

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

September 9, 2008
12:30 p.m.

BOARD MEMBERS PRESENT

Mr. Keith Raulston
Dr. Peter Rogaski
Commissioner Don Truell
Corey Buggs
Dr. Mark Hamrick
Rev. Lamar Moore
Dr. Cathy Riggan
Ron Kuick

STAFF PRESENT

Ms. Barbara Jones
Ms. Kim Frank
Ms. Gwen Yates
Jen Hames
Jackie Frank

VISITORS PRESENT

Mary Jane Ackerman
(Thomasville City Schools)
Robert Hedrick
(County Attorney)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

Dr. Rogaski opened the meeting, established a quorum and welcomed everyone.

MEETING AGENDA and CONSENT AGENDA APPROVAL

Dr. Rogaski asked if there were any corrections or additions to the agenda or minutes from the last meeting. Dr. Rogaski requested a motion for the following amendments: Under Consent Agenda add E. (Record Retention Adoption), Under Old Business add B. (Approval of Request of Balance of Home Health Proceeds.)

MOTION

Commissioner Don Truell made the motion to approve the Meeting Agenda as amended. Dr. Mark Hamrick seconded and the motion was approved.

MOTION

Rev. Lamar Moore made a motion to approve the consent agenda. Dr. Mark Hamrick seconded and the motion was approved

HEALTH DIRECTOR'S REPORT

- HIS state software system was supposed to be implemented August the 25th but was pulled because of unexpected problems. HIS implementation will probably be revisited again early spring.
- 3 more school nurses passed their certification tests
- Tdap vaccination cut off is September 24th. There appears to be more children needing the vaccine than anticipated.
- 499 employees screened in employee wellness program-Our attempt is to encourage employees to be as healthy as they can be
- 2008 end of year budget report will be presented at the Board meeting November 8th
- CAP-C audit due in September
- NCEDSS (North Carolina Electronic Disease Surveillance System) will go live at the health department on October 9th for communicable disease reporting

- BBQ Center illnesses outbreak-Staff did excellent job tracking the Noro virus-employee working at the BBQ Center was not symptomatic but apparently carried the virus into the restaurant-31 illnesses reported to health department
- NCPHA conference to be held in New Bern at the end of September-If any of the BOH would like to attend they are welcome to register for the conference-Mr. Long stated that this would be a good conference and that he and some staff will be attending

OLD BUSINESS

Presumptive Eligibility Review

Mr. Long gave a full review for the Board on the Presumptive Eligibility (PE) process and why it was originally put into place. Mr. Long stated that the original intent was to control costs of the prenatal program and that he wanted the Board, especially new members, to be aware of, and understand PE since it would be part of another discussion later in the agenda. Mr. Long stated that most health departments do PE when a client first comes into the clinic; the period when the most expensive care occurs such as ultra sounds and Hollister assessments. He stated that in the health department PE is implemented near the end of the pregnancy in order to create a 45 to 60 day Medicaid billing period. He stated that the 45-60 day period allows our contract physicians to bill Medicaid for patient services when patients are transferred to them at thirty-six weeks of pregnancy. Mr. Long stated that (DCHD) bill for services during the first 30 days of PE. Mr. Long stated that with this process, it allows physicians to get paid for their services as patient numbers increase rather than requesting increases in the contract rate with the health department. Mr. Long stated that the health department receives about \$11,000 a year from billing under PE. *Ms. Frank said the physicians get \$200.00 to see each patient 4 times and for other services they may need.*

Mr. Long stated that DSS and the health department had recently met to review PE to address issues with the name identity of clients. Mr. Long stated that the issues surrounding PE and name identity appears to be resolved.

Home Health Proceeds

Mr. Long informed the Board that the home health funds (for cancer screening) had helped eight women obtain advanced follow-up cancer screening services that they would not otherwise been able to afford. Mr. Long stated that approximately only \$2,115.00 of the original \$15,000 (FY 08) awarded by the Board had been expended due to the approval being late in the fiscal year. Mr. Long stated that the clinic nurses are requesting that the balance of unexpended funds from last fiscal year be approved for use this fiscal year.

