



CATTARAUGUS COUNTY BOARD OF HEALTH

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



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department
Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

*Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Julie Hamacher
Theresa Raftis
David L. Smith
James Snyder*

MINUTES

April 6, 2016

The 845th meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on April 6, 2016.

The following members were present:

Dr. Joseph Bohan	Julie Hamacher
Dr. Zahid Chohan	Theresa Raftis
Dr. Giles Hamlin	David Smith
Richard Haberer	James Snyder, County Legislator

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Mark Howden, County Attorney
Barb Hastings, County Legislator
Richard Helmich Jr., County Legislator
Susan Labuhn, County Legislator
Robert Neal, County Legislator
Donna Vickman, County Legislator
Gilbert Witte, MD, Medical Director
Dave Porter, Hearing Officer
Rick Miller, Olean Times Herald
Susan Andrews, Director of Nursing
Kathy Ellis, Administrative Officer
Raymond Jordan, Sr. Public Health Sanitarian
Debra Lacher, Secretary to Public Health Director
Eric Wohlers, Director of Environmental Health

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

Dr. Bohan welcomed Julie Hamacher to her first board meeting. Ms. Hamacher replied that she was pleased to be on the board, and hoped to be an asset. Introductions were given by those in attendance.

"Public Health for Healthy Communities"

Mr. Haberer made a motion to approve the minutes of the Board of Health (BOH) meeting held on March 2, 2016, it was seconded by Dr. Chohan, and unanimously approved.

Dr. Hamlin made a motion to accept the Professional Advisory Minutes for January 20, 2016 citing a correction in the spelling of his name, this was seconded by Dr. Chohan, and unanimously approved.

DIRECTORS REPORT: Dr. Watkins welcomed Mrs. Hamacher to the board and stated that after adjournment of the meeting he and staff will meet with her to expound upon her duties and responsibilities as a Board member. He then reported that the influenza activity level was categorized as geographically widespread during the week ending March 26, 2016. He stated that in New York State (NYS) there were (4,517) laboratory confirmed influenza reports which was a 26% decrease over the previous week. Reports of patient visits for influenza like illness were higher by 3.6% which was above the regional base line of 2.3%. He added that there has been (1) influenza pediatric death in New York State however, there has been no influenza-associated pediatric deaths within Cattaraugus County.

Dr. Watkins stated that since the last meeting he has had several discussions with various community representatives pertaining to the heroin epidemic in Cattaraugus County. He informed the board that he spoke with Tim Finan, President/CEO, of the Upper Allegheny Health System and Olean General Hospital (OGH) regarding the possibility of adding a detox unit at OGH. Mr. Finan stated that he could not make any promises but would look into the regulations and efficiency of opening up a few beds for this purpose. Dr. Watkins stated that Mr. Finan informed him that OGH affiliate hospital, Bradford Regional Medical Center, in Bradford, Pa. has a treatment center with (13) inpatient beds but patients must have a dual diagnosis (a diagnosis of mental health and drug addiction) in order to get admitted. Mr. Snyder reported that there was another death in Olean due to a heroin overdose just this past Monday. Dr. Watkins went on to say that Senator Cathy Young, was instrumental in getting funding for substance abuse support in the 2016-17 State budget. He added that \$25 million will be designated for treatment, recovery, and prevention of heroin abuse and \$10 million will be designated toward constructing, rehabbing or expanding substance abuse facilities. Dr. Watkins stated that the Council on Addiction Recovery Services, Inc. (CAREs) health educators have been deployed into the schools to talk about adverse effects of opiate abuse. The Council on Addiction Recovery Services, Inc. has expanded its medication-treatment program to include vivitrol in its treatment program for opiate addiction. In addition, the Southern Tier Health Care center will host a heroin forum on April 25, 2016 from 9am-11am at Good Times of Olean. CAREs and the Genesis House will host Michael Nerdy, a consultant in substance abuse prevention on May 5, 2016 from 8:30am-12pm and 1pm-5:30pm also at Good Times.

Dr. Chohan interjected that recently in the news the Mayor of Ithaca, New York discussed the possibility of opening up a heroin facility which would monitor administration of heroin to addicts with a nurse to oversee the process. Dr. Watkins stated that he was familiar with the Mayor's proposal for a safe haven facility for heroin addicts and the idea, which is quite controversial, came about as an idea to explore ways to reduce the number of deaths that they are seeing from opiate overdoses. Dr. Chohan shared a recent story where a heroin addict almost lacerated an artery trying to drain an abscess received from a dirty needle. Dr. Bohan stated that heroin is an illegal substance and he felt that this stance by Ithaca was not an appropriate situation unless you legalized heroin and had a pharmacist prescribe the appropriate amount. Dr. Bohan further stated he does not think this is a solution.

Dr. Witte suggested that a more appropriate method would be to have the individuals take part in a methadone program which works to wean a person off heroin. Dr. Watkins stated that he has plans to work with the Mayor of Olean to see if he would be receptive to allowing the Olean police department to receive training to carry the Narcan kits.

