

Harnett County Board of Health  
Minutes of Regular Meeting  
September 15, 2016

The Harnett County Board of Health met in regular session on Thursday, September 15, 2016 in the Health Department Board Room, Harnett County Governmental Complex, 307 W. Cornelius Harnett Blvd., Lillington, North Carolina.

**Members present:** Dr. Auston “Trey” C. Williams, III, Chairman, Ms. Patricia Chalmers, Vice-Chairwoman, Ms. Amy Allen, Ms. Emily Barefoot, Mr. C. Tyrus Clayton, Jr., Ms. Judy Herrin, RPH, Ms. Barbara McKoy, Dr. Nicholas Pennings, Ms. Linda Sturdivant, Mr. Tollan Wade, and Mr. John Rouse, Health Director.

**Others present:** Graham Byrd, Debra Harris-Hawkins, Gail Hobbs, Barbara Ross and Donna Surles.

**Visitor:** Steve Berube, Animal Control

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**Chairman Williams** called meeting to order at 7:00 p.m.

**Announcements – Mr. Rouse** welcomed Mr. Steve Berube with Animal Control.

**Consent Agenda – Minutes – Motion made by Ms. Patricia Chalmers for the July 21, 2016 agenda and minutes to be approved as presented and seconded by Ms. Barbara McKoy. Motion Carried.**

**Consider additions and deletions to the published agenda – None made.**

**Public Comment – Period of up to 30 minutes for informal comments allowing 3 minutes for each presentation – Chairman Williams** opened the floor for informal comments by the public, allowing 3 minutes for each presentation up to 30 minutes. Seeing no one, Chairman Williams closed the informal comments.

**Appoint Nomination Committee** – Chairman Williams appointed Ms. Patricia Chalmers as Committee Chair, and Dr. Auston “Trey” C. Williams, III as Committee Member to serve on the nominating committee. The committee will report at the next regular meeting in November 2016 and at the January meeting the officers will be nominated.

**ACO Update** – Mr. Rouse introduced Mr. Steve Berube and turned the program over to him. Mr. Berube presented a power point and spoke on “Rabies: What you need to know”. Mr. Berube state rabies is a dangerous disease caused by a virus. If an animal gets rabies, they will almost always die from it. He spoke about how rabies are transmitted and the only way to confirm is through laboratory testing. Mr. Berube discussed prevention through vaccinating your pet dog, cat or ferret. Always protect yourself never touch a bat or other wildlife.

**Rabies Rules with public comment** – Mr. Rouse reported we do not have to hold a public hearing but we do have to have a separate comment section for the public to speak, which we have on the agenda. The intent is to facilitate local health department adoption and implementation of the new national guidance for postexposure management of dogs and cats published March 1, 2016 by the National Association of Public Health Veterinarians (NASPHV) in the Compendium of Animal Rabies Prevention and Control, 2016.

The NC Division of Public Health (DPH) proposed legislation for the 2016 short session of the General Assembly that would have amended G.S. 130A-197 to adopt by reference the postexposure management control measures for dogs and cats in the 2016 NASPHV rabies compendium. Unfortunately, the legislative proposal was never introduced as a bill during the 2016 short session.

In lieu of an amendment to the statute, and to ensure the force and effect of law in the adoption of the new control measures, the State Public Health Veterinarian recommend that the Local Board of Health, or the entity that is acting as the board of health, adopt a model Board of Health rule.

Adoption of the 2016 Rabies Compendium postexposure management control measures for dogs and cats as a Board of Health rule will provide the legal authority for the Harnett County Health Director to implement the new rabies control measures and would align North Carolina's control measures with current national recommendations and guidance. These rules will sunset when legislation is passed.

