

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

November 6, 2012 – 12:30 PM

BOARD MEMBERS PRESENT

Mr. Corey Buggs
Ms. Becky Daley
Dr. Rick Gilliam
Dr. Mark Hamrick, Chair
Mr. Rod Kcuik
Dr. Michael Lanning
Rev. Lamar Moore
Dr. Cathy Riggan
Commissioner Don Truell

STAFF PRESENT

Janie Ange
Darren Cecil
Mary Lou Collett
Jen Hames
Barbara Jones
Nancy Rosier

VISITORS PRESENT

Sandy Motley, Davidson Medical
Ministries

WELCOME

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone.

MEETING AGENDA and CONSENT AGENDA APPROVAL

Dr. Hamrick recommended that the closed session be deleted from the bottom of the agenda: Dr. Hamrick asked for a motion for approval of the amended agenda and the consent agenda including the September 11, 2012 minutes and monthly and financial reports.

MOTION

Dr. Cathy Riggan made the motion to approve the items on the meeting agenda and consent agenda as amended. Dr. Michael Lanning seconded and the motion was approved without dissent.

HEALTH DIRECTOR'S REPORT

- **Electronic Medical Records** – Solicitation of bids from vendors for Electronic Medical Records will begin in the late November through December 2012 timeframe. The goal is to have a vendor and product identified by spring of 2013.
- **Re-accreditation** – As everyone is aware, Davidson County Health Department was recommended for re-accreditation. The recommendation has been placed on the North Carolina Local Health Department Accreditation Board agenda for December 14th in Raleigh. There should be no issues with the Accreditation Board granting accredited status at that time. 39 of 41 benchmarks and 146 of 148 activities were met. The activities that were not met were:
 - **Activity 7.4:** The local health department shall have a public health preparedness and response plan that:
 - *corresponds to existing local and state emergency and Bioterrorism plans
 - *establishes roles and responsibilities of plan participants
 - *identifies training for participants in those roles
 - *establishes a chain of command among plan participants
 - *describes a system of emergency notification to local and state public health staff and other key decision makers based upon the nature of the event.
 - *is available to staff on site

- **Activity 30.9:** The local health department shall prohibit the use of tobacco in its facility.

The full report from the accreditation site visit will be reported during the January 2013 Board of Health meeting.

- **Integrated Services/Staffing Issues** – The move to integrated services and the changes in availability of appointments is continuing to be positive. The Nurse Practitioner position has been filled as of November 5th. However, there have been obstacles of late with the moving of nursing staff to other positions within the health department or leaving the health department to take positions elsewhere. Also, the resignation of the laboratory technician has been a limiting factor; though, this position has been filled effective November 5th as well. Due to these factors, clinic nursing staff have been faced with filling vacancies and appointments have been scaled back. Staff are not accepting any new patients for family planning at this time. This will be temporary as new staff are brought in by the end of December and trained.
- **Flu/Fees** – Demand for flu vaccinations has been mediocre thus far this year. No formal flu clinics were scheduled as in past years, other than for county employees. Requests have been handled through the appointment line and when demand has peaked, special hours have been used to serve the demand. Additionally, upon request, staff have visited industry, nursing homes, schools, etc. to administer the vaccination. Fees this year were evaluated and remained the same as those approved by the Board of Health in 2011.
- **Fungal Meningitis** – Davidson County has had one identified case of fungal meningitis which led to the death of a Denton woman. Thus far, three North Carolina cases have been linked to the ongoing multistate outbreak of fungal meningitis caused by three contaminated lots of methylprednisolone from the New England Compounding Center. More than 350 cases and 25 deaths had been identified nationally as of October 29th.
- **Additional Funding** – During the July meeting Mr. Cecil alluded to funding being placed in the state budget that would possibly be available after January 1, 2013. The provision if local health departments receiving the additional \$4.9 million in non-recurring resources was that Medicaid stayed within budget, these funds would not have to cover that gap. Presently, it appears that Medicaid will be within budget and Davidson County will receive additional Aid to County funds totaling approximately \$49,000 to be used for the promotion of community health and wellness initiatives.

Dr. Hamrick commended the health department staff for all their incredible amount of hard work to become accredited. He stated it was enjoyable when he and Commissioner Truell were interviewed by the accreditation team stating “we had a lot of good things to say and the team was very impressed by everyone here”.

