

# Columbus County Board of Health

## Minutes

☒ Regular Meeting      ☐ Special Meeting

April 18, 2018 6:00 P.M.

Columbus County Health Department, 304 Jefferson Street, Whiteville NC

<b>Members Present</b>	Charles McDowell Franklin Boone Patty Hobbs Dr. Nicole Martin Pat Ray Drew Cox
<b>Members Absent</b>	Dr. Christy Perdue, Dr. Darryl Diefes, Dr. Randy Kirby, George Floyd, Shane Cartrette
<b>Staff Members Present</b>	Kimberly L. Smith, Charlene Bush, Sandra Harrelson, Daniel Buck, Martha Faulk, Yvonne Richardson, Kristie Priest
<b>Guests</b>	Emily Watson, Imani West, Ivory McKenzie

**Quorum was present.**

### I. Call to Order

Pat Ray called the meeting to order at 6:03 p.m.

### II. Welcome/Invocation

Pat Ray welcomed everyone to the meeting. Invocation was given by Pat Ray.

### III. Approval of Agenda

Kim Smith relayed there is a change; **“IX. Nursing, to reflect Kimberly Smith speaking on Patti Nance’s behalf.” “XI. A. Financial Update, take March off.”** Motion to accept made by Charles McDowell seconded by Dr. Nicole Martin and carried by the board.

### IV. Public Comment

There were no comments from the public.

### V. Approval of Minutes

Motion to accept was made by Patty Hobbs seconded by Dr. Nicole Martin and carried by the board.

<b>VI. Preparedness</b>	<p>Emily Watson, On Target Preparedness stated the following:</p> <p><b>A. Preparedness Update</b>  <i>(Benchmark 19, Activity 19.1; Benchmark 36, Activity 36.3)</i></p> <p>Emily Watson presented a PowerPoint of services provided by On Target Preparedness our Emergency Preparedness Consulting Firm. A few highlights of their services are:</p> <ul style="list-style-type: none"> <li>• Work closely with staff to build preparedness capabilities within the health department.</li> <li>• Align with the best practices in FEMA's Comprehensive Preparedness Guide 101.</li> <li>• Inventory of all preparedness/BT related supplies and equipment.</li> <li>• Shelter training for staff</li> <li>• Annual respiratory protection and fit testing</li> <li>• NIMS training; ICS 300 &amp; 400 training and exercise workshops.</li> </ul>
<b>VII. Quality Assurance</b>	<p>Martha Faulk, QA gave the following update:</p> <p><b>A. Patient Satisfaction Survey Results</b> <i>(Benchmark 9, Activity 9.5)</i></p> <ul style="list-style-type: none"> <li>• Total monthly clinic (AH, CH, WIC, TB/Screening FP, MH, Dental) patient response from October – March ranged from 16-42 surveys a month. The survey process has been tweaked; with the help of registration staff and documentation it has gradually come up. We request 5 surveys from each clinic area a month as well as EH, CC4C, and OBCM. Numbers need to be picked up in some areas.</li> <li>• EH has met their goal of 5 surveys a month and conducts 12 telephone surveys each month to eating establishments regarding the service they received when they were graded.</li> <li>• No major complaints other than the following: <ul style="list-style-type: none"> <li>➤ Better customer service in WIC</li> <li>➤ Little more air conditioning in CH</li> <li>➤ More room in bathroom in Family Planning</li> </ul> </li> </ul> <p>Motion to accept was made by Charles McDowell seconded by Patty Hobbs and carried by the board. Charles McDowell commented he was amazed that no one indicated they were here because they didn't have a doctor.</p> <p><b>B. Quarterly Audit Results</b> <i>(Benchmark 27, Activity 27.3; Benchmark 22, Activity 22.3)</i></p> <ul style="list-style-type: none"> <li>• October has no compliance issues. However, Women's Health January audit revealed several</li> </ul>

