

Wilkes County Board of Health Meeting Minutes

February 10th, 2019

The Wilkes County Board of Health held a regular business meeting Monday, February 10th, at 5:30 p.m. in the Wilkes County Health Department Conference Room. Board of Health members in attendance were:

Mr. Carl Page
Ms. Susan Bachmeier
Dr. Joe Fesperman
Ms. Teana Compeau
Ms. Marcia Reynolds
Dr. Keaton Mash
Dr. Robbins Miller
Ms. Deborah Britton
Ms. Sylvia Robinson
Mr. David Gambill, Jr.
Dr. Gary Nash

Ms. Rachel Willard, Mr. Chad Shore, Ms. Nancy Moretz, Ms. Debbie Nicholson, & Mr. Jared Belk were also in attendance. Prior to the February meeting, packets containing the materials to be discussed were mailed to each Wilkes County Board of Health member for review and sent via email.

Meeting Called to Order: Mr. Carl Page, Chair, called the meeting to order at 5:35 p.m.

Adoption of Agenda: Dr. Joe Fesperman made the motion to adopt the agenda for the Board of Health meeting for February 10th, 2020, the motion was seconded by Ms. Susan Bachmeier, and unanimously approved.

Approval of Minutes for December 9th Meeting: Ms. Deborah Britton made the motion to approve the Minutes from December 10th, 2019; the motion was seconded by Dr. Joe Fesperman and unanimously approved.

Old Business: None

Administrative Reports: Ms. Rachel Willard

State of the County Health Report – Mr. Jared Belk: Project Lazarus continued their substance use prevention, intervention, and recovery efforts. Their youth prevention work included supporting middle and high school youth as they hosted a meeting with local and state legislators on Juuling; partnering with Wilkes Health, AppHealth Care and Wilkes County Schools on a middle school Kick Butts Day event; supporting high school youth as they hosted a Trivia Breakfast on vaping for local Key Clubs; and engaging more than 50 youth in prevention activities. Other prevention initiatives included hosting the 4th Annual Jimi-Jon Jam which raised over \$1,000 for a college scholarship fund for local youth, providing drug education to over 250 ninth grade students, and engaging 80 at-risk youth in the Botvin LifeSkills Training program. Project Lazarus distributed over 60 medication lockboxes into the community to ensure that people with prescriptions for controlled substances have safe and secure storage options. They have also served over 50 clients through the Lazarus Recovery Services program. This peer-based program works to connect people with substance use disorder to local resources such as treatment, housing, jobs, transportation, as well as other basic services. Finally, in collaboration with Wilkes Health, ALFA, Mountain Health Solutions, and Wilkes Recovery Revolution, Project Lazarus hosted a Safer Prescriber training for 35 healthcare providers so that local healthcare professionals have the most current information available on prescribing opioids