OLD BUSINESS

- **Davidson Medical Ministries Changes and Proposal – Darren Cecil**
Mr. Cecil stated the Board’s packets contained the Medical Ministries’ proposal. The highlights of the proposal include:
 - Maintaining funding of Davidson Medical Ministries at \$30,000 annually,
 - Transitioning of the Davidson County Health Department’s dental clinic to Davidson Medical Ministries, and

- An additional \$20,000 annual funding for Davidson Medical Ministries

Also 2012 dental clinic data charts were included in the packet showing peaks and valleys when the dental clinic has been either making or losing money. The peaks in efficiency correlate to when Sindhura was on staff and more clinic appointments were available. The problem the health department has encountered has been maintaining a dentist on site and not meeting demand. Research indicates that the \$30,000 annual funding of Davidson Medical Ministries began in 2006 as recorded in minutes when the Davidson County Board of Commissioners approved \$30,000 annually to be funded from the accrued interest on the sale of the home health agency. Only \$23,000 was approved for Davidson Medical Ministries in the 2012 – 2013 fiscal year budget because that was the projected funds that are available from the home health interest. Mr. Cecil suggested that the issues regarding the dental clinic need to be addressed first. The question remains whether the health department will continue to operate the clinic or can the clinic be more efficiently maintained under the direction of Davidson Medical Ministries.

Sandy Motley, Davidson Medical Ministries Director, requested to provide some background information. Ms. Motley stated that initially when the relationship with the health department began the \$30,000 and the \$20,000 amounts constituted the total \$50,000 that was granted to Davidson Medical Ministries by the health department via approval by the Davidson County Board of Commissioners as part of the sale of the home health agency. This was taken from the interest that was earned by the trust that was setup with the purpose of increasing access to care. With the \$50,000 grant, Davidson Medical Ministries was able to hire a nurse practitioner for the clinic. Several years later, near the time that applications were being submitted for the Federally Qualified Health Center grant, the interest money had been depleted to approximately \$30,000 annually. This is where the \$30,000 comes in and this is when the Board of County Commissioners were approached about the FQHC grant application and the need for the Board of County Commissioners support to approve the use of \$30,000, via the health department, for the nurse practitioner at Davidson Medical Ministries. This allowed this position to continue to be funded after October 1st 2012 when the current nurse practitioner ceased her relationship with Davidson County and was hired full time for the FQHC Free/Charitable Clinic. Davidson Medical Ministries is now live as a FQHC Free/Charitable Clinic and back to the point of defining those referral service agreements and there is a need to figure out how to accomplish what we said we were going to do, to the federal government, when the grant was written.

Discussion resulted in the decision to continue giving Medical Ministries the remainder of the budgeted \$23,000 and revisit it in the budget for the next fiscal year.

MOTION

Rev. Lamar Moore made a motion to direct the health department to work toward the consolidation of the dental clinic with Medical Ministries. Dr. Cathy Riggan seconded and the motion was approved without dissent.

- **2011 – 2012 Strategic Plan Progress Report – Barbara Jones**

Ms. Jones gave a brief review of the 2011-2012 Strategic Plan Progress Report which had been provided to the Board in the pre-meeting packet. She stated the department met 69% of our goals, partially met 5% and did not meet 26%. She stated one goal not met was the development of a succession/recruitment plan for leadership positions. When our current plan was developed we realized we had several Management Team members nearing retirement; but, that actually happened during the past year and we have had to deal with this succession before a plan was developed. Ms. Jones stated there are a couple of accomplishments we are really proud of, one being that we have initiated a comprehensive digitalization plan for Environmental Health records which is progressing very well. We have also been involved in two quality improvement projects; one was completed in our WIC program and the other, the transition of our clinical services to integrated services. We have worked to cultivate community partnerships, especially with the

Marketing Committee's efforts to get the public health message out to the community. We have partnered with academic institutions for two projects, the "Weight Wise" project and the "You Quit, Two Quit" smoking cessation project for pregnant women. Ms. Jones stated this is our final update to the Strategic Plan developed based on our 2009 Community Health Assessment.

NEW BUSINESS

- **2012 – 2013 Strategic Plan – Barbara Jones**

Ms. Jones noted the draft 2012-2013 Strategic Plan was included in the pre-meeting packet sent to Board members. She stated this plan is based on the Community Health Assessment completed this past July and builds on our previous plans. The Expanded Management Team held a retreat facilitated by staff from the Institute of Public Health to determine our community needs and the resources we have available to impact those needs and then develop our plan. Due to the retirements and the changes in staff positions within the Health Department one of our biggest goals in this plan is to increase our staff capacity to allow us to meet the needs of the community. The draft plan includes five basic goals. The draft plan has been provided to our staff for review and input. It was also provided to the Davidson County Healthy Community Coalition representing our community partners and stakeholders for review and input. Input received from several members of the Coalition has been considered by the Management Team and the draft has been revised to include this feedback. Ms. Jones also provided a list of community partners which the department currently collaborates with to promote public health within the community and asked for feedback and/or endorsement from the Board for these continued collaborations.

