

**BUTLER COUNTY PUBLIC HEALTH NURSING SERVICE  
COURTHOUSE, BOX 325  
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**BOARD OF HEALTH MEETING  
May 22, 2018, 2018**

BOH Members Present: Joyce Dickes, Dr. Michael Lindstrom, Deb Gayer  
Others Present: Jennifer Becker, Misty Kroeze, Tammy Fleshner  
Visitor Present: Greg Barnett, BOS

The regular meeting was called to order at 4:05 p.m. at the Board of Supervisors Meeting Room by Deb Gayer. No public comment was heard.

Dr. Lindstrom made a motion to approve the agenda as presented, and this was seconded by Joyce Dickes. Motion carried.

Joyce Dickes made a motion to approve the previous meetings' minutes as written, and this was seconded by Dr. Lindstrom. Motion carried.

The updated Financial Report was distributed. The Budget Amendment was explained. Dr. Lindstrom made a motion to approve the following claims: 2-20-18, 2-27-18, 3-6-18, 3-13-18, 3-27-18, 4-3-18, 4-10-18, 4-17-18, 4-24-18, 5-1-18, 5-8-18, 5-22-18 and 5-29-18; and this was seconded by Joyce Dickes.

The Environmental Health Report was then distributed. See attached notes. A Variance Request will be presented at the July meeting. A citizen wants to disconnect from City Sewer / Water due to the high cost. He wants to install a private system.

Jennifer Becker gave the Program Reports as follows:

1. Breast & Cervical Cancer / Care For Yourself – This has not been officially awarded yet. There are no Susan Komen funds given to the State, so our outreach funding was reduced to \$1640. This is a decrease of \$2300. Our number of screening spots for the current year is 82, a decrease of 18 spots from the current grant (100 spots).
2. Homes with Healthy Children – The grant application was submitted and we asked for \$80,273 due to Tricia's increasing the number of families served, and because we are going through the every 5 year credentialing process, which involves lots of time and work. The grant funding won't be awarded until June 14, but we have been told that we may get \$50,000, or \$3,400 more than we received for the current year. We have spent all of the grant funds for the current year as of mid-May.
3. Local Public Health Services (LPHS) - The LPHS funding was gone as of mid-April. The new grant starts July 1, 2018 with \$47,207 awarded. This is a decrease of \$580.
4. Tobacco Prevention – The grant has been awarded for \$12,416. This is a decrease of \$613 from the current year.
5. Communicable Disease Investigation – We have had 2 Salmonella cases, 1 Hepatitis B case, and 1 Q-fever case since last meeting.
6. Substance Abuse Grant – I agreed to manage this grant one more year after being asked by our current Board of Supervisor Chair. The Auditor's office will prepare to take it over the next grant year.
7. Immunizations – We have submitted an application for \$7,783, but this has not been officially awarded yet. This is a decrease of \$1061 from the current year.

Jennifer Becker presented the FY '18-19 BOH / BOS Subfund Agreement for approval. The amount requested increases the revenue to equal the expenditures, thus making it a balanced budget. Dr. Lindstrom made a motion to approve this agreement, and it was seconded by Joyce Dickes. Motion carried. This will be signed by Deb Gayer, as Vice-Chairperson in Mitch's absence.

Jennifer Becker then explained QAPI, or Quality Assessment and Performance Improvement, which are required by the new Medicare Conditions of Participation.

QA (Quality Assessment) is the specification of standards for quality service and outcomes, and a process throughout the agency assuring that care is maintained at acceptable levels. QA is ongoing in its efforts to identify how the agency is performing, including where and why an agency is at risk, or has failed to meet standards.

PI (Performance Improvement) is the continuous study and improvement process with the intent to better services or outcomes and prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes to problems.

*Areas of improvement* – Data is gathered from Home Health Compare, Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Home Health Value Based Purchasing (HHVBP). Home Health Compare and HHVBP uses data gathered from our publically reported assessments completed on all Medicare and Medicaid patients plus data gathered from the HCAHPS surveys. The HCAHPS survey is information gathered from our patients using a standardized survey tool. Areas of improvement are all in the sections of information that are based on our assessments of Medicare and Medicaid patients. These include:

1. How often patients got better walking or moving around?
2. How often patients got better at getting in and out of bed?
3. How often patients got better at bathing?
4. How often patients had less pain when moving around?
5. How often patient's breathing improved?
6. How often the home health team taught patients (or their family caregivers) about their drugs?
7. How often patients got better at taking their drugs correctly by mouth?
8. How often the home health team made sure that their patients have received a flu shot for the current flu season?
9. For patients with diabetes, how often the home health team got doctor's orders, gave foot care and taught patients about foot care?

All of our patient satisfaction survey results were above the State and National averages.

As part of this process, we need to choose 2 or 3 areas that we should concentrate on improving over the next 6 months. After discussion, the Board of Health chose the following:

1. Patients having less pain when moving around.
2. Patients getting better at taking their drugs correctly by mouth.

Jennifer will discuss this with the Home Health Team, and bring interventions to the Board of Health in July. Once these interventions are approved, they will be implemented and data from HHCAPS, HHVBP, Home Health Compare, and internal chart audits will be reviewed.

The next meeting will be scheduled for Tuesday, July 17th at 4:00 p.m. The meeting was adjourned.

Submitted by Tammy Fleshner, for



Joyce Dickes

Environmental Health report to the Board of Health  
May 22, 2018

**17-18 Fiscal Year Well Program:**

Water tests: 123 (compared to 199 at this time last year)

Well permits: 9 (15 at this time last year)

Well closings: 16 (22 at this time last year)

Rehabilitated: 6 (4 at this time last year)

The 2017-2018 Grants to Counties well program is \$30,612 with approximately \$4,308.72 remaining or about 14%. We were not reallocated any additional funds, however, we are in pretty good shape to get us through the rest of the fiscal year.

I am also participating in the Iowa Well Survey being conducted by the State Hygienic Lab through the end of June. This Survey is allowing me to test private wells for Neonicotinoid insecticides in addition to the other contaminants that we regularly test for. They would like me to collect at least 25 samples if possible. So far I've done 6 samples. I advertised on Facebook and plan to send some information to the newspapers soon.

We are still waiting for the contracts to come out for FY18-19. We did receive an email that they were delayed this year due the IDPH working through the renewal cycle of other programs as well as awaiting the budget amount.

**Septic**

Permits: I issued 16 permits compared to 18 at this time last year. It's been a slow start to septic installations, but I'm expecting that to pick up soon.

6 for New Construction; 3 for Failing Systems; 6 for ToFT and 1 for campers at a private campground.

I will have a variance request at our next meeting concerning a property just outside the city limits of Greene. This property owner is hooked onto city sewer and would like to disconnect and install a private septic system due to outrageous sewer/water bill.

**Other**

- CAFOs – we just recommended approval of a master matrix for a new confinement site in Cold Water Township. As of now, that is the first proposed facility this year.
- I'm the new Zoning Administrator