al Ferrell was raised in Hawthorne and wanted to become a firefighter like his father. He joined the Mineral County Fire Department in 1977 and took EMT training. He has delivered three babies, but said the most difficult calls involve seriously ill, abused or injured children.

Pat Irwin of the Nevada state EMS program, "started putting me in touch with people," Schmidt said. "He had done a little history."

After developing a few sources, "that spun the web of getting the contacts," he said.

One surprise in all this research, Schmidt said, was finding that the TV show "Emergency!" grabbed the attention of a lot of people who went into emergency medical service work. The program also affected established service agencies at the time.

"A number (of people) who became EMTs were made aware of emergency medical services that way. And a lot of departments and political entities — county commissions, fire chiefs — became aware that there was more to emergency medical services than just bringing (victims) in."

Another surprise was that families with one emergency medical service volunteer tend to have more.

"Volunteers in part learn to volunteer by seeing family members volunteer," he said.

But for volunteer EMTs, the road's a little more difficult to follow these days. Training used to amount to 81 hours before a volunteer could go on an emergency call. Today, training takes more than double that time with extensive continuing-education requirements.

And employers that used to allow time off for workers involved in emergency medical work or training don't always do that any more, Schmidt said.

So "it's more difficult to enlist volunteers," he said. "There are changes in demographics in small towns and changes in business conditions... You have to take time off from work to do this and now companies are not able to absorb time off for people doing volunteer work. There's also increased training time."

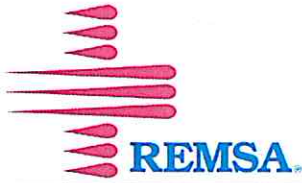
SATURDAY, NOVEMBER 1, 2014

VOICES

WINNERS: THE EFFORTS OF THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS HAVE EARNED MENTION AS WINNERS THIS WEEK.

Mini-golf tourney raises \$9,500 for Safe Kids

Everyone who contributed to Safe Kids Washoe County's sixth annual "Have a Ball!" mini-golf tournament at Wild Island. More than 31 teams participated to raise more than \$9,500 to help fund local safety education programs to keep children safe from accidental injury. The sponsors included: Renown Children's Hospital, Western Surgical Group, Amerigroup, Rotary Club of Reno Sunrise, SWAG Blue Moon Promotions, Charter Business, the Clayton Stanfield family, KPS3 Marketing, Care Flight, Drinkwater Law Offices, Northern Nevada DUI Task Force, the Gubbels family, Liberty Mutual, Immunize Nevada, Wild Island, DiPietro & Thornton CPAs, Massage Envy, American Med Flight, REMSA, RTC Smart Trips, Kiwanis Club of Reno Sunrise, Hometown Health, Kiwanis Bikes Program and REMSA Education.



Regional Emergency Medical Services Authority

REMSA

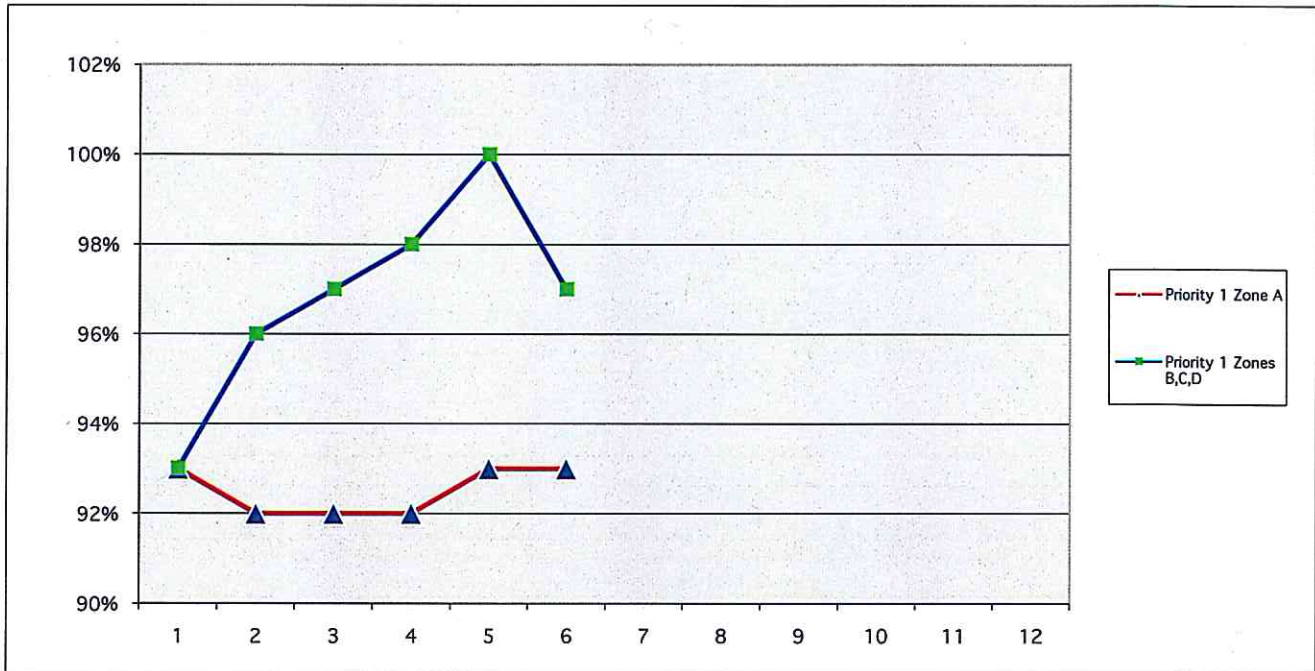
OPERATIONS REPORTS

FOR

DECEMBER 2014

Fiscal 2015

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.	5 mins. 58 secs.	92%	96%
Sept.	5 mins. 35 secs.	92%	97%
Oct.	5 mins. 54 secs.	92%	98%
Nov.	5 mins. 59 secs.	93%	100%
Dec.	6 mins. 5 secs.	93%	97%
Jan. 2015			
Feb.			
Mar.			
Apr.			
May			
June 2015			

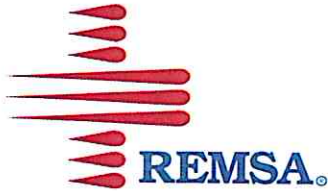


Average Response Times by Entity									
Month/Year	Priority	Reno	Sparks	Washoe County	Month/Year	Priority	Reno	Sparks	Washoe County
July 2014	P-1	5:07	5:59	8:34	Jan. 2015	P-1			
	P-2	6:33	6:55	9:53		P-2			
Aug. 2014	P-1	6:06	6:11	9:07	Feb. 2015	P-1			
	P-2	6:54	6:51	10:03		P-2			
Sept. 2014	P-1	5:23	6:01	10:29	Mar. 2015	P-1			
	P-2	5:54	7:02	10:19		P-2			
Oct. 2014	P-1	5:20	5:56	9:23	Apr. 2015	P-1			
	P-2	5:46	6:57	9:22		P-2			
Nov. 2014	P-1	5:17	5:56	8:40	May 2015	P-1			
	P-2	5:54	6:21	9:00		P-2			
Dec. 2014	P-1	5:20	6:07	9:16	June 2015	P-1			
	P-2	5:49	6:43	9:15		P-2			

REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.	3965	\$4,234,791	\$1,068	\$1,069
Sept.	3674	\$3,942,547	\$1,073	\$1,070
Oct.	3806	\$4,059,917	\$1,067	\$1,069
Nov.	3535	\$3,791,791	\$1,073	\$1,070
Dec.	3843	\$4,119,979	\$1,072	\$1,070
Jan. 2015			\$0	\$1,070
Feb.			\$0	\$1,070
Mar.			\$0	\$1,070
Apr.			\$0	\$1,070
May			\$0	\$1,070
June 2015			\$0	\$1,070
Totals	22590	\$24,177,514	\$1,070	
				Allowed ground avg bill - \$1,076.00



GROUND AMBULANCE OPERATIONS REPORT

December 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	5706
Total Number Of Responses In Which No Transport Resulted	1811
Total Number Of System Transports	3895

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		52%
OB		0%
Psychiatric/Behavioral		6%
Transfers		10%
Trauma		27%
	Trauma – MVA	7%
	Trauma – Non MVA	20%
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: 3895
 Total number of above calls receiving QA reviews: 315
 Percentage of charts reviewed from the above ALS transports: 8%

Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
12/8/2014	Zack Marcus	1
12/9/2014	REMSA	10
12/9/2014	Scott Zettelmeyer	1
12/10/2014	Storey County Fire Department	1
12/19/2014	Scott Kesler	2
12/21/2014	EMS CES 911 Training	7

Advanced Cardiac Life Support Recert

Date	Course Location	Students
12/1/2014	Summit Air Ambulance	1
12/3/2014	Humboldt General Hospital	2
12/3/2014	Humboldt General Hospital	4
12/9/2014	John Mohler & Co.	21
12/10/2014	EMS CES 911 Training	1
12/12/2014	REMSA	10
12/14/2014	EMS CES 911 Training	4
12/15/2014	REMSA	7
12/18/2014	Saint Mary's Regional Medical Center	6
12/19/2014	Justin Ashby	1

Advanced Cardiac Life Support Skills

Date	Course Location	Students
12/9/2014	Summit Air Ambulance	6
12/11/2014	REMSA	1

EMPACT

Date	Course Location	Students
12/3/2014	REMSA	10

Basic Life Support Instructor

Date	Course Location	Students
12/12/2014	REMSA	1

Family & Friends CPR Awareness

Date	Course Location	Students
10/27/2014	Saint Mary's Maternal Child Services	11
11/8/2014	Saint Mary's Maternal Child Services	1
11/10/2014	Saint Mary's Maternal Child Services	14
11/24/2014	Saint Mary's Maternal Child Services	11

Health Care Provider CPR

Date	Course Location	Students
3/27/2014	Nye County Sheriff's Office	4
11/17/2014	Pioneer High School	7
11/29/2014	Nye County Emergency Management	4
12/1/2014	UNR Orvis School of Nursing	10
12/2/2014	EMS CES 911 Training	4
12/2/2014	Lander County Community Health	9
12/2/2014	REMSA	7

12/3/2014	Milan Institute	10
12/4/2014	REMSA	10
12/6/2014	Riggs Ambulance Service	5
12/9/2014	REMSA	7
12/9/2014	EMS CES 911 Training	2
12/9/2014	Nye County Emergency Management	6
12/9/2014	Nye County Emergency Management	7
12/9/2014	Nevada Division of Forestry	11
12/10/2014	Career College of Northern Nevada	12
12/11/2014	Regent Care Center Reno	3
12/12/2014	Great Basin College	11
12/13/2014	REMSA	9
12/15/2014	EMS CES 911 Training	2
12/16/2014	UNR EHS	12
12/16/2014	Great Basin College	10
12/17/2014	REMSA	10
12/18/2014	Barrick Bald Mountain	1
12/19/2014	CPR 1st Aid Training Site	1
12/19/2014	Jennifer Kraushaar	1
12/19/2014	Lawrence Smith	1
12/19/2014	Wendover Ambulance Service	1
12/22/2014	Yerington High School	1
12/15/2104	Newmont Mines	7
12/15/2104	Devin Hiemstra	3

Health Care Provider Employee

Date	Course Location	Students
12/2/2014	REMSA	1
12/3/2014	REMSA	1
12/4/2014	REMSA	1
12/9/2014	Scott Zettelmeyer	1
12/15/2014	REMSA	1
12/16/2014	REMSA	1
12/16/2014	REMSA	1
12/17/2014	REMSA	1

Health Care Provider Recert

Date	Course Location	Students
12/1/2014	Sierra Army Depot	2
12/1/2014	Chris McNally	1
12/1/2014	Great Basin College	2
12/1/2014	Summit Air Ambulance	2
12/1/2014	REMSA	8
12/2/2014	Sierra Army Depot	6
12/2/2014	Sierra Army Depot	4
12/3/2014	REMSA	11
12/3/2014	EMS CES 911 Training	6
12/3/2014	REMSA	8
12/4/2014	EMS CES 911 Training	1
12/4/2014	REMSA	1
12/5/2014	Hearthstone of Northern Nevada	7
12/5/2014	REMSA	7

12/5/2014	Humboldt General Hospital	12
12/5/2014	Aaron Boyce	3
12/9/2014	REMSA	12
12/9/2014	Washoe County School District	2
12/9/2014	Wendover Ambulance Service	6
12/10/2014	EMS CES 911 Training	2
12/10/2014	Silver Lake Volunteer Fire Department	3
12/10/2014	Riggs Ambulance Service	5
12/11/2014	REMSA	8
12/11/2014	Alex MacLennan	5
12/11/2014	Riggs Ambulance Service	5
12/14/2014	EMS CES 911 Training	2
12/16/2014	REMSA	10
12/16/2014	Humboldt General Hospital	8
12/16/2014	EMS CES 911 Training	2
12/16/2014	Elko Fire Department	6
12/18/2014	REMSA	10
12/18/2014	Eastern Plumas Healthcare	1
12/19/2014	Hearthstone of Northern Nevada	6
12/22/2014	Elko Fire Department	1

Health Care Provider Skills

Date	Course Location	Students
9/26/2014	Tahoe Forest Hospital	1
11/4/2014	Tahoe Pacific Hospital	1
11/13/2014	Tahoe Forest Hospital	1
11/15/2014	Tahoe Pacific Hospital	2

11/18/2014	REMSA	2
11/25/2014	REMSA	1
11/26/2014	REMSA	1
12/1/2014	UNR Orvis School of Nursing	1
12/2/2014	Wendover Ambulance Service	1
12/2/2014	Willow Springs	2
12/3/2014	Majen	1
12/4/2014	Willow Springs	1
12/4/2014	Tahoe Forest Hospital	1
12/5/2014	Majen	1
12/5/2014	Willow Springs	1
12/5/2014	Tahoe Pacific Hospital	2
12/8/2014	Willow Springs	1
12/9/2014	Summit Air Ambulance	8
12/9/2014	Tahoe Forest Hospital	1
12/10/2014	Majen	1
12/10/2014	Majen	1
12/10/2014	Riggs Ambulance Service	1
12/10/2014	Tahoe Forest Hospital	3
12/15/2014	REMSA	1
12/15/2014	Majen	9
12/17/2014	Majen	1
12/19/2014	Majen	1
12/19/2014	Majen	1

Heart Saver CPR/AED

Date	Course Location	Students
11/12/2014	Tahoe Forest Hospital	7
12/2/2014	Washoe County School District	3
12/2/2014	EMS CES 911 Training	14
12/3/2014	Elko County School District	15
12/3/2014	Nampa Fire Department	16
12/4/2014	Elko County School District	5
12/5/2014	Amerigroup - REMSA	4
12/6/2014	Washoe County School District	4
12/6/2014	REMSA	6
12/6/2014	Nevada Air Guard	5
12/8/2014	Washoe County School District	4
12/10/2014	REMSA	8
12/13/2014	Washoe County School District	2
12/15/2014	Washoe County School District	4
12/16/2014	EMS CES 911 Training	1
12/16/2014	Washoe County School District	3
12/19/2014	Jennifer Kraushaar	2
12/22/2014	Melissa McDonald	1

Heart Saver CPR/First Aid

Date	Course Location	Students
12/1/2014	Sierra Nevada Job Corps	5
12/2/2014	Humboldt Human Development Services	2
12/2/2014	Chad Midgley	6
12/2/2014	Majen	5
12/3/2014	Sierra Nevada Job Corps	5

12/4/2014	Majen	14
12/4/2014	Nampa Fire Department	8
12/4/2014	Community Living Options	5
12/4/2014	Sierra Army Depot Training Division	9
12/6/2014	Alex MacLennan	4
12/6/2014	Alex MacLennan	6
12/7/2014	EMS CES 911 Training	1
12/8/2014	Catherine Topholm	2
12/9/2014	Majen	4
12/12/2014	Sierra Nevada Job Corps	3
12/13/2014	REMSA	8
12/14/2014	Susan Phillips	1
12/16/2014	Majen	4
12/16/2014	Riggs Ambulance Service	9
12/17/2014	Majen	13
12/17/2014	Humboldt General Hospital	1
12/17/2014	Community Living Options	2
12/17/2014	Susan Phillips	2
12/18/2014	Trex Company Inc	3
12/18/2014	Nye County Sheriff's Office	5

Heart Saver First Aid Skills

Date	Course Location	Students
11/26/2014	REMSA	1
12/11/2014	REMSA	1

Heart Saver First Aid

Date	Course Location	Students
12/2/2014	Sierra Nevada Job Corps	12
12/4/2014	Milan Institute	13
12/7/2014	EMS CES 911 Training	1
12/9/2014	Career College of Northern Nevada	12
12/10/2014	Washoe County School District	1
12/17/2014	Majen	3
12/17/2014	Community Living Options	1
12/18/2014	Susan Phillips	1
12/19/2014	UNR EHS	1
12/20/2014	Hearthstone of Northern Nevada	1

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
12/1/2014	EMS CES 911 Training	4
12/13/2014	REMSA	8
12/18/2014	Tahoe Forest Hospital	6

Pediatric Advanced Life Support

Date	Course Location	Students
12/2/2014	EMS CES 911 Training	2
12/7/2014	EMS CES 911 Training	1
12/10/2014	Scott Zettelmeyer	1
12/11/2014	REMSA	3
12/12/2014	EMS CES 911 Training	3

Pediatric Advanced Life Support Recert

Date	Course Location	Students
12/4/2014	REMSA	7
12/17/2014	John Mohler & Co.	17
12/18/2014	Humboldt General Hospital	10
12/19/2014	American Medflight	1

Pediatric Advanced Life Support Skills

Date	Course Location	Students
12/9/2014	Summit Air Ambulance	6
12/18/2014	REMSA	1
12/9/2014	Summit Air Ambulance	6
12/18/2014	REMSA	1

CE Courses

Date	Course Location	Students
12/11/14	REMSA Education - Dr. C Brown	28

Ongoing Courses

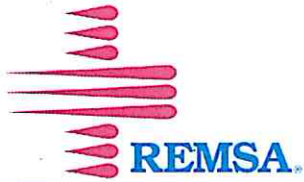
Date	Course Description / Location	Students
12/3/14	REMSA Education - EMR-Refresher	11
12/9/14	REMSA Education - EMR Refresher	14
8/11/14	REMSA Education - EMT	36
10/6/14	REMSA Education - CCEMTP	26
2/1/14	REMSA Education- Paramedic	13
8/26/14	REMSA Education - Paramedic	14
Total Students This Report		1030

5. COMMUNITY RELATIONS:

Community Outreach:

Safe Kids Washoe County

Date	Description	Attending
12/2/14	Safe Kids Board of Directors Meeting	7 volunteers; 1 staff
12/9/14	Safe Kids Washoe County Membership committee meeting	5 volunteers; 1 staff
12/9/14	Safe Kids Washoe County monthly coalition meeting	11 volunteers; 1 staff
12/10/14	Cribs for Kids Train the Trainer at Little People's Early Head Start in Ely.	1 staff; 12 attendees
12/15/14	Northern Nevada Maternal Child Health Meeting	1 staff
12/16/14	Cribs for Kids meeting with Child Protective Services regarding standardized policy for childcare and foster care regulations around safe sleep. Reno	1 staff
12/18/14	Cribs for Kids does follow up/ feedback interview with Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) as the Safe to Sleep Champion for Nevada. Reno	1 staff



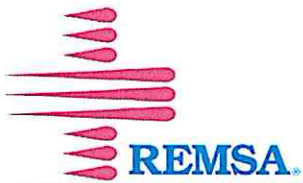
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
DECEMBER 2014**

INQUIRIES

December 2014

There were no inquiries in the month of December.



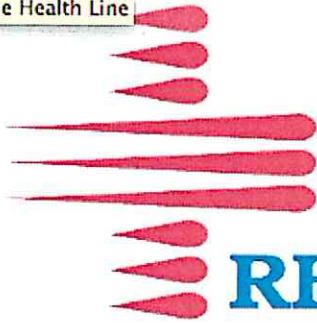
Regional Emergency Medical Services Authority

CUSTOMER SERVICE
FOR
DECEMBER 2014



- Home
- Billing
- Nurse Health Line
- Community Programs
- Education
- Care Flight
- Employment

Nurse Health Line



NURSE HEALTH LINE

REMSA Offers Nurse Health Line

858-1000

24 Hours a Day
7 Days a Week

[Click Here!](#)



Ground Operations

REMSA provides many services besides ambulance transport, including: Special Operations Teams, Special Events Coverage, and Wheelchair Transport via Med-Express.



Community Programs

REMSA offers and supports many community outreach programs, including: Community AED programs, Safe Kids Washoe County, Flu & Pneumonia Vaccinations, and Membership Programs.



About Us

Learn about our history, privacy practices, and FAQs.