**Motion by Dr. Nicholas Pennings that the Harnett County Board of Health adopts the recommendation guidelines for rabies postexposure management of dogs and cats and seconded by Ms. Barbara McKoy.**

**Establish Fees – Mr. Barbara Ross** presented the recommendation to establish pricing for third party payors of the Nexplanon. At the last meeting we had established the fee for Medicaid patients. Also, we need to establish a fee for a new influenza vaccine (Flueclvax) and our fees for influenza vaccine as follows:

J7307	Nexplanon	\$706 (340b pricing for Medicaid)	\$364
90674	<b>(new)</b> Flucelvax, prsv fee 4yrs/> prefilled syringe		\$48.00
90662	Flu vac prsv fee inc antig – high dose		\$61.00
90685	Flu vaccine, quad, 6-35mo, im (peds)		\$48.00
90686	Flu vaccine, prsrv free, 3 yrs & >, im		\$48.00
90688	Fluzone vacc, 3 yrs & >, im (quad)		\$48.00

**Motion by Ms. Judy Herring to establish Nexplanon and influenza at prices presented and seconded by Ms. Barbara McKoy. Motion Carried.**

### **Accreditation Activities Report**

- **Review of Operating Procedures** – Mr. Rouse reviewed and presented the Operating Procedures with the Board through a powerpoint presentation. There were no recommended changes.
- **Communicable Disease Report** – Ms. Donna Surles stated this Annual Communicable Disease Report provides incidence data of confirmed disease cases using the North Carolina Electronic Disease Surveillance System (NCEDSS). In fiscal year 2015 we reported seven Tuberculosis (TB) cases (5 in 2014, 2 in 2013, 0 in 2012). We have seen a rise in TB cases over the past few years. Many of these cases were foreign born. TB treatment requires a lot of investigational work and follow-up. We provide Direct Observational Treatment (DOT) through home visits as well as through Skype, if the client has the capability. There were two Pertussis case reported in 2015. We average one-two cases each year for the past four years (1 in 2014, 1 in 2013, 2 in 2012). If we get a call about Pertussis, we immediately investigate and our providers will treat accordingly if they have not already received treatment. I used data from NCEDSS to compare the incidence of cases of Salmonella, Chlamydia, Gonorrhea, and Hepatitis B. The number of Salmonella cases increased to 35 in 2015 compared to 27 in 2014, which was down from 36 in 2013. This is a three-year average of 32 cases. The Health Education staff continues to educate the public through news articles and postings on the website about food borne illnesses and food safety. Chlamydia cases continue to increase and remain the highest of all sexually transmitted disease (STD) cases with 513 cases reported in 2015 compared to 497 in 2014. The incidence of Chlamydia continues to increase each year. In 2013 Harnett reported 480 cases and 424 in 2012. We are offering expedited partner therapy in efforts to help with the rise in Chlamydia. In 2015 we had 132 cases of Gonorrhea, up from 114 reported cases in 2014 (112 in 2013, and 120 in 2012). Based on data collected during a research project with Campbell University in 2014, we found that many of the cases were co-infections of Chlamydia and Gonorrhea. Currently the State Laboratory does not offer Chlamydia testing for males. There were five Acute Hepatitis B cases reported in 2015 up from two cases in 2014. We continue our partnership with Cape Fear Regional Bureau for community outreach activities. They provide HIV/Syphilis/Hepatitis C testing in the community. Only Acute Hepatitis C cases are reportable and we have had one case reported in NCEDSS. We do not offer Hepatitis C testing at the health department as we do not offer primary care for management or treatment. I have spoken with the Care Coordinator at Commwell Health who states that they are currently working to put together a Hepatitis C Clinic to provide care for Hepatitis C positive patients. Currently any cases reported by Cape Fear Regional Bureau are referred to UNC Infectious Disease Clinic for follow-up. Our staff continues to do disease surveillance and investigation, and educate clients in disease

prevention measures. We provide educational materials about HIV/STD to the Department of Corrections-Harnett County locations. A condoms distribution program is also provided through a partnership with community based barbershops.