safely. **Obesity & Chronic Disease:** We have completed eight cohorts of Brenner Fit and our next cohort starts February 10th and will run for six months. We have just finished our sixth season of providing Market Bucks and we will be doing that again this year. We have our “Diabetes Prevention Program” which is a yearlong cohort and the first six months, they meet weekly and the second six months, they meet monthly; the first cohort they maintained 12 participants. So far, the cohort has lost 69.2lbs and has a weekly exercise average of 282 minutes with 90% of the participants achieving the program goal of at least 150 minutes of exercise per week. Wilkes County Schools continues to offer free breakfast and lunch to all elementary and middle school students through the Community Eligibility Provision (CEP) program. Kids in Parks. By turning existing, outdoor trails into kid-friendly hiking trails, the Kids in Parks (KIP) program increases access to and the number of places for physical activity. KIP influences multiple levels of the socio-ecologic model by directly changing the community environment and by providing incentives and organizational supports to promote physical activity through hiking. Four new trails were built located at Smoot Park, Cub Creek Park, Jefferson Turnpike, and Mulberry Fields at West Park. Thirty-six registrations occurred during this time. Using the calculation from an observation study, this means 1,200 adventures by kids happened, 1,053 miles were hiked while burning 157,950 calories. **Wilkes Fresh:** Wilkes Fresh is a mobile produce market increasing access to local fruits and vegetables. It traveled to 6 different sites weekly and operated from June through September. In addition to accepting cash and cards, Wilkes Fresh accepts Market Bucks and EBT/SNAP. Market Bucks is a very successful local program that gives 'Bucks' to lower income households to use at Farmer's Markets. Wilkes Fresh sold approximately 3400 pounds of food during its first season. **Changes in Data:** FitnessGram was used again to measure the fitness of our elementary school children this year. A pretest was given in the fall and posttests were administered in May. BMI rates for 2018-2019 school year—this year our students with health BMI's were down one percentage points to 57%. Most of the other fitness test measures in the county improved 1 to 3%. **Tobacco and Smoking:** Wilkes County Schools decided to sign up as a district for the CATCH My Breath curriculum. The CATCH My Breath Youth E-cigarette Prevention Program's goal is to increase students' knowledge of e-cigarettes, nicotine and addiction dangers while cutting their intended use of the product in the future. The aim is to inform and educate teachers, parents, and health professionals in the school/after-school setting to equip students with answers about E-cigarettes to make informed decisions. Wake Forest Baptist Health's Comprehensive Cancer Center and Wake Forest Baptist Health Wilkes Medical Center's Care Connection Pharmacy partnered on a grant through Wake Forest Baptist Wilkes Medical Center Foundation to provided tobacco cessation for Wilkes County residents. The cessation program is for 12 weeks and includes a combination of tobacco education with free nicotine replacement therapy (patches AND lozenges or gum). Group classes were held for a month and individual follow up with participants after the group classes concluded. The grant began in May 2019 and will conclude in June 2020. The Comprehensive Cancer Center and Care Connection Pharmacy are in the process of reapplying for that grant to extend past May 2020. Two tobacco cessation groups were held in 2019. The first class was began in August 2019 and concluded in September. The second class began in October 2019 and concluded in November 2019. In total, both cessation groups had 13 participants, with 3 participants quitting the use of tobacco. 84% of participants decreased their CO (carbon monoxide) levels an average of 10%. One participant decreased their CO decrease by 24%. 100% of participants decreased their daily tobacco usage and average of 52% less. 57% utilized the NC Quit Line at some point during the program and 100% would recommend this to a family or friend. Follow up with participants includes the measurement of CO levels for the 12 weeks of using NRT, and a follow up 30 days and 6 months after the program is completed. Upcoming classes are scheduled for March 2020 and May 2020. **Growing Initiative: Improving Community Outcomes for Maternal and Child Health:** The North Carolina General Assembly budgeted funds for local health departments to carry out evidence-based strategies that are proven to lower infant mortality rates, improve birth outcomes, and improve the overall health status of children ages birth to five. AppHealthCare (Alleghany, Ashe, and Watauga), Avery, and Wilkes Counties have been awarded this funding for another two years, 2020-2021. Based on community input, evidence-based strategies include the Nurse Family Partnership, Long Acting Reversible Contraception (LARC), and Reproductive Justice, and Tobacco Prevention and Cessation. Wilkes County receives \$15,000 yearly to purchase LARCs, and works closely with the collaborative on smoking cessation. **New Initiative: Outdoor Economy:** The Wilkes Economic Development Corporation attended the Outdoor Economy Conference in October 2019. Those represented agree that building an outdoor community will contribute to the health and economic vitality of Wilkes County and seek to explore ways in which our outdoor assets

and infrastructure can be bolstered, our marketing and branding can be fortified, and our workforce and tourism can be further developed. FQHC Growing Initiative: Wilkes Health has been able to provide more opportunities and access to care across the county. The designation includes continued focus on primary health care access, increased preventive dental care for children and adults, integrated behavioral healthcare through two behavioral health grants for primary care clients and community members, access to low cost medications, and improved support services for transportation and chronic disease management services. In 2019, Wilkes Health also increased their primary care patient load by 942 unique patients. In 2019, we also provided over 600 behavioral health visits to our patients. The agency continues to use input from the patient-majority board, to continue improving services provided in the community.

2019 Communicable Disease Report: Debbie Nicholson

Wilkes County Health Department relies on hospitals, healthcare providers, labs and other health-related service providers to report communicable diseases. NC General Statute 130A-135 requires licensed physicians to report cases and suspected cases of certain reportable diseases and conditions in persons who have consulted them professionally to the Department of Health and Human Services.

	2016	2017	2018	2019
Campylobacter	13	26	40	22
Chlamydia	153	175	183	191
CRE				5
Cryptosporidiosis	3	3	4	2
Cyclosporiasis	0	8	0	1
E. coli 0157	2	10	12	3
Gonorrhea	27	48	50	44
Haemophilus influenzae	0	2	0	0
Hemolytic Uremic Syndrome	0	1	0	0
Hepatitis A	0	1	0	2
Hepatitis B, Acute	2	3	4	2
Hepatitis B, Chronic	14	23	15	7
Hepatitis C, Acute	8	1	0	0
HIV	4	2	2	1
Influenza, Adult Death	0	1	8	4
Legionellosis	3	1	2	0
Lyme	5	7	2	3
Malaria	0	1	0	0
Non-gonococcal urethritis	0	1	0	0
Pelvic Inflammatory Disease	1	1	1	0
Pertusis	0	2	2	3
Rocky Mtn. Spotted Fever	6	8	9	3
Salmonella	16	16	17	11
Shigellosis	2	3	0	3