	<p>compliance issues. A corrective action plan (CAP) was initiated for those items found.</p> <p><b>C. Women's Health Scheduled 3 Year Audit Results</b>  <i>(Benchmark 27, Activity 27.3; Benchmark 22, Activity 22.2, 22.3)</i></p> <ul style="list-style-type: none"> <li>• In family planning and maternal health a total of 10 quarterly audits were done by staff in January in preparation for our Women's Health Program Review. They were reviewed again by the State Consultant who found several more compliance issues. CAP was updated to reflect the consultants newly identified issues and we are in the process of reviewing records to follow up corrective actions taken.</li> <li>• We initiated a Community Engagement Plan and Quality Improvement Plan CEQ as mandated by Family Planning Title X requirements. The community engagement involves community events and education, questionnaires as well as utilization social media as a means of outreach and community provider surveys. The QI Plan is to increase the number of Long Acting Reversible Contraceptive (LARC) to 10% from last year. Both the outreach and QI plan on an annual basis.</li> </ul> <p>Motion to accept was made by Dr. Nicole Martin seconded by Charles McDowell and carried by the board.</p> <p><b>D. Accreditation</b></p> <ul style="list-style-type: none"> <li>• Will receive official notice 8/1/2018 and all documents are to be submitted by 11/1/2018. However, after 11/1/2018 we can count anything initiated or done prior to the date of the site visit. Again I must say how much the BOH plays a part in this Accreditation. We thank you for listening and taking into consideration our reports and findings as well as the feedback you give us. This will be our 3rd Accreditation. With all of us working together I am sure we can make it as successful as the first two.</li> </ul>
<p><b>VIII. Environmental Health</b></p>	<p>Kristie Priest, Supervisor, stated the following:</p> <p><b>A. Engineered Option Permit Fee</b>  <i>(Benchmark 14, Activity 14.2; Benchmark 17, Activity 17.2; Benchmark 18, Activity 18.1; Benchmark 40, Activity 40.2)</i></p> <ul style="list-style-type: none"> <li>• This past fall, I briefly discussed the Engineered Option Permit (EOP) that came into effect April 1, 2017. We have had our first Engineered Option Permit to come through our office. In this General Statue the State has included that the local health department may assess a fee for the EOP, up to</li> </ul>

30% of the cumulative total of the fee that the department has established to obtain an improvement permit, an authorization to construct, and operation permit for waste water systems under its jurisdiction.

- For Columbus County, the 30% of our cumulative total fee of \$215.00 will be \$64.50.

Franklin Boone asked what is an Engineered Option Permit. Kristie Priest answered:

- If a land owner chooses to forgo the Health Departments (HD) permit, they can hire an engineer who employs a licensed soil scientist on staff. The engineer and the licensed soil scientist can evaluate their property and issue a permit. The HD involvement would only be reviewing the paperwork submitted to us, by the engineer for completeness. We have a list from the state that we have to go through to make sure that all the items are included. We meet the engineer and soil scientist on the property to site the system. The engineers are then responsible for that septic system. The local HD has no involvement if that system were to fail or malfunction.

Charles McDowell asked:

- Was this an individual's home, a single family unit? Kristi replied that it was a single family unit.

Kristie Priest added:

- The property does not have to be denied by the HD or state; the land owner may choose to go the Engineered Option route.

Charles McDowell asked:

- Does our 30% align with our surrounding counties? Did you check to see what they were charging? Kristie Priest answered stating that the statute states we can only charge up to 30% of our total fee. Bladen County currently doesn't have a fee, as of yet. Pender County has 30% of their total fee on their website. Onslow County was \$225.00 for EOP review, and that didn't come up to 30%. Brunswick County is at 30%.

Drew Cox asked:

- Typically how long does it take to review the package that's submitted? Kristie replied: The one that we just received took us four days to review for completeness. We send it back to the engineer; then they send it back to our office with the