Employment Opportunities

View our current job openings, benefits for our employees, and download and fill out an application.

Helpful Links

Need to contact our billing department or pay your bill online?

[REMSA Billing Information](#)



Have you been transported by REMSA, SEMSA, or Care Flight?

[Fill out our online survey.](#)



Want to donate to, or learn more about Safe Kids of Washoe County

Latest News

View our Community Benefit Report [See Report](#)

View our orientation to medical direction video

[Orientation to Medical Direction Video](#)

Print and fill out our REMSA / Care Flight release for medical records form.

[Release for Medical Records](#)



EMS Patient Satisfaction Survey

We want to thank you in advance for completing this questionnaire. When you have finished, please mail it back in the enclosed postage paid envelope.

Background questions [check the square (for example ☒ or ☑) as appropriate]

Date of Service

Survey Code

What is patient's age?

Under 18.....	<input type="checkbox"/>	45 to 54	<input type="checkbox"/>
18 to 30	<input type="checkbox"/>	55 to 64	<input type="checkbox"/>
31 to 44	<input type="checkbox"/>	65 or older	<input type="checkbox"/>

Is Patient?

Male Female

INSTRUCTIONS: Please rate the services you received while using our ambulance service. Check the square (☒ or ☑) that best describes your experience. If a question does not apply to you or is unknown, please skip to the next question. Space is provided for you to comment on positive or negative experiences that may have happened to you.

The person you called for service (Dispatcher)

	Very Poor	Poor	Fair	Good	Very Good
Helpfulness of the person you called for ambulance service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern shown by the person you called for ambulance service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent to which you were told what to do until the ambulance arrived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (describe positive or negative experiences):

The Ambulance

	Very Poor	Poor	Fair	Good	Very Good
Extent to which the ambulance arrived in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of the ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill of the person driving the ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (describe positive or negative experiences):

Medics

	<i>Very Poor</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>
Care shown by the medics who arrived with the ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the medics took your problem seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the medics listened to you and/or your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill of the medics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent to which the medics kept you informed about your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent to which medics included you in the treatment decisions (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the medics relieved your pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medics' concern for your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent to which medics cared for you as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (describe positive or negative experiences):

Office Staff

	<i>Very Poor</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>
Professionalism of the staff in our billing office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness of the staff in our billing office to address your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (describe positive or negative experiences):

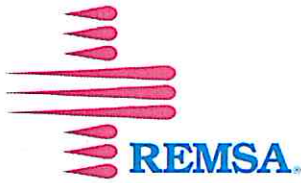
Overall Assessment

	<i>Very Poor</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>
How well did our staff work together to care for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent to which our staff eased your entry into the medical facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriateness of Emergency Medical Transportation treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent to which the services received were worth the fees charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating of the care provided by our Emergency Medical Transportation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of recommending this ambulance service to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (describe positive or negative experiences):

What could we do better to serve you the next time?

If you had any problems with our Emergency Medical Transportation service that you would like to discuss, please write your name and daytime telephone number, with area code, below.



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
DECEMBER 2014

PUBLIC RELATIONS

December 2014

ACTIVITY	RESULTS
Continued the scheduling and coordination for informational presentations to Reno City Council and Washoe County Commission regarding Community Health Programs.	Presentations will take place in January and February.
PR coordination and management regarding Channel 2 Share Your Christmas Drive By Food Drive.	REMSA and Care Flight were featured during the live newscast at 6 a.m. on Dec. 12.
Pitched REMSA to be a part of Nevada Business Magazine's medical education story.	The article ran in January.

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Medical Education: Preparing for the Future of Healthcare in Nevada

JANUARY 1, 2015 BY NEVADA BUSINESS MAG [COMMENTS](#)

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Medical education in Nevada is growing and is poised for significant expansion. Collectively, the current and proposed changes will eventually go far in reversing the state's shortages of medical students, physician residency programs, doctors and nurses.



"Everything is about everybody getting bigger, everybody getting successful," said Dr. Thomas Schwenk, dean of the University of Nevada School of Medicine (UNSM), referring to the various players in Nevada.

"I also think there's a general sense that public medical education is just too small. It needs to be more thriving, more robust, with more research and have more influence on overall quality of care. We need to be a lot bigger."

An ample supply of providers could transform the Silver State into a destination for healthcare. The state could become a place where, at a minimum, residents don't have to go elsewhere for services. For many, this is the ultimate goal.

"A stronger physician workforce would have a huge impact on the quality of life in the state, the business climate and the attractiveness of the state to new businesses," Schwenk added. "Businesses also benefit here in terms of higher-quality health, better healthcare, better access and, maybe, less employee turnover and lower worker's compensation expenses."

The Current Landscape

The state's physician pipeline is weak, Schwenk noted. In 2013, about 900 Nevada students applied to UNSM and only 60 of those were accepted. Similarly, the state graduates from 60 to 70 M.D.s (not doctors of osteopathic medicine, or D.O.s) per year when the average national size of a medical school class is 145.

In-state residency slots are few and offered only in about 14 of 24 key medical specialties, such as anesthesia, neurology and orthopedic surgery. For example, only 90 residencies

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are available each year for Touro University's 135 graduating D.O.s, said CEO Shelley Berkley. Consequently, many physicians leave Nevada to pursue their residencies and, often, don't return to the state to practice.

"We're losing a huge number of our own students because they aren't being trained here," said Dr. Barbara Atkinson, planning dean of the University of Nevada, Las Vegas School of Medicine (UNLV SOM). "The state really should be training in all specialties."

The Silver State needs significantly more primary care physicians and specialists. Clark County alone needs 2,060 additional physicians in all specialties to match the U.S. average number of physicians per 100,000 in population, according to the 2014 report, "Physician Workforce in Clark County Nevada."

An acute need exists as well for nurses at all levels, but primarily ones with bachelor's degrees along with ones specializing in areas such as critical care and mental health, said Bart Patterson, president of Nevada State College (NSC).

Public School Opportunities

Currently, UNSOM students complete two years at the University of Nevada, Reno (UNR) then another two years at UNLV. Two proposed plans would eliminate that structure and expand medical education in Southern and Northern Nevada.

UNLV School of Medicine

The first plan is the addition of a four-year public medical school—the UNLV School of Medicine—that's entirely independent of UNSOM, accredited under UNLV and located at its Shadow Lane campus, Atkinson said. The concept is a full academic health center model, which would encompass medical education, research and clinical care. UNLV SOM has already developed partnerships with four area hospitals and begun the accreditation process.

Its first class of 60 students would start in the fall of 2017; class size would increase to 120 by 2022. Residency programs could start as early as mid-2016.

"We'll really be able to substantially increase the number of doctors over time here," Atkinson said. "We'll be able to build programs that can help doctors stay in Las Vegas."

University of Nevada School of Medicine

UNSOM now has a statewide vision for how to expand, Schwenk said. Plans are to build out the UNR medical school program from two to four years; conduct more clinical research; collaborate with Reno's [Renown Health](#) as its major academic platform and full teaching hospital; expand pediatric and neurology specialty services in the north; and work with Las Vegas' MountainView Hospital to create additional residencies. MountainView plans to add 250 or more such programs in an array of primary care and specialty programs. This would double the available slots in Las Vegas and, ultimately, afford the state several physicians with a high likelihood of subsequently staying.

"We're trying to help the state understand what it needs and then provide what it needs in terms of more of a pipeline of programs to expand the number of physicians and specialties," Schwenk said.

Whether UNLV SOM and UNSOM's plans come to fruition, however, greatly depend on their obtaining the necessary state funding. The Nevada System of Higher Education requested from the state \$26.7 million to establish UNLV SOM, \$5.09 million for UNSOM's expansion, \$9.9 million for residency and fellowship development; and a one-time funding of \$4.3 million, according to the "2015-2017 Biennial Budget Request."

"I expect [funding] will go through, but you never know. At worst it would slow us down, but it's not going to make us go away," Atkinson said, referring to UNLV SOM.

By 2030, the total economic impact of both state-supported medical schools would be about \$1.9 billion (more than five times UNSOM's current impact)—\$1.2 billion from UNLV SOM and \$685 million from UNSOM, according to the August 2014 report, "Economic Impact and

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Block Party for Nevada Partnership for Homeless Youth's New Drop-In Center

Starts: January 31, 2015 11:00 am
Location: Nevada Partnership for Homeless Youth Drop-In Center, 4981 Shirley Street, Las Vegas, NV 89119
[More details...](#)

Splendor in the Glass 26th Annual Wine & Beer Tasting Event

Starts: February 7, 2015 3:00 pm
Location: Westgate Las Vegas Resort & Casino, 3000 Paradise Rd, Las Vegas, NV 89109, United States
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Return on Investment to the State General Fund Related to Medical Education Expansion in Nevada.”

Private Education Changes

Two Henderson-based, private, not-for-profit universities are carrying out medical education expansion plans of their own.

Roseman University of Health Sciences

Roseman is developing its College of Medicine in Summerlin and plans an inaugural class of 60 for the fall of 2017, said Dr. Mark Penn, founding dean. The school would offer medical education (M.D. degrees), provide continuing education for physicians and other healthcare providers, expand its current research and, eventually, as it grows, deliver patient care within the community.

“The board of trustees and leadership saw [a medical school] as a natural evolution for a health professions university,” Penn said. “People were talking about there being a need. We have the desire to provide comprehensive patient services.”

The project cost until full accreditation, an estimated seven years, is about \$146 million. Funding would be multi-faceted and include existing monies, research grants, philanthropy, partnerships and eventually tuition and revenue from healthcare services.

Roseman is now working on accreditation, outfitting its acquired 184,000-square-foot building for students, hiring researchers and teachers, developing a curriculum and establishing clinical sites via partnerships.

“We will contribute to and help the healthcare here as we bring on faculty and staff,” Penn said. “Recruiting students from the state will be a high priority for us.”

Touro University

Touro continues to evolve, with new programs and capital expenditures intended to enhance medical education in Southern Nevada.

In 2014, Touro launched its mobile clinic, which is staffed by supervised students and provides healthcare to populations with limited access, such as the homeless and seniors.

The university also expanded the size of its patient clinic, allowing it to double the capacity of patients seen, which includes an active aging center that offers medical care, occupational and physical therapy, a driving simulator and relevant educational programming. The expansion cost about \$2.5 million, half paid by Touro and matched by the federal government.

“It’s been a tremendous help to the community because there is no medical clinic in this area of town,” Berkley said. “Our third- and fourth-year students have an opportunity to do their rotations right in our own medical clinic. It expands opportunities for our students to get the experience and training that they need.”

Touro has additional growth in the works. It includes adding a doctorate in psychology program, doubling the capacity of its autism program, expanding its physical therapy laboratory and building student affairs offices.

“Our mission is to teach, to serve and to lead,” Berkley said. “We provide services that are needed.”

Nursing Education Component

Three major nursing schools in the state are enhancing their programs to help chip away at the supply and demand gap for nurses.

Nevada State College School of Nursing

This four-year, Henderson public institution is fast tracking a gradual increase in the number of students it admits annually to its flagship program—nursing. Now at 96 students, by the

end of the 2015-2016 year, it would accept 240 students, said Patterson. In the last class, NSC had to turn away 70 percent of the qualified applicants.

In the next year or two, the college plans to add academic and clinical education for two or four medical specialties, perhaps geriatric, critical or emergency.

"Turning out more bachelor-qualified nurses in the state is going to meet that state demand and help us reach additional care that the governor and the legislature are trying to reach," Patterson said.

To accommodate the projected growth, NSC is building a 66,000-square-foot Nursing, Science and Education Building on campus, which is slated for completion in May of this year. A second facility—the Student Activities and Administration Building—is underway as well. The total cost for both, including construction, fixtures and furniture, is about \$45 million, which the school's revenues, primarily student fees, would fund.

UNLV School of Nursing

UNLV's School of Nursing partnered with Las Vegas' Spring Valley Hospital to create a second Dedicated Education Unit (DEU) program for its undergraduate students, said Carolyn Yucha, dean of UNLV's School of Nursing.

The first DEU, which began in 2012, with Summerlin Hospital, unexpectedly led to the hospital agreeing to hire all the nursing students who'd completed three training semesters there while earning their bachelor's degree. By summer 2015, the DEU program at Spring Valley will be running, meaning all of UNLV's nursing undergrads will receive their medical and surgical clinical training under this model. Eventually, the plan is to extend the DEU concept to more specialties, such as maternity, pediatric, psychiatric or community health nursing.

The benefits of DEUs are that nursing students spend as much time at one clinical site as possible instead of training at up to four or more, thereby reducing the amount of time spent at facility orientations and learning different electronic medical records programs. It also modified the length of clinical shifts to 12 hours from six or eight. Students are more comfortable with the new arrangement. The on-site staff, each mentoring one to two students, can be committed to them and overall stress is reduced, Yucha said.

"All the hospitals want experienced nurses," she added. "There's a benefit in having a model that gets students out faster, employed here and not leaving."

UNR School of Nursing

Meanwhile, UNR's School of Nursing is expanding its RN-to-BSN program and doubling its undergraduate nursing class over time, Schwenk said. It recently launched a nurse practitioner-level master's degree in mental health and plans to debut its physician assistant program in 2017.

A Different Approach

The [Regional Emergency Medical Services Authority](#), a Reno-based paramedic ambulance service, delivers medical education to healthcare providers and the public, continually adjusting its offerings based on need and interest. It likely will add new classes this year. Via all of its courses and its many Northern and Central Nevada sites, it trains more than 16,000 students a year, said JW Hodge, manager of education and community outreach.

"We're making sure we're providing high-quality education but with a frequency that actually can support the people in the community," he added. "We pride ourselves on being very agile. If a class is getting too full, we'll add another one."

Students encompass medical professionals who need certain certifications—in CPR, first aid, advanced life support and more—for their work; local businesses wanting safety, first aid and other primers; and citizens looking to expand their medical knowledge. Further, REMSA provides all requisite education and training for basic EMTs and paramedics. In fact, about 60 to 70 percent of the company's work force comes out of its programs.

"We offer a lot," Hodge said. "We're always looking to do more."

With two major medical schools opening and expansion throughout the state, Nevada clearly will be working towards more medical students to serve the growing needs of healthcare in the state.

FILED UNDER: COVER STORY TAGGED WITH: BARBARA ATKINSON, BART PATTERSON, CAROLYN YUCHA, DEDICATED EDUCATION UNIT (DEU), JW HODGE, LAS VEGAS BUSINESS, LAS VEGAS HEALTHCARE, LAS VEGAS' MOUNTAINVIEW HOSPITAL, MARK PENN, NEVADA BUSINESS, NEVADA HEALTHCARE, NEVADA STATE COLLEGE (NSC), REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY, RENO BUSINESS, RENO HEALTHCARE, RENO'S RENOWN HEALTH, ROSEMAN UNIVERSITY OF HEALTH SCIENCES, SHELLEY BERKLEY, THE NEVADA SYSTEM OF HIGHER EDUCATION, THOMAS SCHWENK, TOURO UNIVERSITY, UNIVERSITY OF NEVADA LAS VEGAS SCHOOL OF MEDICINE (UNLV SOM), UNIVERSITY OF NEVADA RENO (UNR), UNIVERSITY OF NEVADA SCHOOL OF MEDICINE (UNSON), UNLV, UNLV SCHOOL OF MEDICINE, UNR SCHOOL OF NURSING

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December 16, 2014

REMSA & Care Flight
Mr. Jim Gubbels
450 Edison Way
Reno, NV 89502-4117

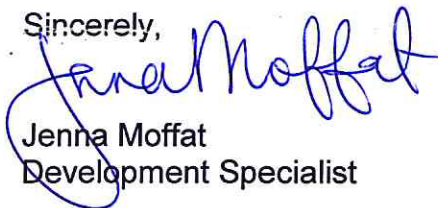
Dear Mr. Gubbels,

On behalf of Renown Health Foundation, thank you again for supporting Magic 2014, Renown Health Foundation's Fundraising Gala. We are truly grateful for your sponsorship in the amount of \$2,000.00. (For tax purposes it may be helpful for you to know that \$1,360.00 of your contribution is tax-deductible.)

While Magic 2014 provided a memorable evening for all involved, it also generated needed support for Renown Children's Hospital. Proceeds from Magic are used to purchase pediatric equipment at Renown Children's Hospital. Proceeds from Magic 2014 will be used to purchase two Neonatal Transport Units that will be used to transfer newly born infants from Labor & Delivery to the Neonatal Intensive Care Unit – or in some cases, into Renown from rural areas – in a climate controlled setting with updated monitoring systems. Additionally, we will be purchasing bronchoscopy technology that will aid in diagnosing and treating infants and children facing pulmonary difficulties, cancers, cystic fibrosis and injuries.

Renown Children's Hospital could not do this without the support of our community. Thank you again.

Sincerely,


Jenna Moffat
Development Specialist

December 16, 2014



REMSA/Care Flight
450 Edison Way
Reno, NV 89502-4117

Dear Friends:

Thank you for reaching out to help our hungry neighbors. Your recent gift of \$1,000.00 will be put to use right away to help feed children, families and seniors in need throughout Northern Nevada and the Eastern California Sierra.

Your gift along with other donations from generous supporters like you help feed approximately 101,000 people each month through our network of 135 partner agencies and Food Bank programs such as Mobile Pantry and Kids Café.

Because you care, children will go to bed with full tummies. Seniors won't have to choose between buying groceries and medication. And hardworking parents struggling to make ends meet will be able to put food on their tables for their families.

It's only because of your compassion to lend a helping hand that nutritious food gets to people who need it most. It's on their behalf that I share my deepest gratitude for your support. Thank you for making a difference in their lives.

With gratitude and warm regards,

A handwritten signature in blue ink that reads "Cherie Jamason".

Cherie Jamason
President & CEO

A handwritten note in blue ink that says "Thank you for your generous support!".

Contributions may be tax deductible (pursuant NRS 598). We are a qualified 501(c)(3) charity. Our employer identification number is 94-2924979. No other goods or services were provided.



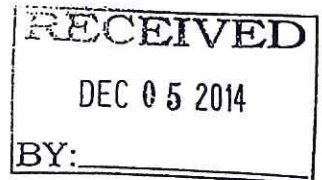
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Michael Haley
Sheriff

Dedicated Service in Partnership with our Community



December 3, 2014

Mr. Jim Gubbels
Executive Director
REMSA
450 Edison Way
Reno, Nevada 89502

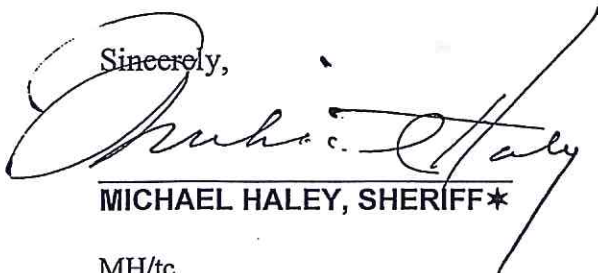
Dear Jim:

Our 12th annual Shop with the Sheriff event was an overwhelming success and I wanted to express my appreciation for your generous donation of staff. You have supported us for several years and it's a real comfort knowing REMSA is available should one of our children or shoppers need medical assistance.

We sponsored over 200 children ages 7-13 from at risk, low income, and homeless families to shop for Christmas gifts. Each child was identified as critically in need of our financial support and guidance through the Children's Cabinet, the Sierra Nevada Chapter - Girl Scouts of America, the Boys and Girls Clubs, and the WCSO Patrol Division staff – all of whom work on a daily basis with these under privileged children.

Your assistance means so much to me but even more to the children who we support. Thank you very much for partnering with us for Shop with the Sheriff and for everything you do to help maintain its success. I hope all the REMSA associates have a safe and happy holiday season.

Sincerely,



MICHAEL HALEY, SHERIFF*

MH/tc

STAFF REPORT

BOARD MEETING DATE: January 22, 2015

DATE: January 7, 2015
TO: District Board of Health
THROUGH: Kevin Dick, District Health Officer
FROM: Brittany Dayton, EMS Coordinator
 326-6043, bdayton@washoecounty.us
SUBJECT: Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2013 through 6/30/2014

SUMMARY

On an annual basis the District Board of Health (DBOH) is given a staff presentation and recommendation for possible action on the REMSA Franchise Compliance Report for the previous Fiscal Year. This report is an assessment of REMSA's adherence to the various requirements outlined in the Franchise agreement.

The FY 13/14 Compliance Report will be the final report on the 2005 Franchise. All future compliance reports will be based on the Amended and Restated Franchise Agreement for Ambulance Services, which was approved by the DBOH in May 2014 and became effective July 1, 2014.

PREVIOUS ACTION

Since the establishment of the REMSA Franchise, the District Board of Health has been presented with a REMSA Franchise Compliance Report annually. Since 1986 the DBOH has approved the report in terms of REMSA being either compliant, or substantially compliant.