Dr. Watkins informed the board that the Center of Disease Control and Prevention (CDC) requested funds for Zika virus surveillance and the congressional House Appropriations Committee rejected their request for additional funding, but gave CDC permission to divert leftover revenue from Ebola funding towards the Zika virus surveillance. The CDC will use about \$600 million towards developing a vaccine, treating the infected, and getting rid of the mosquitoes that spread Zika virus. Dr. Watkins stated that New York State Department of Health (NYSDOH) has developed a 6 step action plan to treat the Zika virus. One of the six steps includes eliminating Zika at its source, under this initiative, NYSDOH will provide free mosquito dunks (mosquito larvicide tablets) to the public to support local mosquito control. He stated that anyone in Cattaraugus County can call 1-888-3364-4723 and they can receive two packets of mosquito dunks to use for standing water on their property that cannot be dumped (i.e. retention ponds). He added that the department will publish this information on its website in case local residents are interested. The state is also making available about 20,000 free Zika protection kits to pregnant women which contains education materials, insect repellent, condoms, and a starter kit of mosquito dunks. Dr. Watkins reiterated that the reason why there are condoms in the kits is because this virus has been found in semen several weeks after a person has been infected and women who are pregnant or may become pregnant need to avoid unprotected sexual activity with men who have been in contact with Zika mosquitos. He went on to say that the state will deploy about 1,000 special mosquito traps that will be distributed over the (14) counties that are the target region for these particular mosquitos. The Cattaraugus County Health Department will use Ebola funds in order to purchase a couple of these special traps as part of our surveillance program. Dr. Watkins went on to say that, the Aedes species mosquito (*A. aegypti* and *A. albopictus*) have not been identified in Cattaraugus County, but we are preparing for a worst case scenario. He stated that the department is required by NYSDOH to create a Zika virus action plan. This action plan will be ready for adoption at the next BOH meeting.

Dr. Watkins informed the board that last week NYSDOH regional office conducted a Women Infant and Children's (WIC) desk audit for our program. There was one minor deficiency found in a budget line item otherwise the review was described as outstanding. Another audit of the department's homecare cost reports will take place in two weeks and it expected that this report will also be outstanding.

Dr. Watkins explained to the board that the county health rankings were distributed recently and Cattaraugus County did not do as well as expected. He stated that according to the report Cattaraugus County is now one of the five poorest health counties in New York State. Copies of the report and comparison charts were distributed to those in attendance. These charts compared Cattaraugus County to other Western New York (WNY) counties, and other counties that ranked as the top five healthiest counties in NYS. Dr. Watkins explained that in the report the health outcomes, which is the measure that is used to determine the health of a county, assess the mortality (length of life) and the morbidity (quality of life) of a county, and ranked Cattaraugus County (60) out of (62) counties in NYS. Other counties from WNY, Chautauqua County ranked (58) and Erie County ranked (57), but Wyoming County actually ranked in the top 10% with a ranking of (8) out of (62) in health outcomes.

Dr. Watkins explained to the board that the major underlying difference that he could detect in the report was that Cattaraugus continue to have one of the highest number of residents that succumb to premature deaths (death before age 75). This leads to what is described in the report as Years of Potential Life Lost (YPLL) to our community.

He stated that Cattaraugus County YPLL far exceeds that of NYS, 7,400 (YPLL) to 5,400 (YPLL) respectively, and this one measure, is one-third of the weight of the rankings. He went on to say that looking at death certificates, the most common cause of deaths in Cattaraugus County is due to coronary artery disease. He added that the most common causes of coronary artery disease is hypertension, high cholesterol, obesity, diabetes, and tobacco use, and if the most common cause of death in the community is actually coronary artery disease, then a heart-healthy lifestyle change is needed for the community.

Mr. Smith interjected that the BOH and leaders of this community share responsibility in turning around this current generation but it should be centered at the schools. He stated that if the schools start and teach these healthy initiatives you can turn a whole community. Young people will eventually have their own families where these healthy lifestyle habits and values will be handed down. Mr. Haberer responded that the first thing that jumps out at him when he looks at the county rankings is Wyoming County is ranked 8th compared to Cattaraugus County which is ranked 60th, he added that he feels there is a disparity in the reporting of this information. They seem like comparable communities but the rank outcomes, are widely different. He gave an example of a WNY village who never reported their federal figures of incidents of crime, thus giving them the ranking of the safest village in NYS. Dr. Chohan added that if you compare obesity and smoking the numbers are very similar for both Wyoming and Cattaraugus yet we rank much lower. Dr. Witte mentioned that the rate of mammograms and rate of teen births are two categories where we do very poorly but with education it should be easy to change those numbers. Dr. Bohan agreed that education is key however, we don't want to tell people that they have to do something instead we want them to want to change. Dr. Chohan stated the report also indicates that we are deficient in the categories of primary care physicians, dentists and mental health providers compared to other counties of the state. He believes the focus should be centered on getting more physicians and providers within this county. He went on to say that many people are having a problem finding a primary care physician within our area. Dr. Watkins stated the problem is not only recruiting the physicians but getting them to stay. After the physicians pay off their loans they tend to relocate, and this could be because of the lack of economic development (i.e. malls, theatre, restaurants, schools, etc.) within our community.

Dr. Watkins stated that a healthy livable community consortium was established in 2011. This consortium was created basically as a call to action to address the poor county health rankings. Policy makers, educators, community based organizations and government employees are invited to the table quarterly to collaborate on ideas to improve healthier lifestyles changes within our community. Many ideas have been placed on the table but the problem is the lack of resources to implement the strategies. Dr. Watkins asked the Board if they had any ideas to share that would help to improve our County rankings. Mr. Snyder stated it seems like historically year after year we stay approximately at the same ranking, he asked hypothetically, if we had all the money we needed, would that improve our rankings. Dr. Watkins answered absolutely, that a recent publication in JAMA reported that how long a person in the US can expect to live, may depend on where he or she lives, as well as their income. He also added that there is a direct correlation between education and longer life.