MOTION

Dr. Cathy Riggan made the motion to approve the request for rolling the balance of the unexpended home health money from the original approval forward into this fiscal year to be used for follow-up screenings of abnormal PAPS. Alice Gray seconded and the motion was approved.

NEW BUSINESS

School Based Health Center Grant-Mr. Long stated that Mary Jane Ackerman, Wellness Coordinator for Thomasville City Schools, approached him about applying for a grant for a school based health center. Mr. Long said that before Mary Jane began writing a grant for a new program that would involve the health department, it would need to be brought before the Board for review and approval. Mr. Long asked Ms. Ackerman to explain what the grant was going to entail

Ms. Ackerman explained to the Board that this was a grant through the NC Dept. of Health & Human Services School-Based & School-Linked Health Centers. Ms. Ackerman said these grant funds would enable Thomasville Middle and high schools to hire and replace the nurse they lost due to funding cuts. She said the

nurse would do health and behavioral risk evaluations on students and refer them primarily to Thomasville Pediatrics unless they needed to be referred elsewhere. Ms. Ackerman said the grant money would be used for the nurse's salary, possibly two, training and supplies. *Mr. Long said a motion to approve moving forward with the grant would mean applying for \$80,000.00 for three years totaling \$240,000 with an opportunity for a competitive renewal at the end of that term. Dr. Rogaski affirmed during the discussion that the Board is just approving the grant process with no funds coming from the county. Dr. Riggan asked Ms. Ackerman if they would be able to contract with a nutritionist. Ms. Ackerman stated this would be very doable. Dr. Riggan said she was concerned about mental health being overtaxed handling the patient load because it was hard enough with the amount of patients that are referred now.*

MOTION

Commissioner Truell made the motion to proceed with the grant approval for the School Based Health Center. Alice Gray seconded and the motion was approved.

Client Name Identity and Use Policy- Mr. Long explained that the Personal Health Committee (Dr. Davis, Dr. Riggan, Ms. Gray, Commissioner Truell), met with him, County Attorney Robert Hedrick, Kim Frank, and Barbara Jones to review the proposed policy that had been included in the Board packet. Mr. Long stated that the proposed policy stems from difficulties staff has experienced in the use and understanding of Hispanic names in our clinics. Mr. Long said the policy is to make sure that we are legally compliant in all respects while providing good patient care. Mr. Long said that issues around patient identity that came out of Alamance County had made the health departments and DSS departments examine practices and policies on the use of client names.

Barbara Jones presented examples of how the names of Hispanic clients can vary and how the concept of first, last, and middle names, as we are accustomed, is not part of their culture. Ms. Jones explained the procedures and process of starting a medical record for a new client and indentifying correct names for patients. Ms. Jones stated that when patients come in for services they sometimes need notes from the health department verifying an appointment. Ms. Jones said clients will, in some cases, request that a note be written in a name different from the one in the medical chart. Mrs. Jones stated that staff has been instructed not to honor this request but only to use the name as documented in the medical record chart. Ms. Jones said if the client is transported to an appointment by someone else and that person needs a note, staff will request to see an ID and use that name for the note. *Mr. Long pointed out to the Board that the first statement in the proposed policy reads "the foremost responsibility of the health department is to deliver quality health services to all patients". He stated that this was a philosophical statement for this department in how we treat all clients. Ms. Jones stated that photo identification is preferred and is requested but it cannot be required to obtain service. She stated that staff will attempt to obtain other documentation bearing the patient's name that can be used. Ms. Jones explained that while staff do request and encourage clients to present identification, if someone refuses to present these documents when requesting Personal Health services, we will establish the name by their declaration and it will be documented in the record that this was the case. Mrs. Jones further clarified by stating that clients presenting for WIC services must provide acceptable identification prior to receiving services based on Federal program guidelines. Commissioner Truell stated that he wanted to understand clearly that if a person comes in and refuses to give identification that the patient's word on their name is accepted. Dr. Rogaski replied by saying that basically the synopsis of what Ms. Jones just said goes out the window after you go through all the procedures of trying to get the ID, you just take their word for it and we go from there, but what the Board is really trying to do is establish a policy to keep from legally getting into trouble. Mr. Long said ultimately we cannot deny Personal Health services for refusal to give a name because under Federal guidelines, putting a mandate that a client provide proof of identification for these services is placing additional eligibility criteria which we don't have the latitude to do. Mr. Long used the example of a client giving a fake name to receive service in a STD clinic; ultimately the goal is to get this person treated*