On March 27, 2014, the Washoe County District Board of Health was presented with the Franchise Compliance Report for FY 12/13 and found REMSA in substantial compliance with the terms of the Franchise agreement.

BACKGROUND

The REMSA Franchise Compliance Report is based on documentation and analysis of data from REMSA staff, the Washoe County District Health Officer, the Director of Epidemiology and Public Health Preparedness (EPHP), and EMS Program staff. All documentation is available to the Washoe County DBOH upon request.

There are thirty-one (31) sections of the REMSA Franchise agreement dated January 2005. All sections were reviewed as part of the annual REMSA compliance report; however, only twenty-six (26) are auditable in terms of compliance.

FISCAL IMPACT

There is no additional fiscal impact to the FY 2015 budget should the Board approve the FY 13/14 REMSA Franchise Compliance Report.

DESCRIPTION OF FINDINGS BY FRANCHISE SECTION

Below the sections of the *Franchise agreement* are in italics followed by a description of the EMS Program staff’s findings in standard type.

1. Governing Body of REMSA

a) The governing body of REMSA (the “REMSA Board”) shall consist of the following:

- *One (1) representative from Washoe Medical Center, Inc. (DBA: Renown Regional Medical Center)*
- *One (1) representative from Saint Mary’s Regional Medical Center;*
- *One (1) representative from Northern Nevada Medical Center;*
- *One (1) consumer appointed by the above three hospital representatives;*
- *One (1) representative from the legal profession;*
- *One (1) representative from the accounting profession; and*
- *One (1) consumer representative appointed by District Board of Health.*

► REMSA met the requirement.

As identified below, the REMSA Board consisted of the appropriate representatives outlined in the Franchise agreement:

**REMSA Board Members
 July 1, 2013 – June 30, 2014**

Name	Organization	Appointed By
Greg Boyer	CEO, Renown Regional Medical Center	N/A
Helen Lidholm	CEO, St. Mary’s Regional Medical Center	N/A
Tiffany Coury	COO, Northern Nevada Medical Center	N/A
Steven Brown	Consultant/Investor	Appointed by the Hospital Representatives
Louis Test	Hoffman, Test, Guinan & Collier – Legal Representative	District Board of Health
Richard Barnard	Barnard, Vogler & Company – Accounting Representative	District Board of Health
James Begbie	Consumer Representative	District Board of Health

Additionally, the Washoe County District Health Officer sat as an ex-officio member of the REMSA Board.

- b) *Any contract, transaction or renewal of such relationship involving a member of the REMSA Board shall be reviewed and approved by a majority of the disinterested members of the REMSA Board to assure that such contract or transaction is bona fide, at arm's length and in the best interests of REMSA.*

► **REMSA met the requirement.**

REMSA's legal counsel, Drinkwater Law Offices, verified in a letter to the Washoe County District Health Officer dated November 13, 2014 that "All contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members of the REMSA Board."

2. Board Meetings

- a) *The REMSA Board shall meet at least once each calendar month to conduct operations and fiscal oversight and to develop, monitor and amend the policies and procedures for REMSA in the provision of ambulance services.*

► **REMSA met the requirement.**

The REMSA Board convened once a month during FY 13/14 for a total of twelve (12) board meetings.

- b) *Any REMSA Board member who misses three consecutive REMSA Board meetings may be required by the REMSA Board to relinquish membership and may be replaced by the entity which made the original appointment.*

► **Not an auditable item.**

While this is not an auditable item, REMSA submitted a letter to the DHO stating that no Board member missed three or more consecutive meetings during FY 13/14.

3. Competitive Bid Process

It is acknowledged that REMSA has complied with Sections 3 and 5 of the Franchise Designation, approved October 26, 1986, and as previously amended, in that REMSA successfully established interim ground and rotary wing ambulance services and subsequently completed a competitive bidding process for the continuation of a sole ground ambulance service within the time periods specified.

► **Not applicable to audit.**

4. Marking of Ambulance Units

All ambulance units either directly operated by REMSA or by a vendor, shall be marked with REMSA identity rather than the individual business identity of any ambulance service vendor or contractor.

► REMSA met the requirement.

REMSA verified in a written statement that “all ambulance units either directly operated by REMSA, or by a vendor, are marked with REMSA” for the FY 13/14. EMS Program staff also completed “spot checks” of ambulances throughout the Fiscal Year to confirm that all units had a REMSA emblem. EMS Program staff found that all checked ambulances were appropriately marked.

5. Periodic Competitive Bid Requirement at Least Every Seven Years

During the term of this designation, REMSA may undertake additional competitive bidding procedures or market surveys as it deems necessary to ensure that the services provided under their vendor contract(s) are the most medically efficient and as economical for the consumer as possible, but in no case shall any contract(s) with a vendor(s) extend beyond a total of seven (7) years, commencing from July 1, 1988, without conducting such an open competitive bidding process or market survey.

► REMSA met the requirement.

REMSA conducted and completed a market study in lieu of a competitive bid process in May 2010. A contract was renewed with their contractor (RASI) in July 1, 2010.

6. Transports and Inter-facility Transfers

All transports or transfers of sick or injured persons, whose condition may require medical observation or care, including patients who require transport or transfer on a stretcher, by ground or rotary wing ambulance units must be accomplished at the advanced life support (“ALS”) level.

► REMSA met the requirement.

REMSA verified in a written statement that “all transports or transfers of sick or injured persons whose condition may require medical observation or care, by ground or rotary wing ambulance units, were accomplished at the advanced life support (ALS) level” in FY 13/14.

In addition, REMSA submitted a copy of their State of Nevada permits (see number 25 of the FY 13/14 Franchise Compliance Report) for ground and air ambulances, which indicate that REMSA is licensed for ALS commercial service.

7. Performance Bond and Three-Way Lease

REMSA shall insure service performance security with the existence of either (a) a liquidated damages type of performance bond issued by an insurance company, (b) a letter of credit issued by a

bank for a minimum of \$200,000 secured by itself and/or (c) an immediate contractual right of offset against its ground ambulance, dispatch, and rotary wing vendor(s) (the "Service Performance Security"). Such minimum Service Performance Security amount may be reevaluated following analysis for actual operation expenditure needs and adjusted by action of the District Board of Health.

All equipment utilized by REMSA ground ambulance service or its contracted vendor(s) shall be made available to the District Board of Health through a three-way lease or an alternate method as approved by the District Board of Health in the event that REMSA or its contract vendor(s) are unable to provide the required services or loses its contract or franchise designation or its contract is terminated.

► **REMSA met the requirement.**

REMSA's legal counsel, Drinkwater Law Offices, verified in a letter dated November 13, 2014 to the Washoe County District Health Officer that "The current Advanced Life Support (ALS) Ambulance Services Contract, dated July 1, 2010, by and between REMSA and Regional Ambulance Services Inc. ("RASI"), REMSA's contractor, contains a contractual right of offset in excess of the \$200,000 as required in Section 7 of the Franchise Agreement." REMSA owns all equipment; therefore, no three-way leases exist.

REMSA also provided the EMS Program a detailed inventory list of all organizational vehicles and capital equipment, such as monitors, power cots, stair chairs, etc.

8. Medical Radio Communications Dispatch Facility and Backup Emergency System

REMSA shall operate or cause to be operated a radio communications dispatch facility which is compatible with the existing emergency medical services ("EMS") radio network and with the 911 systems operated by Reno, Sparks and Washoe County. Operational drills on the "back up" system shall be conducted on a semi-annual basis. REMSA shall provide documentation of compliance to the District Board of Health annually.

► **REMSA met the requirement.**

REMSA conducted drills/tests of its back-up communication system on the following dates:

- July 30 and 31, 2013 - test
- September 17 and 18, 2013 - test
- November 18, 2013 - test
- March 4, 2014 - test
- April 8, 2014 - drill

The April 8, 2014 drill occurred during a planned CAD upgrade; this upgrade moved REMSA from the VisiCAD to the InformCAD platform on TriTech. The EMS program received an AAR of this drill that included the positive occurrences during the exercise as well as improvements to be made to enhance the back-up system.

Furthermore, REMSA provided documentation from NVEnergy that their offsite back-up communication system lease was extended until December 31, 2015.

9. Response Requirement of Eight (8) Minutes 90% of the Time for Life Threatening Calls in the City of Reno and Sparks, and Within Established Time Limits for Specific Areas of the County

REMSA shall insure that 90% of all presumptively defined life threatening calls within the incorporated boundaries of Reno and Sparks are responded to within eight (8) minutes and that 90% of all presumptively defined life threatening calls within unincorporated Washoe County shall be responded to in accordance with the time limits established for the specified map grids as mutually agreed to. Those specific map grids and assigned response time limits may be adjusted by the District Health Officer after periodic analysis of operational and response data. The District Health Officer shall present such revisions to the District Board of Health as a consent agenda item. A map reflecting current response zones will be available for review in the office of the District Health Officer.

A “life threatening call” shall be considered those defined as priority one by the medical dispatch protocol.

Response time is defined as the time period from receipt of the patient location, condition and telephone call back number until the ALS unit reports on scene, which is when the ground vehicle has come to a complete stop, or when the helicopter has notified dispatch that it has landed.

► REMSA met the requirement.

The REMSA Response Area Map is available for review online on the Washoe County GIS Quick Map, and a printed version of the map is accessible in the offices of the Washoe County District Health Officer, EMS Program Manager and EMS Coordinator.

EMS Program staff performed an external verification of REMSA’s compliance with the response time requirements in the Franchise by analyzing the data reported to the EMS Program by REMSA. For the months of July 2013 – February 2014, EMS Program staff worked with County GIS to identify the appropriate response zones for all Priority 1 calls. All addresses were Geocoded according to the response zone shape files.

The above-identified process was not necessary for March 2014 – June 2014 because REMSA provided the response zone data as part of their monthly dispatch/response report. The WCHD requested that response zone information be provided as part of the required monthly REMSA report beginning March 2014.

The *REMSA Operations Reports* for FY 13/14 indicate that REMSA was in compliance with the response time requirements for priority 1 calls each month of the Fiscal Year. EMS Program staff conducted an independent analysis of REMSA’s monthly compliance by identifying the number of non-compliant calls in the 8, 15 and 20 minute zones (based on the standard of 8:29, 15:29 and 20:29) and the total number of calls in each zone.

Below are the percentages that were reported to the DBOH each month by REMSA, as well as EMS Program staff's compliance calculations.

**Monthly Compliance Percentages
 July 2013 – June 2014**

Month	REMSA Reported Compliance	EMS Program Staff Compliance
July 2013	92%	91.6%
August 2013	93%	92.9%
September 2013	93%	93.1%
October 2013	92%	91.9%
November 2013	94%	94.1%
December 2013	91%	90.9%
January 2014	91%	90.8%
February 2014	92%	91.7%
March 2014	93%	92.9%
April 2014	93%	92.6%
May 2014	91%	90.7%
June 2014	92%	91.9%

EMS Program staff calculated REMSA's overall FY 13/14 response time compliance to be 92.1 percent.

10. Response Time Penalties

a) *For each and every call that does not meet the required response time and for which there are not extenuating circumstances either approved by the District Health Officer, or which meet exception criteria established by REMSA and approved by the District Health Officer, a penalty of \$10.00 per minute (or portion thereof) shall be assessed for each call that does not meet the required response time, up to a maximum of \$150.00 per call. Effective July 1, 1995, REMSA shall increase its penalty amounts for all established late responses each year by an amount equal to one-hundred percent (100%) of the annually allowed consumer price index {U.S. City Average-All Urban Consumers (1982-84=100)} ("CPI") increase.*

► **REMSA met the requirement.**

The penalty amount per minute based on the Consumer Price Index (CPI) for FY 13/14 was \$17.68. The penalty amount per minute for FY 12/13 was \$17.11.

The total late time assessed for Priority 1 calls for FY 13/14 was 3,341 minutes. The penalty funds collected were \$59,068.88. REMSA also presented information about the penalty fund and the expenditures at the December 2014 DBOH meeting.

b) *Response time exemptions shall be reported monthly to the District Health Officer.*

► **REMSA met the requirement.**

The total number of system responses for FY 13/14 was 66,746, while the total number of system transports was 40,962.

The Washoe County District Health Officer received seven (7) monthly exemption reports (there were no exemption requests in September, November, April, May and June). Seventeen (17) non-annexation exemptions were granted:

- 5 isolated weather
- 1 blanket weather
- 5 priority upgrades
- 3 incorrect address
- 1 construction related
- 1 off-road
- 1 miscellaneous (includes but not limited to second unit on scene)

In FY 13/14 REMSA also requested an exemption for an individual that used the ambulance service excessively throughout the year, based on the miscellaneous provision in the exemption guidelines. However, after review, the District Health Officer denied this request.

The District Health Officer also received twelve (12) monthly annexation/study-area reports which included 248 calls. Of those calls, 156 would have been considered late within the assigned response zone.

c) These penalties shall be placed in a separate restricted account of REMSA and shall be used to help defray the costs of operational or educational matters subject to prior written approval by the District Health Officer. The penalty fund shall be solvent at the end of REMSA's fiscal year.

► **REMSA met the requirement.**

The District Health Officer received a request on October 7, 2013 from REMSA for the penalty funds dollars for FY 13/14 to be utilized for safety, health and injury prevention programs. The Washoe County District Health Officer approved all expenditures in a letter dated November 12, 2013 to REMSA's Chief Financial Officer.

The Washoe County District Health Officer received a letter from the REMSA CFO on March 5, 2014 confirming "the penalty fund is held in a separate restricted account and the account is solvent."

Cupit, Milligan, Ogden & Williams completed an independent accountant's report entitled "Agreed-Upon Procedures Related to Priority 1 Penalty Fund" as part of REMSA's annual audit. This report reviews and identifies the agreed-upon procedures between REMSA and the WCHD as well as the penalty fund expenditures. The report concluded that there is no carry-over to 2014-2015 for this account.

11. Average Bill Approval and Overages, CPI Adjustments, Ambulance Subscription Program, and Submission of Current Rates and Charges

a) *The District Board of Health shall approve the amount of the maximum average patient bill for ground and rotary wing ambulance transport commencing and terminating within the franchise area of Washoe County to be charged by REMSA, from time to time, upon written application by REMSA. Such maximum average patient bills approved by the District Board of Health shall be automatically adjusted thereafter for any change in the CPI for the preceding year without further District Board of Health action. The District Health Officer shall inform REMSA at least annually in writing with regard to the CPI adjustment amount as determined above.*

► REMSA met the requirement.

In May each year, WCHD staff calculates the Consumer Price Index (CPI) adjustment based on the appropriate CPI data for the preceding 12 months and forwards this information to REMSA in writing.

A letter dated June 3, 2013 from the Washoe County District Health Officer to REMSA verifies the annual review of the CPI was completed. This review resulted in increases in the FY 13/14 ground average bill from \$1,033 to \$1,067 and the Care Flight average bill from \$7,393 to \$7,641.

b) *REMSA shall be responsible for determining and setting, from time to time, the various rates, fees and charges which comprise the patient's bill for ground and rotary wing ambulance transport and within ten (10) days of such determination, REMSA shall provide the District Health Officer in writing a current schedule of rates, charges and fees for ground and rotary wing ambulance transport within the franchise area of Washoe County. Such schedule of rates, charges, and fees determined by REMSA shall not cause the average patient's bill for ground and rotary wing ambulance transport within the franchise area to exceed the amount of the maximum average patient bill then in effect as approved by the District Board of Health.*

► REMSA met the requirement.

A letter dated July 8, 2013 from REMSA to the Washoe County District Health Officer gave notice of a new rate schedule which became effective on July 1, 2013.

The rate changes for ground ambulance included a \$35 increase in the emergency base rate, a \$27 increase in the routine base rate and a \$1 increase in the mileage rate. The rate changes for Care Flight included a \$257 increase in the Washoe County helicopter base rate and a \$2 increase in the mileage rate.

c) *In setting and adjusting such rates, charges, and fees for round ambulance transport within the franchise area, REMSA shall utilize its best efforts to maximize third party reimbursement and minimize transported patients' out-of-pocket expense as insurance and governmental reimbursement laws, regulations and procedures change from time to time. Unless otherwise prohibited by law, REMSA shall maintain a voluntary prepaid ambulance subscription membership program within the franchise area of Washoe County to defray the uninsured portion*

of medically necessary ambulance transport within the franchise area of Washoe County. The District Board of Health shall establish the limit for the number of times this service may be used by an individual in a membership year.

► **REMSA met the requirement.**

REMSA continues to maintain its subscription program for ground ambulance services. REMSA provided a copy of its FY 13/14 Silver Saver brochure to document its compliance with this section. The Washoe County District Board of Health established the limit of ten (10) for the number of times this service may be used by an individual in a membership year. REMSA reported that no households exceeded the transport limit under the Silver Saver Program in FY 13/14.

12. Billing and Receipts

REMSA may do all billing of patients and third party payers for ambulance services provided or allow a vendor to do so. In either case, all receipts shall be handled by a process approved by the District Board of Health and in accordance with the business arrangements established by the REMSA Board.

► **REMSA met the requirement.**

REMSA verified in a written statement that “REMSA does its own billing and all receipts are handled by a process approved by the District Board of Health and in accordance with the business arrangements established by the REMSA Board.”

13. Annual Independent Financial Audits, IRS Form 990, Agreed-Upon Procedures

REMSA shall conform to all generally acceptable accounting practices (“GAAP”) and shall have an annual, independent financial audit prepared according to generally accepted auditing standards (“GAAS”). REMSA will provide a copy of the financial audit and the Internal Revenue Service Form 990 within 180 days of the close of its fiscal year to the District Health Officer. The independent auditing firm will be selected by REMSA and such firm must be subject to peer review. In addition to the normal scope of the independent audit, the independent auditing firm will perform “agreed upon procedures” on the average bill and on specific franchise issues as agreed to by REMSA and the District Health Officer.

► **REMSA met the requirement.**

REMSA provided a copy of the financial audit from Cupit, Milligan, Ogden & Williams on December 23, 2014 for FY 13/14, which is within the 180-day compliance time frame.

REMSA provided a copy of the IRS Form 990 for FY 12/13 on May 12, 2014. The IRS Form 990 is based on a calendar year; therefore, the FY 13/14 report was not available at the time of this report. It is expected to be completed by spring 2015.

14. Dispatch and Field Cross Exposure/Orientation

All personnel within the REMSA dispatch facility shall receive at least three (3) hours annual orientation to and participate as an observer in the field activities of REMSA ambulance services. All field ambulance personnel shall receive at least three (3) hours annual orientation to and observe the dispatch center operations. REMSA shall provide documentation of compliance to the District Board of Health annually.

► **REMSA met the requirement.**

REMSA provided the internal policy and procedures for cross-training staff as well as lists of trained staff. Nineteen (19) communications/dispatch employees completed three (3) hours of annual field training. Two-hundred thirteen (213) field employees completed three (3) hours of annual dispatch training.

15. Dispatcher Training

All personnel within the REMSA dispatch facility shall be trained at the intermediate emergency medical technician (“EMT II”) level or trained at the advanced emergency medical technician (“paramedic”) level. All medical dispatch personnel shall maintain certification as Emergency Medical Dispatchers (EMDs) from the National Academy of Emergency Medical Dispatchers. New dispatch personnel shall receive training during their first six (6) months of employment that meets the standards of the Department of Transportation emergency medical dispatcher (“EMD”) certification and the Association of Air Medical Services. REMSA shall provide documentation of compliance to the District Board of Health annually.

► **REMSA met the requirement.**

The Department of Health and Human Services, Division of Public and Behavioral Health, Emergency Medical Systems Program confirmed in a letter dated November 3, 2014 that REMSA’s staff was in compliance in regards to NRS 450B and NAC 450B requirements pertaining to certification and licensure for FY 13/14.

16. Monthly CPR Courses for the Public, Annual Multimedia Public Education Campaign

REMSA shall offer cardiopulmonary resuscitation (“CPR”) courses at least monthly to the public. At least annually, REMSA shall conduct a multimedia campaign, using radio, television, printed media, or promotional displays to educate the public. The educational focus will alternate each year between the topic of how to access 911 and injury prevention/health promotion. The District Health Department will assist and participate in such activities.

► **REMSA met the requirement.**

REMSA submitted the following Fiscal Year summary of CPR classes. Classes included but were not limited to: CPR, Health Care Provider CPR, Heart Saver CPR/AED, Heart Saver CPR/First Aid, and Heart Saver Pediatric CPR/First Aid.