Dr. Bohan asked if the Indian Reservation is included in our numbers, Dr. Watkins answered affirmatively.

NURSING DIVISION REPORT: Mrs. Andrews reported that in March there were (7) newly diagnosed cases of chronic Hepatitis C, she added that there is an investigation of (4) potential Lyme cases in Olean. Mrs. Andrews informed the board of (1) pertussis case in the Franklinville area, (29) Chlamydia cases, and (3) Gonorrhea cases.

Mrs. Andrews stated that the department has facilitated Zika virus testing on pregnant women and they were all negative. Many phone calls have been received regarding the precautions that need to be taken for the Zika Virus and staff has been sharing the guidelines that are made available by CDC. In addition, staff has been advising anyone that has traveled to an endemic area to avoid conception for at least 8 weeks and preferably even 6 months.

Mrs. Andrews reported that everyone entering 7th and 12th grade this year must have a meningococcal vaccine. If an individual does not have a vaccine they will not be allowed to enter school. She stated that Patti Williams, Supervisor Community Health Nurse, and Laurie McClory, Community Health Nurse, attended the annual NYS Association County Health Officials immunization conference held in Troy, NY and the theme was planting seeds to grow our immunization rates. They found the conference very informative and brought back a lot of good information.

Mrs. Andrews reported (13) post exposure rabies vaccine cases for this year.

Mrs. Andrews informed the board that the physician assistant in the clinic resigned March 18th however, a replacement has been found and has accepted the preliminary offer. She added that this individual has worked with Planned Parenthood for 18 years and is completely proficient with inserting Intrauterine Devices (IUD's) and performing colposcopies. She added that the reproductive health educator has been traveling to the jail to present education to inmates. Almost (200) inmates have participated in this education program.

Mrs. Andrews stated that an electronic medical records software has finally been selected for family planning and is awaiting final clearance from information services.

The lead point of care testing was held at (2) WIC clinic sites in March including both Cattaraugus and Salamanca. Four children are in follow-up who blood lead levels were between 5-9 ug/dl (normal is 0-9 ug/dl) and six children are in follow-up for elevated blood levels over (10ug/dl). There is a one year old child with a blood lead level of (17ug/dl) and this case seems to be traced back to some remodeling that was done in the home.

She stated that fifteen Jamestown Community College students completed their homecare clinical rotation with the department.

Mrs. Andrews reported that the department continues to work with the Millennium's Delivery System Reform Incentive Payment (DSRIP) program, she stated that this has resulted in a contract to help restructure the health care delivery system, specifically an Intervention to Reduce Acute Care Transfers (INTERACT) back into a hospital or a skilled nursing facility.

Mrs. Andrews reported that there were (147) homecare admissions and the census, as of date, is (344), an additional (40) patients are in the maternal health and lead programs. In the month of March the department provided services to (482) patients. Barb Parish, Community Health Nurse, attended a meeting for emergency preparedness in homecare.

Dr. Bohan asked if children had to have the meningococcal vaccine in order to attend summer camps. Mr. Jordan replied that they are not required to have the vaccine for camp attendance but must provide a medical history. If there is an outbreak in the camp then the history would be assessed.

Mr. Haberer asked how immunizations affect the Amish community. Mrs. Andrews reported that the Amish do not participate in the immunization programs offered. Mrs. Raftis interjected that the Olean school systems have already sent letters out stating that everyone will have to have their immunizations by September. Dr. Watkins stated that the Amish community is protected by what is called a herd immunity.

ENVIRONMENTAL DIVISION REPORT: Mr. Wohlers reported that this weekend is the annual Home show in Olean and as in the past, the Health Department will have a booth. This will be an opportunity to try to educate the public on the various programs that the department offers. He added that at the home show, the department holds an annual drinking water taste test in conjunction with the states national drinking water week competitions. Each county sends their winner to a regional competition usually held at local county fairs and then they advance to the finals at the state fair.

Mr. Wohlers stated that last month, there were (13) reported animal bites, and (10) applications for sewage disposal system permits.

He also reported that state code requires that all public bathing facilities over a certain size must have an operator who has completed an approved training class to run the pool. He added that a number of our environmental health staff participated in the swimming pool operator training courses last month.

Mr. Wohlers stated that over the past few years the department has received a Community Development Block Grant to provide low income homeowners that have failed septic systems and water wells to get free repairs/replacements. This last grant was set to expire on April 10, 2016 however, the department was granted an extension through June 30, 2016 in order to complete (2) septic systems and a well project. In addition, (5) new qualified applicants for other projects were identified.

Mr. Wohlers reported that the State Regional entomologist Dr. Wayne Gall will retire at the end of April. Dr. Gall trained the department's summer mosquito program aides in identification of mosquitoes and was our formal contact for any questions regarding insects (i.e. ticks, etc.).

Mr. Wohlers stated the NYS Department of Environmental Conservation (DEC) selects a number of watersheds throughout the state to monitor water quality. Recently the state has chosen to monitor the Allegheny River basin water system. They are expected to send a team down to collect hundreds of samples from different creeks and locations of the county that are tributary to the Allegheny River.

ENFORCEMENT REPORT: Mr. Porter reported on the following enforcement case from a hearing held on March 8, 2016.

DOCKET 16-003

Thomas Karnuth, 788 Gleason Hollow Rd., Portville, NY 14770

Violation: Sanitary code of the CCHD Section 17.1.1 Respondent received title to a residence located on Gleason Hollow Rd., in the Town of Portville without an inspection on the onsite water supply and waste water system by the Health Department.