	<p>authorization to construct and install the system. We then review the paperwork for completeness. After installation, the engineer notifies us; we then meet on the property with the engineer and their soil scientist, for them to tell us where the system is located.</p> <ul style="list-style-type: none"> <li>• Charles McDowell asked: If I understood you correctly it took you four days to review for completeness? Kristie replied: It did because it was our first one. After getting the list, which is five pages long, we had to check the paper work against the list. I took my time researching because I wanted to make sure I didn't miss something I needed to do for the state. Normally, it would not take that long.</li> </ul> <p>Motion to accept EOP fee of \$64.50 was made by Drew Cox seconded by Patty Hobbs carried by the board.</p> <ul style="list-style-type: none"> <li>• Kim Smith added: Kristie and I will be taking this fee proposal to the County Commissioners meeting in May for final approval.</li> </ul>
<p><b>IX. Nursing</b></p>	<p>Kim Smith, Health Director spoke on behalf of Patti Nance, Nursing Director</p> <p><b>A. Family Planning Community Engage Plan and Continuous Quality Improvement Plan</b> <i>(Benchmark 38, Activity 38.1; Benchmark 27, Activity 27.3)</i></p> <ul style="list-style-type: none"> <li>• For our Community Engagement Plan (CEP) / Continuous Quality Improvement (CQI) with a purpose of increasing awareness, investigating the needs and wants, improve services, decrease unwanted/unplanned pregnancies. This plan involves the staff, not only from Women's Health clinic, but our front office and our health educators.</li> <li>• Our goals are to involve diverse community members in developing, assessing, and/or evaluating family planning services.</li> <li>• Implementation: <ul style="list-style-type: none"> <li>➤ Survey high school and/or community college students and utilize brief questionnaires.</li> <li>➤ Evaluate client satisfaction survey results</li> <li>➤ Survey community women's health providers</li> <li>➤ Solicit input related to family planning services at community meetings.</li> </ul> </li> <li>• Increased community awareness of family planning services.</li> </ul>

- Participate in local health fairs and festivals.
- Provide in-services on family planning services to community partners
- Utilize social media
- Advertising has been put in the budget for next year, public service announcements (PSAs), billboards, buses.
- It is our initiative to show an increase in the use of long acting removable contraceptive (LARC), as the preferred method of birth control over the course of the fiscal year by 10% in female clients seeking contraception.
  - Educate our patients on these items. We hope to create a comparison sheet for the patient to review and take home if needed.

**B. Child health Update** *(Benchmark 19, Activity 19.1; Benchmark 36, Activity 36.3)*

- Our pediatric department is staffed with 2 full-time Enhanced Role Registered Nurses (ERRN). The Enhanced Role Certified Nurse is able to perform comprehensive pediatric history and EPSDT (Health Check) screenings using the American Academy of Pediatrics (AAP) Bright Futures evidence-based recommendations as the clinical framework. A rostered Child Health ERRN can provide a higher level of nursing services under standing orders in compliance with Medicaid billing guidelines and the North Carolina Nurse Practice Act.
- For the 2017 calendar year our ERRNs performed 91 well child check-ups. For 2018, our ERRNs have performed 17 well child check-ups. The number for this year is in line with last year's numbers. Due to having four new pediatric physicians in the county, we are seeing our numbers go down.
- On February 8th, 2018 Isabel Reynolds, Regional Immunization State Consultant, was here to review the results from our 2017 Annual Immunization Assessment. The information she reported was extracted from the North Carolina Immunization Registry on October 1, 2017 on all children aged 24 to 35 months of age who are active in our health department or residing in the county. The assessment also included all clients born within the 10/02/14 – 10/1/15 birth date range. The

	<p>compliance rate for the Health Department was 82%, while the compliance rate for the county was at 59%. For the Health Department we are just below the state average of 85% but we have exceeded the Healthy People 2020 goal of 80%.</p> <ul style="list-style-type: none"> <li>• For the 2017 calendar year, child health administered 2,446 immunizations to 859 patients. For 2018, child health has administered 471 immunizations to 207 patients. When the four pediatricians came to the county, they did not have state certification in immunizations. They directed their patients to come here to get immunizations. Now, they are certified by the state. So our numbers will not be as high. The school rush will start mid-July through August.</li> </ul>
<p><b>X. Health Education/Promotion</b></p>	<p>Daniel Buck, Health Educator gave the following updates:</p> <p><b>A. Dental Grant Update</b></p> <ul style="list-style-type: none"> <li>• We received almost \$5,000.00 to update equipment on our mobile dental unit and in house clinic; by the Delta Dental Foundation of NC. They have contacted us and want to do a jumbo check presentation. The mobile dental unit will be at Cerro Gordo the 2<sup>nd</sup> week in May and at that time the check will be presented.</li> </ul> <p><b>B. State of the County Health (SOTCH) Report</b> (Benchmark 1, Activity 1.2)</p> <ul style="list-style-type: none"> <li>• Every four years we have our community health assessment, which looks at the needs and wants of the counties health outcomes. Between those years, we report what our health looks like. The data isn't changed often so there wasn't much of a change overall. We haven't heard back from our consultant yet to see if this meets criteria or if a corrective action plan is needed. But once we hear from them, the next step is to put this on our website for the county to see.</li> </ul> <p>Motion to accept was made by Charles McDowell seconded by Dr. Nicole Martin and carried by the board.</p> <p><b>C. Community Health Assessment Planning</b> (Benchmark 9, Activity 9.1)</p> <ul style="list-style-type: none"> <li>• Community Health Assessment (CHA) is completed every four years. Eleven months from now is when our next CHA will be submitted. It's a year process where we go through and revise surveys, focus groups, and from that point we will then submit in March. We will start planning and</li> </ul>

