



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

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Theresa Raftis

James Snyder

MINUTES

July 30, 2014

The 828th meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on July 30, 2014.

The following members were present:

Joseph Bohan, MD

Richard Haberer

Zahid Chohan, MD

James Lapey

Giles, Hamlin, MD

Theresa Raftis

Sondra Fox, RN

James Snyder

Also present were:

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

Thomas Brady, County Attorney

David Porter, Hearing Officer

Linda Edstrom, County Legislator

Carl Edwards, County Legislator

Earl McElfresh, County Legislator

Paula Stockman, County Legislator

Howard VanRensselaer, County Legislator

Donna Vickman, County Legislator

Gilbert Witte, MD, Medical Director

Susan Andrews, Director of Patient Services

Kathleen Ellis, Administrative Officer

Raymond Jordan, Sr. Public Health Sanitarian

Debra Lacher, Secretary to Public Health Director

Rick Miller, Olean Times Herald

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

Mr. Snyder made a motion to approve the minutes of the July 2, 2014 meeting. It was seconded by Dr. Hamlin, and unanimously approved.

Director's Report: Dr. Watkins mentioned that at the July 2, 2014 Board meeting there were (539) reported cases of measles in the United States (U.S.) but as of July 25th we now have (585) reported measles cases. This nationwide total is the highest since May of 1994 when (764) cases were reported and since measles elimination was declared in the U.S. in 2000. As of July 3rd (377) of these measles cases have been reported in Ohio, largely among the Amish population. Thirty-one (31) cases have been reported in New York State, (26) of which were in New York City.

In addition, Dr. Watkins reminded the Board that at the last meeting there was a discussion concerning the large Amish population within Cattaraugus County, and the department's plan to begin working with the Bishops to have the Amish population vaccinated. Dr. Watkins informed the Board that the plans are progressing slowly, but the department is still hopeful, and will continue towards this goal.

A recent conference call with New York State Department of Health provided information on the recent migration of nearly (30,500) immigrant children who relocated from Central America to the U. S.. As of July 7th (3,347) of these children have been relocated to New York State. New York State has the second largest number of state placed unaccompanied children with sponsors, next to Texas which has (4,280) immigrant children in their state. New York state is followed by Florida which has (3,181) and California which has (3,150) immigrants children placed in their state. A breakdown of where in New York State these children are located will be forthcoming. Local health directors have been asked to contact their local department of social service commissioners to determine if these children are within their county and to assist the social services commissioners with any further vaccinations that might be required. Dr. Watkins contacted our social service commissioner, Mr. Daniel Piccioli who confirmed that Cattaraugus County has not yet received any immigrant children from this relocation process. Other local health directors (mostly from downstate) have reported that their staff had been called to shelters to administer vaccines, or to investigate a typical communicable disease outbreak that had occurred. A few cases of positive PPD's, were also reported and for those who were sexually assaulted, testing for venereal diseases was conducted.

When a child who is not accompanied by a parent or guardian is apprehended by immigration authorities the child is then transferred to the care and custody of the Office of Refugee Resettlement (ORR). ORR cares for children in shelters around the country until they can be released to a sponsor, typically a parent or relative who can care for the child while their immigration case is in process. Ensuring that a potential sponsor safely, and appropriately cares for the child, is the top priority of the ORR. A background check is conducted on all potential sponsors and steps are taken to verify a potential sponsor's identity and relationship to the child. In some cases a home study will also be conducted as part of the evaluation process.

Dr. Watkins reported that the department is in the ninth week of the mosquito surveillance program and the program aides are collecting larvae and pupa in various water sites, and multiple adult mosquitoes in both the light and resting box traps throughout the county. All mosquito pools have been negative for both West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE) virus. However, shortly after the last meeting, due to a noted exponential rise in the larvae count, we decided to spray larvicide in order to reduce the continual rise in the mosquito population. The adult mosquito population is still high, but since the larvicide spraying, the larvae count has been significantly reduced and will continue to decline with the decrease rainfall.

