

AGENDA

HEALTH AND MEDICAL SERVICES COMMITTEE

May 2nd, 2016

Members: Baldrige, Marini, Manktelow, Chatfield, Crane

10:00 a.m. Approved minutes from previous meeting

10:00 a.m. **Mental Health, Ed Hunt**

Monthly Update:

TRANSMITTAL:

- Authorization for the Mental Health Department to Utilize State Funding Designated for the Purpose to Purchase Computer and Electronic Equipment & Software Related to Health Information Technology, and Amend 2016 Budget [MH05RES1 Computers OMH-HIT.doc](#)

10:45 a.m. **Public Health, Diane Devlin**

Professional Advisory Minutes [PAC2016April27.doc](#)

TRANSMITTAL:

- Authorization to Sign Memorandum of Understanding with Trillium Health, Inc. [PH5RES1 Trillium Health, Inc MOU.doc](#)

DISCUSSION:

- ZIKA Action Plan [Zika Action Plan 2016 Wayne County.docx](#)
- Health Economics Group, Inc. Dental Card Program

10:45 a.m. **Nursing Home, Denis Vinnik**

MONTHLY REPORTS

[Personnel April 2016.xls](#)

[NH5STATISTICALREPORT.pdf](#)

TRANSMITTALS:

- Authorization to Award Contract for Food and Nutrition, Housekeeping, and Maintenance Services at the Wayne County Nursing Home [NH5RES1FoodHkgMaintenanceServicesacceptingBid 2016-19.doc](#)
- Authorization to write off un-collectable accounts for the Wayne County Nursing Home [NH5RES2writeoff2015 REV!.doc](#)
- Authorizing to extend (1) full time temporary Activity Aide position [NH5RES3Extend temp activities position.doc](#)

RESOLUTION TRANSMITTAL

Committee No. 6
Committee Chair: Kenan Baldrige

Date: May 2, 2016

Department Head: James Haitz

Transmittal Title: Authorization for the Mental Health Department to Utilize State Funding Designated for the Purpose to Purchase Computer and Electronic Equipment & Software Related to Health Information Technology, and Amend 2016 Budget

Brief Explanation: WHEREAS, The New York State Office of Mental Health (OMH) is providing one-time funding award for Health Information Technology (HIT) funding totaling \$49,850, to assist licensed providers with offsetting costs associated with the HIT transition to Medicaid Managed Care;

and WHEREAS, these HIT funds can be used for a variety of HIT expenses and include: IT upgrades to improve electronic records; data management; upgrades related to maintaining confidentiality; purchase of desktop & laptop computers; electronic signature pads; purchase or upgrade software; pay for software licensing fees; cover costs related to equipment purposes for educating staff and enhancement of staff competency, and many other uses;

and WHEREAS, the Mental Health Department's plan includes utilizing this funding to upgrade all mental health department staff IT users to Microsoft Office Platform 2013 (almost all users are currently using Office 2003...13 year old software), purchase upgrade electronic signature pads for offsite school clinics (the ones we currently have are not properly functioning), purchase a laptop computer with a ceiling mounted projector and mounted microphone/speaker sound system for the mental health departments staff training and multipurpose meeting room (the room is also often used by other county departments and community agencies), and any remaining funds will be used for additional computer/monitor purchases and/or to offset the 2016 replacement computers that are planned and approved for purchase in the 2016 budget year;

NOW THEREFORE, BE IT RESOLVED, the Director of Mental Health and IT Director are authorized to purchase the above noted computer and electronic equipment & software and offset the cost of the noted equipment/software not to exceed the funding provided by OMH up to the amount of \$49,850;

AND FURTHER RESOLVED, the Treasurer is authorized to amend the 2016 Budget as follows:

A4300 Behavioral Health

Revenues:

\$49,850.00 to 43490.M8200 State Aid Mental Health

Expense:

\$25,850.00 to 54116.M8200 Computer Supplies

\$24,000.00 to 54475.M8200 Software

Budgeted: yes ___ no ___ Proposed Cost: \$49,850. Reimbursed Amount: \$49,850. County cost: None

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator Approval: yes ___ no ___ by: _____

Fiscal Manager Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Committees referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