	<p>revising surveys in the next three weeks.</p> <p><b>D. 2018 Health Rankings</b> <i>(Benchmark 1, Activity 1.1)</i></p> <ul style="list-style-type: none"> <li>This year we are ranked 96 as opposed to 97 from last year. Attached you can view the rankings model; Which shows the two numbers you're going to hear, health outcomes and health factors. Health outcomes are determined by looking at life expectancy and quality of life. Our numbers are then compared to other counties. Health factors we are ranked 91 compared to last year of 89. We know that the length of life, quality of life is an issue, so we are looking at different factors such as: <ul style="list-style-type: none"> <li>➤ Opioid crisis</li> <li>➤ Substance abuse</li> </ul> </li> </ul> <p>Could it be to early mortality due to teenagers dying in car crashes more often here than in other counties? We are going to reassess what we need to do to address some of these problems; it is critical that we look into this. We want to see an improvement with the data and measures they use to reflect these numbers. If you have solid improvement, you won't see it for upwards of four to five years because the data is often that old.</p> <ul style="list-style-type: none"> <li>The State Department of Health &amp; Human Services just released a grant opportunity for local health departments, and non-profits, to apply for up to \$150,000.00, to work on substance abuse and opioid prevention. Using tools such as peer counseling, getting people into treatment and other options to use including hiring someone to work in that position. We've been working on it since the day it was released and it will be ready to submit in two to three weeks.</li> </ul>
<p><b>XI. Financial Update</b></p>	<p>Charlene Bush, Budget Director gave the following:</p> <p><b>A. Financial Statement January and February</b> <i>(Benchmark 33, Activity 33.6)</i></p> <ul style="list-style-type: none"> <li>January Revenue - \$167,726.70 with expenses of \$311,181.08</li> <li>February Revenue - \$187,433.36 with expenses of \$326,523.88</li> </ul> <p>Motion to accept was made by Charles McDowell seconded Dr. Nicole Martin and carried by the board.</p> <p><b>B. Patient Count</b> <i>(Benchmark 33, Activity 33.6)</i></p> <ul style="list-style-type: none"> <li>Charles McDowell stated that the dental numbers seemed to be down. Charlene replied this was our second round back to the schools therefore we will</li> </ul>