MOTION

Reverend Moore made the motion to adopt the Client Name Identity and Use Policy. Commissioner Truell seconded and the motion was approved.

Health Director's Evaluation-Dr. Rogaski stated it was time for the sub-committee (Dr. Davis, Dr. Rogaski, Corey Buggs, and Commissioner Truell) to evaluate Mr. Long's performance for 2008.

STRATEGIC PLAN-Barbara Jones

- **Policy Revision**-Ms. Jones explained that the recommended policy change was to change the quarterly review from the first meeting of each quarter to the first meeting with Expanded Executive staff each quarter, and the annual review to the first expanded team meeting of the fiscal year with an annual update presented to the Board in September.

MOTION

Ms. Gray made the motion to accept the changes to the Strategic Plan. Dr. Riggan seconded and the motion was approved.

- **Progress Report**-Ms. Jones reviewed the Strategic Plan Progress Report for the Board for 7/1/07 through 6/30/08. *Mr. Long stated that we had worked hard in trying to meet these goals and did many of the things that we said we were going to do and felt like we have accomplished a lot.* Ms. Jones explained that a progress report will be presented annually to the Board

QUALITY ASSURANCE REPORTS-Barbara Jones

- **Customer Service Report 7/07 - 2008**-Ms. Jones reported that clients receiving services during a one week period of each quarter (September, December, March, and June) were requested to complete a Customer Satisfaction Survey. Ms. Jones stated that survey cards were available in the lobby/waiting areas, at reception areas and on the Davidson County website for client completion at any time. Ms. Jones said during the time span from 7/2007 through 6/2008, a total of 652 satisfaction surveys were completed by clients. Ms. Jones stated that in the Board's packet was information related to the data compiled from the survey responses and quality improvement activities implemented or planned in response to the data. Ms. Jones stated that the responses were overwhelmingly positive in general but especially for staff customer service skills.
- **Employee Exit Interview Report 7/07 - 6/08**-Ms. Jones explained to the BOH that Staff members separating from employment are asked to complete an exit questionnaire and return to the QI Coordinator. Each response is reviewed by the Health Director upon receipt to determine if any immediate action is merited on a case by case basis. She said the results are tallied annually for review by the Management Team for identification of trends for consideration of corrective actions related to internal operational issues. Ms. Jones included in the Board packet a summary of data collected. The data was presented to the BOH for consideration of any recommendations to the Board of Commissioners related to trends in staff retention issues which can be addressed by County management. *Mr. Long stated that based on the limited data collected thus far, it is difficult to make any recommendations at this time.*

Communicable Disease Report/Annual Enforcement Actions-Jen Hames reported that the health department kept up with communicable diseases and the first report she was presenting went back to the 2003 – 2008 to show decreases or increases of diseases. Ms. Hames stated the second sheet was a communicable disease control measures 1/07 – 12/07 on Tuberculosis and the third sheet was a public health enforcement actions report for 1/07 – 12/07 relating to Environmental Health programs.

FUTURE BOARD MEETING DATE

The next BOH meeting will be November 4th at 12:30 P.M. in the Davidson County Health Department

PUBLIC COMMENT

None

MEETING ADJOURNED

Respectfully submitted,

L. Layton Long, R.S., M.S.A.
Secretary to the Board

This is a true and accurate copy of the September 9th, Board of Health Minutes.

Dr. Mark Davis, Chair