**REMSA CPR Classes
 July 2013 – June 2014**

2013	No. of CPR Classes	No. of Students
July	198	882
August	197	991
September	187	885
October	225	1,329
November	176	931
December	138	808
2014	No. of CPR Classes	No. of Students
January	230	1,411
February	197	937
March	265	1,593
April	175	953
May	179	1,078
June	211	1,155
Total	2378	12,953

REMSA conducted several multimedia campaigns to educate the public on illness and injury prevention in FY 13/14. Some multimedia campaigns include:

- REMSA was part of the Safe Sleep radio spot and online media to promote Cribs for Kids and the importance of safe sleep for infants.
- REMSA launched multimedia/press release campaigns about the National Child Passenger Safety Week, SIDS Awareness Month, Emergency Medical Dispatchers’ week, EMS week, etc.
- REMSA held multiple press conferences regarding the promotion of the Nurse Health Line.
- REMSA supported the Not Even for a Minute campaign to educate the public about not leaving children alone in hot cars.

The WCHD staff have assisted or participated in some of REMSA’s activities for injury prevention and health promotion.

17. Field Supervisory Support/Medical Disaster Training of Staff and Management

REMSA shall insure that a field supervisor be on each shift. REMSA shall insure that all of its medical personnel are trained in the Multiple Casualty Incident Plan (“MCIP”) and that all of its management personnel are trained to the command level.

► **REMSA met the requirement.**

REMSA provided lists of personnel who completed the Multi-Casualty Incident (MCI) and Incident Command System (ICS) trainings:

- MCI training - 241

- ICS 100 - 247
- ICS 200 - 245
- ICS 300 - 17
- ICS 400 - 8
- ICS 700 - 238
- ICS 800 - 22

REMSA verified in a written statement that “a field supervisor is on each shift; all medical personnel have been trained in the Multi-Casualty Incident Plan; and all management personnel are trained to the command level.”

18. Medical Direction

REMSA shall appoint a physician(s) to be the medical director(s) (“Medical Director”) in accordance with the requirements in Nevada Revised Statutes and the Nevada Administrative Code.

► **REMSA met the requirement.**

REMSA provided a Curriculum Vitae of Bradford H. Lee, MD and verified in a written statement that “REMSA’s Medical Director is in compliance with the requirements in Nevada Revised Statutes and the Nevada Administrative Code.”

19. Medical Quality Control Coordination

REMSA shall designate an individual(s) to be responsible for the internal coordination of its medical quality control issues.

► **REMSA met the requirement.**

REMSA verified in a written statement that “Diane Rolfs, RN, MSN, oversaw coordination of both ground and air ambulance Quality Assurance (QA) activities during the reporting period.”

20. Quality Assurance Reviews of Runs

Each calendar month REMSA shall conduct quality assurance reviews of ambulance runs from among at least 5% of the previous month’s ALS calls. Those reviews should involve, if possible, the ambulance personnel who participated on those cases, including the emergency room physician, and shall be conducted by the designated REMSA coordinator(s) of medical quality issues. A summary of those quality assurance review activities shall be included in the required monthly operations report forwarded to the District Board of Health.

► **REMSA met the requirement.**

REMSA verified in a written statement that “In REMSA’s monthly [operations] report, the total number of transports is listed, along with the total number of PCRs (Patient Care Reports) that were

reviewed that month as part of the Medical Director's report. This is to affirm that during FY 2014, this number met or exceeded the 5% required to be reviewed."

Furthermore, in accordance with a request by EMS Program staff, REMSA updated the Medical Director's Report in April 2014 to include the actual percentage of charts that were reviewed by the Medical Director and/or QA personnel.

21. Formal Educational Opportunities to Be Sponsored By REMSA Four Times Annually

At least four (4) times annually, REMSA will sponsor formal educational opportunities for pre-hospital care personnel as recommended by REMSA's Medical Director or the District Health Department. REMSA shall offer its monthly continuing education programs to all pre-hospital care personnel in the Washoe County Health District. REMSA shall provide documentation of compliance to the District Board of Health annually.

► REMSA met the requirement.

REMSA offers monthly continuing education programs, open to all pre-hospital care personnel in the Washoe County Health District. Information about all educational courses is available online at remsaeducation.com.

A list of the education programs offered is reported to the Washoe County District Board of Health monthly in the *REMSA Operations Report*.

REMSA sponsored multiple Advanced Cardiac Life Support (ACLS) certification and recertification courses, Pediatric Advanced Life Support (PALS) certification and recertification courses, Basic Life Support Instructor courses, and Neonatal Resuscitation courses in FY 13/14.

Additionally, REMSA sponsored fifteen (15) different courses/seminars in FY 13/14 that targeted pre-hospital care personnel ranging from assessment and management of mild traumatic brain injuries to stemi care to capnography.

22. Clinical Skill Experience Opportunities through Participating Hospitals

REMSA, upon recommendation of its designated coordinator(s) of medical quality issues, REMSA's Medical Director or the District Health Department, shall facilitate opportunities for clinical skill experience for specific pre-hospital care personnel through the clinical services of its participating hospitals.

► REMSA met the requirement.

REMSA verified in a written statement that "opportunities for clinical skill experience for specific pre-hospital care personnel have been made available through the clinical services of its participating hospitals during the reporting period."

According to Diane Rolfs, MS, RN, Director of Education and CQI/CNO, REMSA did not need to utilize their partner hospitals in FY 13/14 for the remediation of employees in clinical skills; however staff has participated in continuing education opportunities at partner hospitals.

23. Section repealed.

24. Monthly Reports on Operational Activities and Average Bill

REMSA shall provide the DBOH a monthly report on operational activities including the average amount of the patient bill and proposed increases to the average patient bill and the report shall be in a format directed by the Board.

► REMSA met the requirement.

REMSA submitted the monthly REMSA Operations Report on time to the DBOH during the FY 13/14.

25. REMSA's Compliance with All Applicable Rules/Regulations

REMSA and all of its subsidiaries shall comply with the provisions of law pertaining to business licensure within Reno, Sparks and Washoe County, with Nevada Revised Statutes Chapter 450B, Nevada Administrative Code Chapter 450B, and with all other applicable provisions of law.

► REMSA met the requirement.

REMSA submitted copies of the following business licenses:

**REMSA Business Licenses
July 1, 2013 – June 30, 2014**

Organization	License/Permit Number
City of Reno	91584
State of Nevada EMS	16 302 REMSA Care Flight
State of Nevada EMS	16 323 REMSA Ground
City of Sparks	049699
Washoe County	14967 B1301072

The Department of Health and Human Services, Division of Public and Behavioral Health, Emergency Medical Systems Program confirmed in a letter dated November 3, 2014 that REMSA was in compliance with NRS 450B and NAC 450B for FY 13/14.

26. REMSA's Annual Compliance Report and WCHD Monitoring of REMSA

REMSA will report annually to the District Health Department its compliance with these organizational, performance and operational criteria within one hundred eighty (180) days of the end of REMSA's fiscal year. REMSA will also be monitored by the District Health Department for compliance and monitoring data will be provided to the District Health Officer. The District Health

Officer shall report on REMSA's annual performance to the District Board of Health within ninety (90) days of the beginning of each calendar year. The District Health Department will periodically report to Reno, Sparks and Washoe County and the District Board of Health on that compliance.

► **REMSA met the requirement.**

REMSA met the 180-day requirement of submitting documentation by December 31, 2014. REMSA submitted identified items and required documentation several times throughout the year. The final audit items were received by the WCHD on December 23, 2014.

The Washoe County District Health Officer includes the monthly REMSA Operational Reports to all Washoe County District Board of Health members in the Board Packet prior to each meeting. REMSA is on the agenda to present the report and answer questions at each regularly scheduled Washoe County District Board of Health meeting.

27. Subsidy by Political Jurisdictions

The granting of this exclusive right to operate ambulance services does not carry any obligation on the part of the District Board of Health, the Cities of Reno and Sparks and Washoe County for any type of monetary subsidy. Costs for REMSA must be borne by REMSA, which is self-supporting.

► **REMSA met the requirement.**

REMSA verified in a written statement that “no monetary subsidy has been received from the Cities of Reno and Sparks and Washoe County. Costs for REMSA are borne by REMSA, which is self-supporting.”

28. REMSA's Exclusive Right to Operate Until July 1, 2006; Possible Penalties for REMSA's Noncompliance with Franchise Requirements and Appeal Rights

► **Not an auditable item.**

29. Any Future Service Agreements with Other Political Entities Not to Impact This Systems Funding of Costs

In the event that REMSA enters into service agreements with any other political entity, such service agreements shall be negotiated in such a way that the new system would fund its share of the costs of providing the service and shall not deplete or negatively impact the provision of service with the designated franchise area described herein.

► **REMSA met the requirement.**

REMSA verified in a written statement that “there are no new service agreements with any political entities other than the existing mutual aid agreements.”

30. Assumption of REMSA Central Facility by a Future Contractor

▶ **Not an auditable item.**

31. Clause to Allow Amendments

▶ **Not an auditable item.**

No amendments were made to the REMSA Franchise in FY 13/14. This will be the final Franchise Compliance Report of the 2005 Franchise.

RECOMMENDATION

The Washoe County Health District's EMS Program staff recommends the DBOH find REMSA in compliance with the terms of the Franchise agreement for FY 13/14.

POSSIBLE MOTION

Should the DBOH agree with staff's recommendation, a possible motion would be: "Move to approve the REMSA Franchise Compliance Report as presented and find REMSA in compliance with the Franchise agreement for the period of 7/1/2013 through 6/30/2014."

Kevin Dick
Washoe County District Health Officer

Cc: WCHD EMS Program Files

STAFF REPORT
BOARD MEETING DATE: January 22, 2015

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 775.328.2416, kdick@washoecounty.us
THROUGH: Kitty Jung, DBOH Chair
SUBJECT: Possible reappointment of Dr. George Hess to the District Board of Health for a second term beginning January 2015 and ending December 2018.

SUMMARY

District Board of Health must appoint or reappoint a physician licensed to practice medicine in the State of Nevada. Dr. George Hess is eligible for reappointment and has indicated his willingness to serve another term.

District Health Strategic Objective supported by this item: Demonstrate the value and contribution of public health, strengthen District-wide infrastructure to improve public health, secure and deploy resources for sustainable impact, and strengthen WCHD as an innovative, high-performing organization

PREVIOUS ACTION

Dr. Hess was originally appointed to the District Board of Health in June of 2011 to complete the unexpired term of Dr. Amy Khan, whose appointment expired December 31, 2014.

BACKGROUND

The District Board of Health must appoint or reappoint a physician licensed to practice medicine in the State of Nevada.

Dr. George Hess serves as the Board's physician appointee in accordance with the requirements of Nevada Revised Statutes 439.390 and the Interlocal Agreement, Section 2, Subsection D. Dr. Hess was originally appointed to the District Board of Health in June of 2011, to complete the unexpired term of Dr. Amy Khan, whose appointment expired December 31, 2014. He is eligible for reappointment and has indicated a desire to serve another term.

FISCAL IMPACT

Should the Board reappoint Dr. Hess, there is no additional fiscal impact to the FY15 budget.

POSSIBLE MOTION

Should the Board wish to reappoint Dr. Hess a possible motion would be, "I move that Dr. Hess be reappointed to the District Board of Health for a second term, beginning January 2015 and ending December 2018."

STAFF REPORT

BOARD MEETING DATE: January 22, 2015

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 775.328.2416, kdick@washoecounty.us
SUBJECT: **Presentation of significant findings of the Washoe County Community Health Needs Assessment.**

SUMMARY

Washoe County Health District collaborated with Renown Health to conduct a Community Health Needs Assessment. Washoe County Social Services and Charles Schwab Bank also contributed financial support for the assessment. The assessment was conducted by the Nevada Public Health Foundation's Independent Contractor, Heather Kerwin.

District Health Strategic Objective supported by this item: Demonstrate the value and contribution of public health, strengthen District-wide infrastructure to improve public health, secure and deploy resources for sustainable impact, and strengthen WCHD as an innovative, high-performing organization

Fundamental Review Recommendation 14: Conduct a community health assessment in concert with current partner organizations for the Washoe County Health District and constituent communities.

PREVIOUS ACTION

The Health District Fundamental Review recommendation 14 was to conduct a community health assessment in concert with current partner organizations for the Washoe County Health District and constituent communities. DBOH approved implementation of this recommendation during the March 27, 2014 meeting. A contract with the Health District, Renown Health, and the NPHF to conduct the assessment was signed in May 2014.

BACKGROUND

Seventy percent of local health districts nationally have conducted a Community Health Assessment within the last five years. Non-for-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years and a growing proportion of local health districts are working collaboratively to conduct Community Health Assessments. The Washoe County CHNA compiled extensive secondary data to provide statistics on health status and health indicators in Washoe County, and conducted focus groups, surveys, and meetings with subject matter experts to collect primary data on health needs of the community. The executive summary of the CHNA organizes key findings into these broad categories:

- Health outcomes, health behaviors and historic trends;
- Demographic and socioeconomic overview with comments on key populations;

- Access to health care;
- Health disparities; and,
- Education.

These findings were presented at the recent Truckee Meadows Healthy Communities Conference. The entire CHNA is available at: <http://www.washoecounty.us/repository/files/4/community-health-needs-assessment.pdf>

The hope is that this CHNA will serve as a resource to understand and improve the health of our community. The CHNA finds will be used to develop a Community Health Improvement Plan.

FISCAL IMPACT

Should the Board approve staff's recommendation, there is no additional fiscal impact to the FY15 budget.

STAFF REPORT
BOARD MEETING DATE: January 22, 2015

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 Fiscal Year 2015 year to date December 31, 2014

SUMMARY

The first six months of the fiscal year 2015 (FY15) ended with a cash balance of \$1.2 million. Total revenues were \$8.4 million, 43.5% of budget and an increase of 22.9% compared to fiscal year 2014 (FY14). The Health Fund received \$4.3 million from the County General Fund to help cover costs for the first half of the fiscal year. With 50.0% of the fiscal year completed the expenditures totaled \$9.6 million, 46.3% of the budget and 3.9% more than FY14. Salaries and benefits continue to be the single largest category increase over FY14 at an increase of \$438,777, 6.5%, for a total cost of \$7.2 million.

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

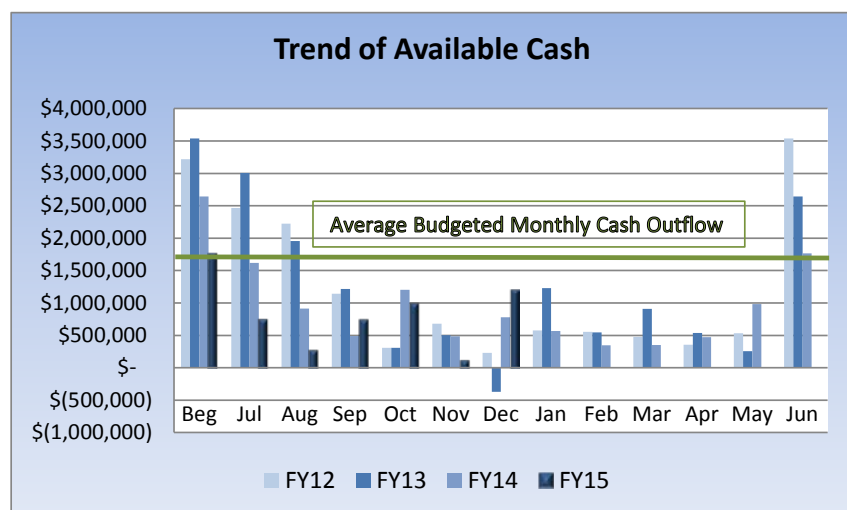
PREVIOUS ACTION

Fiscal Year 2015 Budget was adopted May 19, 2014.

BACKGROUND

Review of Cash

The available cash at the end of the six months of FY15 was \$1,209,992 which was 69.8% of the average budgeted monthly cash outflow of \$1.7 million and up 55.3%, \$430,779, compared to FY14. The County General Fund has transferred \$4.3 million for the year, 51.4% of the total revenue for the fiscal year.



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.

Review of Revenue and Expenditures by Division

AQM division revenue has a 6.2% decline, \$85,877, over FY14. EHS is up 29.6%, \$200,045, over FY14 with the majority of that increase due to the tire fee revenue; excluding the tire fee revenue the increase over FY14 is 8.5%, \$51,225. EPHP is down from FY14 by 2.5%, \$16,357, mainly due to a decline in grant funding. County General Fund transferred \$4,271,747 of the budgeted transfer, \$1.4 million more than the same time last fiscal year.

With 50.0% of the fiscal year completed the total expenditures of \$9.6 million were slightly less at 46.3% of total budget. ODHO, CCHS, EHS were running at a level spending pattern for the year. AHS continues to be high due to the unbudgeted retirement payouts and AQM was low due to unspent capital funding. The EPHP is down from what would be a level spending pattern due to the recruitment time that was required for new staff in the Vital Statistics and Emergency Medical Services program. The County General Fund overhead charges for the six months totaled \$1.4 million, 50.0% of budget, but down 5.4% from FY14 due to the overall decline in the overhead charge.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through December Year to Date Fiscal Year 2014/2015 (FY15)								
	Actual Fiscal Year		Fiscal Year 2013/2014		Fiscal Year 2014/2015			
	2011/2012	2012/2013	Actual Year End	December Year to Date	Adjusted Budget	December Year to Date	Percent of Budget	FY15 Increase over FY14
Revenues (all sources of funds)								
ODHO	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	32,903	61,113	41	0.1%	-99.9%
AQM	1,966,492	2,068,697	2,491,036	1,374,378	2,116,070	1,288,500	60.9%	-6.2%
CCHS	3,706,478	3,322,667	3,388,099	1,183,125	3,528,098	1,272,156	36.1%	7.5%
EHS	1,755,042	1,828,482	1,890,192	676,572	1,862,623	876,617	47.1%	29.6%
EPHP	1,670,338	1,833,643	1,805,986	661,742	1,630,280	645,385	39.6%	-2.5%
GF Operating	7,250,850	6,623,891	6,853,891	2,284,630	7,666,420	3,274,838	42.7%	43.3%
GF Overhead Subsidy	-	2,000,000	1,750,000	583,333	2,333,772	996,909	42.7%	70.9%
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$ 6,796,683	\$19,198,375	\$ 8,354,446	43.5%	22.9%
Expenditures								
ODHO	-	-	-	-	437,477	218,598	50.0%	-
AHS	1,202,330	1,305,407	1,247,924	592,258	1,004,343	552,026	55.0%	-6.8%
AQM	1,955,798	2,297,077	2,170,911	1,011,131	2,752,520	1,068,654	38.8%	5.7%
CCHS	6,086,866	5,757,304	5,779,003	2,777,429	5,987,646	2,894,948	48.3%	4.2%
EHS	4,848,375	4,772,942	4,804,597	2,487,480	5,533,991	2,593,228	46.9%	4.3%
EPHP	2,084,830	2,129,310	2,022,331	956,523	2,350,969	940,350	40.0%	-1.7%
GF Overhead Charge	-	2,553,372	2,898,034	1,449,017	2,741,061	1,370,531	50.0%	-5.4%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$ 9,273,838	\$20,808,007	\$ 9,638,335	46.3%	3.9%
Revenues (sources of funds) less Expenditures:								
ODHO	-	-	-	-	(437,477)	(218,598)		
AHS	(1,202,322)	(1,271,953)	(1,159,994)	(559,355)	(943,230)	(551,985)		
AQM	10,694	(228,380)	320,125	363,246	(636,450)	219,846		
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	(1,594,305)	(2,459,548)	(1,622,792)		
EHS	(3,093,333)	(2,944,460)	(2,914,405)	(1,810,907)	(3,671,368)	(1,716,610)		
EPHP	(414,492)	(295,666)	(216,345)	(294,781)	(720,689)	(294,966)		
GF Operating	7,250,850	6,623,891	6,853,891	2,284,630	7,666,420	3,274,838		
GF Overhead Subsidy	-	(553,372)	(1,148,034)	(865,684)	(407,289)	(373,621)		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$(2,477,155)	\$ (1,609,632)	\$ (1,283,890)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799		\$ 546,168			
FB as a % of Expenditures	24.2%	14.9%	11.4%		2.6%			

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

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 Fiscal Year 2015 year to date December 31, 2014.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date December 31, 2014.