	<p>again.</p> <p>b. Tina reviewed the following:</p> <ul style="list-style-type: none"> • LHCSA admission: 1 TB admission, chart @ 100%; No MCH or Lead patients admitted to LHCSA this qtr. • LHCSA discharge: 1 discharge, chart at 100%. No MCH or Lead discharges during this qtr. • Children’s immunization records 7 @ 100%, 1 missing “RN”, 1 missing signature, 1 discrepancy in route of administration between paper record and NYSIIS • Adult immunization records 8 @ 100%, 1 missing phone info, 1 missing manufacturer • TST 5 @ 100%, TB 5 @ 100%, rabies 10 @ 100%, 0 new lead last quarter, 0 MCH visits last quarter, 1 CLC visit @ 100% • Wide variety of communicable disease charts reviewed - 100% 			
<p>IV. Document & Policy Approvals</p>	<p>Communicable Disease Risk Assessment Protocol – for when people present to the department with illness, no longer using an ebola-specific protocol Zika Action Plan – mandated by state, focuses on timely monitoring/reporting and public education. Submitted to NYSDOH 4/15 and only 1 change was requested. Tina sent the final draft 4/26. It will be reviewed with staff after it is approved by PAC. 4 women in Wayne County have gone in for testing, the state requires that the LHD authorize testing before it is completed. Dr. Nagpaul asked how physicians would know it requires LHD</p>		<p>Tina</p>	<p>closed</p>

	<p>authorization, Diane stated that physicians have been notified by the state and are contacting us as needed.</p> <p>24/7 Contact Policy – updated for PHAB compliance and accuracy</p> <p>Surveillance Protocol – will be housed in CD manual</p> <p>All PAC members were given opportunity to provide input to all new policies reviewed.</p>			
V. Manuals	<p>Communicable Disease Manual – zika policy is Appendix 7, the high priority algorithm has been updated, the 24/7 and surveillance policies will be included.</p> <p>All PAC members were given opportunity to provide input on the CD Manual.</p>		Tina	closed
VI. Satisfaction Surveys	<p>No adverse feedback. 1 EI survey recognized excellent work of a provider, Comments were shared with this provider..</p>		Diane	closed
VII. Risk Analysis	<p>No findings.</p>		Shane	closed
Added item: Performance Measures	<p>Tina gave an overview of performance measures, which have been in development since mid-2015. She noted that it improves accountability and performance. Measures which are not progressing appropriately will be visited quarterly and undergo a QI process as appropriate.</p>		Tina	N/A
VII.	<p>Adjourned 8:49am.</p>			

Next Meeting is on July 27, 2016 at 8am in the Large Conference Room.

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 5/2/16

Committee Chair: Kenan Baldrige
Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO SIGN MEMORANDUM OF UNDERSTANDING WITH TRILLIUM HEALTH, INC.

WHEREAS, Trillium Health, Inc. is a comprehensive, community-based health care center for people with HIV/AIDS; and

WHEREAS, Wayne County Public Health (WCPH) refers clients with HIV/AIDS to Trillium Health, Inc.; and

WHEREAS, to ensure development of a comprehensive and effective coordination of services to clients with HIV/AIDS, both parties wish to establish a Memorandum of Understanding; now, therefore, be it

RESOLVED, that the Director of Public Health is hereby authorized to sign a Memorandum of Understanding with Trillium Health, Inc and to provide services offered by Wayne County Public Health as approved by its NYSDOH Operating Licensure to Trillium Health, Inc patients residing in Wayne County. Subject to approval by the County Attorney as to form and content.

Budgeted: yes no Proposed Cost: _____0_____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Human Resources Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Wayne County Public Health (WCPH) Zika Action Plan

PURPOSE

To ensure:

- Timely human disease monitoring and reporting of Zika Virus
- Provision of Zika Virus Disease education to the public and healthcare providers including ways to reduce the risk of exposure and prevent transmission.

POLICY

Wayne County Public Health in accordance with Title 10 Public Health Law, Subpart 40-2.24 has adopted and implemented this Zika Action Plan.

BACKGROUND

It is essential that local health departments are prepared to respond to the threat of Zika virus in their communities. Zika virus is newly emerging as a worldwide threat to public health, and is spreading widely in the Western Hemisphere, primarily by the bite of an infected *Aedes aegypti* mosquito; although sexual transmission has also been documented. Although *Aedes aegypti* mosquitoes are not present in New York State (NYS), a related species named *Aedes albopictus* is active in the downstate region, and may be able to effectively transmit the virus.

Zika virus infection has been associated with serious birth defects in infants of mothers who were infected with the Zika virus while pregnant. Further, in February 2016, the World Health Organization declared the recent cluster of microcephaly and other neurological abnormalities associated with in utero exposure to the Zika virus a public health emergency of national concern. Zika virus may also cause Guillain-Barré Syndrome, which can cause severe muscle weakness and sometimes paralysis.

COMMUNITY OUTREACH

The Agency will:

- Disseminate information and provide informational updates about Zika virus and Zika virus testing to all health care providers in the county. Information dissemination methods may include: blast faxing, phone conversations, information posted on the WCPH, New York State Department of Health (NYSDOH), and Center for Disease Control and Prevention (CDC) websites, invitations to view the webinars available on the NYSDOH website, etc.
- Increase awareness of Zika virus disease including methods to reduce risk and prevent transmission, to the general public. Education may be disseminated to the general public through the WCPH, NYSDOH, and CDC websites, phone conversations, Facebook posts, face to face encounters, health fairs, etc.
- Facilitate Zika virus testing in accordance to and collaboration with the New York State Department of Health.