Administrative Hearing: 3-8-16

Public Health Sanitarian: Richard Dayton appeared for CCHD and was sworn in.
Respondent: Thomas Karnuth did not appear but was properly served.

Recommendation: The respondent pay the \$250.00 inspection fee to the CCHD and have the property at 788 Gleason Hollow Rd., Portville, NY inspected (on site water supply and waste water treatment systems) by the Health Department before 4-30-16. The respondent be fined \$100.00 for failure to be in compliance of Section 17.1.1 of the CCHD. The fine must be paid by 4-30-16. Failure to pay The inspection fee, pay the fine and have the Health Department perform the inspection by 4-30-16 will result in an additional \$10.00 per day per diem until the respondent is in compliance.

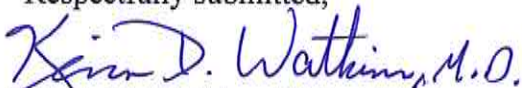
Mr. Haberer questioned if it was the seller's responsibility to have those tests completed. Mr. Porter stated that it has to be done either by the seller or the purchaser. The state does not dictate who must complete this only that it has to be completed. Dr. Bohan asked if an attorney was involved, would the attorney bear responsibility. Mr. Wohlers said attorneys are aware of this and should be advising their clients of this regulation. Mr. Howden, County Attorney, interjected that usually this is something that is negotiated between the two parties as to who will be responsible. Ms. Raftis added that any purchase of property that goes through Community Bank will not be funded until this process is completed.

A motion was made by Dr. Hamlin to accept Mr. Porter's recommendation seconded by Mr. Smith, and unanimously approved.

Dr. Watkins thanked Mr. Smith and Mr. Klubek for doing an excellent presentation at the recent Healthy Livable Community Consortium Meeting.

There being no further business to discuss, a motion to adjourn was made by Ms. Raftis, and seconded by Dr. Chohan and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health



CATTARAUGUS COUNTY HEALTH DEPARTMENT

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



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Established 1923

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

Gilbert N. Witte, M.D.
Medical Director

Susan A. Andrews, RN, MSN, FNP
Patient Services Director

Certified and Long Term Home Health Agency
Professional Advisory Committee
April 20, 2016

Present:

Dr. Gilbert Witte, Medical Director, BOH
Dr. Giles Hamlin, BOH
Dr. Kevin Watkins, Public Health Director, BOH
Susan Andrews, DPS, RN, FNP
Michele Phelps, NUTR
Tim Mager, OT
Elizabeth Bless, MSW
Moir Khetry, Case Manager, OGH
Barb Parish, RN

Absent:

Sondra Fox, RN, BOH
Carrie Ruffner, PT
Carolyn Woodhead, SLP

The Professional Advisory Committee (PAC) meeting was held in the Cattaraugus County 2nd floor conference room on Wednesday April 20, 2016 at 12:30. Attendance was taken as recorded above. Susan Andrews reviewed the logo selected by staff specifically for Homecare.

- I. Review of Tier 1 Potentially Avoidable Events (PAE) statistics for entire previous year January 2015 – December 2015
- II. Review of Tier 1 Potentially Avoidable Events: November 2015 – January 2016
 - a. Emergent Care for Injury Caused by Fall
Review showed improvement from the previous year for same time period, but better than the national reference and we hope to stay that way.
4 falls cases during this time period-100% reviewed with all cases receiving reasonable care with no care concerns identified.
 - b. Emergent Care for Wound
Review showed improvement from previous year for same time period, but better than the national reference.
2 cases-100% reviewed
 - 1 - potential care concern: person had a total hip replacement by out of state surgeon-incision approximated-steri-strips-over period of 11 days (Patient 1097)
 - Day 1: small amount serous drainage, afebrile, no redness
 - Day 2: patient reported edema
 - Day 3: RN visit-50% dressing saturated-serous- sanguineous/yellow from pinpoint-no redness/temp-notified surgeon-if not improved in 12-24 hours send to Emergency room (ER), patient instructed
 - Day 4: patient visit-no mention of wound, no follow-up by RN
 - Day 5: no visit by RN

"Public Health for Healthy Communities"

- Day 6: RN replaced steri-strips, increased drainage noted, no temp/redness, surgeon notified-unable to determine from nurse's documentation.
- Day 11: RN noted large amount of fluid, surgeon notified-ER-Computer Axial Tomography (CAT) scan-revealed fluid pocket-patient placed on oral antibiotic
- Dr. Watkins recommended reviewing with staff the importance of not providing interventions without necessary orders/physician communication

Susan reminded group that all staff involved in Potentially Avoidable Events (PAE) or chart audit findings are counseled.

I. Review of Tier 2 PAE: November 2015 – January 2016

a. Development of Urinary Tract Infection (UTI)

We are above national reference and previous range

7 Incidents during this time period-100% reviewed

- 1 quality assurance concern-history of retention; patient on meds that causes retention-no education until after UTI developed
 - 3 patients did have UTI, but all reasonable measures taken to prevent UTI
 - 1 insufficient evidence-unable to determine if patient actually had an UTI
 - 2 were OASIS (the Outcome and Assessment Information Set) errors (patient didn't have UTI)
- Susan commented that with better Quality Assurance staffing that we can now review discharges more thoroughly and expect this to improve.

II. Current/Closed Chart Audits:

18 charts reviewed: issues from last survey comparison-shows improvement, Susan commented that if total doesn't equal 18 it is because item was not applicable to patient.