Attachment:
Health District Fund summary report with line item detail

Period: 1 thru 6 2015 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
422503 Environmental Permits	46,317-	21,351-	24,966-	46	63,177-	30,646-	32,531-	49
422504 Pool Permits	97,000-	18,987-	78,013-	20	74,690-	19,086-	55,604-	26
422505 RV Permits	11,000-	6,405-	4,595-	58	13,306-	6,585-	6,721-	49
422507 Food Service Permits	420,000-	219,971-	200,029-	52	492,181-	212,866-	279,315-	43
422508 Wat Well Const Perm	30,000-	19,278-	10,722-	64	23,567-	18,466-	5,101-	78
422509 Water Company Permits	5,000-	6,513-	1,513	130	3,200-	3,543-	343	111
422510 Air Pollution Permits	474,103-	283,101-	191,002-	60	584,012-	265,174-	318,838-	45
422511 ISDS Permits	75,000-	38,484-	36,516-	51	66,522-	47,051-	19,471-	71
422513 Special Event Permits	105,000-	44,046-	60,954-	42	99,623-	48,312-	51,311-	48
422514 Initial Applic Fee	31,000-	15,560-	15,440-	50	35,226-	17,150-	18,076-	49
* Licenses and Permits	1,294,420-	673,696-	620,724-	52	1,455,504-	668,879-	786,625-	46
431100 Federal Grants	5,125,508-	1,904,950-	3,220,558-	37	5,301,515-	1,696,712-	3,604,803-	32
431105 Federal Grants - Indirect	235,667-	109,872-	125,795-	47	243,178-	131,238-	111,940-	54
432100 State Grants	311,068-	157,827-	153,241-	51	741,802-	202,813-	538,989-	27
432105 State Grants-Indirect	16,026-	3,734-	12,292-	23	2,205-	682-	1,523-	31
432310 Tire Fee NRS 444A.090	468,548-	225,303-	243,245-	48	468,548-	76,483-	392,065-	16
432311 Pol Ctrl 445B.830	318,667-	376,573-	57,906	118	300,000-	479,375-	179,375	160
* Intergovernmental	6,475,485-	2,778,259-	3,697,226-	43	7,057,248-	2,587,303-	4,469,945-	37
460162 Services to Other Agencies								
460500 Other Immunizations	89,000-	17,168-	71,833-	19	89,000-	25,780-	63,220-	29
460501 Medicaid Clinical Services	8,200-	1,162-	7,038-	14	8,200-	1,678-	6,523-	20
460503 Childhood Immunizations	20,000-	6,022-	13,978-	30	20,000-	8,393-	11,608-	42
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	2,730-	1,370-	67	4,100-	2,656-	1,444-	65
460509 Water Quality								
460510 IT Overlay	35,344-	16,119-	19,225-	46	35,344-	18,114-	17,230-	51
460511 Birth and Death Certificates	480,000-	218,174-	261,826-	45	450,000-	215,810-	234,190-	48
460512 Duplication Service Fees		210-	210			702-	702	
460513 Other Healt Service Charges		359-	359			206-	206	
460514 Food Service Certification	18,000-	9,306-	8,694-	52	19,984-	9,881-	10,103-	49
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750-	18,522-	16,772	1,058	1,750-	18,725-	16,975	1,070
460517 Influenza Immunization	7,000-	53-	6,948-	1	7,000-	2,149-	4,851-	31
460518 STD Fees	21,000-	6,173-	14,827-	29	21,000-	9,847-	11,153-	47
460519 Outpatient Services								
460520 Eng Serv Health	50,000-	24,378-	25,622-	49	50,707-	25,903-	24,804-	51
460521 Plan Review - Pools & Spas	3,600-	1,500-	2,100-	42	3,816-	2,966-	850-	78
460523 Plan Review - Food Services	20,000-	9,310-	10,690-	47	18,765-	10,345-	8,420-	55
460524 Family Planning	32,000-	14,699-	17,301-	46	27,000-	17,222-	9,778-	64
460525 Plan Review - Vector	42,000-	24,388-	17,612-	58	36,021-	27,606-	8,415-	77
460526 Plan Review-Air Quality	57,889-	23,706-	34,183-	41	65,272-	15,573-	49,699-	24
460527 NCE-AQM	116,984-	64,366-	52,618-	55	113,934-	62,380-	51,554-	55

Period: 1 thru 6 2015 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
460528 NESHAP-AQM	99,333-	45,938-	53,395-	46	135,389-	33,020-	102,369-	24
460529 Assessments-AQM	51,336-	23,002-	28,334-	45	57,888-	22,568-	35,320-	39
460530 Inspector Registr-AQ	2,162-	855-	1,307-	40	14,655-	2,113-	12,542-	14
460531 Dust Plan-Air Quality	142,403-	67,166-	75,237-	47	187,690-	70,047-	117,643-	37
460532 Plan Rvw Hotel/Motel		2,530-	2,530					
460533 Quick Start								
460534 Child Care Inspection	8,514-	4,870-	3,644-	57	10,560-	4,264-	6,296-	40
460535 Pub Accomod Inspactn	19,000-	8,888-	10,112-	47	22,540-	9,484-	13,056-	42
460570 Education Revenue					2,900-	882-	2,018-	30
* Charges for Services	1,329,615-	611,592-	718,023-	46	1,403,515-	618,314-	785,201-	44
483000 Rental Income		41-	41					
484050 Donations Federal Pgm Income	37,550-	13,077-	24,473-	35	37,550-	18,725-	18,825-	50
484195 Non-Govt'l Grants	55,988-		55,988-		88,263-	32,276-	55,987-	37
484197 Non-Gov. Grants-Indirect	5,125-		5,125-		5,125-		5,125-	
485100 Reimbursements		4,446-	4,446					
485121 Jury Reimbursements		90-	90			80-	80	
485300 Other Misc Govt Rev		1,497-	1,497		62,229-	2,515-	59,714-	4
* Miscellaneous	98,663-	19,152-	79,511-	19	193,167-	53,597-	139,570-	28
** Revenue	9,198,183-	4,082,699-	5,115,484-	44	10,109,435-	3,928,093-	6,181,342-	39
701110 Base Salaries	9,205,969	4,521,245	4,684,724	49	9,191,190	4,236,031	4,955,159	46
701120 Part Time	408,927	205,825	203,101	50	565,940	203,502	362,438	36
701130 Pooled Positions	504,876	200,975	303,901	40	464,481	224,827	239,654	48
701140 Holiday Work	4,319	1,780	2,539	41	2,819	2,823	5-	100
701150 xcContractual Wages								
701200 Incentive Longevity	155,100	81,328	73,772	52	165,426	81,747	83,678	49
701300 Overtime	62,405	31,975	30,430	51	69,920	31,935	37,985	46
701403 Shift Differential		15	15-					
701406 Standby Pay						100-	100	
701408 Call Back	1,000		1,000		1,000		1,000	
701412 Salary Adjustment	60,733		60,733		230,085-		230,085-	
701413 Vac Payoff/Sick Pay-Term		85,406	85,406-			23,750	23,750-	
701417 Comp Time		11,798	11,798-			3,124	3,124-	
701419 Comp Time - Transfer						1,886	1,886-	
701500 Merit Awards								
* Salaries and Wages	10,403,329	5,140,347	5,262,982	49	10,230,689	4,809,525	5,421,164	47
705110 Group Insurance	1,457,971	712,465	745,506	49	1,422,035	660,577	761,458	46
705210 Retirement	2,509,362	1,208,187	1,301,176	48	2,515,667	1,150,610	1,365,056	46
705215 Retirement Calculation								
705230 Medicare April 1986	134,717	70,238	64,478	52	136,701	64,981	71,720	48
705320 Workmens Comp	67,787	33,894	33,893	50	66,992	33,069	33,923	49
705330 Unemploy Comp	15,179	7,590	7,590	50	15,375	15,179	196	99
705360 Benefit Adjustment	31,202		31,202					
* Employee Benefits	4,216,218	2,032,373	2,183,844	48	4,156,770	1,924,418	2,232,353	46

Period: 1 thru 6 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
710703 Biologicals	224,882	116,047	108,835	52	246,791	111,231	135,560	45
710714 Referral Services					6,328		6,328	
710721 Outpatient	88,786	35,346	53,440	40	93,093	27,793	65,300	30
710872 Food Purchases	5,089	1,362	3,726	27	10,176	344	9,831	3
711010 Utilities					180		180	
711020 Water/Sewer								
711100 ESD Asset Management	66,526	32,574	33,952	49	47,436	24,790	22,646	52
711113 Equip Srv Replace	27,586	13,513	14,073	49	27,084	13,804	13,281	51
711114 Equip Srv O & M	41,538	23,774	17,763	57	46,869	22,974	23,895	49
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	27,151	21,440	56	55,492	23,534	31,958	42
711119 Prop & Liab Billings	74,502	37,251	37,251	50	74,502	37,251	37,251	50
711210 Travel	210,386	42,530	167,856	20	269,811	39,060	230,751	14
711300 Cash Over Short		20-	20			20	20-	
711399 ProCard in Process		690	690-					
711400 Overhead - General Fund	2,741,061	1,370,531	1,370,531	50	2,898,034	1,449,017	1,449,017	50
711504 Equipment nonCapital	85,475	37,223	48,252	44	135,712	61,609	74,104	45
* Services and Supplies	5,789,766	2,457,654	3,332,112	42	6,328,754	2,473,427	3,855,327	39
781004 Equipment Capital	373,694	7,961	365,733	2	332,748	66,468	266,280	20
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	398,694	7,961	390,733	2	432,748	66,468	366,280	15
** Expenses	20,808,007	9,638,335	11,169,671	46	21,148,962	9,273,838	11,875,124	44
485193 Surplus Supplies Sales						626-	626	
* Other Fin. Sources						626-	626	
621001 Transfer From General	10,000,192-	4,271,747-	5,728,445-	43	8,603,891-	2,867,964-	5,735,927-	33
* Transfers In	10,000,192-	4,271,747-	5,728,445-	43	8,603,891-	2,867,964-	5,735,927-	33
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-	4,271,747-	5,728,445-	43	8,603,891-	2,868,590-	5,735,301-	33
*** Total	1,609,632	1,283,890	325,742	80	2,435,636	2,477,155	41,519-	

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

STAFF REPORT
BOARD MEETING DATE: January 22, 2015

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
SUBJECT: Presentation and discussion of follow-up report regarding direction provided at the December 18, 2014 meeting with respect to benchmarking statistics and request for Board to direct staff to continue with or make adjustments to uniform methodology approved June 26, 2014.

SUMMARY

Follow-up from December 18, 2014 District Board of Health meeting regarding the direction to staff on Fundamental Review and the Cost Analysis in relation to the use of benchmarking statistics.

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

PREVIOUS ACTION

December 18, 2014 District Board of Health requested that the minutes for the meeting regarding the Fundamental Review presentation and the direction for the cost analysis be brought back to the board.

June 26, 2014 the District Board of Health approved the uniform cost methodology and schedule to review the 22 Health District Programs; and directed staff to initiate the cost analyses.

February 27, 2014 the District Board of Health accepted the Fundamental Review report.

BACKGROUND

At the December 18, 2014 board meeting, discussions took place regarding the benchmarks and best practices to use for comparisons on the cost analysis. Direction was given to staff to bring back to the board the minutes from the Fundamental Review presentation and the cost analysis direction.

The minutes from the meeting on the Fundamental Review and the Cost Analysis Methodology are attached. No staff report was attached to the Fundamental Review report but the page from the report that recommended using the Public Health Uniform National Data System, PHUND\$, is attached. Included in the Fundamental Review are several comparisons to the 2013 NACCHO (National Association of County & City Health Officials) Profile of Local Health Departments for total fund revenues per capita; total fund expenditures per capita; clinical services revenue per capita; local revenue per capita; and, workforce to population ratios.

The staff report for the approval on the methodology for the cost analysis is also attached, no specific direction was given regarding benchmarks and best practices; however, it was identified in the

Subject: Direction for methodology on Cost Analysis

Date: January 22, 2015

Page 2 of 2

background of the cost analysis methodology that “the PHUND\$ tool will be adapted to analyze the data”.

The Public Health Uniform National Data System, PHUND\$, is a web-based public health financial data collection and analysis portal. PHUND\$ was created to: provide public health agencies with the ability to proactively assess their financial and operational performance; aid NACCHO in describing and monitoring the financial health and sustainability of the public health system; promote uniform public health financial management practices; advance practices that promote quality in public health; and, increase public health agency transparency.

Within PHUND\$, Washoe County Health District is part of Region 9 and is compared to other agencies with similar population, revenues, jurisdiction type (i.e. County vs. City), level of governance (i.e. State vs Local), scope of agency services (i.e. Comprehensive Primary Care vs No Comprehensive Primary Care) in the following locations: Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated State of Micronesia, Guam, Marshall Islands, and Republic of Palau.

FISCAL IMPACT

No fiscal impact.

RECOMMENDATION

It is recommended that the Board either continue with the direction given on June 26, 2014 for the uniform methodology or provide direction to staff regarding changes to the uniform methodology used for the Cost Analysis.

POSSIBLE MOTION

Move to direct staff to:

Continue with the uniform methodology approved June 26, 2014 for phases one through three on the cost analysis project.

or

Make the following adjustments to the methodology established June 26, 2014.

Attachments:

Minutes from the February 27, 2014 DBOH meeting on the Fundamental Review and page 16 of the report that has the recommendation to use the NACCHO's Public Health Uniform Data System (PHUND\$)

Minutes and staff report from the June 26, 2014 DBOH meeting regarding the Cost Analyses of programs

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Washoe County



Health District

Members

Matt Smith, Chair
Kitty Jung, Vice Chair
Denis Humphreys
Sharon Zadra
Julia Ratti
Dr. George Hess
David Silverman
Kevin Dick, District Health Officer

Thursday, February 27, 2014
1:00 p.m.

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

The Washoe County District Board of Health met in regular session on Thursday, February 27, 2014, in the Health Department South Conference room, 1001 East Ninth Street, Reno, Nevada.

1. Determination of Quorum

Chair Smith called the meeting to order at 1:00 p.m. Ms. Ratti led the pledge to the flag.

2. Roll Call

The following Members and staff were present:

Members present:	Chair Matt Smith Vice Chair Kitty Jung David Silverman Dr. George Hess Denis Humphreys Julia Ratti Sharon Zadra
Members absent:	None
Staff present:	Kevin Dick, District Health Officer Leslie Admirand, Deputy District Attorney Charlene Albee, AQM Division Director Steve Kutz, CCHS Division Director Robert Sack, EHS Division Director Eileen Stickney, AHSO Randall Todd, DrPH, EPHP Division Director Lisa Lottritz, Public Health Nursing Supervisor, CCHS Christina Conti, Public Health Emergency Response Coordinator, EPHP Elena Varganova, Statistician, EPHP Erin Dixon, Fiscal Compliance Officer, AHS Patsy Buxton, Fiscal Compliance Officer, AHS Laurie Griffey, Administrative Assistant 1, AHS Dawn Spinola, Administrative Secretary/Recording Secretary

Ms. Ratti asked if they had just gotten missed when they ratified his contract and Ms. Griffey opined they had.

Ms. Ratti moved to authorize the approvals. Mr. Humphreys seconded the motion which was approved unanimously.

14. Presentation, discussion, and possible direction to staff on the Fundamental Review of the Washoe County Health District conducted by the Public Health Foundation.

Presented by Fundamental Review Team members Les Beitsch, Matthew Stefanak and Carol Moehrle

Chair Smith invited them to present the entire program and the Board would ask questions afterwards.

Mr. Dick explained the Health District had worked with the Public Health Foundation to conduct the fundamental review. He introduced the team members and briefly discussed their qualifications.

Mr. Beitsch explained the Health District had requested they review the structure, legal review, operations, oversight, governance, finances and overall performance. They were asked to focus on efficiency, effectiveness and opportunities for continuous improvement. He commended leadership and staff. The inputs they had requested were provided with energy and enthusiasm, which made their process efficient and easy to conduct.

Mr. Beitsch noted there were a lot of recommendations. He emphasized that did not mean that there were not already many good things taking place. The opportunities for improvement that would be presented were designed to help the Health District be more efficient and effective.

Mr. Beitsch stated the team had found a great deal of competence and expertise within the Health District leadership and staff. They had noted a number of resources at the community level that can be effective partners in achieving some of the recommendations. They had also recognized the community has a very fine university which has a number of health-related activities that are going on that can complement some of the activities at the Health District.

Mr. Beitsch explained the recommendations were broken up over three time segments. He noted many of the recommendations were already underway, which is a strong indication of commitment. He reviewed and expounded on the recommendations for the first 90-120 days, listed as follows:

1. Align the WIC program with similar program functions.
2. Develop Board of Health Orientation.
3. Strengthen customer focus.
4. Examine clinic appointment scheduling.
5. Update fee schedule and billing processes.
6. Explore a tiered level of EH services.
7. Participate in the county building permitting process analysis.
8. Strengthen organizational effectiveness by developing infrastructure to support the District Health Officer.

Mr. Stefanak reviewed and expounded on the recommendations for the first year, listed as follows:

1. Implement time coding for all employees.
2. Perform cost analysis of all programs.
3. Perform assessment of admin. and fiscal staffing needs.

4. Execute a concerted effort of all parties to address the tensions regarding the current overhead/indirect costs.
5. Align programs and services
6. Conduct a Community Health Assessment.
7. Develop metrics for success
8. Continue current collaborative to resolve REMSA oversight issues.
9. Maintain current levels of financial support.
10. Conduct a governance assessment.

Ms. Moehrle reviewed and expounded on the recommendations for the time period of twelve to twenty-four months, listed as follows:

1. Undertake an organizational strategic plan.
2. Implement a Performance Management System.
3. Consider Alternative Governance Structures.
4. Take a greater leadership role in State/Local collaboration.
5. Develop an Organizational Culture to support Quality.
6. Seek Public Health Accreditation Board (PHAB) Accreditation.

Mr. Humphreys complemented the team and stated he appreciated what they had to say.

Ms. Ratti echoed Mr. Humphrey's words and asked if the team had any thoughts regarding how to prioritize. She asked if they had seen anything that should be stopped to make room for things that need to be done.

Mr. Beitsch explained he had focused on determining mandated levels of required services. He had found that although many services were mandated, the service levels were not. He went on to say the Board is delegated broad powers to establish services that prevent poor health and promote good health. He suggested programs be analyzed for prioritization. He also suggested they consider giving more attention to injury prevention programs.

In answer to Ms. Ratti's question, he explained they had laid out their recommendations based on sequencing. Areas that stood out were strengthening the relationship with the customer, Board orientation, clinic appointment system and scheduling update, assuring fees are being charged and resources gathered, participating in the regional building permitting process, strengthening the support for the DHO and making sure the budget has funding to support the community health assessment. He noted that for the longer term the overhead cost issue and the strategic plan were crucial.

Ms. Jung thanked Mr. Dick for the fundamental review. She felt that in the past they had not reacted as an agency to the financial crisis. She encouraged time coding as a method to ensure the Health District is not subsidizing other outside end users and ensure employee longevity as they are collecting data based on the work they do. She requested a monthly progress report on all 24 goals so that they can maintain their momentum.

Ms. Jung left the hearing at 2:57 p.m.

Chair Smith stated he had wanted to see something like the Fundamental Review for 10 years, but budget restraints and other issues had impeded the process. He thanked the Board for voting to do it, as it was their future. It was exactly what they had asked for. It defined where they were, where they were going and what they could do be better in the community.

Ms. Zadra commended the team's professionalism and noted in particular their recognition of the staff. She viewed the completion of the review as a resounding testament of the Board's commitment to do the work they have been assigned to do.

Mr. Dick thanked the Board for their comments. He opined he was deriving great benefit being a new Health Officer and having a clear set of guidelines at his disposal. He felt the guidelines would be beneficial for the District and the community. He offered to bring a proposal to the Board at the March meeting that included what was already in progress and which recommendations should be prioritized.

Ms. Zadra moved to accept the report. Ms. Ratti seconded the motion which was approved six in favor and none opposed.

15. Staff Reports and Program Updates

- A. Epidemiology and Public Health Preparedness - Communicable Disease – Influenza & Pertussis, Public Health Preparedness & Continuity of Operations, Training, Community Collaboration and Grants Management.**
Staff Representative: Dr. Todd

Dr. Todd presented the report, noting the only updates were that Pertussis was increasing and Influenza was decreasing. The report had noted 19 cases of Pertussis so far this calendar year and 22 cases all of last calendar year. The current number was now 20. Regarding the flu, the ILI percentage at the end of Week Six was 2 percent, at the end of Week Eight it was down to 1.3 percent. He stated the percentage was now at 1.2 percent and they were not anticipating a secondary peak.

Dr. Todd expressed concern about the flu death rate, which at the end of Week Eight was up to 15 percent. Studies showed the rate was significantly higher than typical flu seasons in the past. Nine deaths were lab-confirmed and virtually all of those patients had pre-existing risk factors.

Mr. Humphreys noted California was reporting illnesses with polio-like symptoms and asked if anything like that had been reported in Nevada. Dr. Todd explained that none had been reported and he opined California was only seeing small numbers, but was reporting them in case other states were seeing the same symptoms and could share information.

