



Public Health
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CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716) 373-8050, Fax (716) 701-3737

Joseph Bohan, MD, President

James Lapey, Vice-President

*Giles Hamlin, MD
Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Georgina Paul, FNP
Theresa Raftis
James Snyder*

MEMORANDUM

TO: Board of Health Members
FROM: Kevin D. Watkins, MD, MPH (KDW)
RE: *June 4, 2014*
DATE: May 21, 2014

The next meeting of the Cattaraugus County Board of Health has been scheduled for **Wednesday, June 4, 2014 at 12:00 noon**. The meeting will be held at the St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York. Please make every effort to attend.

Enclosed please find the following:

- ~ Agenda
- ~ Board of Health Minutes, May 7, 2014
- ~ Professional Advisory Minutes, April 16, 2014
- ~ May Enforcement List

PLEASE CALL 701-3398 or email: dlacher@cattco.org by June 2, 2014, if you plan to attend.

Thank you.

KDW/dl
Enc.



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AGENDA

June 4, 2014

CALL TO ORDER

Dr. Joseph Bohan

ROLL CALL

APPROVAL OF MEETING MINUTES

May 7, 2014

APPROVAL OF PROFESSIONAL ADVISORY MINUTES

April 16, 2014

DIRECTOR'S REPORT

Dr. Kevin Watkins

NURSING DIVISION REPORT

Susan Andrews

ENVIRONMENTAL HEALTH REPORT

Eric Wohlers

ENFORCEMENT REPORT

David Porter

OLD/NEW BUSINESS

ADJOURNMENT



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MINUTES

May 7, 2014

The 825th meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on May 7, 2014.

The following members were present:

Joseph Bohan, MD

Georgina Paul

Giles Hamlin, MD

Theresa Raftis

Sondra Fox, RN

James Snyder

Richard Haberer

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director

Kathleen Ellis, Administrative Officer

Thomas Brady, County Attorney

Linda Edstrom, County Legislator

Paula Stockman, County Legislator

Debra Lacher, Secretary to Public Health Director

Raymond Jordan, Sr. Public Health Sanitarian

Patti Williams, Clinics Supervisor

Gilbert Witte, MD, Medical Director

David Porter, Hearing Officer

Pixie Porter, Guest

Donna Vickman, County Legislator

Howard VanRensselaer, County Legislator

Chris Chapman, Post Journal

Rick Miller, Olean Times Herald

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared.

Mr. Haberer made a motion to approve the minutes of the April 2, 2014 meeting. It was seconded by Mrs. Fox, and unanimously approved.

Director's Report: Dr. Watkins reported that the Health Department continues to monitor the influenza activity in NYS. During the week ending April 26, 2014, influenza activity level was categorized as geographically widespread with laboratory confirmed influenza reported in 49 counties including New York City. There were 1,237 laboratory confirmed influenza reports, a 35% decrease over the previous week. The number of patients admitted to the hospital with laboratory confirmed influenza or hospitalized patients newly diagnosed with laboratory confirmed influenza were 296, a 36% decrease over the previous week. Thirty one of the 49 specimens submitted to NYSDOH Laboratory were positive for influenza. Two were influenza A H1N1, 3 were influenza A H3N2, and 26 were influenza B. There has been no influenza associated pediatric deaths reported during the week of April 26th but in NYS there has been 5 influenza associated pediatric deaths reported this season. Since our last meeting Cattaraugus County has seen only 2 new local laboratory confirmed influenza positive tests in residents within the county. The emergency rooms are seeing fewer admissions for respiratory and fever complaints. No influenza associated pediatric deaths have been reported in Cattaraugus County.

Dr. Watkins reported that the United States has seen its first case of Middle East Respiratory Syndrome (MERS) Coronavirus (CoV). It's a respiratory illness that begins with flu like symptoms fever and cough but can lead to shortness of breath, pneumonia and death. On April 24th an American healthcare worker based in Saudi Arabia flew from Riyadh, to London, then to Chicago, and then he took a bus to Indiana. Three days later the man began experiencing fever, shortness of breath, and coughing. He visited the emergency room 3 days later where he was tested by the Indiana public health laboratory. CDC confirmed that he was the first case of MERS in the United States. MERS CoV or MERS formally called novo corona virus (novo meaning new coronavirus) is a beta coronavirus that was first described in Jordan back in April 2012. The CDC says that there has been about 401 confirmed cases in 13 countries with 244 of them in Saudi Arabia, and 93 of those people died. According to CDC, persons at high risk of developing infections are those that have close contact to a case and that is defined as any person who provides care for a patient including our healthcare providers or family members not adhering to the recommended infections control precautions. Early studies have identified that several of these MERS cases were with patients who worked directly with camels, and those who have consumed camel milk, or camel meat prior to contracting the MERS virus. CDC does not know how the patient that came to the United States actually contracted the disease at this particular time. Currently the patient is doing well and reports indicate a possible discharge by next Monday.

