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Anne Goon, MS, RD, LD, Health Commissioner

## **HENRY COUNTY BOARD OF HEALTH MEETING**

Held Wednesday, August 17, 2016

### **Board Members Present**

Roger Richard, President  
Joel Miller, President Pro-Tempore  
Marilyn Bremer, RN  
Sharon Miller

### **Staff Present**

Anne Goon, MS, RD, LD, Health Commissioner  
Julie Lauf, RN, Director of Personal Health Services  
Jon Lindsay, RS, Director of Environmental Health Services  
Julie McHugh, Fiscal Officer  
Vi Ordaz, Office Manager  
Marianne Shawley, RN, BA, Quality Improvement/Accreditation Coordinator  
Bethany Wachter, MPH, Director of Community Health Services

### **Public Present**

Jen Lazenby, Northwest Signal  
Bob Hastedt, County Commissioner

### **CALL TO ORDER**

Roger Richard, President, called the Board of Health meeting to order at 12:40 p.m. The meeting was held in Conference Room A of the Henry County Health Department. A quorum was present.

### **APPROVAL OF CONSENT AGENDA R61.16**

The Board of Health reviewed the consent agenda. Marilyn Bremer moved to approve the consent agenda consisting of the following items:

- A. Minutes of July 13, 2016, Board of Health meeting
- B. Management Reports for July 2016:
  1. Health Commissioner's Monthly Activity Report
  2. Community Health, Environmental Health, Personal Health, and Administration Monthly Section Reports
  3. July 2016 Communicable Disease Report
  4. July 2016 Service Statistics Report
  5. Performance Management Report
  6. Accreditation Report
- C. Personnel items:
  1. Employment: Karla Showman, RN, full-time Home Health/Hospice Clinical Manager, effective 8/8/16, at an annual salary of \$55,328
  2. Resignation:
    - a. Haley Brosneck, STNA, intermittent Home Health Aide, effective 7/20/16

- b. Leigh Ann Wright, RN, Early Intervention Service Coordinator-Nurse, effective 8/12/16

D. Financial Statements

The total cash balance for July 2016 for all funds combined increased by \$144,207.18 to \$3,442,115.27. The general fund balance was \$1,698,079.22 at the end of July, an increase of \$182,895.71 from June. The general fund balance is currently at 12.2 months of operating reserves (2016 minimum fund balance goal is four months).

E. Contracts and Agreements:

- 1. Extension of Data Use and Services Agreement for RODS program- University of Pittsburgh/Ohio Department of Health (to 6/30/17)

The existing agreement with the University of Pittsburgh and Ohio Department of Health is extended to June 30, 2017, with the opportunity to renew beyond this date at Henry County Health Department's request. No exchange of funds is associated with this agreement. The RODS program is for Real-time Outbreak and Disease Surveillance.

- 2. Professional Services Agreement for ICD-10 Coding Services- PPS Plus Software

This company is already under a professional services agreement for "scrubbing" of Home Health data to ensure all appropriate services are being provided and billed for. Heather Vance was the internal ICD-10 coding expert. The new Clinical Manager was proficient in ICD-9 coding, but she will need some time to complete ICD-10 training and build her competency in ICD-10 coding. This professional service will, in the interim, ensure that we are using the correct ICD-10 codes and optimizing reimbursement.

- 3. Nursing Facility Services Agreement for Hospice General Inpatient Care- Fairlawn Haven

A facility services agreement has been in place with Fairlawn Haven since February 2015. The agreement has been updated to reflect a change in Medicare reimbursement rates for hospice general in-patient care.

Sharon Miller seconded the motion. The motion approving the consent agenda passed unanimously.