- Orders signed within 30 days: 9 yes, 2 no
- Temperature documented each visit: 14 yes, 3 no
- Pain documented each visit: 18 yes, 0 no
- Actual pain meds used documented: 13 yes, 2 no
- Pain scale used: 18 yes, 0 no
- BG (blood glucose) range documented since previous visit documented: 6 yes, 3 no
- Ext Peripherally Inserted Central Catheter length measured with each dressing change: 4 yes, 3 no
- Arm circumference (Measured after) each dressing change: 6 yes, 1 no
- Medications listed only once: 18 yes, 0 no
- Physician contacted for change in condition: 9 yes, 2 no
- Visit frequency was followed by Skilled Nurse: 14 yes, 2 no
- Visit frequency was followed by Therapist: 6 yes, 0 no

III. 30 Day Hospital Readmits:

a. January:10 cases-100% reviewed-8 showed no quality review triggers

- P13239-multiple admissions; Discharged 1/25/16; Start of Care 1/26/16; Diagnosis - Chronic Obstructive Pulmonary Disease (COPD), "audible rattle" no adventitious breath sounds, conversational dyspnea; Oxygen saturation varied between 84%-92%. Doctor contacted about condition/meds-patient didn't call us-went to ER 1/27/16-admitted with severe acute respiratory syndrome (SARS) -
- P12344-Skilled Nurse Visit 1/11/16; Physician visit 1/13/16-started O2/med change; 1/14/16-RN called patient-patient reported abdominal pain-RN called physician without assessing patient; patient hospitalized 1/15/16

b. February:15 cases-100% reviewed-13 showed no quality review triggers

c. P15456-admitted with Congestive Heart Failure (CHF); 1-2+ pitting edema-bilateral lower extremities-seen 4 days later-saw physician; started on antibiotics for balanitis, 2+ pitting edema; RN visited patient 5 days later and observed increased signs and symptoms of CHF; Physician called to ER/patient admitted;

d. P14999-COPD-no improvement-no physician notification 2/11/16-Physical Therapy visit on 2/13/16 no call to nurse or physician but documented respiratory problems; Admitted later to hospital.

IV. Patient Satisfaction

- a. HHCAHPS (Home Health Care Consumer Assessment of Healthcare Providers and Systems) – which is a national standardized and publicly reported survey of home health care patients' perspectives of their skilled home care program – this survey was based on 70 pt.'s, review of the program and overall the survey was really good.

- Home Safety=82 %
- Meds-discuss all=91 %
- Meds-see all=97 %
- Meds-purpose=85 %
- Meds-schedule=83 %
- Meds-side effects=75%
- Pain=86 %

HHCAHPS-Comparison-based on what patients say

- Help/Advice Office=100 %
- Respectful Care=99 %
- 9 or 10 of 10=83 %
- Definitely Recommend=92 %

Susan commented that one would think that the % for a rating of 9 or 10 and definitely recommend would be closer.

- b. Complaints-Patient

1. 1 for IQ2016

- Home Health Aide (HHA) from a Licensed Home Care Service Agency was reported talking about patients to other patients

V. Agency Occurrences 1Q 2016

- a. Patient Harm/Injury (other than PAE) Actual-0

- Potential-1-HHA packed wound and changed dressing on leg – HHA followed patient's instructions and patient thought HHA was the Licensed Practical Nurse (LPN) – no wound complications

- b. Medication Errors-1

- Med box contained 10mg of Coumadin instead of 6mg – physician notified, no harm to patient

- c. Missed Visits

- Physical Therapist didn't resume services after ER visit "thought patient was admitted"
- HHA supervision missed as not on schedule
- RN visit/HHA supervision

- d. Staff Exposure/Injury

- Low back injury while bending over to provide ostomy care
- Fall in Cattaraugus County Health Department (CCHD) parking lot due to black ice-sprained ankle-evaluated in urgent care-staff given boot-no work lost

- e. Property Damage

- RN broke computer screen

VI. New/Revised Policies

- a. Emergency Plan

- Emergency-revised-to include addition of Transportation Assistance Levels (TAL)-for planned evacuations
 - Non-ambulatory [TAL-1]
 - Wheelchair [TAL-2]
 - Ambulatory [TAL-3]

Policy approved. Dr. Witte recommended/commented that an "E" could be added to priority listing for those patients dependent upon electricity. Currently CCHD has a report that indicates oxygen, ventilator etc.

VII. Discussion/Recommendations

Delivery System Reform Incentive Payment (DSRIP) program update-

INTERACT (Interventions to Reduce Acute Care Transfers) -handouts given (lengthy)

Electronic Medical Record (EMR)-want to include INTERACT principles in new EMR

See recommendations throughout minutes.

VIII. Adjournment

Next meeting Scheduled: July 20, 2016

3rd Wednesday 12:30-1:30-County Building-Olean 2nd Floor Conference Room



Established 1923

CATTARAUGUS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

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

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

Gilbert N. Witte, M.D.
Medical Director

Kathleen M. Ellis
Administrative Officer

COUNTY OF CATTARAUGUS STATE OF NEW YORK

ENFORCEMENT LIST

Hearing Officer: David Porter

April 5, 2016

DOCKET 16-006

Thomas A. Gilray, Sr. 1474 Four Mile Road, Allegany, NY 14706 Violations: 1) 40 CFR Sec. 141.90(f) as part of lead and copper monitoring. The respondent was required to provide Cattaraugus County Health Department (CCHD) with a completed Notification Certification Form and a copy of the consumer notice, that was delivered to the five (5) tenants, within ten (10) days after delivery. The delivery deadline was 2/26/16. A violation notice, dated 3-8-16, was issued to the respondent. A new deadline of 3-18-16 was given to submit the completed Notification Certification Form and the required copy of the consumer notice. As of 3-21-16 the CCHD has not received the information. 1) 10NYCRR Sec 5-1.42 (b) (3) respondent is to collect lead and copper samples from the same sampling sites in each monitoring period. A violation notice dated 3-8-16 was issued to the respondent. A new deadline of 3-18-16 was given to submit the completed Change of Address Forms. As of 3-21-16 this information has not been received.