GENERAL EDUCATION

General Education to include:

- An overview of Zika, including how it is transmitted and diagnosed. There is no treatment or vaccine for Zika virus. (See <http://www.cdc.gov/zika/index.html> for the most up-to-date information).

Signs & Symptoms:

- Most people infected with Zika virus are asymptomatic.
- Most common symptoms include fever, rash, joint pain, or conjunctivitis. Other common symptoms include muscle pain and headache.
- Illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito.
- Zika virus usually remains in the blood of an infected person for about a week but can be found longer in some people.
- Once a person has been infected, it is likely they will be protected from future infections.

Transmission:

- Transmitted through *Aedes* species mosquitoes that are aggressive daytime biters but can also bite at night. Strictly follow steps to prevent mosquito bites during travel if traveling to any area where Zika virus is spreading. (See <http://wwwnc.cdc.gov/travel/notices#travel-notice->

[definitions](#) or <http://wwwnc.cdc.gov/travel/page/zika-information> for current active Zika virus areas).

- Can be passed from a pregnant woman to her fetus during pregnancy.
- Can be passed from a pregnant woman who has the virus near the time of delivery, to her newborn around the time of birth.
- Can be spread by an infected man to his sex partners.
- The virus is present in semen longer than in blood.
- Reports of blood transfusion transmission have been reported in Brazil. No confirmed blood transmission cases have occurred in the United States.
- Anyone who lives in or travels to an area where Zika virus is and has not already been infected, it at risk for becoming infected.

Diagnosis:

- Tests are available to diagnose Zika virus through the New York State Department of Health, Wadsworth Laboratory, for individuals who meet testing criteria eligibility. Testing is performed in collaboration with a New York State licensed health care provider and local and state health department staff.
 - According to the CDC, Zika virus may not show up positive in the blood but may be present in the semen of an infected man.
- Effective measures to prevent infection through sexual transmission (i.e. condom use or abstinence). The following fact sheets provide information on how to use condoms consistently and correctly: <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/using-condoms> OR <http://www.cdc.gov/condomeffectiveness/brief.html#Condom>
 - Center for Disease Prevention and Control and other health agency recommendations, including travel restrictions. (See <http://wwwnc.cdc.gov/travel/notices#travel-notice-definitions> or <http://wwwnc.cdc.gov/travel/page/zika-information> for current active Zika virus areas).
 - The use of personal protective measures that reduce the risk of mosquito bites. Examples of such measures include, but are not limited to, staying indoors within screened or air-conditioned rooms; wearing long sleeved shirts and long pants when outdoors; and use of an EPA-registered insect repellent. **NOTE:** Instruct residents to follow repellent label instructions carefully. Insect repellent is not recommended for use in children under the age of 2 months.
 - An overview of potential mosquito breeding habitats and habitat reduction. Examples of habitat reduction include elimination of standing water, trash cleanup, and standing water treatment options such as mosquito dunks when sources of stagnant water are unable to be drained.

DISEASE MONITORING

Hospitals and health care providers must report suspected cases of Zika virus and all other arboviral disease to the local health department where the patient resides.

Public Health Staff will perform disease surveillance, case management, screening, and health education for Zika virus as they would for any other communicable disease and in accordance with the agencies Communicable Disease Policy and Procedure Manual.

Identifying the source of infection is a key element to disease monitoring. Sources of infection for Zika virus may include:

- Travel to an area with active mosquito-borne Zika virus transmission (see <http://wwwnc.cdc.gov/travel/notices#travel-notice-definitions> or <http://wwwnc.cdc.gov/travel/page/zika-information> for current active Zika virus areas)
- Sexual transmission
- Blood transfusion
- Possible acquisition due to mosquito exposure in areas where *Aedes albopictus* mosquitos are present
- Other (lack of other risk factors)

TESTING

Referrals for Testing:

Referrals for the Zika Testing Program come from many sources which may include:

- Primary Health Care Providers
- Hospitals
- Urgent Care Centers
- Self-Referrals

Testing Procedure:

All Zika virus testing requires preauthorization from the local health department where the patient resides. One exception to local health department preauthorization is the testing of infants. Preauthorization for the testing of infants is obtained from the New York State Department of Health (see Infants under Testing Criteria below).