Strep Grp A	0	0	2	5
Syphilis	2	4	2	1
Tuberculosis	0	2	1	0

There were 314 incidents of communicable disease that have been reported for Wilkes County in 2019, 237 STDs and 77 other reportable diseases. There were 40 cases of foodborne illness reported in 2019. There were 6 cases of vectorborne illness reported. There were 15 cases of vaccine-preventable reportable diseases, primarily Hepatitis B. There was a significant decrease in the number of foodborne illness, with 22 *Campylobacter* cases reported, down from 40 in 2018, and 11 *Salmonella* cases, down from 17 in 2018. Our Epi Team investigated and confirmed 1 outbreak of Norovirus and 2 outbreaks of influenza during 2019, with these outbreaks occurring in local nursing homes and assisted living facilities. During 2019, the North Carolina Communicable Disease Branch implemented measures for investigation of cases of *Klebsiella*, *E. coli* & *Enterobacter* species that were shown to be Carbapenem-Resistant Enterobacteriaceae (CRE). These investigations primarily focused on persons who may have been in hospitals and long-term care facilities to determine if appropriate measures are being taken to prevent spread of these organisms when patients have colonization of them in their GI tract. We investigated 5 cases of CRE this year, with 2 of those cases being in long-term care facilities. There was no evidence that persons sharing rooms with those individuals had become infected. Again in 2019, Hepatitis B continues to be our primary vaccine-preventable reportable disease, with 2 acute cases and 7 chronic cases reported. However, there was a significant decrease in the number of chronic Hepatitis B cases, down 50 % from 2018. Investigations of contacts in these cases resulted in 1 individual contact receiving Hepatitis B vaccine. Our clinic staff continue to be vigilant in identifying through our STD clinic, those individuals who are at risk for being exposed to Hepatitis B. Vaccines are then administered to those individuals who have not received, or finished the Hepatitis B vaccine series. While chronic Hepatitis C is not considered a reportable disease, this disease continues to be a major concern for Wilkes County. During 2019, there were more than 156 individuals who had positive Hepatitis C antibody testing reported in NCDSS, with some of those individuals needing further testing to determine continued infectious status. 53 patients were tested at Wilkes County Health Department, with 14 of those individuals continuing to be actively infected. These individuals were given return appointments to arrange for referral for treatment, and to determine if further vaccinations are indicated. There was a national outbreak of Hepatitis A during 2019. North Carolina saw an increase in cases also, with outbreaks being identified in some of our larger cities. In response to this outbreak, the Communicable Disease Branch along with our Immunization Branch, urged local health departments to identify patients and communities where administration of Hepatitis A vaccine could make an immediate and positive impact in our ability to prevent or mitigate a large statewide outbreak. We were asked to identify and implement strategies to increase Hepatitis A vaccination among the following groups: persons who use injection and non-injection drugs; persons who are homeless; men who have sex with men, and persons with chronic liver disease including chronic hepatitis B or C. We implemented a plan to reach out to our detainees at our local jail. In July, we vaccinated 68 inmates who had not previously been vaccinated for Hepatitis A. While those individuals are considered to be 95% effectively vaccinated after only one vaccine, we plan to return in February 2020 to administer the second vaccine to any of those individuals who are still being detained at our local detention center. The trend for increased cases of gonorrhea since 2016 continued to hold through 2019, with 44 cases having been reported. There continues to be increased cases of Chlamydia, with a total of 191 cases being reported in 2019. WCHD continues to provide education to our area providers regarding guidelines for STD testing and treatment, as well as assisting with treatment when individuals cannot afford medications. **Enforcement Actions:** Wilkes County had no active tuberculosis cases during 2019. Latent TB infection treatment was completed for 8 individuals who tested positive for potential TB exposures, with 4 others currently receiving treatment. Hepatitis B patients are case managed until chronic carrier status is determined through additional testing. Of the 14 individuals who were tested positive for Hepatitis C RNA in WCHD clinics, Hepatitis C Control Measures were issued to 10 of those individuals. This year, we have continued to coordinate self-referrals for treatment to High Country Community Health & Fairgrove Primary Care for patients who are uninsured. We are currently investigating having Hepatitis C treatment available onsite through our clinics; this

would prevent residents from having to travel outside of our county for treatment. This is essential to completion of treatment for those individuals with limited funds for transportation.

