

**BUTLER COUNTY PUBLIC HEALTH NURSING SERVICE  
COURTHOUSE, BOX 325  
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**BOARD OF HEALTH MEETING  
February 6, 2018**

BOH Members Present: Mitch Nordmeyer, Joyce Dickes, Dr. Lindstrom, Deb Gayer  
Others Present: Jennifer Becker, Misty Kroeze, Tammy Fleshner  
Visitor Present: None

The regular meeting was called to order at 4:00 p.m. at the Board of Supervisors Meeting Room by Mitch Nordmeyer. No public comment was heard.

Deb Gayer 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. Joyce Dickes made a motion to approve the following claims: 12-19-17, 12-26-17, 1-2-18, 1-9-18, 1-16-18, 1-23-18, 1-30-18, 2-6-18, and 2-13-18; and this was seconded by Deb Gayer.

The Environmental Health Report was then distributed. See attached notes. Reallocation funding is not definite at this time, even though we have spent 64% of our grant by the end of the second quarter.

Jennifer Becker gave the Program Reports as follows:

1. Care for Yourself – Patty has filled all but 2 of her CFY spots, and has asked for 10 more spots if IDPH does any reallocation before the end of the grant year. She also had 40% of her spots filled before 1-1-18, so is eligible for a \$500 incentive to be used on promotional items. Hand sanitizers on carabiners will be purchased to give away at health fairs, the county fair, and when she makes visits to physicians' offices.
2. Homes with Healthy Children – Tricia has admitted 3 new families to the program since our last meeting. We need to re-credential for the Iowa Family Support Standards. This is a 5 year certification. This is a long process of gathering data and support evidence for the program, and then a 3 day survey on-site.
3. Tobacco Prevention – Patty has gotten 5 entities to adopt tobacco policies – 3 no smoking policies for housing developments, 1 school is now tobacco and nicotine free, and 1 business is tobacco and nicotine free. She is eligible for a \$500 incentive because of this. She will be purchasing cloth grocery totes with the Quitline Iowa information on them. The new grant application was released last week and is due on March 8, 2018, with the same award amount as the current year.
4. Communicable Disease Investigation and Surveillance – We have had 2 cases of salmonella and 1 case of mumps since the last meeting. The mumps case ended up not being an actual mumps case, but required multiple phone calls to the physician, patient and IDPH. Jennifer is currently teaching Patty this program so that there are at least 2 of us who can make the phone calls and complete the data entry into IDSS. A nursing degree is not a requirement of this program.

Jennifer Becker then reported on the new Conditions of Participation (COPs) released by the Centers for Medicare and Medicaid (CMS) with the implementation date of January 13, 2018.

The COPs are the minimum health and safety standards a home health agency must meet in order to participate in the Medicare and Medicaid programs. Failure to comply to these rules can result in sanctions, and potentially result in an agency termination from the Medicare program. The new document is significant, 374 pages long, and it is estimated that the cost of implementation will be \$293 million in the first year alone. The changes are CMS's effort to improve the quality of care furnished through Medicare and Medicaid programs. All home health patients must be treated the same, regardless of funding source.

The new rule includes:

1. A comprehensive patient rights condition that clearly enumerates the rights of home health agency patients and the steps that must be taken to assure those rights.
2. An expanded comprehensive patient assessment that focuses on all aspects of patient wellbeing.
3. A requirement that assures that patients and their caregivers have written information about upcoming visits, medication instructions, treatments administered, instructions for care that the patients and caregivers perform, and the name and contact information of the home health agency clinical manager. The governing board must formally appoint the clinical manager.
4. A requirement for integrated communication system that ensures that patients' needs are identified and addressed, care is coordinated among all disciplines and that there is active communication between the home health agency and the patient's physician(s).
5. A requirement for a data-driven, agency-wide quality assessment and performance improvement (QAPI) program that continually evaluates and improves agency care for all patients at all times.
6. A new infection prevention and control requirement that focuses on the standard infection control practices, and patient / caregiver education and teaching.
7. A streamlined skilled professional services requirement that focuses on appropriate patient care activities and supervision across all disciplines.
8. An expanded patient care coordination requirement that makes a licensed clinician responsible for all patient care services, such as coordinating referrals, and assuring that plans of care meet each patient's needs at all times.
9. Revisions to simplify the organizational structure of home health agencies while continuing to allow parent agencies and their branches. (not applicable for us)
10. New personnel qualification for home health agency administrators and clinical managers.

This is a very brief overview of the new COPs and does not really cover how far-reaching these new conditions are. We have spent many hours on this already, and have barely scratched the surface of what needs to be done to be fully in compliance. What this means for us is:

1. All of our consents, patient rights and responsibilities, and other admission paperwork had to be rewritten. All patients admitted before January 13, 2018 have to have new paperwork signed as their orders to the doctor renew.
2. Our computer charting system had to be updated to capture the new information that is needed to meet the rules. Carefacts has given us updates, but they are still not complete, requiring many contacts with them regarding changes that are still needed.
3. Many of our policies are no longer current. Jennifer is working to get them updated to meet the new COPs. Some policies are no longer relevant and will need to be rewritten completely.