- B. Community and Clinical Health Services - Divisional Update and Program Reports.**
Staff Representative: Mr. Kutz

Mr. Kutz presented the report, explaining a new program that will allow them to send orders directly to the Nevada State Health Laboratory and for the results to go directly into the client's electronic health record. He discussed progress updates to software which would help increase revenue. They are working with Netsmart regarding benchmarking, so they will be able to compare and contrast activities within CCHS with other like agencies. Approximately 27,000 individuals to date have signed up for health insurance through the Nevada Health Link, Nevada's version of the Affordable Care Act. Any of those patients seen at the Health District will increase revenue reimbursement.

- C. Environmental Health Services - Food Program, Vector-Borne Disease Program, General Environmental and EHS Inspection Totals.**
Staff Representative: Mr. Sack

Mr. Sack presented the report, explaining the County and the State Board of Health have been developing regulations for medical marijuana and there was some controversy as to whether the County or the State would be regulating the kitchens. The regulatory aspects of the waste products were also being discussed. He stated new fees would not need to be adopted as existing fees could be applied as though it were any other new business.

Washoe County Public Health: A Fundamental Review

February 2014

PHF Assessment Team

Public Health Foundation

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Public Health Foundation

Healthy Practices. Healthy People. Healthy Places.

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PHF Assessment Team

Leslie M. Beitsch, MD, JD

Chair, Dept. of Behavioral Sciences and Social Medicine
Center for Medicine and Public Health
Florida State University College of Medicine

Matthew Stefanak, MPH

Retired Commissioner of Health – Mahoning County, Ohio
Center for Public Policy and Health, College of Public Health, Kent State University

Carol M. Moehrle, BSN, RN

District Director, Public Health – Idaho North Central District, Lewiston, Idah

Leadership sets the tone for organizational culture, which is instrumental for an effective PMS (see Turning Point Performance Management Framework). Leadership and management answer the question about how we are doing by listening to the perceptions and input of customers and partners.

Given the financial instability that has affected the Washoe County Health District and most other local health departments in the U.S. since the most recent recession began in 2008, we urge the Health District to closely monitor financial trends and benchmark its financial performance with other health departments using ratio and trend analysis tools such as NACCHO's Public Health Uniform Data System (PHUND\$). A detailed financial ratio and trend analysis based on WCHD's four most recent fiscal years is found in the appendix.

3. Consider alternative governance structures in order to accommodate multiple related but potentially competing objectives.

The present structure is felt to be inadequate by multiple stakeholders, but often for widely differing reasons described below.

Elected officials feel constrained by the current system in which appointed DBOH members outnumber elected members. This leads frequently to inadequate political support for budget and other matters from the district's governing bodies. Additionally, more involvement by elected officials would increase the political sensitivity of the decision-making process, taking into account the need for the health district to control costs, increase efficiency, and support economic growth. Further, having more elected officials on the DBOH acts as a buffer, preventing any single governing body from dominating the decisions and actions of the health district.

The other end of the continuum would maintain the status quo, recognizing the important contributions that content experts and citizens make to the deliberative process when coupled with elected officials to form a DBOH. A blended DBOH is better able to ensure that decisions respect services and positions that could be dominated by majority viewpoints. It also ensures that a health perspective is strongly embedded into the decision making process.

There are signs that the present inter-local agreement may be less supported by the participating jurisdictions than in years past. Any participating party may withdraw resulting in a new governance structure. This pathway suffers from several pitfalls, including the uncertainty of what a successor model would be, and the strong likelihood that more infrastructure and duplication would be required in order to meet public health needs required under law. If the current governance model is dissolved, there is potential for three local health departments to co-exist rather than having a single health district, which is not in anyone's best interest.

Another option, not currently under discussion, is to consider affiliation with the University of Nevada to develop an academic/health district partnership. There are multiple models nationally

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Washoe County



Health District

Members

Matt Smith, Chair
Kitty Jung, Vice Chair
Dr. Denis Humphreys
Sharon Zadra
Julia Ratti
Dr. George Hess
David Silverman

Thursday, June 26, 2014
1:00 p.m.

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

The Washoe County District Board of Health met in regular session on Thursday, June 26, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order, Pledge of Allegiance

Chair Smith called the meeting to order at 1:02 p.m. Mr. Dick led the pledge to the flag.

Chair Smith requested a moment of silence for previous Board member Dr. Myles, who had passed away May 24, 2014.

2. Roll Call

The following Members and staff were present:

Members present: Chair Matt Smith
Vice Chair Kitty Jung
Dr. Denis Humphreys
David Silverman
Dr. George Hess
Julia Ratti [arrived at 1:26 p.m.]

Members absent: Sharon Zadra

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
Robert Sack, Division Director, EHS
Eileen Stickney, Administrative Health Services Officer, AHS
Jeff Whitesides, Manager, EPHP
Steve Fisher, Department Computer Application Specialist, AHS
Phil Ulibarri, Public Information Officer
Dawn Spinola, Administrative Secretary/Recording Secretary

**14. Presentation, Discussion and Possible Direction to Staff Regarding the Fundamental Review
Recommendation #10 – Perform Cost Analyses of All Programs**

Staff Representative: Ms. Stickney

Ms. Stickney presented the staff report. The review would be sectioned into phases, as opposed to being calendared, due to the unknown amount of time each one would take. This project relates to Recommendation #1 regarding time accounting.

Commissioner Jung asked if completed studies with proposed rate changes would come to the Board. Ms. Stickney explained this item had to do with compiling information regarding the actual costs of the programs. The fees are a component and would come back to the Board. Staff will also present progress reports to the Board for feedback.

Commissioner Jung moved to adopt. Dr. Hess seconded the motion which was approved six in favor and none against.

18. Board Comment

None.

Approved by Board in session on July 24, 2014.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

BOARD MEETING DATE: June 26, 2014

DATE: June 11, 2014
TO: District Board of Health
FROM: Eileen Stickney, Administrative Health Services Officer
 775.328.2417, estickney@washoecounty.us
SUBJECT: Presentation, Discussion and Possible Direction to Staff Regarding the
 Fundamental Review Recommendation #10 – Perform Cost Analyses of All
 Programs

Summary

The Washoe County Health District contracted with the Public Health Foundation to conduct a fundamental review. A detailed financial analyses was conducted utilizing the Public Health Uniform National Data System (PHUND\$) Ratio and Trend Analysis financial tool. This tool was created by the National Association of County and City Health Officials (NACCHO) organization to collect financial data from local public health agencies.

The Fundamental Review Team recommended “in conjunction with other recommendations to develop updated fee schedules and time coding, Washoe County Health District should set goals for and track the completion of cost analyses for each of the agency’s 22 programs on a periodic basis (every 3-5 years) in order to determine the true costs of its services and set appropriate fees and charges for its revenue generating programs. Washoe County Health District should utilize a uniform cost methodology of its devising or analytical tools from other public health agencies that conduct similar analyses. Washoe County should likewise track other related financial performance management ratios, including number of programs with expenditures that exceeded dedicated or self-generating revenues.”

Previous Action

On February 27, 2014, the *Washoe County Public Health: A Fundamental Review* report was presented to the District Board of Health. This report outlined 24 recommendations for the Washoe County Health District.

On March 27, 2014, the District Health Officer presented a staff report with a proposed prioritization for implementation of the 24 recommendations to the District Board of Health for its review and direction to staff. The District Board of Health took action to adopt the report as presented.

Background

The Fundamental Review Team recommended that the Washoe County Health District should set goals for and track the completion of cost analyses for each of the agency's 22 programs on a periodic basis (every 3-5 years) in order to determine the true costs of its services and set appropriate fees and charges for its revenue generating programs. Washoe County Health District should utilize a uniform cost methodology, which will be the full cost, or total cost, simply the sum of the direct and indirect costs.

Direct costs are those activities or services that benefit specific projects, for example project staff and materials required for a particular project. These costs are usually charged to projects on an item-by-item basis.

Indirect costs are not directly attributable to a cost object are for those activities or services that benefit more than one project. Indirect costs are typically allocated to a cost object on some basis. Washoe County Health District utilizes the annual County-Wide Cost Allocation Plan.

Program staff needs to identify a comprehensive list of activities associated with each distinct program and which staff actually performs the activity.

Administrative staff will associate the Salary and Benefit Costs with the Personnel. The personnel line items will be identified as they are distributed on different basis, such as per Full Time Equivalent (Workman's and Unemployment Compensations), a percentage of salary (Medicare and Retirement) or actual cost (Health Insurance). Personnel costs will be allocated to the Program where they provide the services. Non-Personnel Costs will be assigned directly to the program.

An analysis of the variances between budget and actual, both revenues and expenditures, will be conducted to understand the difference and make adjustments, if necessary. During the cost analyses, historical year to year actuals, cyclical trends, and ongoing versus one-time occurrence will be reviewed. The PHUND\$ tool will be adapted to analyze the data.

Schedule

The proposed schedule has been set as a goal to complete the cost analyses for each of the Washoe County's Health District's program on a periodic basis to determine the true costs of its services. The initial schedule reflects a three year interval with programs in alphabetical order. The programs within each phase can be reviewed concurrently.

Pilot Program

- Administration

Phase I

- Environmental Health Services
- Epidemiology Surveillance
- Food Protection
- Sexual Health HIV
- Sexual Health STD

- Tuberculosis
- Vector Borne Disease

Phase II

- Air Quality Management
- Chronic Disease Prevention
- Family Planning
- Immunizations
- Maternal, Child and Adolescent Health
- Public Health Preparedness
- Solid Waste Management
- Women, Infants and Children

Phase III

- Community & Clinical Health Services
- Emergency Medical Services
- Office of the District Health Officer
- Safe Drinking Water
- Underground Storage Tanks
- Vital Statistics

Recommendation

Staff recommends that the District Board of Health consider the proposed uniform cost methodology and schedule to review the 22 Health District Programs; and direct staff to initiate the cost analyses.

Alternatives

The District Board of Health may elect to approve, or amend the proposed cost analysis methodology and schedule.

Possible Motions

Should the Board agree with staff's recommendation, a possible motion would be: Move to approve that the proposed uniform cost methodology and schedule to review the 22 Health District Programs; and direct staff to initiate the cost analyses."

Should the Board amend staff's recommendation, a possible motion would be: Move to amend the proposed uniform cost methodology and schedule to review the 22 Health District Programs to..."

STAFF REPORT
BOARD MEETING DATE: January 22, 2015

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us
SUBJECT: **Acceptance of the January 2015 Nevada legislative session report and providing input and/or direction as DBOH may feel is appropriate.**

SUMMARY

This is a monthly update regarding bill draft requests (BDRs) or bill drafts which may be of interest to the District Board of Health and the Health District.

District Health Strategic Objective supported by this item: Demonstrate the value and contribution of public health, secure and deploy resources for sustainable impact, strengthen WCHD as an innovative, high- performing organization and achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health. The initial staff report for the 2015 legislative session was provided during the December 18, 2014 meeting.

BACKGROUND

At the December 18, 2014 meeting, the Board moved to direct staff to monitor and act upon 2015 Legislative Session identified topics of interest and Bill Draft Requests affecting the Health District, and submit a monthly staff legislative status report providing an update on legislative actions and Health District positions during the legislative session.

. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative activities.

A number of BDRs have been introduced since the 2015 legislative session staff report provided at the December 2014 DBOH meeting. The list of newly introduced BDRs is included as an attachment.

FISCAL IMPACT

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY15 budget

RECOMMENDATION

Subject: January 2015 Legislative Report
Date: January 22, 2015
Page 2 of 2

Staff recommends the Board accept the January 2015 Nevada legislative session report and provide input and/or direction as DBOH may feel is appropriate

POSSIBLE MOTION

A possible motion would be: Accept the January 2015 Nevada legislative session report and provide input and/or direction as DBOH may feel is appropriate.

2015 Legislative Session Tracking Report, January 22, 2015

Includes BDRs introduced since December 18, 2014 report
and Bills being actively tracked by WCHD

BDR	Bill	Description	Sponsors	Status
656		Authorizes industrial hemp farming in Nevada and makes various other changes relating to hemp.	Senator Segerblom	Released
657		Makes various changes relating to medical marijuana.	Senator Segerblom	Released
54-663		Revises provisions relating to professions.	Senator Spearman	Released
666		Revises provisions governing school safety.	Assemblywoman Benitez-Thompson	Released
667		Revises provisions governing fuel taxes.	Assemblyman Paul Anderson	Released
43-669		Provides for a program of matching grants to local governments for the maintenance and repair of public works.	Senator Atkinson	Released
670		Revises provisions relating to health insurance covering prescription drugs.	Senator Atkinson	Released
671		Revises provisions relating to apprentices.	Senator Atkinson	Released
672		Revises provisions relating to energy.	Senator Atkinson	Released
673		Revises provisions relating to occupational licensing.	Senator Atkinson	Released
43-674		Revises provisions relating to vehicle collisions.	Senator Manendo	Released
40-675		Revises provisions relating to motor vehicles.	Senator Manendo	Released
676		Revises provisions relating to programs of instruction in sex education.	Senator Hammond	Released
34-678		Revises provisions relating to education.	Senator Hammond	Released
681		Revises provisions relating to wild horses and burros.	Senator Manendo	Released
683		Revises provisions governing transportation technology.	Senator Manendo	Released
684		Revises provisions relating to motor vehicles.	Senator Woodhouse	Released
685		Revises provisions governing use of child restraint systems in motor vehicles.	Senator Woodhouse	Released
686		Revises provisions relating to safe transportation of children.	Senator Woodhouse	Released
687		Revises provisions relating to health care.	Senator Hardy	Released
688		Makes various changes relating to controlled substances.	Senator Hardy	Released
689		Makes various changes relating to insurance.	Senator Hardy	Released
690		Revises provisions relating to medical care.	Senate Committee on Health and Human Services	Released
34-691		Revises provisions relating to immunizations.	Senate Committee on Health and Human Services	Released
693		Provides for centralized regional mental health services and information.	Assemblyman Araujo	Released
40-694		Revises provisions governing health districts.	Assemblyman Thompson	Released
695		Enacts provisions to address transitioning youth to adulthood.	Assemblyman Thompson	Released
696		Revises provisions governing business licensing.	Assemblyman Thompson	Released
54-698		Makes various changes governing the provision of certain health care services.	Assemblyman Kirner	Requested
700		Revises provisions to provide for the development and growth of small businesses.	Assemblywoman Bustamante Adams	Released

2015 Legislative Session Tracking Report, January 22, 2015

Includes BDRs introduced since December 18, 2014 report
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40-702	Revises provisions governing emergency medical services.	Assembly Committee on Health and Human Services	Released
703	Revises provisions relating to the use of safety belts in taxicabs.	Assembly Committee on Transportation	Released
43-705	Revises provisions relating to school buses.	Senator Goicoechea	Released
706	Requires coordination between state and local government agencies.	Senate Committee on Government Affairs	Released
707	Makes various changes relating to farm vehicles and equipment.	Senator Goicoechea	Released
708	Revises provisions relating to water.	Senate Committee on Government Affairs	Released
709	Revises provisions relating to cities.	Senate Committee on Government Affairs	Released
710	Makes various changes relating to the relocation of certain facilities that provide telecommunication services.	Senate Committee on Government Affairs	Released
715	Makes various changes relating to certain businesses.	Senator Gustavson	Released
716	Revises provisions concerning the Nevada Transportation Authority.	Senator Gustavson	Released
717	Makes various changes relating to the Nevada Transportation Authority.	Senator Gustavson	Released
718	Revises provisions governing the equipment and training required to operate a motorcycle.	Senator Gustavson	Released
721	Revises provisions related to insurance.	Senator Lipparelli	Released
723	Revises provisions related to motor vehicles.	Senator Lipparelli	Released
724	Revises provisions related to education.	Senator Lipparelli	Released
725	Revises provisions relating to real property.	Senator Harris	Released
726	Makes various changes relating to real property.	Senator Harris	Released
728	Revises provisions concerning real property.	Senator Harris	Released
34-729	Revises provisions concerning education.	Senator Harris	Released
730	Revises provisions relating to local governmental entities.	Senator Hardy	Released
732	Makes various changes relating to education.	Senator Harris	Released
3-735	Enacts the Nevada Freedom of Conscience Protection Act.	Senator Hardy	Released
34-740	Makes various changes to provide access to community resources for children in public schools.	Assemblywoman Spiegel	Released
741	Revises provisions governing certain boards and commissions.	Assemblywoman Swank	Released
743	Revises provisions relating to motor vehicles.	Assemblywoman Kirkpatrick	Released
745	Revises provisions governing foster care.	Assemblywoman Swank	Released
749	Revises provisions governing class size reduction.	Assemblyman Elliot Anderson	Released
752	Revises provisions governing predation management.	Assembly Committee on Natural Resources, Agriculture, and Mining	Released
753	Revises provisions governing liquor.	Assemblyman Oscarson	Released
755	Enacts provisions for the protection of women.	Assemblyman Hambrick	Requested

2015 Legislative Session Tracking Report, January 22, 2015

Includes BDRs introduced since December 18, 2014 report
and Bills being actively tracked by WCHD

756		Revises provisions governing personal information.	Assemblyman Flores	Released
757		Revises provisions governing adoption.	Assemblyman Araujo	Released
763		Revises provisions relating to education.	Senator Roberson	Released
769		Provides for flexibility and efficiency in Nevada's Medicaid program.	Assemblyman Paul Anderson	Released
38-773		Revises provisions governing children in foster care.	Assemblyman Sprinkle	Released
775		Revises provisions governing prescription medication.	Assemblyman Sprinkle	Released
776		Enacts provisions relating to captive wild animals.	Assemblywoman Swank	Released
780		Revises provisions related to certain businesses.	Senator Lipparelli	Released
782		Revises provisions related to commercial development.	Senator Lipparelli	Released
784		Revises provisions related to certain businesses.	Senator Lipparelli	Released
788		Revises provisions relating to transportation.	Senate Committee on Transportation	Released
789		Revises provisions relating to STEM education in Nevada's schools.	Senator Woodhouse	Released
790		Revises provisions relating to education.	Senator Farley	Released
792		Revises provisions relating to construction.	Senator Farley	Released
794		Revises provisions relating to prescription drugs.	Senator Farley	Released
795		Revises provisions relating to insurance.	Senator Farley	Released
796		Revises provisions relating to the regulation of certain products.	Senator Farley	Released
797		Revises provisions relating to medical students.	Senator Farley	Released
798		Revises provisions relating to emergency medical services.	Assemblywoman Woodbury	Released
802		Revises provisions governing the sale or transfer of certain personal information.	Assemblyman Carrillo	Released
803		Makes various changes to the provision of care for children with special needs.	Assemblywoman Spiegel	Released
804		Provides for the collection and application of graywater for a single-family residence.	Assembly Committee on Health and Human Services	Released
805		Requires the Legislative Committee on Public Lands to conduct a study concerning water conservation and alternative sources of water for Nevada communities.	Assemblyman Oscarson	Released
806		Revises provisions governing certain courses of study in public schools.	Assemblywoman Dooling	Released
810		Makes various changes relating to local governments.	Assemblywoman Woodbury	Released
811		Makes various changes relating to children with disabilities.	Assemblywoman Woodbury	Released
812		Revises provisions governing pupils.	Assemblywoman Woodbury	Released
818		Revises provisions relating to family law.	Assemblyman Ohrenschall	Released
819		Revises provisions governing athletics.	Assemblyman Munford	Released
820		Revises provisions governing health care.	Assemblyman Moore	Released

2015 Legislative Session Tracking Report, January 22, 2015

Includes BDRs introduced since December 18, 2014 report
and Bills being actively tracked by WCHD

822		Revises provisions governing business entities.	Assemblyman Moore	Released
823		Revises provisions governing local financial administration.	Assemblyman Moore	Released
824		Revises provisions governing persons with autism.	Assemblyman Armstrong	Released
22-827		Revises provisions relating to local government financing.	Senator Kieckhefer	Released
829		Revises provisions relating to insurance.	Senator Kieckhefer	Released
830		Revises provisions relating to Medicaid.	Senator Kieckhefer	Released
832		Mandates enhanced screening and intervention for children with dyslexia.	Assemblyman Ohrenschall	Released
833		Revises provisions relating to fire districts.	Senator Kieckhefer	Released
836		Revises provisions relating to health care.	Senator Kieckhefer	Released
837		Provides for a statewide strategy regarding receipt of federal funds.	Senate Committee on Finance	Released
838		Revises requirements regarding records of federal funding.	Senate Committee on Finance	Released
839		Revises provisions concerning surplus federal funds.	Senate Committee on Finance	Released
840		Revises provisions governing public safety.	Assemblywoman Fiore	Released
843		Makes various changes to administrative regulations.	Assemblywoman Fiore	Released
845		Revises provisions governing health care.	Assemblywoman Fiore	Released
848		Revises provisions governing education.	Senator Gustavson	Released
849		Makes certain changes relating to education.	Senator Gustavson	Released
854		Makes various changes to liquor.	Assemblywoman Seaman	Released
855		Revises provisions governing real property.	Assemblywoman Seaman	Released
857		Makes various changes relating to financial governmental administration.	Assemblywoman Seaman	Released
858		Revises provisions governing local government employee relations.	Assemblyman Nelson	Released
869		Revises provisions relating to pharmacy.	Senator Smith	Released
870		Revises provisions relating to school safety.	Senator Smith	Released
871		Revises provisions relating to domestic violence.	Senator Smith	Released
872		Revises provisions relating to the state legislative process.	Senator Smith	Released
873		Revises provisions governing prohibitions on smoking tobacco in certain locations.	Senator Smith	Released
874		Revises provisions relating to the collection of certain fees for local governments.	Senator Smith	Released
877		Revises provisions relating to education.	Senator Kihuen	Released
880		Makes various changes relating to childhood obesity and nutrition.	Senator Kihuen	Released
884		Revises provisions governing controlled substances.	Senator Kihuen	Released
886		Revises provisions governing education.	Assemblyman Jones	Released
887		Revises provisions relating to Zoom schools.	Senator Denis	Released
889		Revises provisions relating to controlled substances.	Senator Denis	Released