Dr. Watkins reported that the Health Department Laboratory underwent a recent survey by New York State Department of Health and this survey revealed that the laboratory had several deficiencies that needed correcting. The health department will continue to work closely with New York State to implement a comprehensive corrective action plan. The New York State Department of Health will conduct another on site review of the laboratory in the near future to make sure that the corrective action plans have been implemented and that all standard operating procedures are now in place.

In Cattaraugus County we still have about 23% adults that are tobacco users, compared to New York State which has about 17%. Back in September 2013, Laura Adams and the Tobacco coalition spoke to the Board requesting that we consider a resolution to prohibit the sale of tobacco products in pharmacies. There were (8) pharmacies that were still selling tobacco products at the time she gave her report to the Board. In February 2014 CVS pharmacy announced they would no longer sell tobacco products as of October 1, 2014. CVS is the first chain of national pharmacies to take tobacco products off their shelves, this is a bold public health decision and we congratulate them on their decision, as we know, this will help to save lives from the associated chronic diseases that tobacco products causes.

The national tobacco coalition is now asking all local Board of Health and County Legislators to adopt a resolution that would support their campaign that requests that all pharmacies end the sale of all tobacco products in their pharmacies. A discussion was held amongst the Board and a motion was made by Mrs. Fox to support this document, seconded by Mr. Lapey and approved unanimously. This signed resolution will move forward to the County Legislators for their sponsorship.

Nursing Division Report: Mrs. Andrews reported there were (6) new cases of chronic Hepatitis C, no cases of acute Hepatitis C, and both Chlamydia and gonorrhea case counts had decreased this month. In the western region of New York State two cases of legionella are being investigated in Allegany County but none are in Cattaraugus County.

Year to date post exposure rabies vaccination cases are currently at (7). In 2013 there were (27) year to date post exposures rabies cases around this time, so that is significantly lower.

Mrs. Andrews reported nothing new in family planning.

There was one new elevated blood lead level case in a 2 year old child who tested at 10.6 ug/dl, (normal <9 ug/dl).

In the Maternal Child Health program, the Medicaid Obstetrical and Maternal Services (MOMS) program is currently serving (40) active patients.

Homecare has seen a 10-11% decrease in referrals from last year but the staff has been quite busy due to staff absenteeism. A part-time Home Health Aide (HHA) started on 7/28, a full-time RN returned on 7/19, and (2) new RNs have been hired, one starts 8/11 and the other 8/25.

Mrs. Andrews reported that New York State is taking part in a Medicaid redesign plan which appears to be turning Medicaid over to the private sector. The health department is very concerned as Blue Cross/Blue Shield (BC/BS) has withdrawn from the Medicaid Managed Care market effective 10/31/2014 and in Cattaraugus County, many people have chosen to enroll in that program. BC/BS is stating they have incurred losses in excess of \$40 million over 3 years and that they had to use the profits from their other business lines to fund that account, so they simply cannot continue this market in NYS.

Environmental Health Division Report: Raymond Jordan, Senior Sanitarian, reported that there are (3) fall rabies clinics scheduled for this September.

Environmental staff is busy with inspections at children's camps, fairs, and festivals. There have been no problems to report.

Mr. Haberer made an inquiry regarding information he had heard in regards to outdoor boilers being used and the fact that the Health Department was involved with monitoring this action. Mr. Jordan replied while he had not heard about this program nor was the health department involved he would be glad to look into the situation if the information was forwarded to him.

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

DOCKET 14-017

Glenn Pratt Jr. American Legion Post 1460, Inc., P.O. Box 274, Machias, N.Y., 14101. Mr. Porter stated that the respondent has now complied and he recommended a dismissal.

Mr. Haberer made a motion to dismiss the case, seconded by Mr. Lapey and approved unanimously by the Board.

DOCKET 14-021

The Birdwalk, Inc., 5816 Route 242, Ellicottville, N.Y. 14731

Violations: 10NYCRR Sec. 5-1.72 (C) (1) Failure to submit complete daily records for the operation of the non community water supply for the month of May 2014 to the Health Department office by the 10th day of the following month.