MOTION

Dr. Cathy Riggan made a motion to accept the 2012-2013 Strategic Plan and endorse our community partners. Corey Buggs seconded and the motion was approved without dissent.

- **2011 – 2012 Customer Service Report – Barbara Jones**

Ms. Jones provided the following summary of the 2011-2012 Customer Service Report. Ms. Jones stated we had an excellent response in our customer services surveys this past year with 950 responses received. We also received 104 Community Survey responses. The Community Surveys were just initiated this year in response to an accreditation requirement that we seek input regarding our services from people in our community who have not received services from us. These surveys are provided for completion at all of our community outreach activities. The response of note from these surveys is that we may need to look at the hours we provide services so we have included the need to evaluate this to our current strategic plan.

We are very proud of our staff for the 99.9% positive response rate we received for staff's customer service skills! There were some work process concerns identified in the responses, mainly client wait times. WIC has done a really good job addressing client wait time with the move to Open Access appointment scheduling in their QI project last year. Clinical services is addressing this concern with the move to integrated services. Integrated services are working well but we won't know the full impact to client service and wait time until the clinic is fully staffed. Ms. Jones stated her biggest concern with customer service is a HIPAA issue because of the lack of sound barriers in the clinical exam rooms. This allows conversations between clients and providers to be overheard by clients in adjacent rooms. We have previously installed speakers and music in the clinical service area hallways to prevent conversations in exam rooms being overheard by clients in the hallway. We are investigating the possibility of installing speakers and music in the exam rooms to further remedy this issue. Ms. Jones stated she found it interesting that word of mouth continues to remain the predominate means for the community to hear about our services. Other significant sources of referral are the Department of Social Services and sister health department programs referring to each other. It is interesting that only 5% of our clients

responded that they used our website as a referral source. We have installed electronic doors at our public access entry into the building to facilitate entry into our building. We are very proud of the WIC QI project and its impact on their service delivery. Environmental Health continues to work with a County initiated customer service QI project. We are continuing to spread the knowledge and practice of the quality improvement process throughout the department. The recommendation from the Customer Service Committee with the highest priority is to address the need for a sound barrier in the clinical services exam rooms.

- **Program Plan Outline – Jen Hames**

Ms. Hames stated that the Program Plan Outline is done every year. All the programs and their respective services that we offer here at the health department are listed in the Outline. Ms. Hames explained that most people that call and want to know in depth information about our services are usually given the Outline because it is so detailed, but the general population that asks about our services usually receives our health department services brochure. All new staff, Board of Health members, and county commissioners receive the program plan outline. From last year to this year, most changes are just numerical. The only major change is we added the Northwest Community Care Network, a new program that started in July of this year.

MOTION

Dr. Cathy Riggan made a motion to accept the Program Plan Outline for 2012-2013. Commissioner Don Truell seconded and the motion was approved without dissent.

- **2012 Bad Debt Write Off – Mary Lou Collett**

Ms. Collett presented the bad debt write of figures as follows:

Adult Health	\$1,015.55 (pregnancy tests are coded adult health)
Family Planning	\$2,397.44
Maternal Health	\$542.51
Child Health	\$76.00
Tb skin test	\$10.00
Dental Health	\$351.40
	=====
	\$4,392.90

Ms. Collett reported letter notifications were sent through county attorney’s office to clients with past due accounts prior to 2012. We had great success in recuperating these claims totaling close to \$8,000.00. We are anticipating a similar recovery with the 2012 Bad Debt accounts.

- **End of FY 2011 – 2012 Financial Report – Janie Ange**

Ms. Ange presented a power point to the Board and gave an overview of the end of the year financial report, with the first slides reminding everyone of our ten essential services of public health (N.C.G.S 130A-34.1), monitoring health status to identify community health concerns and of the 13 Mandated Services for local health departments (G.S. 130 A-1.1; 10A NCAC 46.0201). Ms. Ange referred to the power point slide that showed the 5 mandated services that must be provided directly by the local health department and 8 mandated services that may be provided directly by the health department or by contract or by certifying availability from other providers. Ms. Ange stated that our mandated services are required by direct provision, assurance and essential services. The slides pointed out the budget and funding sources for mandated/essential services, with the general budget being the largest for the majority of our services. Ms. Ange explained the remaining power point slides show divisions by budget, revenue received, year to date expenditures and the budgeted amount at the beginning of the last fiscal year. The final slide

indicates funding sources: State, County, Medicaid, Grants, and the amount of revenue broken down by the manner received.

FUTURE BOARD MEETING DATES

The Board of Health will meet Tuesday, January 8, 2013 at 12:30.

MEETING ADJOURNED

Respectfully submitted,

Darren Cecil
Secretary to the Board

This is a true and accurate copy of the November 6, 2012 Board of Health Minutes.

Dr. Mark Hamrick, Chair