**ACTION AND DISCUSSION ITEMS**

**Health Commissioner's Report:**

Commissioner Goon provided updates on important activities completed during the past 30 days and/or occurring in the next 30 days:

- 1. Recognition of Home Health/Hospice Staff: Home Health/Hospice staff introduced themselves, and Ms. Goon recognized them for achieving a Pinnacle Customer Experience Award in five areas: Care of Patients, Communication, Specific Care Issues, Caring Staff, and Recommend Agency to Others. The Health Department contracts with Pinnacle Quality Insight to conduct the national Home Healthcare Consumer Assessment of Healthcare Providers and Systems (HH-CAHPS) survey that Medicare requires all home health agencies to conduct. Pinnacle gives this award to providers who have achieved best-in-class customer satisfaction standards within their peer group. This award reflects the great performance of the entire Home Health team- from clerical specialists, account clerk, and managers to home health aides and nurses.
- 2. Public Health National Center for Innovations: As mentioned last month, the Public Health Accreditation Board (PHAB) has established the Public Health National Center for

Innovations (PHNCI) to identify, implement, and spread innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide. Ms. Goon is participating on the “Increasing Capacities and Utilization of Shared Services workgroup. She arranged for two experts to present on Councils of Governments (COGs) for the workgroup’s meeting tomorrow, August 18, 2016 in Columbus.

Due to the shared services work Ms. Goon has been leading in NW Ohio, she will be representing Ohio at a PHNCI-sponsored meeting in St Louis next month focused on setting outcome measures for shared services arrangements.

3. Shared Services: Ms. Goon provided an update on the COG feasibility study being done by the 6-Pact and the Mid-East Ohio Regional Council (a COG made up of DD Boards). The purpose of the study is to see how 6-Pact health departments can work with MEORC to establish a public health shared services COG without unnecessarily duplicating work, positions, or costs. The funding is flowing through Ohio State University (OSU); unfortunately, the group recently learned that the University will be taking \$12,500 administrative costs “off the top”, resulting in the project receiving only \$62,500 of the \$75,000 approved. Ms. Goon and MEORC staff have been working on the work plan and reduced budget for this study for several weeks. MEORC is proposed to be the contract awardee.

## **PEOPLE**

### **2016 Employee Engagement Survey Results**

Marianne Shawley, Quality Improvement/Accreditation Coordinator, presented a summary of the annual Employee Engagement Survey results. She reviewed the results of the six questions used to measure employee engagement, as well as the areas of greatest gain and loss from last year’s survey. Ms. Shawley identified several opportunities and strategies for improving as an employer (which have been intentionally included in the 2016-2018 Strategic Plan). Ms. Shawley will be presenting this information at the Employee Forums on August 22 and 23, 2016.

### **Revised Early Intervention Program Coordinator position description R62.16**

Ms. Goon reviewed several additional changes proposed for the Early Intervention Service Coordinator/Nurse position description approved last month. These include:

- Changing the position title from Early Intervention Service Coordinator/Nurse to Early Intervention Program Coordinator to more clearly describe the role of this position;
- Adding responsibility for supervising staff positions providing service coordination/home visiting for clients in the Early Intervention program (i.e., Service Coordinator/Home Visitor and Service Coordinator/Home Visitor/Nurse)
- Increasing the pay grade from 6 to 7 to reflect this supervision responsibility

Joel Miller moved to approve the revisions to the position description as outlined by the Health Commissioner. Marilyn Bremer seconded the motion. The motion passed unanimously, resulting in its adoption.

### **Out of State Travel R63.16**

Joel Miller moved to approve the following out-of-state travel:

- a. Anne Goon, Public Health National Center for Innovations meeting with Center for Sharing Public Health Services, St Louis, MO, 9/7-9/9/16 (expenses paid)
- b. Anne Goon, Open Forum for Quality Improvement in Public Health, Salt Lake City, UT, 10/6-7/16 (expenses paid)

Marilyn Bremer seconded the motion. The motion passed unanimously.

## **QUALITY**

### **Quality Improvement Plan 2016 Update R64.16**

Marianne Shawley provided copies of the 2016 Quality Improvement Plan and reviewed the updated sections and information.

- Page 6: Updated Strategic Plan and Pillars definitions, added Vision and Mission.
- Page 9-10: Updated information to show improvements made since 2014. Added LEAN training on page 10.
- Page 11: Links to other Agency plans were added, along with the graphic and information from Ms. Goon's presentation of the Strategic Plan to the Board of Health in March 2016. Showing the linkages between various agency plans was one of the areas for improvement mentioned in the PHAB site visit report.
- Page 12: Changed the Team Structure (Previously had Agency teams and Project teams; these were combined to create a single category of Project Teams, which can include anyone).
- Page 13-15: Reviewed and updated Council and Staff Roles and Responsibilities.
- Page 15: Link to PDSA cycle was updated.
- Page 16: Quality Improvement Resources were updated and hyperlinks added to refine the process.
- Page 17: Updated and improved documentation of projects, which will all be stored on the Health Department's shared drive. Also added informal projects and "Just Did It" form.
- Page 18: Added informal projects, "Just Did It" form, and information about Lean Boot Camp.
- Page 19: Ms. Shawley stated a PHAB Domain 9 requirement relates to communication of quality improvement information to staff and other, so the Communication section of the QI Plan was updated. Among other actions, a QI newsletter will be created and the Board of Health will recognize two Quality Improvement teams annually.