Administrative Hearing: 4-5-16

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

Respondent: Thomas Gilray did not appear but was properly served.

Testimony of Ms. Covert:

- a.) Enf.-1 was read and affirmed to be true and correct by Ms. Covert identified as Peoples Exhibit #1 a civil compromise of \$100.00 was offered and a 3- 29-16 date for compliance.
- b.) Letter dated 2-4-15 to the respondent, the letter contained the 2015 water sample schedule for the respondents system at Sherwood Trailer Parks I.D. as P.E. #2.
- c.) E-mail 6-2-15 to respondent from Ms. Covert discussing sample locations I.D. as P.E. #3.
- d.) E-mail 9-30-15 to respondent from Ms. Covert questioning status of sampling I.D. as P.E. #4.
- e.) Phone call Oct. 1, 2015 to lab. Status of lab samples testing.
- f.) E-mail 12-03-15 to Respondent from Ms. Covert reminder that sample testing has not been received by CCHD I.D. as P.E. #5.

- g.) 1-26-16 voice mail to respondent to discuss test results. 1-26-16 sent email to respondent to discuss test results I.D. as P.E. #6. 2-16-16 Voice mail to respondent to discuss test results.
- h.) Letter dated 3-8-16 to respondent regarding notice of violation giving a 3-18-16 date for compliance. I. D. as P. E. #7. Sent certified and signed for by Ms. Bonnie Gilray 3-10-16.

Hearing Officer Findings: The respondent is in violation of a) 40CFR SEC 141.90 (f) failure to submit the completed Notification Certification Form and the required copy of the consumer notice to CCHD b) 10NYCRR Sec. 5-1.42 (b) (3) Failure to collect lead and copper samples from the same sampling sites in each monitoring period.

Recommendation: (1) That the respondent pay a \$200.00 fine by 5-31-16 for non-compliance of 40CFR Sec. 141.90 (f) and 10NYCRR Sec. 5-1.42 (b) (3).
(2) The respondent supply the completed Notification Certification Form and the required copy of the consumer notice to CCHD by 5-31-16 re. 40CFR Sec. 141.90 (f).
(3) The respondent submit the required Change of Address Forms to CCHD by 5-31-16 re: 10 NYCRR Sec. 5.1.42 (b) (3).
Failure to comply with all recommendations by 5-31-16 will result in a \$10.00 per day per diem to be levied.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	New York	Allegany (AE), NY	Cattaraugus (CA), NY	Chautauqua (CH), NY	Erie (ER), NY	Genesee (GE), NY	Niagara (NI), NY	Orleans (OL), NY	Wyoming (WO), NY
Health Outcomes		48	60	58	57	27	55	44	8
Length of Life		52	60	57	55	41	58	42	22
Premature death	5,400	6,700	7,400	7,000	6,900	6,500	7,100	6,500	5,800
Quality of Life		47	51	57	54	5	45	42	3
Poor or fair health	16%	14%	14%	14%	14%	12%	13%	14%	12%
Poor physical health days	3.6	3.6	3.7	3.6	3.5	3.3	3.4	3.6	3.2
Poor mental health days	3.6	3.7	3.8	3.8	3.7	3.6	3.5	3.7	3.4
Low birthweight	8%	7%	7%	8%	8%	6%	8%	7%	6%
Health Factors		44	54	51	32	22	45	55	24
Health Behaviors		47	58	52	40	35	44	43	21
Adult smoking	14%	16%	17%	16%	15%	15%	16%	16%	15%
Adult obesity**	24%	30%	28%	30%	27%	30%	30%	31%	26%
Food environment index**	7.9	7.9	7.9	7.7	7.5	8.3	7.6	7.7	8.0
Physical inactivity**	24%	22%	28%	26%	23%	26%	22%	24%	24%
Access to exercise opportunities	91%	49%	63%	69%	95%	67%	88%	72%	59%
Excessive drinking	18%	19%	18%	17%	20%	19%	19%	19%	20%
Alcohol-impaired driving deaths	23%	24%	31%	32%	27%	30%	25%	9%	9%
Sexually transmitted infections**	489.5	235.7	300.8	359.4	532.3	321.8	386.8	303.5	195.7