- **Workforced Development** – Ms. Donna Surles report the Workforce Development Plan for this year is to continue to improve our programs by implementing additional services that will better meet the needs of our clients. We strive to meet the requirements set forth in the State Agreement Addendums and update programs based on recommended best practices. Our providers have received training to insert and remove the Nexplanon which is a Long Acting Reversible Contraceptive device. We have developed protocols and are currently waiting for the shipment to begin offering this service. We would also like to develop a plan to be able to offer the IUD in the future to help decrease the number of unwanted pregnancies. In order to offer more services in the most efficient manner, we reclassified a nursing position to be able to add an additional provider position to work throughout our clinics. This provider will work all clinics, helping to meet the demands of our clients and their changing healthcare needs. We have been successful with cross training our nursing and management support staff to be able to work across multiple clinics. With the reclassification of the nursing position to a provider position, our nurses have had to cover across other clinics within the department. Providers have increased the number of family planning client visits/day by working efficiently in collaboration with the nurse. We have trained two nurses in the TB Program. We had four nurses to take the Communicable Disease (CD) course last year and will have two nurses complete the course this year. We plan to have two nurses trained to become STD Enhanced Role this year to help meet the needs of our clients and the demands of our clinics. All of the child health registered nurses are Enhanced Role and can interchange duties and assignments to meet the needs of our clients. We are working on an initiative to improve the child fatality rates and promote healthier babies. We conducted a Quality Improvement (QI) project to look at increasing the number of newborn and postpartum home visits. Two nurses have been able to increase these numbers significantly over the past three months with making visits on Friday. These nurses work the clinic Monday – Thursday and make home visits primarily on Fridays. We are looking at ideas to continue to build these home visiting programs by scheduling visits throughout the week rather than just Fridays. We are working with home health whose nurses are very familiar with home visiting to see if we can work them into making these visits as well which would allow the visits to be made throughout the week. With the sale of the home health agency, we have been able to relocate three clerical/billing staff to other positions within the department. Since the announcement that the Home Health Agency was closing, two nurses resigned and have taken outside jobs. Three nurses remain in the agency, one of whom will transfer to the clinic to fill

a position recently vacated by the prenatal nurse. We hope to be able to provide jobs for the Home Health nurses remaining. The Director of Nursing and Adult Health Supervisor are working with the Home Health agency to assure coverage for their current clients as well as managing administrative duties within the agency. We have contacted one of our retired Home Health nurses who has helped cover patient visits and on-call coverage.

We are looking at the number of staff who could retire in the next three years and are working to have staff cross-trained to be able to continue services without interruption. We have implemented the Core Competencies for Public Health Nurses and are working to put this into their job descriptions. Clinical staff are able to receive continuing education credit through state provided webinars and face to face classes when available. The Enhanced Role Nurses are able to obtain the necessary credits and examination requirements to maintain certification.

#### **Health Director's Report and Program Reports – Mr. John Rouse**

- **Clinical Report** – Mr. Rouse stated that the State now has Electronic Records for out-of-county births on the Vital Records Automated System (VRAS) and we will start providing you in-county and out of county births on the Activities Summary Report.
- **Financial Reports** – Mr. Rouse reviewed the closeout revenues summary report for FY15-16. The State froze about \$8,500 of Bio-Terrorism (BT) - Ebola funds and moved it to Zika funds for the new budget year. We should receive approximately \$1,800 and we discussed buying Mosquito Larvicide to distribute next spring. The State held back a portion of the Cost Settlement money and we should receive funds first part of calendar year. At the end of FY 15-16 we were able to revert back to the county \$769,000. We had \$282,000 excess Medicaid fees that has to be reinvested into the programs. Mr. Rouse reviewed the expenditure summary report. The staff are always good about monitoring expenditures. We are going to use some of the carry forward money to finish up the scanning of the medical records.
- **Home Health – Mr. Rouse** spoke about the Home Health program's progress with the sale of Home Health. The sale of Home Health was posted August 31, 2016 and will close on Friday, September 23, 2016. If any of the vendors ask for an extension it will be extended for all until September 30, 2016. The Board of Commissioners will have to hold a public hearing. Also, the Home Health progress report was provided.

- **Aging** – Mr. Rouse related that Wayne Goodwin, SHIIP staff and volunteers and county officials held an event today about learning Medicare’s Preventive Benefits and the services of the N. C. Department of Insurance. A Medicare 101 class followed. Medicare D open enrollment begins on October 15<sup>th</sup> through December 7<sup>th</sup>.

The next Caregiver Support Group will be held on Tuesday, September 20<sup>th</sup> at Aging.

Senior Games Fun and Fitness Day for adults 50 and older will be held at the Al Woodall Municipal Park in Erwin on October 4<sup>th</sup> from 10-1pm.