2015 Legislative Session Tracking Report, January 22, 2015

Includes BDRs introduced since December 18, 2014 report
and Bills being actively tracked by WCHD

891		Makes various changes concerning prevention and treatment of obesity.	Senator Denis	Released
54-893		Revises provisions relating to recycling.	Senator Denis	Released
894		Authorizes the use of motorized wheelchairs in bike lanes.	Senator Denis	Released
896		Revises provisions governing real property.	Assemblyman Jones	Released
897		Revises provisions governing health care.	Assemblyman Jones	Released
898		Revises provisions governing selection of providers of health care.	Assemblyman Jones	Released
899		Revises provisions governing professional licensing.	Assemblyman Jones	Released
34-901		Makes various changes to education.	Assemblyman Gardner	Released
902		Enacts provisions relating to education.	Assemblyman Gardner	Released
906		Makes various changes to businesses.	Assemblyman Gardner	Released
909		Makes various changes relating to education.	Assemblywoman Diaz	Released
30-917		Revises provisions governing public financial administration.	Assemblywoman Dickman	Released
918		Revises provisions governing firearms.	Assemblywoman Dickman	Released
920		Revises provisions governing public purchasing and contracting.	Assemblywoman Dickman	Released
3-921		Makes various changes relating to real property.	Assemblyman Flores	Released
925		Revises provisions governing charter schools.	Assemblyman Silberkraus	Released
928		Revises provisions governing the definition of "farm" for purposes of availability of water.	Assembly Committee on Natural Resources, Agriculture, and Mining	Released
930		Revises provisions relating to persons who are diagnosed with epilepsy.	Assemblywoman Titus	Released
931		Makes various changes relating to the Open Meeting Law.	Assemblywoman Titus	Released
3-938		Revises provisions relating to comparative negligence.	Senate Majority Leader	Released
3-940		Revises provisions relating to punitive damages awarded in certain civil actions.	Senate Majority Leader	Released
941		ACR: Provides for the adoption of the Joint Standing Rules for the 78th Session	Secretary of the Senate & Chief Clerk of the Assembly	Released
942		SR: Provides for the adoption of the Standing Rules of the Senate for the 78th Session	Secretary of the Senate.	Released
943		AR: Provides for the adoption of the Standing Rules of the Assembly for the 78th Session	Chief Clerk of the Assembly	Released
	AB19	Revises provisions governing the timing of the adoption of tentative budgets by certain local governments. (BDR 31-456)	Committee on Government Affairs	First Reading
	AB25	Revises provisions governing the residential construction tax. (BDR 22-454)	Committee on Government Affairs	First Reading
	AB36	Revises provisions governing emergency services and care provided by hospitals in certain larger counties. (BDR 40-474)	Committee on Health and Human Services	First Reading
	AB48	Makes various changes relating to fraudulent acts committed against the State or a political subdivision. (BDR 14-154)	Committee on Judiciary	First Reading

2015 Legislative Session Tracking Report, January 22, 2015

Includes BDRs introduced since December 18, 2014 report
and Bills being actively tracked by WCHD

AB52	Revises provisions governing the persons responsible for a child's welfare. (BDR 38-192)	Committee on Health and Human Services	First Reading
AB54	Revises provisions relating to local governments existing in a severe financial emergency. (BDR 31-308)	Committee on Government Affairs	First Reading
AB60	Revises provisions relating to ethics in government. (BDR 23-309)	Committee on Legislative Operations and Elections	First Reading
AB72	Revises provisions governing state professional licensing boards. (BDR 54-161)	Committee on Commerce and Labor	First Reading
AB77	Makes various changes relating to the regulation of agriculture. (BDR 49-346)	Committee on Natural Resources, Agriculture, and Mining	First Reading
AB79	Revises provisions relating to agriculture. (BDR 50-345)	Committee on Natural Resources, Agriculture, and Mining	First Reading
AB87	Revises certain provisions governing the duties of insurers with regard to Medicaid. (BDR 57-326)	Committee on Commerce and Labor	First Reading
AB90	Establishes the Nevada Intrastate Mutual Aid System. (BDR 36-391)	Committee on Government Affairs	First Reading
AB92	Makes various changes relating to parentage. (BDR 11-301)	Benitez-Thompson	First Reading
AB93	Revises provisions relating to the continuing education required to renew certain licenses. (BDR 54-27)	Benitez-Thompson	First Reading
SB2	Increases the maximum speed at which a person may drive or operate a vehicle. (BDR 43-13)	Gustavson	First Reading
SB11	Grants power to local governments to perform certain acts or duties which are not prohibited or limited by statute. (BDR 20-284)	Goicoechea	First Reading
SB15	Requires a mental health professional to notify certain persons of explicit threats communicated by a patient in certain circumstances. (BDR 54-3)	Committee on Health and Human Services	First Reading
SB28	Clarifies provisions governing the fees that may be charged for providing copies of certain public records. (BDR 19-464)	Committee on Government Affairs	First Reading
SB29	Grants power to a board of county commissioners to perform certain acts which are not prohibited or limited by statute. (BDR 20-465)	Committee on Government Affairs	First Reading
SB33	Makes various changes relating to county hospitals. (BDR 40-475)	Committee on Health and Human Services	First Reading
SB43	Revises provisions governing certain safety requirements for driving across railroad tracks. (BDR 43-378)	Committee on Transportation	First Reading
SB48	Revises provisions relating to health information exchanges. (BDR 40-323)	Committee on Health and Human Services	First Reading
SB49	Revises provisions relating to emergency shelters for children. (BDR 38-498)	Committee on Health and Human Services	First Reading
SB59	Revises provisions relating to the state business portal. (BDR 7-448)	Committee on Judiciary	Printer

2015 Legislative Session Tracking Report, January 22, 2015

Includes BDRs introduced since December 18, 2014 report
and Bills being actively tracked by WCHD

SB65	Revises provisions relating to the use of water. (BDR 48-366)	Committee on Government Affairs	Printer
SB66	Revises provisions governing local governmental agreements for the development of land. (BDR 22-422)	Committee on Government Affairs	First Reading
SB67	Revises provisions governing the regulation of insurance. (BDR 57-371)	Committee on Commerce, Labor, and Energy	First Reading
SB70	Revises provisions governing meetings of public bodies. (BDR 19-155)	Committee on Government Affairs	First Reading
SB79	Provides for the regulation and taxation of liquid nicotine. (BDR 32-307)	Committee on Revenue and Economic Development	First Reading
SB85	Revises certain provisions of the Nevada Insurance Code. (BDR 57-153)	Committee on Commerce, Labor, and Energy	First Reading
SB86	Revises provisions governing pipeline and subsurface safety. (BDR 58-347)	Committee on Commerce, Labor, and Energy	First Reading
SB88	Revises provisions governing the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child. (BDR 38-337)	Committee on Health and Human Services	First Reading
SB89	Revises provisions regarding expenditures from the Fund for Cleaning Up Discharges of Petroleum. (BDR 51-370)	Committee on Natural Resources	First Reading

DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: January 22, 2015

DATE: January 9, 2015

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update –2014 Year in Review; Divisional Update – Monthly Air Quality Index; Program Reports -- Monitoring & Planning and Permitting

1. Program Update

a. 2014 Year in Review

In 2014, the Air Quality Management Division emerged, following a period of transition in 2013, as a dedicated team with ambitious goals focused on achieving advancements in the management of air quality in Washoe County. Here are the top stories for 2014:

- The U.S. Environmental Protection Agency awarded AQM with a Clean Air Excellence Award, specifically the Gregg Cooke Visionary Award, for the Keep it Clean program. EPA presented this award for outstanding, innovative efforts in improving air quality. EPA identified the Keep it Clean program as a demonstration of true commitment to obtaining cleaner air and protecting the environment.
- AQM announced the delivery of daily air quality information through EnviroFlash, a service provided through a partnership with EPA. The annual EnviroFlash challenge was conducted among air quality agencies across the country to increase subscribers. AQM won first place in total percentage increase and took third place in the total subscriber increase. This proved to be a very useful tool in September during the King Fire since AQM had encouraged stakeholders across the area to subscribe to EnviroFlash.
- AQM in partnership with the University of Nevada, Reno Business Environmental Program, established a Woodstove Exchange Program for Southern Washoe County. The program provides financial incentives up to \$1,000 for the removal of old, dirty burning woodstoves with new,

efficient, cleaner burning devices. The goal of the program is to replace up to 197 woodstoves within the areas affected by the Keep it Clean – Know the Code winter burning regulations. With financial support from the Tahoe Regional Planning Agency, the program was extended to include Incline Village.

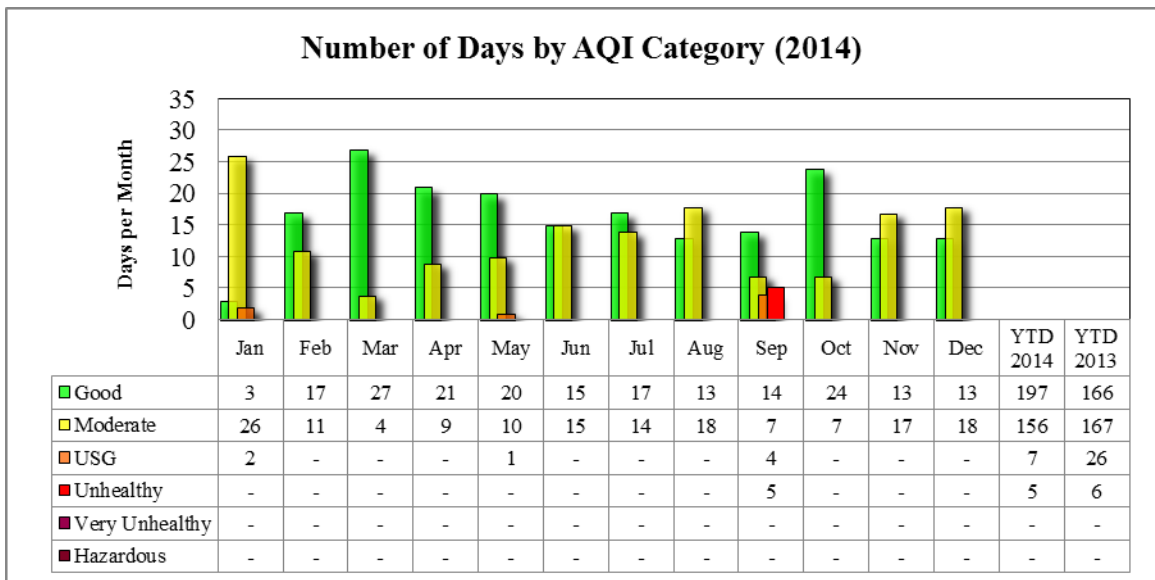
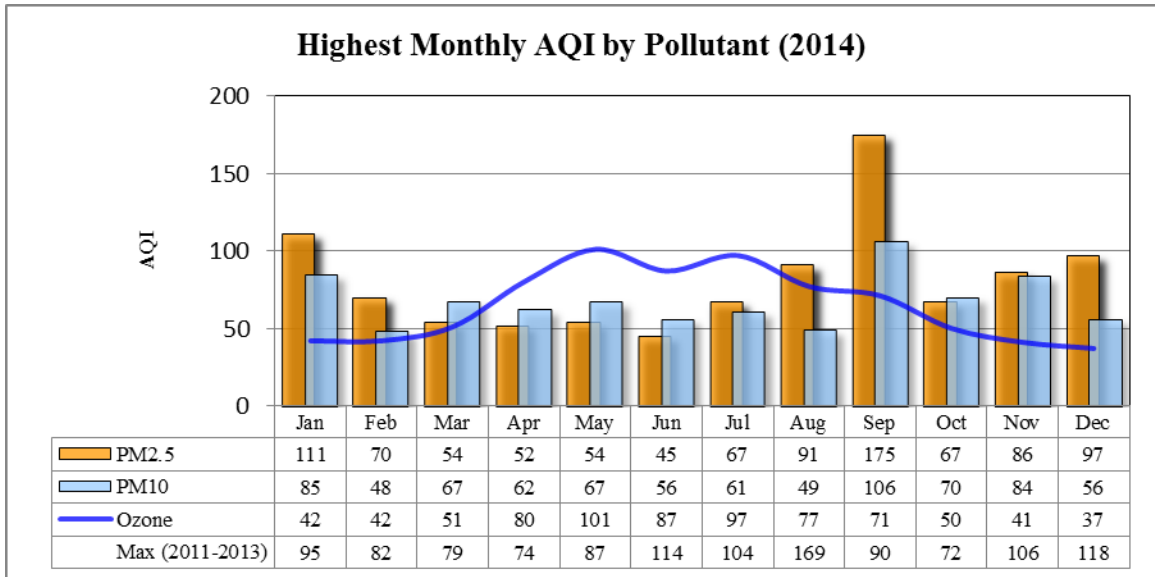
- In November, AQM submitted a redesignation request to EPA demonstrating the Truckee Meadows Basin has achieved compliance with the PM10 National Ambient Air Quality Standard. The PM10 standard was established in 1987 and this marks the first time the area has been able to demonstrate compliance.

With the significant achievements recognized in 2014, the upcoming year poses equally significant challenges. EPA has proposed a new ozone standard which will dictate the future direction of our control strategies. AQM is actively participating in the Accela Regional Licensing & Permitting Software Project at the same time the area is experiencing economic recovery and the resulting increase in businesses requiring permits. I have full confidence in the ability of the AQM staff to meet these challenges and continue the commitment to our mission to **Keep it Clean**.

Charlene Albee, REM
Director, Air Quality Management Division

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 www.OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of December.

The first Red Burn Code of the season was issued on December 9. Reduced woodburning and improved weather conditions led to the Red burn code being rescinded on December 10. The first Red Burn Code of the 2013-14 season was also issued on December 9, but that episode continued for nine days. Red Burn Codes are issued to prevent PM_{2.5} levels from reaching, or reducing the severity of exceeding, the health based NAAQS.

The proposed ozone NAAQS was published in the Federal Register on December 17, 2014. The public comment period ends March 17, 2015 and the final rule is expected to be published in October 2015. Based on current ambient air monitoring data, Washoe County may violate the standard if the level is strengthened to the middle of the proposed 65-70 ppb range.

On December 8, 2014, the Reno and Sparks City Councils and Washoe County Commissioners held a concurrent meeting to discuss the regional impacts of accelerated economic development, specifically with respect to the upcoming Tesla project. Transportation impacts were not directly addressed but were identified to be included in future meetings. RTC will provide a presentation at the next meeting. AQMD and RTC will evaluate the transportation-related accelerated economic impacts (i.e., vehicle miles traveled and motor vehicle emissions). The additional impacts must conform to the 2035 Regional Transportation Plan and AQMD's State Implementation Plans.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2014		2013	
	December	YTD	December	Annual Total
Renewal of Existing Air Permits	94	1328	96	1356
New Authorities to Construct	14	133	3	71
Dust Control Permits	14 (112 acres)	114 (1172 acres)	3 (63 acres)	119 (1150 acres)
Wood Stove Certificates	25	322	27	364
WS Dealers Affidavit of Sale	17 (13 replacements)	105 (80 replacements)	13 (7 replacements)	99 (61 replacements)
WS Notice of Exemptions	809 (1 stoves removed)	7143 (63 stoves removed)	570 (8 stoves removed)	8356 (88 stoves removed)
Asbestos Assessments	75	862	53	828
Asbestos Demo and Removal (NESHAP)	24	199	8	199

Staff reviewed fifteen (15) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The TMWRF H2S scrubbing system is installed and operating. The system is now controlling sulfur emissions from their gas stream. TMWRF staff has completed training on the new scrubber system.
- The first Authorities to Construct for medical marijuana facilities have been issued, including two (2) cultivation and one (1) processing facility.
- Inspection staff is working with RTC, Aspen Development and various asbestos abatement contractors to monitor and ensure continued compliance for the

Pyramid Highway expansion project. The project will involve asbestos abatement in 63 homes currently owned by RTC.

Staff conducted fifty four (54) stationary source and fifty one (51) gas station inspections in December 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2014*		2013	
	December	YTD	December	Annual Total
Asbestos	5	27	1	18
Burning	4	9	0	8
Construction Dust	4	53	2	0
Dust Control Permit	0	20	0	7
General Dust	2	52	2	46
Diesel Idling	0	3	0	8
Odor	1	16	2	16
Spray Painting	2	8	0	5
Permit to Operate	2	31	2	55
Woodstove	2	12	1	16
TOTAL	22	231	8	209
NOV's	December	YTD	December	Annual Total
Warnings	5	41	5	46
Citations	0	11	4	40
TOTAL	5	52	9	86

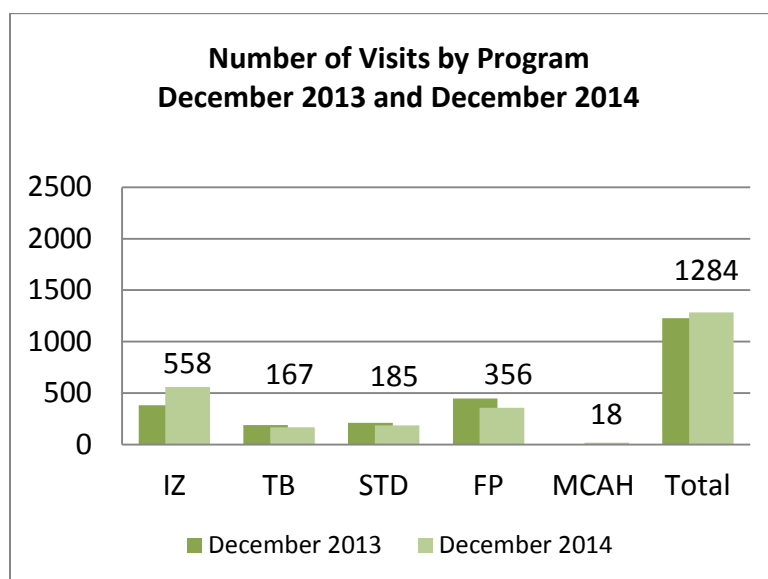
*Discrepancies in totals between monthly reports can occur due to data entry delays.