Administrative Hearing: 7-15-14

Sanitarian: Chris Covert appeared for CCHD and was sworn in.

Respondent: Did not appear after being properly served notification of the Administrative Hearing.

DOCKET 14-021 (continued)

Notice was read and affirmed to be true by Ms. Covert and was identified as Peoples Exhibit #1.

A letter dated 3-20-09 is a form letter explaining respondent's responsibility in reporting water operations identified as Peoples Exhibit #2.

Peoples Exhibit #3 is a NSPS tracking info that proves that the respondent was properly notified of an enforcement action.

Ms. Covert reported that the May 2014 result for the Birdwalk Restaurant non community water Supply was received on 6-20-14. The Birdwalk was offered a \$50.00 civil compromise.

Hearing Officer Findings: The Respondent is in violation of 10NYCRR Sec. 5-1.72 (C) (1) failure to submit complete daily records for the operation of the non community water supply for the month of May 2014 by the 10th day of the following month.

Recommendations: That the Respondent pay a \$100.00 fine by August 31, 2014 with a \$10.00 per day per diem after that date for failure to pay.

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

Dr. Watkins reported that a BOH order which was issued at the May 7, 2014 BOH meeting was sent by certified mail and returned to the office as unclaimed. **Docket 14-004 Taphatha Hollamby, 1726 Butler Avenue, Olean, N.Y., 14760** required that the respondent hook up her residence 1726 Butler Ave., Olean, N.Y. 14760 to the new available municipal city of Olean sewer lines by August 4, 2014. Dr. Watkins brought this case back before the Board to amend the order allowing this to be delivered by the Sheriff's department with affidavit service and giving the respondent until September 2, 2014 to comply with the order.

After discussion by the Board Mr. Haberer made a motion to accept this recommendation, seconded by Ms. Raftis and unanimously approved.

Amended Order

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

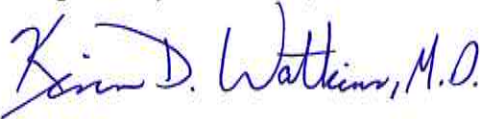
1. Respondent has until September 2, 2014 to have her residence at 1726 Butler Ave., Olean hooked up to the available municipal sewer system. Completion and approval by the Olean Code Enforcement Officer (CEO) by September 2, 2014 and we will consider this case closed.
2. A copy of the approval certificate from the City of Olean Code Enforcement Office has to be provided to the Health Department.

DOCKET 14-004 (continued)

3. Failure to meet the September 2, 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.

There being no further business to discuss, a motion to adjourn was made by Mr. Lapey; it was seconded by Mrs. Fox and unanimously approved.

Respectfully submitted,

A handwritten signature in blue 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

Professional Advisory

July 16, 2014

Present: Dr. Giles Hamlin, BOH
Dr. Gilbert Witte, BOH
Dr. Kevin Watkins, P.H. DIR., BOH
Susan Andrews, DPS
Barb Parish, RN
Tim Mager, OT
Carrie Ruffner, PT
Elizabeth Bless, MSW
Moiria Kettry, OGH MSW
Joan Breese, RN, OGH
Mary Fay, NUTR
Deb Pettinato, Medical Rec. Tech.

Absent: Sondra Fox, RN
Chris Obrien, RT

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

Old Business – None

Susan introduced Debbie Pettinato as the new Medical Records Technician. Mrs. Pettinato recently filled Deb Lachers' position when Mrs. Lacher accepted a position as Dr. Watkins secretary.

Review Tier 1 Potentially Avoidable Events IQ 2014. There was (1) "Injury caused by fall", however this fall occurred in January and was included in the prior PAC meeting. It was recorded incorrectly on the Outcome and Assessment Information Set (OASIS).