	New York	Allegany (AE) , NY	Cattaraugus (CA) , NY	Chautauqua (CH) , NY	Erie (ER) , NY	Genesee (GE) , NY	Niagara (NI) , NY	Orleans (OL) , NY	Wyoming (WO) , NY
Teen births	23	20	35	32	25	22	26	28	18
Clinical Care		44	50	27	8	55	51	61	31
Uninsured	12%	11%	12%	11%	8%	10%	10%	11%	10%
Primary care physicians	1,200:1	2,290:1	2,080:1	1,850:1	1,240:1	2,580:1	2,300:1	10,560:1	2,310:1
Dentists	1,280:1	3,670:1	2,250:1	1,830:1	1,260:1	2,820:1	1,910:1	4,660:1	2,750:1
Mental health providers	420:1	580:1	1,020:1	790:1	450:1	750:1	1,010:1	2,210:1	640:1
Preventable hospital stays	53	50	51	52	43	63	74	92	64
Diabetic monitoring	86%	85%	85%	85%	85%	82%	87%	87%	89%
Mammography screening	62%	56%	50%	67%	62%	55%	60%	54%	63%
Social & Economic Factors		33	46	49	35	11	38	51	21
High school graduation**	77%	82%	80%	81%	79%	85%	83%	85%	85%
Some college	66%	55%	55%	59%	72%	64%	66%	50%	51%
Unemployment	6.3%	6.2%	6.9%	6.8%	6.1%	5.5%	6.9%	7.6%	6.5%
Children in poverty	23%	27%	23%	29%	23%	17%	18%	22%	17%
Income inequality	5.6	4.2	4.2	4.7	5.0	4.0	4.7	4.4	3.9
Children in single-parent households	35%	31%	33%	37%	38%	28%	38%	43%	34%
Social associations	7.9	18.7	14.6	16.8	10.0	14.0	10.4	13.0	16.4
Violent crime**	400	151	207	226	468	172	378	173	95
Injury deaths	42	56	56	52	51	55	57	48	52
Physical Environment		56	61	62	60	20	29	37	58

	New York	Allegany (AE), NY	Cattaraugus (CA), NY	Chautauqua (CH), NY	Erie (ER), NY	Genesee (GE), NY	Niagara (NI), NY	Orleans (OL), NY	Wyoming (WO), NY
Air pollution - particulate matter	11.7	12.7	13.0	13.3	12.9	12.7	12.8	12.7	12.7
Drinking water violations		Yes	Yes	Yes	Yes	No	No	No	Yes
Severe housing problems	24%	14%	15%	15%	16%	13%	14%	16%	10%
Driving alone to work	54%	73%	80%	79%	81%	84%	86%	83%	83%
Long commute - driving alone	36%	30%	28%	19%	23%	30%	28%	38%	38%

** Compare across states with caution

Note: Blank values reflect unreliable or missing data

2016

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	New York	Allegany (AE), NY	Cattaraugus (CA), NY	Chautauqua (CH), NY	Erie (ER), NY	Genesee (GE), NY	Niagara (NI), NY	Orleans (OL), NY	Wyoming (WO), NY
Health Outcomes		42	53	58	54	40	55	47	17
Length of Life		42	59	56	57	47	54	44	15
Premature death	5,457	6,233	7,068	6,970	6,994	6,561	6,824	6,435	5,624
Quality of Life		37	38	57	44	17	54	48	18
Poor or fair health	15%	16%	18%	16%	13%	12%	14%	19%	14%
Poor physical health days	3.5	3.6	4.0	4.4	3.9	4.0	4.2	5.0	3.9
Poor mental health days	3.4	3.3	2.9	4.1	3.3	4.2	4.2	3.4	4.5
Low birthweight	8.2%	7.6%	7.4%	8.2%	8.3%	6.1%	8.2%	7.0%	5.6%
Health Factors		38	49	44	23	26	43	59	27
Health Behaviors		42	44	48	30	27	47	55	21
Adult smoking	17%	21%	23%	24%	16%	18%	23%	29%	18%
Adult obesity**	24%	31%	29%	26%	29%	29%	30%	31%	28%
Food environment index**	8.0	8.3	8.3	8.0	7.7	8.7	7.9	7.9	8.3
Physical inactivity**	23%	24%	29%	27%	23%	24%	24%	27%	25%
Access to exercise opportunities	91%	55%	64%	73%	95%	67%	87%	74%	60%
Excessive drinking	17%	22%	12%	21%	19%	18%	18%	13%	19%
Alcohol-impaired driving deaths	24%	27%	26%	29%	29%	29%	28%	20%	11%
Sexually transmitted infections**	514	180	214	416	554	293	429	367	232

	New York	Allegany (AE) , NY	Cattaraugus (CA) , NY	Chautauqua (CH) , NY	Erie (ER) , NY	Genesee (GE) , NY	Niagara (NI) , NY	Orleans (OL) , NY	Wyoming (WO) , NY
Teen births	24	20	35	33	26	23	27	28	17
Clinical Care		42	55	22	10	54	41	62	49
Uninsured	13%	11%	13%	10%	9%	11%	10%	11%	11%
Primary care physicians	1,210:1	2,545:1	2,037:1	1,964:1	1,256:1	2,999:1	2,364:1	5,355:1	2,327:1
Dentists	1,305:1	3,701:1	2,254:1	1,848:1	1,299:1	2,831:1	1,896:1	5,279:1	3,195:1
Mental health providers	443:1	659:1	1,052:1	837:1	492:1	803:1	1,035:1	2,346:1	681:1
Preventable hospital stays	59	61	61	52	43	71	76	103	73
Diabetic monitoring	86%	84%	87%	84%	85%	85%	86%	85%	86%
Mammography screening	63.1%	60.8%	53.1%	68.2%	60.3%	58.9%	63.3%	58.7%	59.8%
Social & Economic Factors		25	49	44	33	11	34	50	19
High school graduation**	77%	87%	80%	80%	80%	84%	83%	86%	85%
Some college	65.7%	54.3%	54.2%	60.4%	71.3%	63.9%	65.2%	48.7%	51.4%
Unemployment	7.7%	7.6%	8.1%	7.9%	7.4%	6.7%	8.0%	9.0%	7.8%
Children in poverty	23%	26%	29%	30%	23%	19%	20%	25%	17%
Income inequality	5.5	4.3	4.3	4.6	5.0	4.0	4.7	4.1	3.9
Children in single-parent households	35%	30%	34%	36%	38%	29%	37%	41%	34%
Social associations	7.9	18.6	14.3	17.1	10.1	13.2	10.6	13.3	15.8
Violent crime**	400	151	207	226	468	172	378	173	95
Injury deaths	41	56	53	54	49	55	56	46	49
Physical Environment		43	58	51	49	46	50	54	57