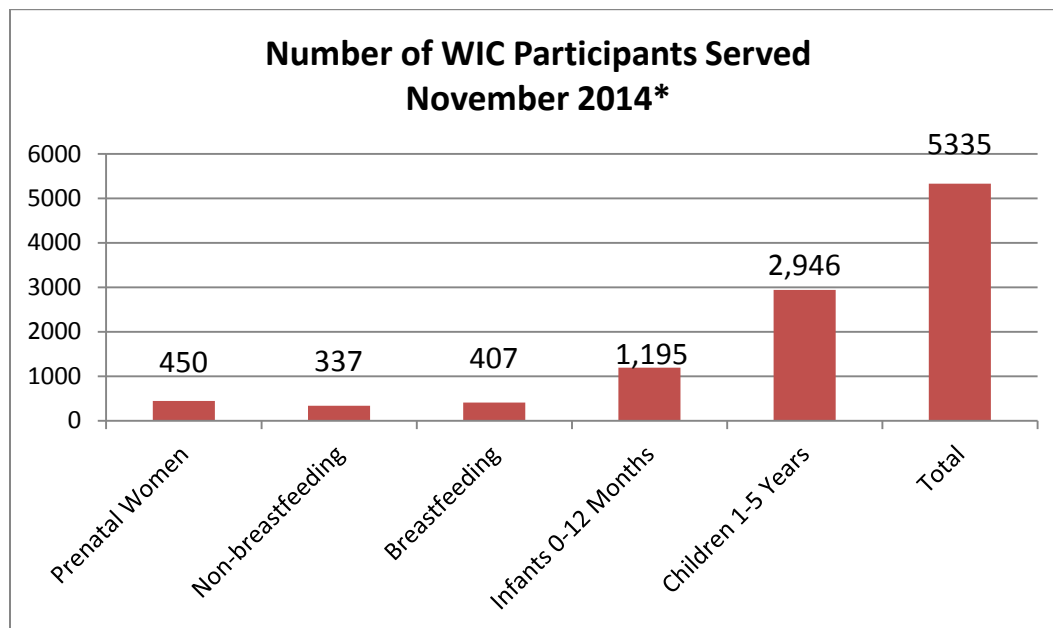
DIVISIONAL STAFF REPORT
BOARD MEETING DATE: January 22, 2015

DATE: January 9, 2015
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Update – Divisional Update, Program Reports

1. Divisional Update

- a. Netsmart – Work continues to test and implement the Family Planning and STD Field Questions Insight modules. Planning is underway to provide clinic clients with electronic access to appointments and their healthcare records, with a demonstration of the Netsmart product, myHealthPointe, to be held soon.
- b. Affordable Care Act (ACA) – I have been working with HealthInsight (a healthcare quality improvement organization) on opportunities to secure Electronic Health Record (EHR) financial incentives for serving Medicaid clients once certain benchmarks are met.
- c. 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.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff provided STD and HIV testing at a popular nightclub (Tronix) on December 26th, 2014. Tronix draws the Men that have Sex with Men (MSM) population. Staff worked with the Northern Nevada Outreach Team (NNOT) to plan an event that would target the Hispanic MSM population. Thirteen (13) people were tested.

All Sexual Health Staff are working to increase the use of rapid HIV testing in accordance with grant goals. Advantages to using this technology include immediate results of HIV status to those who test, allowing for prompt linkage to care if found to be HIV positive.

- b. **Immunizations** – Six School Located Vaccination Clinics (SLVCs) were held in December, in partnership with Immunize Nevada, at Anderson, Cold Springs, Jerry Whitehead, Glenn Duncan and Grace Warner Elementary schools. A total of 662 vaccinations were given to 521 children and 29 adults including 160 Tdap and 502 flu vaccinations. During the Fall 2014 SLVC project a total of 20 clinics were held, providing vaccinations to 1,997 children and 222 adults. A total of 558 Tdap and 2,077 flu vaccinations were given. Additionally, four Community Clinics were held in partnership with Immunize Nevada, providing vaccinations to 121 adults and 131 children. A total of 4 Tdap, 2 pneumococcal and 252 flu vaccinations were provided.

Staff also held three Indigent Immunization Clinics, providing 128 flu, 33 pneumococcal and 52 Tdap vaccinations to a total of 131 adults and 2 children.

During the fourth quarter of 2014, the Immunization Program also partnered with Catholic Charities of Northern Nevada Kids to Seniors Program for 27 outreach clinics and provided 986 doses of vaccine to 257 children and 290 adults.

- c. **Tuberculosis Prevention and Control Program** – Staff hosted the TB Cohort Review on December 16, 2014. Washoe County staff as well as representatives from Carson City and the rural areas presented TB cases from 2013. The presentation was well received and provided an educational opportunity to learn the complexities of TB care.
- d. **Family Planning/Teen Health Mall** – Staff met for eight hours this month to begin orienting to and planning the implementation for the transition to the Family Planning Module in Insight. The team plans to implement by April 1, 2015.
- e. **Chronic Disease Prevention Program (CDPP)** – “Breastfeeding Welcomed Here” resolutions were obtained from the District Board of Health and the Washoe County Commissioners in December 2014.

The Chronic Disease Coalition had their fourth quarterly meeting of the year with a presentation on Washoe County Youth BMI and a brief strategic planning discussion.

Staff attended a presentation on the new Nevada Tobacco Quitline service. The new quitline provider has been operating since September. The CDPP program has planned a tobacco cessation media campaign (TV and billboard) that will run in January, which includes the 1-800-Quit-Now cessation resource. Staff also set up a GetHealthyWashoe YouTube channel and has posted their first video. The video is the “Smoking Cessation Tips” ad that will be running in January and can be viewed at:

<https://www.youtube.com/channel/UC55V1rUKSEDbXT3Ws3SRyMA>

- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR staff conducted data abstraction on 21 cases in the fourth quarter of CY 2014. The next Case Review Team is scheduled for January 21, 2015.

The MCH clinic received two referrals on elevated blood lead levels in the last two months and has provided education to the families regarding ways to reduce a child’s exposure to lead and the need for medical follow.

Jan Houk will be attending the Association of Maternal and Child Health (AMCHP) conference in January 2015.

- g. Special Supplemental Nutrition Program for Women, Infants and Children (WIC) –** Staff prepared for and implemented the final phase to change all women and children over age 2 from whole and 2% milk to 1% and fat free milk. This required educating all WIC clients and planning with each how much milk to buy both before and after the mandated change date of January 1, 2015.

DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: January 22, 2015

DATE: December 5, 2014
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, UST/LUST,
Vector-Borne Disease and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- An Environmental Health Specialist Trainee I began employment January 5. An Office Assistant II joined our Division on January 12.

PROGRAM UPDATES

Food

- There were 41 Special Event inspections completed in December of 2014 which set a record for the month surpassing last year's record of 35. The increase is due to a growing number of holiday craft fairs that are getting larger and extending the craft fair season into mid-December.

Land Development

- Two field staff rotated into the program and began training in the residential well and septic areas of Land Development.
- An intermittent hourly Office Assistant I has been hired to assist in the Land Development Program. Their primary role will be to continue and complete the electronic transfer of program records into our existing Mapping Database.

UST/LUST Program

- The program began training a new field staff member. It is the first time the program has been fully staffed since July 2014.
- WCHD representatives and NDEP representatives are working on moving forward with an electronic filing storage system for all UST/LUST cases.

Vector-Borne Disease

- Staff is updating our Bed Bug brochure with completion anticipated by the end of the month. These brochures are utilized by Environmental Health staff to provide information to citizens in the office and field when performing hotel/motel as well as other inspections.

- The annual report for the General National Pollution Discharge Elimination System is due the middle of January. This report required by NDEP contains all the pesticides that were used by our Program this past year. The detailed comprehensive report includes the location of each treatment, GPS points, mosquito larvae and/or adults detected, predators present and conditions of the body of water.
- Staff has been diligent in reviewing 12 Community Development projects and 10 Construction Plans received within the past two weeks, including inspections on current construction projects.

EHS 2014 Inspections/Permits/Plan Review

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	YTD	AVG
Child Care	6	3	7	13	10	27	25	14	25	16	7	12	165	14
Complaints	70	74	68	96	101	97	139	117	128	78	52	61	1,081	90
Food	499	312	452	388	475	364	288	420	429	458	510	164	4,759	397
General	63	67	118	62	383	134	190	290	101	113	174	118	1,813	151
Plan Review (Commercial)	14	3	4	3	14	14	4	3	10	31	20	22	138	12
Plan Review (Residential Septic)	21	29	32	39	41	47	46	39	37	39	32	34	436	36
Residential Septic Inspections	22	29	37	45	33	74	44	27	43	49	43	37	483	40
Temporary Food/Special Events	28	33	62	84	132	420	337	765	271	183	110	41	2,466	206
Well Permits	11	0	5	6	6	15	12	12	7	13	22	26	135	11
Waste Management	12	20	29	9	12	21	13	13	13	4	9	27	182	15
TOTAL	746	570	814	745	1,207	1,209	1,098	1,700	1,064	984	979	542	11,658	972

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

DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: January 22, 2015

DATE: January 12, 2015
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 -

Pertussis - CD staff have continued to investigate pertussis cases. In 2014, 57 cases were reported and investigated in comparison to 22 cases in 2013; a 159% increase.

Ebola - CD staff members continued actively monitoring two travelers from Mali and Liberia. As of January 9th, staff completed monitoring for three individuals and two are pending, and will be finished on January 10. None have developed symptoms.

Enterovirus D68 – Other than the first case of EVD68 reported on December 10th, no additional cases have been reported.

Influenza – As of week #53 (ending 1/3/15), the percentage of patients seen with ILI in Washoe County was 6%. P&I data are still not available due to technical problems occurring at the State. During week #52, the percentage of patients seen nationally with ILI was 5.9%. As of week #53, 438 lab-confirmed influenza cases have been reported. Of these 483 cases, 389 (89%) were influenza A and 37 (8%) were influenza B and 12 (3%) were unknown type. Sixty-two cases (14.2%) were hospitalized and there have been three (0.7%) influenza-related deaths. The reported ILI percentage and lab-confirmed cases in this week is the highest in comparison with the same period during past four seasons.

2013 Communicable Disease Summary and 2013 Community-wide Antibiogram – CD staff have completed 2013 CD Summary with contributions from EHS, CCHS divisions and now this product has been published online. Staff have completed the 2013 Community-wide antibiogram with support from local hospitals and this will be published once the online version is completed by DSS. Both publications have been well received by local medical community.

Public Health Preparedness –

Staff applied for Ebola support funding through the State to CDC. If successful, this grant would provide the Health District with funding to update the Ebola response plan as CDC guidance changes. Also included would be funds to conduct active/direct active monitoring of persons returning to or visiting Washoe County who have been have been exposed or potentially exposed to Ebola Virus Disease.

The PHP program conducted a Tabletop exercise on December 11th in which Private POD Partners tested their plans in response to a pneumonic plague scenario. An After Action Report/Improvement Plan identified both strengths and areas for improvement. A primary strength identified by the exercise was the opportunity for networking among all partners in relation to a “dry” POD scenario in which medication would be dispensed as opposed to a “wet” POD in which vaccine is administered. A major strength identified by the exercise was the need for more law enforcement engagement and collaboration.

WCHD’s Medical Reserve Corps (MRC) Volunteer Program Coordinator and an MRC volunteer participated in the pneumonic plague Tabletop Exercise. This was an opportunity to assess how MRC volunteers may be deployed and utilized for this public health emergency. The exercise was conducted by the WCHD.

On January 7, 2014 the MRC Coordinator attended a meeting of the Northern Nevada Organization of Volunteers Active in Disasters (NNVOAD). NNVOAD is in the process of restructuring and selecting a new chairperson and vice chairperson.

The latest edition of the MRC Newsletter was recently completed and disseminated to all MRC volunteers and WCHD personnel.

PHP staff continued participation in the County’s Hazard Mitigation process to provide information on the Terrorism section as it related to bioterrorism. Furthermore, PHP staff collaborated with Epi staff to write the Infectious Disease section of the Hazard Mitigation Profile for the County.

PHP staff, in collaboration with CCHS staff, provided two of six Fire Vaccination Administration Trainings in January 2015 to continue training efforts to ensure all local firefighters are trained to assist in providing vaccinations in the event of a public health emergency such as pandemic influenza or smallpox.

EMS Manager conducted a tabletop exercise with Hearthstone of Northern Nevada. Hearthstone is seeking Joint Commission certification and exercise participation in a component of that.

EMS -

EMS staff is working to complete the final draft of the first quarterly EMS data report of FY 14/15. This document includes statistical analyses of the Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District and REMSA. An initial draft of this report was presented to the EMS Advisory Board on December 4, 2014. As the EMS Program continues to gather and report data, it is anticipated that the data findings will be utilized for performance improvements with the EMS system in Washoe County.

EMS staff met with the Washoe County EMS Field Representative from Nevada’s Division of Public and Behavioral Health (DPBH). Previously, a minimal partnership existed between the State Office of Emergency Medical Services and EMS staff at the WCHD. Several notable outcomes resulted from the meeting and EMS staff will now meet quarterly with representatives from the DPBH to ensure better cross-communication.

EMS staff is currently revising Multi-Casualty Incident Plan Annex to include the Mutual Aid Evacuation Annex (MAEA) and the development of the Family Assistance Center (FAC) Annex. Feedback from the MAEA workshop held in December 2014 is being utilized. EMS staff is collaborating with regional partners to determine if changing the evacuation process to include the use of the Disaster Management Systems (DMS) hospital evacuation tags is a needed enhancement during this year’s revisions. Once all revisions are complete, the plan will be presented to the DBOH for possible approval. The FAC Annex was requested by healthcare partners to ensure coordination and communication after the initial incident moves into a secondary response.

EMS staff determined that it is more efficient to provide REMSA’s response percentages and statistics on a monthly basis rather than reporting such information only in the annual Compliance Report. Beginning in January, the Board will receive EMS staff’s calculations on a monthly basis. The calculations are based on the data pulled from REMSA’s Online Compliance Utility (OCU). Below are the compliance percentages per zone as well as the 90th percentile response for each zone.

**REMSA Response Compliance
FY 2014 -2015**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D
July 2014	93.1%	93.1%	93.7%	100%	93.4%
August 2014	91.9%	97.5%	98%	100%	97.8%
September 2014	91.5%	98.6%	93%	100%	96.6%
October 2014	92.3%	97.6%	100%	100%	98.4%
November 2014	93.2%	100%	100%	100%	100%
December 2014	92.5%	94.9%	98.5%	100%	96.6%

REMSA 90th Percentile Response

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2014	8:30	13:58	18:11	N/A*
August 2014	8:39	13:51	18:12	N/A*
September 2014	8:43	12:22	19:22	N/A*
October 2014	8:27	11:46	16:50	N/A*
November 2014	8:17	12:00	17:22	N/A*
December 2014	8:32	12:22	18:21	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.*

DISTRICT HEALTH OFFICER STAFF REPORT
BOARD MEETING DATE: January 22, 2015

DATE: January 12, 2015
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 (775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report - Community Health Needs Assessment, Truckee Meadows Healthy Communities Conference, Fundamental Review, Other Events & Activities and Health District Media Contacts.

Community Health Needs Assessment

The Community Health Needs Assessment was completed and is posted on the Health District website as well as the websites of Renown Health and Truckee Meadows Healthy Communities. The Executive Summary was printed and distributed to the participants of the Truckee Meadows Healthy Communities Conference. (Fundamental Review Item 14)

Truckee Meadows Healthy Communities Conference

The Truckee Meadows Healthy Communities Conference was held at the 4th floor Ballroom of the Joe Crowley Student Union at UNR on January 8. First Lady Kathleen Sandoval served as Honorary Chair for the event. The conference featured speakers from the Build Healthy Places Network, Stanford School of Medicine and Packard Children's Hospital, the Federal Reserve Bank of San Francisco, Local Initiatives Support Corporation (LISC), Clearinghouse CDFI, RTC, WCSD, Renown Health, N. Nevada Medical Center, St. Mary's, Nevada Business Group on Health, the Health District, and the Cities of Reno and Sparks.

Nearly 250 people attended the event, which provided information on the health status of the community, a focused discussion of the 89502 zip-code area, health disparities, approaches to becoming a healthy community, policy, finance, the built environment, education, and collective impact.

The conference engaged participants in an exercise to discuss possible projects to address needs in the 89502 zip code area. The plan is to further engage the wide variety of participants and organizations in project implementation in 89502 and the development of a Community Health Improvement Plan.

Fundamental Review

Progress continues:

- The Health District is proceeding with the process to institute fees for services for which the Health District did not previously conduct cost-recovery. These fees will be workshopped in February.(Fundamental Review Item 5)
- A Public Health Nurse position in the ODHO has been reclassified to Director of Programs and Projects. The position has been posted for recruitment on the HR website. The application period closes January 26. The position will play a lead role in the Community Health Improvement Plan development and coordinating community partnerships/collaborations. The position will also support the Health District QI and Performance Management Initiatives. (Fundamental Review Items 8, 19, and 20)
- The Community Health Needs Assessment was completed. (Fundamental Review Item 14)

The current dashboard on progress implementing of the Fundamental Review recommendations implementation is attached.

Other Events and Activities

I held a General Staff Meeting on January 6. These meetings are scheduled quarterly.

I met with the Division Directors/Supervisors on January 7 and with Division Directors on January 21. I conduct individual meetings with the Division Directors and Communication Manager on a bi-weekly schedule. My monthly meeting with the County Manager occurred on January 7.

I participated at the Washoe County Board of County Commissioners Strategic Planning retreat held on January 9, and the County Department Heads strategic planning meeting on January 14.

Daniel Inouye attended the RTC Blue Ribbon Committee on Transit on my behalf on January 15.

I attended the REMSA Board Meeting on January 16.

I attended the Carson City Health and Human Services Robert Wood Johnson Foundation Grant Cross Jurisdictional Sharing Meeting on January 16.

I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit Home Performance with Energy Star Provider for the State of Nevada.

Health District Media Contacts: December 9, 2014 - January 13, 2015

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
1/13/2015	KTVN CH2 - CBS Reno	Jennifer Burton	Community Health Needs Assessment - Health Officer Kevin Dick
1/12/2015	KTVN CH2 - CBS Reno	Jennifer Burton	Influenza - Ulibarri
1/8/2015	KTVN CH2 - CBS Reno	Kristen Remington	Healthy Communities Conference - Health Officer Kevin Dick
1/6/2015	KKOH Radio - 780 AM	Ross Mitchell	Burn Code - Inouye
1/5/2015	Reno Gazette Journal	Marcella Corona	Burn Code - Inouye
1/2/2015	UNIVISION	Laura Calzada	Burn Code and Inversions - Inouye, Wright
1/2/2015	KTVN CH2 - CBS Reno	Landon Miller	Burn Code and Inversions - Inouye, Petersen
12/31/2014	KOLO CH8 - ABC Reno	Amanda Sanchez	Influenza Vaccine and Eggs - Ulibarri
12/30/2014	KOLO CH8 - ABC Reno	Angie Woods	The Road Ahead/Healthy Communities - Health Officer Kevin Dick
12/30/2014	KOLO CH8 - ABC Reno	Terri Russell	Influenza - Ulibarri
12/30/2014	UNIVISION	Laura Calzada	Hypothermia - Ulibarri
12/29/2014	UNIVISION	Laura Calzada	Burn Code - Inouye
12/22/2014	UNIVISION	Ivet Contreras	Listeria - Paulson
12/17/2014	KRNV CH4 - NBC Reno	Joe Hart	Rodents - Ulibarri
12/17/2014	KRNV CH4 - NBC Reno	Terri Lewis	Influenza - Shore
12/15/2014	KTVN CH2 - CBS Reno	Jennifer Burton	Influenza - Health Officer Kevin Dick
12/11/2014	UNIVISION	Ivet Contreras	EV-D68 - Ulibarri
12/10/2014	KKOH Radio - 780 AM	Ross Mitchell	Burn Code - Inouye
12/10/2014	Reno Gazette Journal	Marcella Corona	Burn Code - Schnieder
12/9/2014	KOLO CH8 - ABC Reno	Paul Harris	Influenza - Kutz, Paulson, Ulibarri

**Press Releases/Media
 Advisories/Editorials**

1/13/2015	Press Release	PIO Ulibarri	Community Health Needs Assessment
1/6/2015	Media Advisory	PIO Ulibarri	Red Burn Code Rescinded
1/1/2015	Media Advisory	PIO Ulibarri	Red Burn Code Issued
12/29/2015	Media Advisory	PIO Ulibarri	Red Burn Code Rescinded
12/10/2014	Media Advisory	PIO Ulibarri	Red Burn Code Rescinded

Fundamental Review Recommendation Status

Legend:

January 13, 2015

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 Goal

	1	Place WIC organizationally where it is most closely aligned with similar functions
	a.	WIC moved to CCHS effective 1/21/14
	2	Develop a DBOH orientation manual and program
	a.	Design an orientation program and compile a draft manual
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Land development user group established
	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. Consider opportunities and costs for weekend clinical services
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service began July 1, 2014
	b.	Identify costs for permits and services that could be included in fee schedules/propose
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill
	6	Explore tiered level of services for Environmental Health programs and inspections

Fundamental Review Recommendation Status

	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.	The Office of the District Health Officer was established on July 1, 2014
9		Implement time coding for employees
	a.	Time coding in EHS has been expanded, AQM timecoding is underway. CCHS timestudy occurring.
10		Perform cost analysis of all programs
	a.	A proposed schedule approved on June 26, 2014 by DBOH. Pilot analysis of Administration completed.
11		Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Will be performed in conjunction with program const analysis. See 10a
12		Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs.
13		Align programs and services with public demand
	a.	Shifted home visiting resources to provide additional clinical services on June 1, 2014
	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 FY15, 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.	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 January 16, 2014. Determine future schedule to repeat
19		Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
20		Implement a performance management system
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. system
21		Consider alternative governance structures
	a.	This is not a recommendation for staff action

Fundamental Review Recommendation Status

	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role
	23	Develop an organizational culture to support quality by taking visible leadership steps
	a.	Cross-Divisional Q-Team established and Div. QI projects conducted. Additional mgmt. training completed.
	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