All reported cases to date have been linked to 6 countries in the Arabia Peninsula; which include Saudi Arabia, Khatar, Jordan, the United Arab Emirates, Oman, and Kuwait. There have been cases reported in the United Kingdom, France, Italy, Greece, Tunisia, Egypt, and Malaysia and now the United States, all from persons who traveled from the Arabia Peninsula.

Healthcare professionals should evaluate patients for MERS infections if they develop fever and symptoms of respiratory illness such as a cough or shortness of breath within 14 days after traveling from countries in or near the Arabian Peninsula. They should also evaluate patients for MERS infection if they have close contact with a symptomatic recent traveler from this area who has a fever, and acute respiratory illness. CDC recommends collecting multiple specimens from different sites at different times after symptoms onset.

Lower Respiratory specimens are preferred but collecting nasal pharyngeal or oral pharyngeal specimens as well as stool and serum are strongly recommended. This will increase the likelihood of MERS detection.

Many state health department laboratories are approved for the MERS testing which uses the CDC real time reverse transcription (RRT)-polymerase chain reaction (PCR) [rRT-PCR] assay. There is no vaccine yet available and there is no specific treatment recommended for the virus. Palliative care is the course of treatment. Dr. Witte added at this time although they are looking to make contact with those who were traveling on the plane and bus with this individual, they do not consider them within the group of close contacts. Mrs. Paul asked if there were any reported cases found in Mexico. Dr. Watkins stated there are no cases in Mexico at this time. Dr. Bohan added that the good thing about MERS is that so far it has not spread as easy as influenza but the bad thing is it carries a 30% mortality rate. The CDC is currently working on a vaccine for this virus but it is still a work in progress.

The 2013 cost report audit for our Certified Home Health Agency (CHHA) program was conducted by McCarthy and Conlon, LLP accounting firm last week. The report shows that the CHHA continues to do very well; they characterize the program as healthy. The report also showed that our second program the Long Term Care program continues to struggle and is being supported by the CHHA. One positive outlook about the Long Term Care program is that the Long Term Care program is being phased out in October and will be taken over by Managed Long Term Care (MLTC) agencies. The Health Department will contract with those MLTC agencies to provide skilled nursing and other disciplines (i.e. speech therapy, physical therapy, occupational therapy, etc.) to clients in their agencies. The CHHA's volume or our patient's census increased in 2013 compared to our volume in 2012, and the expenses actually decreased in 2013 compared to 2012. The CHHA continues to be self-sustaining or self-supporting. 2013 revenue was reported at \$5.6 million dollars.

Dr. Watkins reported that the national accreditation process is nearly completed. There is one last requirement in the application process. It requires that the Board of Health approves the Health Department applying for national accreditation status, and once approved, a letter of support from the Board of Health will need to be submitted with the application. As previously reported the reason we are applying for this national accreditation is that the Health Department wants to solidify that we are meeting nationally adopted standards, to improve service, value, and accountability to our stakeholders and most importantly, future funding may be dependent upon having a national accreditation status. The cost for the program is based on the County's population size, for our County, it will cost us \$20,670 and we will pay for it over a 3 year period. The first year we will pay 40% which is \$8,270 the second and third year we will pay 30% of the total which is \$6,200 each year.

Dr. Bohan asked if there was any other discussion on the national accreditation process prior to a vote. Mr. Snyder asked the name of the agency we were paying for this accreditation status. Dr. Watkins answered, the Public Health Accreditation Board. Mr. Snyder made a motion to allow the Health Department to proceed with the national accreditation process, seconded by Mrs. Paul, and unanimously approved.

Dr. Watkins reviewed the 2013 annual report which was handed out to each board member. There are several programs under the health department which include nursing services, environmental health, health education, early intervention, the physically handicapped children's program, the women's children and infant program (WIC), the laboratory and the public health emergency preparedness program.

For brevity of this document, Dr. Watkins summarized by reporting the total revenue for 2013 was a little over \$11,499,000 most of which was provided by the homecare division, followed by early intervention, and then the other programs. Expenditures pretty much follow the same pattern. The Annual Report is available on the Health Department website at www.cattco.org/health.