	New York	Allegany (AE) , NY	Cattaraugus (CA) , NY	Chautauqua (CH) , NY	Erie (ER) , NY	Genesee (GE) , NY	Niagara (NI) , NY	Orleans (OL) , NY	Wyoming (WO) , NY
Air pollution - particulate matter	11.7	12.7	13.0	13.3	12.9	12.7	12.8	12.7	12.7
Drinking water violations	26%	6%	13%	1%	0%	0%	0%	0%	16%
Severe housing problems	24%	14%	14%	14%	16%	13%	14%	16%	11%
Driving alone to work	54%	72%	78%	80%	81%	84%	86%	83%	82%
Long commute - driving alone	36%	30%	27%	19%	23%	31%	27%	38%	37%

** Compare across states with caution

Note: Blank values reflect unreliable or missing data

2015

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	New York	Cattaraugus (CA) , NY	Saratoga (SA) , NY	Nassau (NA) , NY	Rockland (RO) , NY	Putnam (PU) , NY	Westchester (WE) , NY	Suffolk (SF) , NY
Health Outcomes		60	1	2	3	4	5	9
Length of Life		60	6	4	3	7	1	10
Premature death	5,400	7,400	4,500	4,400	4,400	4,700	4,300	5,300
Quality of Life		51	2	8	12	4	34	20
Poor or fair health	17%	14%	10%	12%	13%	10%	13%	12%
Poor physical health days	3.6	3.7	2.9	3.0	3.2	2.9	3.3	3.1
Poor mental health days	3.7	3.8	3.3	2.9	3.5	3.1	3.3	3.2
Low birthweight	8%	7%	7%	8%	6%	8%	8%	8%
Health Factors		54	4	1	8	2	3	5
Health Behaviors		58	9	2	7	4	1	6
Adult smoking	14%	17%	14%	12%	14%	13%	11%	14%
Adult obesity**	24%	28%	26%	23%	21%	27%	20%	23%
Food environment index**	7.9	7.9	8.6	9.5	8.5	9.1	8.9	9.1
Physical inactivity**	24%	28%	23%	26%	24%	22%	20%	22%
Access to exercise opportunities	91%	63%	87%	99%	94%	79%	99%	94%
Excessive drinking	17%	18%	21%	18%	17%	20%	18%	19%
Alcohol-impaired driving deaths	23%	31%	26%	24%	23%	17%	25%	23%
Sexually transmitted infections**	489.5	300.8	208.4	244.7	234.8	108.4	331.1	225.0
Teen births	23	35	13	10	15	6	14	15
Clinical Care		50	3	5	13	17	9	28
Uninsured	12%	12%	7%	10%	11%	9%	12%	11%

	New York	Cattaraugus (CA) , NY	Saratoga (SA) , NY	Nassau (NA) , NY	Rockland (RO) , NY	Putnam (PU) , NY	Westchester (WE) , NY	Suffolk (SF) , NY
Primary care physicians	1,200:1	2,080:1	1,300:1	680:1	1,060:1	1,990:1	710:1	1,320:1
Dentists	1,280:1	2,250:1	1,600:1	860:1	980:1	1,840:1	950:1	1,270:1
Mental health providers	420:1	1,020:1	710:1	370:1	420:1	370:1	300:1	420:1
Preventable hospital stays	53	51	49	49	48	51	49	59
Diabetic monitoring	86%	85%	90%	87%	88%	87%	87%	86%
Mammography screening	62%	50%	67%	64%	66%	60%	65%	62%
Social & Economic Factors		46	2	3	10	1	6	5
High school graduation**	77%	80%	86%	91%	88%	91%	87%	88%
Some college	66%	55%	77%	74%	66%	70%	70%	65%
Unemployment	6.3%	6.9%	4.6%	4.8%	5.1%	4.9%	5.1%	5.3%
Children in poverty	23%	23%	10%	9%	26%	7%	13%	10%
Income inequality	5.6	4.2	4.0	4.4	5.0	4.5	5.8	4.2
Children in single-parent households	35%	33%	25%	20%	17%	15%	27%	24%
Social associations	7.9	14.6	8.2	7.8	9.9	6.6	8.5	6.5
Violent crime**	400	207	65	173	160	59	257	148
Injury deaths	42	56	38	39	30	39	35	55
Physical Environment		61	21	34	49	11	30	28
Air pollution - particulate matter	11.7	13.0	11.1	10.6	10.9	10.9	10.8	10.2
Drinking water violations		Yes	Yes	Yes	Yes	No	Yes	Yes
Severe housing problems	24%	15%	12%	23%	25%	21%	25%	23%
Driving alone to work	54%	80%	83%	70%	72%	76%	59%	79%
Long commute - driving alone	36%	28%	37%	43%	40%	58%	39%	40%

** Compare across states with caution

Note: Blank values reflect unreliable or missing data