Rabies: Our number of positive rabies cases in Wilkes County continue to be low during 2019, with 7 animals testing positive through our State Lab facility (4 skunks, 2 foxes and 1 goat). However, we continue to have a significant number of human rabies exposure investigations, with 28 reported this year. Of those investigations, 15 resulted in clients identified as potential exposures with rabies post-exposure prophylaxis recommended. Some investigations resulted in multiple exposures for a single case, i.e. the rabid goat investigation resulted in 4 individuals needing treatment. Our Epi Team continues to work on public education and outreach, encouraging individuals to have animals vaccinated, and avoidance of animals who are high-risk for having rabies.

Quality Improvement Annual Report: Debbie Nicholson

In 2019, we had 673 Patient Satisfaction Surveys completed (English-565, Spanish 108). English: New Patients: 38.76%, Returning Patients: 61.24%, Referred by a friend: 40.93%, Referred by another practice: 32.56%. Spanish: New Patients: 14.81%, Returning Patients: 85.19%, Referred by a friend: 86.11%, Referred by another practice: 12.04%. Overall Satisfaction Reported: English: Our practice/services: Excellent 79.28% + Good 17.68% = 97%, The Quality of your visit: Excellent 78.61 + Good 18.30 = 97%, the care you received: Excellent 81.31% + Good 15.22 = 97%, Making your appointment today: Excellent 77.50% + Good 16.35% = 94%. Spanish: Our practice/services: Excellent 45.37% + Good 53.70% = 99%, The Quality of your visit: Excellent 42.59% + Good 57.41 = 100%, the care you received: Excellent 48.15% + Good 50.93 = 99%, Making your appointment today: Excellent 43.52% + Good 55.56% = 99%. Employee Satisfaction Team: The Employee Satisfaction Team decided to continue working on communication and teamwork between departments based on the results of the Employee Satisfaction Survey in August 2018. Teamwork between Departments: The team completed the "Positive Grams" for individual departments to be recognized in our monthly health department staff meetings in 2019. Staff requested that Service Pins be awarded at the Public Health Picnic instead of the Thanksgiving meal. This will be implemented in 2020. Communication: The Health Director implemented an email update for staff that she sends out weekly. This has been well received by staff and has improved communication. In addition, the Communicator App was implemented through Patagonia Health to complete appointment reminders for scheduling staff which has increased their availability for managing incoming phone calls. The annual Employee Satisfaction Survey was completed in October 2019. The results were very similar to the survey completed in 2018. However, staff did report some improvement in teamwork, improved communication, and the revised orientation process seems to be working well. Communication: In the 2019 survey, comments were made that communication has grown and improved overall and between departments. Wilkes Health works well together: 30 neutral (2019), 24 neutral (2018); agree 43 (2019), 46 (2018); strongly agree 17 (2019), 16 (2018). The Employee Satisfaction Team will continue to work on teamwork and communication in 2020. Colorectal Cancer Screening Team: The Colorectal Cancer Screening Team continued to meet in 2019. The screening rate at the end of 2018 was 50% and the screening rate at the end of 2019 was 24%. The team implemented the Flu/FIT Project in the fall of this year to offer education and a FIT screening kit when they received their flu vaccination. Diabetes QI Team: The Diabetes QI Team participated in a QI Learning Collaborative for 6 months. The aim was to improve Diabetes HgbA1C rates from baseline of 29% to 25% by the end of July 2019 at the Wilkes Community Health Center. The process began with identifying patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose most recent HgbA1C level performed during the measurement year was greater than 9% or who had no test conducted during the measurement period. The process ended with chart review (preferably electronic) and evaluation of number of patients with HgbA1C that was greater than 9%. The ending HgbA1C rate was 32.4% (July 2019). The successes for this team were as follows: Developed a Diabetes QI Team who collaborates about improvements to the overall health of our Diabetic Patients. Established