After presentation of the 2013 annual report Dr. Watkins opened the floor for questions. Mrs. Stockman posed a question regarding a new virus carried by mosquitoes that was found in the Caribbean area. Dr. Watkins said he was unaware but offered to investigate and would report his findings at the next meeting. Mr. Haberer asked if the fact that we are very proactive in reporting our statistics, if that was detrimental to our poor health rankings. Dr. Watkins assured him that the poor health rankings were directly affected by the high premature mortality rate of our county and the social economic factors that plague our communities. Mrs. Paul questioned if our poverty level played into our poor County health rankings. Dr. Watkins stated yes, poverty plays an important part in the health factors of our County health rankings. The average income level for a family of 4 in Cattaraugus County was \$40,000 when you compare that to NYS which was \$52,000, it indicates we have a ways to go.

Dr. Bohan, congratulated Dr. Watkins and his staff for putting together such a great report.

Nursing Division Report: Patti Williams, Supervising Public Health Nurse, reported that because influenza is still widespread in NYS, NYSDOH has decided to remain at influenza precaution status for all healthcare and residential facility personnel, therefore all personnel that chose earlier during the influenza season not to get vaccinated, must continue to wear masks until further notice.

Environmental Health Division Report: Raymond Jordan, Senior Sanitarian, reported that the Lime Lake Sewer District appears to still be moving forward with the improvement of the sewer project and will pursue additional funding for the increased cost that the project will incur.

The second rabies clinic for 2014 was held last Saturday but there are no numbers to report at this time due to a computer glitch.

Two program aides for the mosquito surveillance program have been hired and they are expected to start on May 19th. During their first week, they will receive some field training with a NYSDOH representative, followed by some formal training in Buffalo identifying both larvae and adult mosquitoes the second week. NYSDOH has proposed 4 sites in the western part of Cattaraugus County to set up nesting boxes which they will set up and monitor themselves for mosquito's which might carry the Eastern Equine Encephalitis (EEE) virus.

The environmental health division is sponsoring a children's camp workshop on May 22nd.

Mr. Jordan reported the Community Development Block Grant (CDBG) to improve the well and septic systems for Cattaraugus County residents was received and staff is already developing a list of residents who could potentially qualify for the program.

Mr. Porter reported the following enforcement cases for Board action:

DOCKET 14-004

Tapatha Hollamby, 1726 Butler Avenue, Olean N.Y., 14760

Violations: Sanitary Code of the Cattaraugus County Health District, Part 11.7 The respondent failed to comply with all conditions of a stipulation offer signed in settlement of a notice of violation (13-003) on February 19, 2013.

Administrative Hearing: 4-8-14

Sr. Public Health Sanitarian: Ray Jordan appeared for CCHD and was sworn in.

Respondent: Tapatha Hollamby appeared at hearing and was sworn.

Enf. 1 was read and affirmed to be correct by Mr. Jordan.

Mr. Jordan identified People's Exhibit #1 and #2. Respondent was to hook up her residence 1726 Butler Ave., Olean, N.Y. 14760 to the new available municipal city of Olean sewer lines in the Spring of 2013. The respondent has failed to comply.

Respondent admits to the failure to hook up to the municipal sewer due to financial difficulties. The respondent has committed to Ray Jordan that her residence at 1726 Butler Ave., Olean, N.Y. will be hooked up to the municipal sewer system on or before July 31, 2014.

Hearing Officer Findings: The respondent is in violation of the sanitary code of the CCHD Part 11.7 failure to hook up to an available municipal sewer system when available.

Recommendations: Allow the respondent until August 4, 2014 to have her residence at 1726 Butler Ave., Olean hooked up to the available municipal sewer system. Completion and approval by the Olean Code Enforcement Officer (CEO) by August 4, 2014 we will consider the case closed.

Failure to meet the August 4, 2014 completion date will result in a \$250.00 fine with a \$10.00 per day per diem until the residence at 1726 Butler Ave., Olean is hooked up, approved by Olean C.E.O. and the fine is paid.

Mr. Haberer made a motion to accept the Hearing Officer's recommendation; it was seconded by Mrs. Fox and unanimously approved.

Docket 14-004 (continued)

Board ordered: Completion of hook up to available municipal sewer system by August 4, 2014, with a copy of the approval certificate from the City of Olean Code Enforcement Officer (CEO) to be provided to Health Department. Failure to meet the August 4, 2014 completion date will result in a \$250.00 fine with a \$10.00 per day per diem until all conditions are met.