Clinical Manager is a new term in the COPs. This person must coordinate patient care assignments and referrals, assure that patients' needs are continually assessed and met, assure that care plans are individualized and continually updated, and must be available during all operating hours. The COPs require that the 'governing body' of the agency appoint someone to that position. Deb Henricks fills that role currently, and always has. She needs to be formally appointed as the Clinical Manager. Deb Gayer made a motion to appoint Deb Henricks as the Clinical Manager, and this was seconded by Joyce Dickes. Motion carried.

The new COPs state that the Advisory Committee is no longer required. All roles of the Advisory Committee have been rolled into the term 'governing body', who must have full legal authority and responsibility for the agency's overall management and operations, including service delivery, financial management including budgetary review and operational planning, and quality assessment and performance improvement (QAPI) activities.

QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system, Quality Assurance (QA) and Performance Improvement (PI). It takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in home health, while involving all home health caregivers in practical and creative problem solving.

QA is the specification of standards for quality service and outcomes, and a process throughout the organization assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why an agency is at risk, or has failed to meet standards.

PI (also known as quality improvement) is the continuous study and improvement processes 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 of persistent / systemic problems or barriers to improvement.

A phase-in period has been given to fully implement a QAPI program. We need to collect, and analyze current data, determine a goal, develop interventions, and begin implementing those interventions by July 13, 2018.

The Board of Health has a significant role in QAPI. They must ensure that the program reflects the complexity of its organization and services; involve all HHA agencies, including those under contract; focuses on indicators related to improved outcomes, including hospital admissions and readmission; and take actions that addresses the HHA's performance across the spectrum.

The Board of Health must approve what the agency should collect data on, but the agency director may research and offer recommendations to the BOH. The Board can't be a passive participant. You must be aware of what the data is and what it means, and approve the data collection process. The BOH has to review the information as part of each meeting. The agency must maintain documentation of its QAPI program, and be able to demonstrate its operation to CMS.

Jennifer plans to gather all of the most current data from OASIS reports, HHCAHPS, PEPPER, Star ratings and Home Health Value-Based Purchasing reports. In April, she will share what the reports mean, areas of concern, areas that we are doing well, and multiple areas we should focus our improvement projects on. The Board will then decide which 2 areas to focus our planning on. Jennifer and the staff will then develop interventions, and Jennifer will present them at the June meeting. Ongoing, reports will be distributed, so that you can monitor how the interventions are working, and if we need to make adjustments to the intervention plans. All of this will need to be documented in the Board Minutes. This process has been doing in the past by Nursing Homes and Hospice Agencies.

Jennifer Becker than gave the Staff Updates. T

The new HCA hired in November, Sommer Miller, quit in January, so nurses are now giving baths again. We did not need to readvertise, so we relooked at the prior applications and called Karlie Kligenborg. She is a part-time nursing student, and was able to start immediately. She is doing the classroom orientation at this time.

The new COPs mandate that new HCAs have to complete 16 hours of classroom time before then can start on the hands-on orientation under supervision of an RN in the patients' home.

Deb Henricks' husband was diagnosed with lung cancer, with metastasis to liver, lymph nodes, and brain. He has become more confused recently. Deb saw her patients this past week, and did charting at home. As of this week, she is off on FMLA to be home with him.

The next meeting will be scheduled for Tuesday, April 10th at 4:00 p.m. The meeting was adjourned.

Submitted by Tammy Fleshner, for

  
Joyce Dickes

Environmental Health report to the Board of Health  
February 6, 2018

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

Water tests: **93 (compared to 153 at this time last year)**

Well permits: **8 (10 at this time last year)** – mostly CAFOs with a couple of new wells due to poor water quality and one new construction

Well closings: **11 (12 at this time last year)**

Rehabilitated: **6 (3 at this time last year)**

The 2017-2018 Grants to Counties well program is \$30,612 with approximately \$11,209.02 remaining or about 36%. Since we have spent more than 50% of our grant in the first half of the year, I anticipated that we would get a reallocation however we were supposed to be notified by the 5<sup>th</sup> if we were eligible.

**Septic**

Permits: I issued 77 permits in 2017 (compared to 63 in 2016) and 3 so far in 2018.

**Radon**

I sold 33 radon kits during Radon Action Month in January, which is up from the 12 I sold at this time last year. A majority were actually sold to County employees just by sending an email out to the Courthouse and a few from the order form insert I send out in the septic packets for new systems.

**Other**

- IOWWA & IWWA Conferences were held last week and the week before, both were very good conferences.
- I'll be starting my tanning inspection and pumper inspection in the next couple of months. I'm also due to recertify my CPO certification so I'll be going to a two day class in May before pool inspections begin.