a pilot project of Group Diabetic Visits with a multidisciplinary team: Medical Provider, Nutritionist, Nurse, and a mental health provider. Completed 3 Shared Medical Appointment group visits. Created educational packets for Managed, Uncontrolled, Pre and Newly Diagnosed Diabetic patients so we have a standardized educational plan. Created a follow-up plan for newly diagnosed Diabetic patients. RN's were trained to perform diabetic foot exams. Worked to implement point of care HgbA1C testing in the clinic which will be implemented in January 2020. **Quality Assurance Activities: Administrative Assessment** Wilkes County received an administrative assessment on March 5, 2019. The areas audited were: Staff Time Documentation & Expenditure Reporting, Program Income, Patient Eligibility/Financial Policies & Procedures, Financial eligibility/Medicaid & Residence, Patient Fees, Billing/Accounts Receivable System. All areas were noted to be in compliance. **Women's Health Monitoring:** The Women's Health monitoring visit was completed on May 29-31, 2019. Ten records were reviewed by WCHD staff. Five of these same records were randomly selected and reviewed by the state consultant. The following out of compliance issues were identified by staff or the consultant: 3-lacked source of the patient's immunization history 1-lacked documentation that patient was referred to Immunization Clinic for needed vaccines 1-lacked education on the importance of daily consumption of a multivitamin with folic acid 1-postpartum visit lacked documentation that patient was referred to a primary care provider for routine care 1-negative pregnancy test lacked documentation that the patient was assessed for history of unprotected sex in the last 5 days 1-positive depression screening and documentation not present for further assessment or referral was completed 1-lacked signed consent for Family Planning Services 1-lacked documentation that the 5 P's screening tool was completed. The Corrective Action Plan submitted by staff for the above out of compliance issues has been negotiated and accepted. No additional documentation /CAP is required. Consultant documented in her report to "keep up the excellent work and continue to be an example of devotion to improving the health and well-being of the citizens of Wilkes County and surrounding communities". **TB Annual Assessment:** The TB Annual Assessment was completed on October 14, 2019 for Wilkes County 2018. There were 24 areas addressed with 100% in all areas that were applicable except for the following: Persons (non-contacts) who begin treatment for latent infection will complete treatment: Goal is 65%, Wilkes County compliance rate was 89% (8 of 9). All suspect TB cases will be reported to the regional TB Nurse Consultant within 7 days of notification: Goal is 100%, Wilkes County compliance rate was 0% (0 of 1 reported within 7 day time frame). All surveillance reports (Reports of verified Case of Tuberculosis plus the Follow Up #1 Report) on both laboratory and clinically confirmed cases will be forwarded in NCEdSS to the nurse consultant within 12 weeks of starting treatment. Goal is 85%, Wilkes County compliance rate 0% (0 of 1 reported within 12 week time frame). Staff have been notified of findings, education provided, and a plan is in place to ensure that the TB Nurse Consultant is notified of all suspect TB cases within 7 days and that surveillance reports are submitted with 12 weeks of starting treatment. **Immunization Assessment for 2018:** The Annual Immunization Assessment for 2018 was completed on January 16, 2019. Our 2019 Immunization Assessment will be completed in February 2020. Compliance rates are based on the percentage of clients with documentation of receiving the following vaccines by 24 months of age: 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, and 4 PCV. Here are the results: Number of Clients Assessed: Health Department: 46; County: 765 % Meeting Benchmark: Health Department: 74%; County 79% 2018-2019 Goal: Local Health Department: 90%; County: 84% Statewide Average: Health Department: 85%; County 73% Healthy People 2020: Health Department: 80%; County: 80% 2019-2020 Goal: Health Department: 78%; County 82% **Program Chart Audits and Reviews:** Charts audits are performed every 6 months or more often if indicated. Documentation errors comprise most of the findings in chart audits. The graphs below show the results of the full chart audits and the results of the re-audits. The full chart audit review is 10 charts and the re-audit review is 10 charts. The re-audit review is only for any areas that were less than 100% in the full audit. TB: TB Epi Record Completion PPNB Postnatal: Review immunizations as indicated post-delivery (1 patient only)