There were four “Potentially Avoidable Events for Deteriorating Wound Status”. However, two of these were previously reported at the April meeting, as they occurred in January. Of the two remaining, one from the Olean area was not really an Adverse Event for Deteriorating Wound Status. The patient did go to the hospital for an electrolyte problem but the wound had actually improved, the nurse marked the wrong reason on the OASIS form. The other event was in the Salamanca area. Once again, it wasn’t really an adverse event, but incorrect documentation.. The reports come from information that the professional staff enters in OASIS. The good part is that there weren’t really any adverse events, but the bad part is that our documentation is not correct. Mary Faye, Nutritionist, asked if there was a way to correct this report to note that these were justifiable exclusions. Susan responded that this is not possible, as data had already been submitted to Center of Medicare and Medicaid services (CMS). Once the office is fully staffed, we will try to get our QA staff to review the discharges before they are sent to the state. We were trying to prioritize our QA activities by concentrating our efforts on the front end, at Start of Care, and this was an unintended consequence of prioritizing.

Regarding the “Risk Adjusted Outcome Report” that is for the acute care hospitalization looking at the bottom (2) numbers on our chart, which is re-hospitalization during the first (30) days. This is when a patient gets referred to us, we admit to our services and then within that first (30) days the patient goes back to the hospital or the emergency room. The report indicates we remain high. There are many reasons for this as we have discussed at our other meetings. Susan relayed a few examples and stated that after reviewing these and other examples with QA, the things that seemed to stand out are that these patients are very sick and have multiple diseases. She noted that we are good at getting out seeing the patient in a timely manner and we are pretty good at making that second visit. The things that are concerning are the adequacy of the nurses assessment. (i.e. - was the patient simply interviewed while lying on the couch or did he get up and get put through the paces?). This is not real clear. We have had some improvement in actually observing the patient doing trach care and self-suctioning but it still needs more improvement. Another trend that we noticed was lack of coordination (i.e. there is no need to have P.T., O.T., RN and MD visit on one day, then no one see the patient for the next seven days). These are the biggest areas we are going to work on and try to improve.

Moving on to Patient Satisfaction and referring to the graph provided, Susan noted that we appear to be moving in the right direction. Susan passed out a preview of the new reports that are going to be posted on Home Health Compare, which is a public website that compares home health agencies. She stated that she wished our numbers were higher, but at least they are moving in the right direction.

For Agency Occurrences, there were no medication errors by staff, no patient injuries, and (2) complaints. One complaint involved scheduling related to the licensed agency that we contract for LPN and home health aide services. This was resolved.

The other complaint was from the community. Basically it was a person who was involved in a serious motor vehicle accident and suffered a traumatic brain injury. She said that her doctor, who was in Buffalo, could not figure out how to refer her to our homecare agency.

We are still in the process of investigating this matter. Susan will follow-up on this and reach out to this physician to try to determine exactly what the issue was.

We have had no nurse or staff injuries, no exposures, and no motor vehicle accidents to report.

Our problem that continues is missed visits and scheduling errors. Occasionally, staff fails to schedule their patient's future visits in the computer when assigned a patient.

A New Policy – Prevena Incision Management System was reviewed and approved. The Prevena Incision Management System is intended to manage the environment of surgical incisions that continue to drain following sutured or stapled closure by maintaining a closed environment and removing exudate via the application of negative pressure wound therapy.

Susan passed out copies of various outreach materials that we have been using to reach out to physicians' offices and hospitals for the committee to review, including a document that explains how to complete a face-to-face encounter form. Joan Breese asked if we have had any denials of payments due to inaccurate completion of these forms. Susan informed her that we currently have some records that are being reviewed and we haven't heard anything as of yet. Also, Joan asked for a copy of document explaining how to complete the face-to-face encounter form to take back to her discharge planners at OGH. Finally, in regards to outreach, Susan has contacted Saint Bonaventure University to inquire about getting an intern to help with our outreach efforts in the fall.