Marilyn Bremer moved to approve the Quality Improvement Plan updates for 2016. Joel Miller seconded the motion. The motion passed unanimously, resulting in its adoption.

## **GROWTH**

### **2016-2018 Strategic Plan R65.16**

Ms. Goon presented the Agency Strategic Plan for 2016-2018. The Strategic Priorities of People, Service, Quality, Growth, and Finance will be maintained. New strategic goals and objectives were developed to reflect the agency's path for the next three years and where continued growth is necessary to be a high-achieving health department in the future. Ms. Goon focused most heavily on the strategies that are planned or already underway to achieve the 2016 strategic objectives:

1. People – To be the public health employer of choice in Ohio.
  - a. Increase employee retention to at least 80% in 2016 through continued implementation of proven employee engagement strategies.
    - i. Measured by: Percentage of employees employed at the beginning of 2016 who are still employed at the end of 2016 and average percentage of employees strongly agreeing with specific questions measuring employee engagement (on the annual employee engagement survey).
  - b. Measure the Health Department's current financial investment in employee training and development.
    - i. Measured by: Number of hours in paid training, including the employees' salaries and fringe benefits.

2. Service – To consistently provide courteous, respectful, and timely service to customers.
  - a. Achieve at least 95% of internal and external customers strongly agreeing they were treated with courtesy and respect in 2016.
    - i. Measured by: Percentage of internal/external customers strongly agreeing they were treated with courtesy and respect (on ongoing client experience survey).
  - b. Improve timeliness of services in 2016 using formal quality improvement methods.
    - i. Measured by: Number of QI projects completed to improve timeliness of services.
  - c. Measure community benefit provided by the Health Department through personal healthcare services provided free or at reduced cost to local residents during 2016.
    - i. Measured by: Financial value of personal healthcare services (i.e., Home Health, Hospice, Immunizations and Reproductive Health & Wellness services) provided free or at reduced cost to local residents.
3. Quality – To provide safe, effective, and efficient public health services.
  - a. Achieve at least 90% of clients strongly agreeing the quality of services were “Excellent” in 2016.
    - i. Measured by: Percentage of clients strongly agreeing the quality of services was “Excellent” (on ongoing client experience survey).
  - b. Improve safety of staff and/or clients in at least two programs in 2016 through formal quality improvement methods.
    - i. Measured by: Number of QI projects completed to improve safety.
  - c. Improve effectiveness of at least two programs’ services in 2016 through formal quality improvement methods.
    - i. Measured by: Number of QI projects completed to improve effectiveness.
  - d. Improve efficiency of at least two programs’ services in 2016 through formal quality improvement methods.
    - i. Measured by: Number of QI projects completed to improve efficiency.
4. Growth – To proactively engage local residents, partners, and policymakers to improve the community’s health and well-being.
  - a. Identify existing capacity to lead public health efforts by assessing current staff competencies against Core Competencies for Public Health Professionals in 2016.
    - i. Measured by: Percentage of staff competent in community engagement, data analysis, communications, policy development, and/or advocacy.
  - b. Work with stakeholders to assess the community’s health, implement community health improvement strategies, and evaluate effectiveness of collaborative efforts in 2016.
    - i. Measured by: Number of community partners who are formal members of Henry County Health Partners; number of 2015-2018 community Health improvement Plan strategies implemented; and number of community presentations about agency services provided.
5. Finance – To maintain funding adequate to provide all essential public health services.
  - a. Implement at least three key financial analysis and business management practices in 2016.
    - i. Measured by: Maintaining a General Fund Balance of at least \$554,900; maintaining a positive operating margin in the General Fund; and maintaining grant expenditures within 1.5% of budgeted expenses.