The 2016 RSVP Recognition event “The Harnett County Hoedown” will be held on October 7<sup>th</sup> from 5pm to 8pm at the Dunn Community Center. This is an event to recognize senior volunteers.

October is the Senior trip to the NC State Fair on October 18<sup>th</sup>

The Senior Men’s Golf tournament will be held at Keith Hills on October 20<sup>th</sup>.

### **Clinical Report and Activity Summary – Ms. Donna Surles**

- **Child Health** - The Child Health Clinic is very busy this time of the year with back to school physicals and immunizations. As you can see on the activities report, the number of Well Visits more than doubled from June to August. Immunization numbers increased as the new school year begins. On September 20<sup>th</sup> and 21<sup>st</sup> our Child Health staff will go into the middle schools to administer the meningitis and Tdap vaccines that are now required for seventh graders. We will hold an after-hours immunization clinic here at the health department on September 22, 2016. I reported at the May and July Board of Health Meetings that we were working on a Quality Improvement (QI) project to improve Health Outcomes and child safety. We have been working to increase numbers in our Welcome Baby and Post-Partum Home Visiting Programs. We changed our processes of how we contact the client and schedule the visits which has proven to be effective. I am happy to report today that we have increased the New Born and Post-Partum home visit numbers significantly from 14 in June, to 48 in July, and 49 in August. We have a large number of clients that could benefit from these visits. We currently have two nurses making home visits primarily on Friday as they are working in the clinic Monday-Thursday.

- **Adult Health (AH)** - We received our influenza (flu) vaccine early this year and began administering flu shots in August. We have scheduled flu clinics throughout the county in September and October at assisted living facilities and senior nutrition sites. We are also offering the vaccine in our clinics on a walk-in basis. We are working with the lead school nurse to schedule on site school clinics to immunize the Harnett County Schools staff with the Flu, Hepatitis B and Tdap vaccines, as needed. We will be administering flu vaccine to county employees at the Employee Health Fair on October 6, 2016. In August, our Maternal Health Clinic had 241 visits. Our Family Planning numbers decreased from 171 in July to 155 in August with the vacancy of a provider position. We have completed interviews and are in the process of hiring a new provider to fill the vacancy. Since August our Child Health providers have been helping to cover this clinic. We have our Nexplanon protocols in place and signed by our Medical Director. The Adult Health Supervisor is working with the company and we hope to have these in soon. Our Sexually Transmitted Disease (STD) numbers remain fairly constant. In August we had an Enhanced Role STD nurse resign to take a job closer to her home in Sampson County. We have hired one of the Home Health nurses to fill this clinic position which will require Enhanced Role Nurse (ERN) training with the state. She will transition to the clinic from Home Health over the next several weeks as she is still needed in Home Health. The AH Supervisor and child health nurses have been helping with coverage in the Adult Health Clinics.

On July 15, health department staff attended Customer Service Training provided by Cooperative Extension. Good feedback was received from all staff who participated in the training.

We are currently serving as a Pilot County to test electronic consents with our EMR Vendor, Patagonia.

Ms. Surles will be serving with the HIPAA Alliance work group to help develop policies/procedures, training, and implementation tools for local health departments to meet the HIPAA requirements.

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**Environmental Health-** Mr. Graham Byrd reported the Environmental Health Specialist position and Management Support position have been filled. Chairman Williams ask about how things were going with the new Food Codes. Mr. Byrd related they are becoming used to the Food Codes. Mr. Byrd stated when an inspector takes off a point they can reference it back to the Food Code. It put us all on the same page. Mr. Tollan Wade asked if anything can be done on the health side when the swimming pools start to get old in reference to the Wake County pool incident. Mr. Byrd reported they look at the condition of the pad around the pool, the markings, the lighting and suction hazards.

**Mr. Rouse** related back in the summer the Harnett County School System conducted some water testing and the results showed elevated lead levels in certain schools. Harnett County School System totally re-plumbed the Benhaven School that had the pre-K class. They now have their own water meter. They have a company coming in who knows how to flush lines and test the water. The School System will have further testing done at these locations.

Chairman Williams adjourned the meeting.

Respectfully submitted,

John Rouse  
Health Director

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Dr. Auston "Trey" C. Williams, III, Chairman