	<p>not be seeing as many.</p> <p><b>C. 2018-2019 Budget Review</b> (<i>Benchmark 33, Activity 33.1, 33.2; Benchmark 39, Activity 39.2</i>)</p> <ul style="list-style-type: none"> <li>• This is \$404,000 more than the current budget. In that budget are our capital outlay request of: <ul style="list-style-type: none"> <li>➤ New Mobile Dental Unit \$200,000 fully equipped.</li> <li>➤ New Car \$20,000</li> <li>➤ Replace Elevator \$118,000</li> </ul> </li> <li>• Kim Smith added that the head of maintenance stated that she would have a better chance of getting the elevator passed in her budget as opposed to putting it in his. <ul style="list-style-type: none"> <li>➤ Remodel of Mental Health Hall \$65,000</li> </ul> </li> <li>• Kim Smith added that Kay Worley from Emergency Management has had a discussion with American Red Cross to staff an office here in the County, with volunteers; if we had a place for them to go. I've also had a call from the County Manager who is requesting an office for Trillium, come July 1<sup>st</sup>. <ul style="list-style-type: none"> <li>➤ Electronic Medical Records for Dental (State mandated for June 2019) - about \$30,000</li> </ul> </li> <li>• No raises or new positions included in this budget. County Administration will add if approved.</li> </ul> <p>Motion to accept was made by Patty Hobbs seconded Charles McDowell and carried by the board.</p> <p><b>D. Service Cost Updates</b> (<i>Benchmark 33, Activity 33.5; Benchmark 39, Activity 39.3</i>)</p> <ul style="list-style-type: none"> <li>• Increase in Pneumonia from \$109.00 to \$117.00</li> <li>• Decrease in Pregnancy Test from \$30 to \$15</li> </ul> <p>Motion to accept was made by Dr. Nicole Martin seconded Charles McDowell and carried by the board.</p>
<p><b>XII. Chairman's Forum</b></p>	<p><b>A. Election of Chair and Vice-Chair</b></p> <ul style="list-style-type: none"> <li>• Charles McDowell asked if there was anyone who did not want to serve in these positions? Franklin Boone stated he would not serve.</li> <li>• Pat Ray opened the floor for nominations. Kim Smith stated Dr. Thomas Kirby said he would serve.</li> </ul> <p>Nomination to accept Dr. Thomas Kirby as Chair was made by Charles McDowell seconded by Dr. Nicole Martin and carried by the board.</p> <p>Nomination to accept Pat Ray as Vice Chair was made by Franklin Boone seconded by Dr. Nicole Martin and carried</p>

	by the board.
<b>XIII. Director's Forum</b>	<p>Kim Smith, Health Director gave the following updates:</p> <p><b>A. Staff Updates</b> (<i>Benchmark 37, Activity 37.6</i>)</p> <ul style="list-style-type: none"> <li>• Introduction of new Administrative Assistant II, Yvonne Richardson.</li> <li>• Sharon Bishop, Lab Tech, retired today with 30 years of service, but will return in May on a part time basis.</li> <li>• Tammy Stevens, RN our TB nurse in adult health turned in a two week resignation today.</li> </ul> <p><b>B. Collection Fee</b> (<i>Benchmark 39, Activity 39.3</i>)</p> <ul style="list-style-type: none"> <li>• Our current lab collection fee is \$7.00 and we want to increase it to \$10.00. This requires more staff time and supplies. When the results come back the nurse must then fax it to the appropriate physician and get verification that the physician's office has received it. The doctor's offices have done an excellent job in educating their patients to come to the Health Department about a week before their next appointment. It usually takes a 24 - 48 hour turn around for results.</li> <li>• Charles McDowell asked what are the surrounding counties charging? Kim Smith said she's not sure if they have this fee. 90% of the patients coming in for a blood draw are coming from Southeast Primary Care.</li> <li>• Sandra Harrelson added she went to Dr. Traylor and he uses LabCorp and that is who we use. Mitzi Ward went to Southeastern and was told that the hospital does not accept our insurance, so she had it done at the HD for a lot less.</li> <li>• Kim Smith said her husband is on her health plan and went to the hospital and had blood drawn and received a bill for \$800. The next time he had it drawn he came to the HD and it was \$11 with LabCorp.</li> <li>• Charles McDowell asked if anyone had notified the county manager that our insurance is not being accepted at the hospital?</li> <li>• Kim Smith said she thinks it has more to do with being billed as a hospital service and not a physician service; and that has something to do with the contract that the hospital or Southeast Primary Care has with Blue Cross Blue Shield. I will call around and see what other counties are charging.</li> </ul>

	<p>Motion to accept was made by Charles McDowell seconded Dr. Nicole Martin and carried by the board.</p> <p>Kim Smith announced the Child Abuse Prayer Vigil being held at the Health Department April 19, 2018 @ 5:30pm. Instead of a balloon release, it's going to be a butterfly release.</p> <p>Kim Smith welcomed Fayetteville State University student Ivory McKenzie, who has been doing clinicals here with us.</p>
<b>Comments-Board of Health</b>	

**Next Meeting Date**

**June 27, 2018 at 6:00 pm**

**Meeting Adjourned**

**Respectfully submitted:**

**Signature**

*Kimberly R Smith*

**Secretary**

**Date**

*062718*