Docket 14-008

Don's Tavern of Olean, L.L.C. 804 Tracy Street, Olean, N.Y. 14760

Violations: Subpart 14-1.171 (b)(c) of the NYS Sanitary Code. Respondent failed to correct Violations pertaining to the kitchen renovations at 659 E. State Street, Olean, N.Y.

Administrative Hearing: 4-8-14

Sanitarian: Richard Dayton appeared for CCHD and was sworn in.

Respondent: Did not appear.

Extensive testimony was given by R. Dayton concerning a new bar/restaurant being brought in line at 659 E State St., Olean, N.Y. called Stavish's Parkwood Tavern.

The respondent started on May 21, 2012 to re-model the kitchen of a new food service establishment at 659 E State St., Olean, N.Y.

People's Exhibit #1 Enf.-1 Read and sworn correct by R. Dayton.

The respondent has made commitment and promise to the CCHD. Identified as P. Ex.#2 through P. Ex. #6 and some of the work has been completed.

Other facts supplied by R. Dayton:

- (a) Respondents permit to operate expires May 31, 2014.
- (b) Violations listed as not public health hazards but rather preventative measures to prevent future public health hazards from happening.
- (c) Respondent started work on May 22, 2012 and as of February 27, 2014 has not completed the project.

Hearing Officer Findings: The respondent is in violations of subpart 14-1.171. (b) (c) of the NYS sanitary code.

Recommendations: The respondent correct the violations pertaining to the construction of the physical facilities outlined by the CCHD at 659 E. State St., Olean, N.Y. and also pay a \$100.00 fine with a \$10.00 per day per diem if the violations and fine are not complete by May 30, 2014.

Docket 14-008 (continued)

Mr. Haberer made a motion to accept the Hearing Officer's recommendation; it was seconded by Ms. Raftis and unanimously approved.

Board ordered: That Respondent correct the violations outlined by the CCHD and pay a fine of \$100.00 on or before 5-30-14. If the 5-30-14 deadline is not met a \$10.00 per day diem will result. In addition if respondent submits a renewal application to operate a food service establishment and fails to comply with the prior conditions of this order the Permit to operate issued on June 1, 2014 will expire on June 30, 2014.

Dr. Watkins reported that a BOH order which was issued at the April 2, 2014 BOH meeting was not met with compliance by the respondent. **Docket 14-005 Jolene Slawiak, 21 Pries Ave., Buffalo, N.Y., 14220 (Home), 6197 Shady Lane, Lyndon, N.Y. (Rental)** required that the respondent eliminate the discharge of illegally treated sewage and pay a fine of \$250.00 by 4-30-14. Due to the severity of the public health hazard this violation presents, Dr. Watkins is bringing this case back before the Board.

Sanitary code of the CCHD Sec.16.6.1 A re-inspection by a representative of the Cattaraugus County Health Department (CCHD) on May 6, 2014 found an illegal discharge of inadequately treated sewage still exists at 6197 Shady Lane, Lyndon (T). Condition (1) required that waste water lines be connected to the sewer line which is connected to the septic tank by April 30, 2014. Condition (2) required that this system be dyed by June 1, 2014 to verify that no violations exist with that system. Condition (4) a fine of \$250.00 was to be paid on or before 4-30-14. Condition (5) a \$10.00 per day per diem would result if not completed in the time allowed.

After much discussion by the Board a motion was made by Mr. Snyder, seconded by Ms. Raftis and unanimously approved to amend the order as follows:

AMENDED ORDER

It is hereby ordered by the Cattaraugus County Board of Health:

1. That the discharge of inadequately treated sewage be eliminated by 6-30-14 by means acceptable to the CCHD; and it is further ordered
2. If condition (1) is not met, the Board orders that the dwelling is made vacant. A placard will be secured to the dwelling stating that it is to remain vacant until such time as the illegal discharge of sewage has been corrected according to CCHD specifications; and it is further ordered
3. The Respondent's failure to comply with the above-ordered terms will result in further action as deemed appropriate by the Board of Health.

There being no further business to discuss, Mr. Hamlin made a motion to adjourn was seconded by Mr. Haberer and carried to adjourn.

Respectfully submitted,

A handwritten signature in black ink that reads "Kevin D. Watkins, M.D." The signature is written in a cursive, flowing style.