*Charts Audited: 10 each program. **Environmental Health Quality Assurance: Food and Lodging (January-June):** Site visits are made with specialists each quarter to ensure sanitation grade and the inspection sheet matched. Four site visits were made and two file reviews were completed. Any discrepancies were reviewed with the specialist and appropriate education provided. July-December: The Food and Lodging section of Environmental Health has revised the quality assurance program policy to be in line with the State's new quality assurance program. FY 2019-2020 is the soft rollout of the State's new program with the new program expected to be part of AA in FY 2020-2021. Under the new QA program each field agent will be evaluated with a field assessment and three file reviews twice each year. Staff expect to receive training from the Division in the proper use of the tools sometime early in 2020. **On-site Wastewater:** QA site visits were performed on 12 permits issued. 1 site evaluation was not dated, 1 permit could not be installed as drawn-permit revoked and new permit was issued, 1 permit had incomplete site evaluation sheet and 3 incorrect soil documentations-the system could be installed as permitted. Education was provided about correct/complete documentation. **Well Permits:** 3 well permits reviewed with no deficiencies found. **Food and Lodging (January-June):** Site visits are made with specialists each quarter to ensure sanitation grade and the inspection sheet matched. Four site visits were made and two file reviews were completed. Any discrepancies were reviewed with the specialist and appropriate education provided. July-December: The Food and Lodging section of Environmental Health has revised the quality assurance program policy to be in line with the State's new quality assurance program. FY 2019-2020 is the soft rollout of the State's new program with the new program expected to be part of AA in FY 2020-2021. Under the new QA program each field agent will be evaluated with a field assessment and three file reviews twice each year. Staff expect to receive training from the Division in the proper use of the tools sometime early in 2020. **On-site Wastewater:** QA site visits were performed on 12 permits issued. 1 site evaluation was not dated, 1 permit could not be installed as drawn-permit revoked and new permit was issued, 1 permit had incomplete site evaluation sheet and 3 incorrect soil documentations-the system could be installed as permitted. Education was provided about correct/complete documentation. **Well Permits:** 3 well permits reviewed with no deficiencies found. **Risk Management Activities:** Customer Service: 4 concerns 3- Patients requested to change to another provider due to not happy with medical care. The patient was changed as requested. 1-Prescription was placed in fax tray and staff member did not see it. The prescription was not faxed until the next business day which resulted in patient not having medication over the weekend. Education to staff to check fax tray daily before leaving work area daily. Other: 1 concern Patient reported that a tendon was hit when venipuncture was completed and it still hurts. Provider evaluated patient and determined that has inflammation due to repetitive movement from job. **Incident Reports for 2019:** There were 11 incidents reported January-December 2019. Fall: 4 Patient passed out and fell in accounts receivable department after receiving immunization. Reported blurred vision-taken to WFBH Wilkes Medical Center ED for evaluation. Discharged home after ED visit. Tripped over rug at entrance and fell. Provider checked patient's lip with no additional medical care recommended. Patient fell and hit back of head and left elbow while in accounts receivable department. The patient reported that "legs gave out". The patient was examined by a provider with no medical treatment indicated. Patient stood up in lab after fingerstick, passed out, and fell into the bookshelf in lab. The patient was examined by a provider with no medical treatment indicated. Employee: 2 Needlestick: referred to Workmen's Comp provider for evaluation and treatment Fall: referred to Workmen's Comp provider for evaluation and treatment. Death: 3 Patient deceased within 24 hours of receiving medical care in clinic. Medical Director reviewed medical record with no red flags noted-reported care was thorough and appropriate. Information was provided to Terrie Snowden, Liability Insurance agent, as requested with no further action recommended. Notified that patient was deceased as of 12/2019. Last clinic visit was on 12/2019 and was a No show for re-check appointment. Medical Director reviewed chart. Information was provided to Terrie Snowden, Liability Insurance agent, as requested with no further action recommended. Patient received treatment in

clinic 9/2019 for medical problem. Wilkes Health was notified that the patient was deceased as of 9/2019 in the hospital. The Medical Director reviewed the chart and determined that the patient did receive appropriate treatment. The Medical Director did contact the patient's daughter to answer her questions. Information was provided to Terrie Snowden, Liability Insurance agent, as requested with no further action recommended. Other: 2 Patient requested pain medication (receives pain medication at pain clinic). When provider refused to provide a prescription for pain medication, the patient became upset and grabbed the provider's arm and raised his right hand in a fist. Law enforcement was contacted due to the patient's threatening/aggressive behavior. The patient was discharged from Wilkes Health. Male loitering outside WIC x 2 days. Law enforcement notified due to threatening/aggressive behavior. Peer Review: Peer review is completed quarterly. The advance practice providers are assigned 5 random charts (2 adult health, 2 child health, 1 family planning) to review for their assigned peer. The auditor provides education on findings with the peer that they audited after completion of the audit. Any significant findings are referred to the Medical Director for additional follow-up and education.

Laboratory Quality Assurance Summary

CLIA 34D0663969 Exp 12/22/19 COLA 3084 Exp 12/19/20

DATE: December 9, 2019

CONSULTANT: Wanda Thomas, 336-508-3849 or wjthomas777@yahoo.com

PROFICIENCY TESTING: 3rd Event CBC, Waived Tests, and Microscopics in progress. 2nd Event Flu in progress.

COMPETENCY TESTING: Reviewed Waived Yearly Competency for Starr.

QUALITY ASSESSMENT: Did not review monthly results for QA Policy involving review of Manual Entry Results and EMR Verifications. Will review again in 2020.

PROCEDURES: All up to date.

QUALITY CONTROL REVIEWED:

ABX CBC – Reviewed current QC for November on Lots MX420. There is no Comparative Data yet. Next Calibration is due in January. As noted last month, all QC on this new Lot looks good. Last event API is in progress and Calibration is due in January. Recommend no changes and will continue to monitor.