- b. Sustain foundational public health services by pursuing at least two funding strategies in 2016.
  - i. Measured by: Renewal of 5 year, 1.2 mill operating levy and creation of Public Health Services Council of Governments or expansion of cross-jurisdictional shared services arrangement.
- c. Create facility renovation plan by December 31, 2016.
  - i. Measured by: Creation of formal facility renovation plan to be implemented in 2017.

Sharon Miller moved to approve the 2016-2018 Strategic Plan as presented by the Health Commissioner. Marilyn Bremer seconded the motion. The motion passed unanimously, resulting in its adoption.

## **FINANCE**

### **Approval of Bills**

The Board of Health reviewed the July bills. Joel Miller moved that the July bills be approved for payment. Marilyn Bremer seconded the motion. The motion passed unanimously, resulting in its adoption.

### **Approval of Intrafund Transfers R66.16**

Marilyn Bremer moved that the Henry County Auditor be requested to make the following Intrafund Transfers:

- a. \$40,000.00 from 5000-5200-50020 (Salaries) to 5000-5200-50520 (Health Insurance)-Health
- b. \$10,000.00 from 5030-5200-50120 (Other) to 5030-5200-50150 (Rent)- Hospice

Sharon Miller seconded the motion. The motion passed unanimously, resulting in its adoption.

### **Approval of Budgetary Increase in Revenue and Appropriations R67.16**

Sharon Miller moved that the Henry County Auditor be requested to make the following Budgetary Increase in Revenue and Appropriations:

- a. Appropriations- Hospice (from 2015 carryover):  
5030-5200-50120 (Other) from \$125,000.00 to \$225,000.00 (increase of \$100,000.00)

Marilyn Bremer seconded the motion. The motion passed unanimously, resulting in its adoption.

### **Approval of Cash Transfers R68.16**

Joel Miller moved that the Henry County Auditor be requested to make the following Cash Transfers:

- a. \$4,800.00 from 5030-5200-51110 Appropriation (Hospice) to 5000-5200-40490 Revenue (Health)
- b. \$15,000.00 from 5000-5200-51110 Appropriation (Health) to 5050-5200-40490 Revenue (Environmental)

Marilyn Bremer seconded the motion. The motion passed unanimously, resulting in its adoption.

## **BOARD OF HEALTH CONTINUING EDUCATION: *The Ohio Ethics Law: A Focus on Nepotism***

The Board of Health was presented with a session on **The Ohio Ethics Law: A Focus on Nepotism** by Susan Willeke of the Ohio Ethics Commission. Nepotism restrictions fall under the Public Contracts section of the Ohio Ethics Law, because public contracts involve the spending of *any* public money. Both Board members and employees are prohibited from doing anything that

would help a family member get a job or be awarded a contract with a public agency. They can't influence the hiring process in any way- for example, they can't make a suggestion to a hiring manager that they should pick a family member, talk "up" a family member or talk "down" about other candidates, review applications, make hiring decisions, etc. They also can't directly supervise a family member or play a role in promotions, discipline, performance evaluations, or pay decisions. Even more stringent rules are in place re: employing the minor children (i.e., under the age of 18) of public employees. The Ohio Ethics Law considers "family members" to be spouses, siblings, parents/step-parents, grandparents, children/step-children, and grandchildren; anyone related by blood or marriage AND living in the same household as the public employee or official would also be considered a "family member."

**EXECUTIVE SESSION: PERFORMANCE OF A PUBLIC EMPLOYEE**

Joel Miller moved to go into Executive Session at 1:46 pm for personnel employment. Marilyn Bremer seconded the motion. The motion was passed by roll call: S. Miller (Yes), R. Richard (Yes), J. Miller (Yes), and M. Bremer (Yes). Health Commissioner Anne Goon participated in the session.

There being no further business to discuss in Executive Session, the Board of Health returned to regular open session at 2:00 pm.

**ADJOURNMENT**

There being no further business, Roger Richard called for a motion to adjourn at 2:00 pm. Joel Miller moved for adjournment, and Marilyn Bremer seconded the motion. The motion passed unanimously.

The next regular Board of Health meeting was scheduled for Wednesday, September 14, 2016, at 12:30 p.m.

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Roger Richard, President

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Anne Goon, Secretary