At the next meeting Susan would like to discuss our Telehealth Program. She wants to review the effectiveness. Basically we have been providing this program since 2006. We have (35) units and on average 1/3 of them are in use at any time. Originally we had a bidirectional interface where Telehealth and Allscripts merged together and information from telehealth would appear in Allscripts. That stopped functioning with various Allscripts software upgrades so now we are working with two separate systems. The other part that we have always wondered about and will be bringing up is Central Station. A nurse has always monitored it for all the patients on Telehealth. Perhaps each case manager should monitor his or her own patients and this would be a better model.

Meeting adjourned.

Next meeting scheduled for Wednesday, October 15th.

A Resolution in Support of Ending Tobacco Sales at Pharmacies

Whereas, a facility registered in the State of New York as a pharmacy, refers to the preparation and dispensing of drugs, as well as the counseling of patients in the proper use of these drugs;ⁱ

Whereas, it is a conflict of interest for pharmacies, providers of health care, to also profit from the sale of harmful products such as tobacco, known to cause cancer, heart and pulmonary diseases.ⁱⁱ

Whereas, tobacco sales in pharmacies raises ethical questions since tobacco is the only consumer product that, when used as intended, will kill at least one half of its long term users.ⁱⁱⁱ

Whereas, tobacco products are highly addictive and responsible for the preventable death of more than 25,000 people in New York each year;

Whereas, tobacco companies use health oriented stores such as pharmacies and drug stores to help legitimize their products and increase exposure to tobacco marketing and advertising;

Whereas, a large number of residents in the Cattaraugus County support ending the sale of tobacco in pharmacies;


Whereas, the majority of pharmacists are opposed to pharmacies selling tobacco;^v

Whereas, the findings of the 2012 Surgeon General's Report indicates that tobacco marketing increases youth tobacco use;

Whereas, the Attorneys General of New York and of 27 other states and territories have stated, "There is a contradiction in having these dangerous and devastating tobacco products on the shelves of a retail chain that services health care needs," and that removing tobacco products from stores that contain a pharmacy would be a "step forward in keeping tobacco products away from youth."^{vi}

And whereas, pharmacists are also the most accessible of all health care providers and increasingly represent "the face of neighborhood healthcare;"^{vii}

THEREFORE, BE IT RESOLVED that the Cattaraugus County Board of Health supports ending the sale of tobacco products in pharmacies.


Authorized Signature

JOSEPH P. BOHAN MD
Print Name

President
Title

7/30/14

Date

Cattaraugus County Health Department
Organization

1 Leo Moss Drive, Suite 4010, Olean, NY 14760
Address

ⁱ What You Should Know About Pharmacists; NYS Education Department. Available at:
<http://www.op.nysed.gov/prof/pharm/pharmbroch.htm> [Accessed: 04/19/2010]

ⁱⁱ Bero, L., Corelli, R., Hudmon K., Kroon L. Position paper on amending the San Francisco Public Health Code to prohibit pharmacies from selling tobacco products. July 14, 2008. Available at: <http://www.no-smoke.org/pdf/Pharmacy%20UCSF-TobaccoSalesPositionPaper-v14-%28on%20letterhead%291.pdf> [Accessed 5/12/2010]

ⁱⁱⁱ Ibid

^{iv} Tobacco-Free Coalitions Study: 2009, Siena College Research Institute (SRI), July 2009, pg.4-5.

^v Hudmon K, Fenlon CM, Corelli RL, Prokhorov AV, Schroeder SA. Tobacco sales in pharmacies: Time to quit. *Tobacco Control* 2006; 15(1):35-38.

^{vi} Office of the Attorney General, New York State. "A.G. Schneiderman Spearheads National Effort Calling On Major Pharmacies To Stop Selling Tobacco Products." Press release, March 17, 2014. <http://www.ag.ny.gov/press-release/ag-schneiderman-spearheads-national-effort-calling-major-pharmacies-stop-selling> (Accessed 4/8/14)

^{vii} National Association of Chain Drug Stores, Statement on Health Care Reform, November 19, 2008. Available at:

<http://www.nacds.org/user-assets/pdfs/newsrelease/2008/NACDS%20Finance%20Committee%20HCR%20Hearing%20Statement%20Nov%202008.PDF> [Accessed: 04/13/2010]