Hemocue Hgb– All QC up to date and within acceptable range.

Kit Testing – Reviewed Kit Test QC. All up to date and within acceptable range.

Hemocue Glucose – All QC up to date and within acceptable range. Current Glucose Eurotrol Controls are good for 30 days once opened. Afinion A1c – Testing has been delayed until January. Terri to purchase new Controls since opened expiration is 60 days. Urinalysis – All QC up to date and within acceptable range.

Urine Drug Screen – All QC up to date and within acceptable range. Controls are used once for QC and then discarded because there is only a small amount in each bottle.

MAINTENANCE: Reviewed Temperature and Cleaning Logs. All results acceptable. Reviewed routine maintenance. All complete. Reviewed ABX Maintenance. Calibration completed 7/26/19 and next **Calibration due before 1/26/2020.**

EDUCATION: None at this time.

Patient Logs: Reviewed Patient Logs. All complete. All Critical labs reported as required.

Patient Centered Medical Home -Wilkes Health was recognized by National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home in December 2019. **Reaccreditation Site Visit Report:** Wilkes County Health Department received reaccreditation with honors. **Site Visit Team Findings:** The Site Visit Team found that the current health department policy on research did not address the health department acting as the host agency for research. **Best Practices Identified** the NCLHDA Site Visit Team identified the following best practices and/or unique strengths that Wilkes County Health Department is commended for: **1. Activity 2.4:** The Health Department develops a communicable disease newsletter "Wilkes Watch" that is sent to all community partners. **2. Activity 24.3:** The Health Department has developed a checklist/check sheet for annual verification of competencies for all clinical staff. **3. Activity 30.1:** WIC offices have "child safety gates" installed so that children cannot go behind the desk of the staff person providing services but the

staff person can exit through a latched door. This protects the children from injuries. **4. Activity 30.2:** The Department uses the Stratus video interpreting system, which allows direct interpretation on a face-to-face basis through video streaming. The system covers a multitude of languages (including some not covered through the Language Line) and includes deaf interpretation. **5. Activity 30.6:** During the facility tour, Site Visitors noted that the Department keeps all vaccines in the vaccine refrigerator labeled with what the vaccine is, who should receive it, **Activity 30.1:** The local health department shall have facilities that are clean, safe and secure for the specific activities being carried out in the facility or any area of the facility, such as laboratory analyses or patient examinations.

Site Visit Team Suggestion: The Site Visit Team suggests that the Department consider installing an exit alarm at the back door of the WIC offices. Should a child attempt to exit unnoticed, the alarm would ensure their safety.

**Mr. Carl Page interceded the meeting to introduce the newest member of the Board of Health, Dr. Keaton Mash, D.D.S. Each of the board members and attending staff introduced themselves. Dr. Mash introduced himself and gave a brief overview of his background and business. Ms. Rachel Willard stated how happy we were to have Dr. Mash because he had worked at App District as a Public Health Dentist on the FQHC side.*

Six Month Financial Review: Ms. Nancy Moretz reviewed the Budget as follows:

REVENUE - General fund revenue is \$91,620 or 71%, Programs and State Grant Revenue is \$1,640,443 or 41%, Federal Grant revenue is \$551,279 or 61%, Permits and Fees Revenue is \$196,347 or 43%, Total YTD Revenue is \$2,479,689 or 45% (should be around 50% at this time of the year, however, Medicaid, Medicare and 3rd party insurance is a little behind due to provider turnover)

EXPENSES - General S & F = \$739,211 or 42%, General Operating Expenses = \$210,026 or 42%, Capital Improvement Expenses = \$5217 or 100%, We purchased a car for EH and replaced the wrap on the MESH unit, Total General Expenses \$954,463 or 42% below projected budget by 8%, Program S & F = \$814,411 or 50% on target for the year, Program Operating expenses = \$850,584 or 36% below projected budget by 14%, Federal Grants S & F = \$358,078 or 36% below projected budget by 14%, Federal Grant Operating expenses = \$130,077 or 38% below projected budget by 12%, Overall Total Program Expenses = \$2,153,150 or 42% which is below projected budget by 8%, Total YTD expenses = \$3,107,613 or 44% which is 6% below projected budget which is good. The available budget amount includes \$106,625 in encumbered expenses.

Covid19 Update: Ms. Rachel Willard - The state at the present time does not have a lot of information and it is a rapidly evolving situation. There is more information coming back to us Federally and at the Local level, we are having a local call with the state every Tuesday to get the latest information. The hospital has the guidance and the protocol from the state and implementing that, but basically we know there are over 40,000 cases and 910 deaths. We did learn this week, that we did have one American die overseas in China, but not currently in the United States. Rachel will continue to keep the board updated as she and the county are updated.