Kevin D. Watkins, M.D., M.P.H.
Secretary

KDW/dl

Cattaraugus County Health Department Certified and Long Term Home Health Agency

Professional Advisory

April 16, 2014

Present: Dr. Giles Hamlin, BOH
Dr. Gilbert Witte, BOH
Dr. Kevin Watkins, P.H. DIR., BOH
Susan Andrews, DPS
Barbara Parish, CHN
Tim Mager, OT
Elizabeth Bless, MSW
Joan Breese, OGH Case Manager
Mary Fay, Nutrition

Absent: Sondra Fox, RN
Carrie Ruffner, PT
Chris Obrien, RT
Carly Woodhead, SLP
Moiria Kettry, OGH MSW

The Professional Advisory meeting was held in the Cattaraugus County 2nd floor conference room on Wednesday April 16th, at 12:30pm. Attendance was taken as recorded above.

Old Business – None

Review Tier 1 Potentially Avoidable Events 4Q13 - (closed record review) Susan Andrews.

Falls

All reported occurrences were reviewed. One was determined to be an OASIS documentation error by the nurse as a patient fall did not actually occur. For the remaining five cases reviewed, it was noted that all were 65 or older and had a Fall Risk Assessment and safety/ fall prevention education by home care nurse. Two patients refused Physical Therapy (PT); agency issues delayed PT in one patient, who then

was reluctant to accept; one fell within 2 days of Start of Care (SOC) before PT started, and one had PT. Dr. Witte wondered if one of the falls may have been caused by a medical occurrence such as a stroke. Informed that although possible, that we do not have any documentation of this as patient went to skilled nursing facility (SNF). Physician notification of medication issue was lacking for one patient on day before fall and it is not known the impact of this on the fall occurrence. Dr. Witte commented that he and other MDs are available for calls. Four patients returned home and one was admitted to a SNF.

Wound

All reported occurrences were reviewed. Three patients were 65 years or older and one patient was 50 years old. One patient receiving palliative care at home with family had 7 pressure ulcers, 4 healed and 3 were non-healing. No support surface documented. This person was admitted to the hospital and died about 1 week later. Three patients returned home, two of whom have since been discharged with wounds healed. In 3 cases, it appeared from chart audits that appropriate interventions were taken. It is difficult to determine if agency responded appropriately in case where patient was to receive daily skilled nursing care, but refused 7 consecutive visits.

It was noted that health coaching/motivational interviewing will be covered in home care nurse meeting next week. Perhaps these communication methods will help decrease number of care refusals by patients.

Review of Current Clinical Records – presented by Barb Parish

Areas of concern include: lack of as needed (prn) orders for medications; long lists of diagnoses that could be addressed elsewhere; staff not taking advantage of detailed/expanded assessments or education screens; aide/LPN care plans not current, lack of diagnosis code management from clinicians and timeliness of 12hr staff completion of problems identified on audit.

HH-CAHPS Review by Susan Andrews

Slides showed that overall patient satisfaction is up for the first quarter of 2014 when compared to calendar year (CY) 2013. Areas of decline were related to calling office and receiving same day call back. It is speculated that this may be due to loss of one clerical staff.

Annual Agency Review – Barbara Parish CHN, Susan Andrews DPS

Highlights of patient demographics included findings that the largest numbers of patients seen are females in the 65-99 age range, followed by males in the same age group. Number of people 100 and older, although small, continues to increase. Catt Co has a larger number of patients on managed care than other areas of country. Surprisingly *Other Risk Factors* from Oasis data showed lower percentage of smokers but higher percentage of drug dependency when compared to national reference. This data reflects only Medicare and Medicaid patients – regular and managed. Circulatory and respiratory remain top home care diagnoses. Mary Fay prompted discussion of diabetes diagnosis which is often listed as secondary. Largest numbers of referrals come from hospitals followed by physician offices and SNF. May be some unresolved referral source data issues with our software. Discussion regarding hospital referral practices and patient choice. Agency needs to continue to provide good timely care

All Patient Process Quality Measures show improvement from our prior and in many we meet or exceed the national reference. Noted that this is very positive for the agency. Emergency department use without hospitalization in the first 30 and 60 days of home health remains higher than the national average. Actual re-hospitalization is similar. Questions regarding observation status. Agency length of stay (LOS) in days remains lower than reference. Barb noted that the majority of home care patients are discharged with goals met to the community. Discussion regarding *Death at Home* numbers and changes in Hospice admission criteria.

Mary Fay asked about agency marketing/outreach. Materials were not brought to meeting in error but visits have been made to providers/facilities from Springville to Salamanca and several locations in Olean area and materials have been provided. Agency staff planning visits to Buffalo, Jamestown, Cuba and rest of Olean providers in near future.

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Meeting adjourned.

Meeting Schedule for Remainder of 2014:

3rd Wednesdays 12:30-1:30 Olean Health Department 2nd Floor Conference Room

July 16th

October 15th

Copy of meeting materials and minutes provided to members unable to attend.