Departmental Update: Ms. Rachel Willard – We have discussed how hard we have worked in WIC to increase our caseload; we did get our “AA’s” back and we did get a decrease, so our case load went from 1658 to 1585. We did expect this, but I wanted to verify with the board of the circumstances. We do have a new provider, Kristain Miller, who comes to us from the local hospital and we are very happy to have her here; she is a PA-C and she is shadowing in the clinic right now. She is a very fast learner and brought a lot of things to our attention. We did bring Scott Anderson, Locum Tenum back who started back in January, we have Erica Shore who is still out on Maternity Leave, and Mekesha Senter is out due to maternal complications, so luckily we had Scott to help us during this challenging time. Environmental Health did fill their position, so they’re fully staffed, the new employee goes to centralized training at the end of the month.

Committee Reports: None

New Business:

Bad Debt Write-Off – Mr. Chad Shore - In accordance with our Fee Policy, any account balance without any activity for six months will be considered for write-off. Normally, payment is due when service is rendered. We realize there are times when an individual does not have the total amount of money owed to the clinic, as a result, we give the patient the opportunity to enter into a written payment agreement. We send out monthly statements in an effort to collect our outstanding balances. The following amount represents the sum total for the accounts with no activity for six months. (\$6,083.94) Chad did mention that this amount was down from the last BDWO which was \$7, 383.37. There was 36 patients (4 discharged from Primary Care, 2 patients that had balances that are due, 18 accounts which had no proof of income or it's expired, so we're in the process to make sure that we monitor those more closely). Once accounts are approved for write-off, the approved write-off list will be kept on file in the Management Support Supervisor's office. Future requests for services from these patients will reestablish the debt. Patients wishing to return to the Health Department for services will be required to pay 25% of the write-off balance prior to receiving services. Payment plan arrangements must be made with the Accounts Receivable staff prior to scheduling an appointment to receive services. Primary Care clients with bad debt write-off balances will be notified of discharge from clinic. Communicable disease, immunizations, family planning and emergency family planning services cannot be denied to any patient.

Approval of Bad Debt Write-Off: Dr. Joe Fesperman made the motion to approve the Bad Debt Write-Off, the motion was seconded by Ms. Teana Compeau, and unanimously approved.

April Meeting Date: The April meeting date is on April 13th which is "Easter Monday"; would the board like to move the date due to this holiday time since our Bylaws do state that we will not meet on a holiday? The members of the board decided to hold the meeting on April 20th, 2020.

Approval of April Meeting Date Change: Dr. Joe Fesperman made the motion to approve the Bad Debt Write-Off, the motion was seconded by Ms. Susan Bachmeier, and unanimously approved.

(Sports Physicals) We received guidance that the only way we can continue to do these, we must have board approval. This is on our Fee Schedule; it is \$15 and we would continue to do it that way, but we will need Board approval to do so.

Approval to Continue One Time Sick Visits/Sports Physicals: Ms. Sylvia Robinson made the motion to approve the Bad Debt Write-Off, the motion was seconded by Dr. Robbins Miller, and unanimously approved.

One Time Sick Visits: Ms. Rachel Willard – We currently offer an emergent/urgent sick care visit whether you are our patient or not; however, given our lack of appointments with Providers being out, we are concerned with our Adult Health patients because we are not getting them in as quickly as we need to, so we understand the access perspective, but we also understand trying to get patients in who want to establish, so we would like to get the board's opinion if we keep this current process or should we reduce that and try to get our new adult health patients in? Over the course of the last year, we probable did 20 of those visits, but it's hitting us hard because Armando is no longer with us and Denise is trying to do enrollments and Care Management piece on her own. The general consensus from the board is to continue to try to see those patients.

**Ms. Sylvia Robinson announced to the board that Wilkes Literacy is launching their Health Literacy Program and it is designed to help patients to fill out medical forms, understand their medications, Dr. Instructions, etc. and this will be at the United Way building.*

Public Concerns: None

Next Meeting Date: The next board of health meeting will be on April 20th, 2020, at 5:30 p.m. in the conference room.

Adjournment: Dr. Joe Fesperman made the motion to adjourn the meeting; the motion was seconded by Ms. Susan Bachmeier; all members approved unanimously. The meeting was adjourned at 7:00 pm.

Minutes respectively submitted by,

April Edwards, Administrative Assistant
Secretary to Board of Health

A handwritten signature in black ink, appearing to read 'Dr. Carl Page', is written over a horizontal line.

Dr. Carl Page, Chair