Local health departments perform the preauthorization process in accordance with the testing criteria as outlined by New York State Department. In addition to local health department authorization, all persons authorized for Zika virus testing must present for testing with a written order from a New York State licensed healthcare provider and an Infectious Disease Requisition. **NOTE:** If the patient does not have a health care provider and meets testing criteria, confer with the County Public Health Medical Director, Dr. Nagpaul to obtain a written laboratory order / prescription and an infectious disease requisition.

In New York State, Zika virus testing is performed at Wadsworth Laboratory during normal business hours. If you receive an After Hours Call, refer to **“Guidance for After Hour Calls”** located later in this policy.

- **Verify patient County of Residence.**
 - If the patient does not reside in Wayne County but, resides in a New York State County, refer the caller to the patient’s county of residence.
 - If the patient does not reside in New York State, refer the caller to the New York State Department of Health, during normal business hours (9 am – 5 am on weekdays), at 1-888-364-4723.
- If the patient resides in Wayne County, **complete a Zika Intake Form** (see attached).
- Verify that the patient meets any one or more of the following **Testing Criteria:**
 - Pregnant women who traveled to an area with active Zika virus transmission while pregnant (See <http://wwwnc.cdc.gov/travel/notices#travel-notice-definitions> or <http://wwwnc.cdc.gov/travel/page/zika-information> for current active Zika virus areas). **OR**
 - Pregnant women who, during pregnancy had unprotected (without a condom) vaginal, anal, or oral sex with a sex partner who traveled to an area with active mosquito-borne transmission of Zika virus; regardless of whether the sex partner had symptoms consistent with Zika virus infection.
 - Non-pregnant women, men, and children who develop (or developed) compatible symptoms* during or within 4 weeks of travel to an area with active Zika virus transmission (* Characteristic clinical findings are acute onset of fever with maculopapular rash, arthralgia, or conjunctivitis. Other commonly reported symptoms include myalgia and headache). **OR**
 - All persons who traveled to an area with active Zika virus transmission who present with Guillain-Barre syndrome. **OR**
 - Infants with microcephaly or intracranial calcifications born to women who:
 - Traveled to an area with active mosquito-borne transmission of Zika virus while pregnant **OR**
 - Had unprotected vaginal, anal, or oral sex with a sex partner who traveled to an area with active mosquito-borne transmission of Zika virus.

NOTE: Healthcare providers and facilities caring for these neonates should directly contact the New York State Department of Health (NYSDOH) at 1-888-364-4723 between 9 am and 5 pm weekdays for consultation and facilitation of testing.

NOTE: Authorization for the testing of individuals outside of the above testing criteria **requires pre-approval** from the New York State Department of Health. For additional guidance, consult with NYSDOH.

- **Complete the NYSDOH Zika virus testing questionnaire** with the assistance of the health care provider and the patient. The Zika virus testing authorization questionnaire is located at: <http://health.ny.gov/go2clinic/63> . **This link is not to be given to providers or the public.**
NOTE: Completing the Zika virus testing questionnaire may require an additional phone call to the patient.
- **Provide education** regarding Zika virus disease (as above) and the Zika testing process to the patient and the provider.
 - Zika testing education includes the following:
 - Zika virus testing is free to the patient.
 - The test will include blood and urine collection.
 - A follow up blood specimen may be needed 3 weeks after the first. The healthcare provider will let the patient know if and when this may be needed.

- Testing happens in multiple steps with results coming back from a couple days to several weeks. Results will be discussed with the healthcare provider, local health department, and NYSDOH for proper interpretation.
 - If the patient is symptomatic, inform them to avoid further mosquito exposure by staying indoors or wearing insect repellent during the first week of symptoms.
- Provide the NYSDOH *Information on Zika Testing Fact Sheet* to the patient. The fact sheet can be found here: http://www.health.ny.gov/diseases/zika_virus/docs/testing_fact_sheet.pdf
- **Instruct the provider to complete:**
 - An Infectious Disease Requisition (IDR) form available at: http://www.wadsworth.org/sites/default/files/WebDoc/1065760803/infectious_diseases_requisition_DOH_4463.pdf /

AND

- A written order / prescription that includes the following:
 - Patient's name
 - Patient's complete address
 - Patient's date of birth
 - Providers New York State Licensure number
 - Order for serum and urine polymerase chain reaction (PCR) and serum for serology for Zika virus.
- In collaboration with the patient, **identify the laboratory collection site** to be used. **NOTE:** UR Thompson Health, Strong Memorial Hospital, and Rochester General Hospital are locally available specimen collection sites. Additional collection sites may be found at: <https://commerce.health.state.ny.us/hcportal/docs/Source/hpn/preparedness/zika/ZikaCollectionSites.pdf>
- **Print out a copy of the Zika virus testing “Registration Ticket”** for inclusion in the agency record.
- **Email or fax the Zika virus testing “Registration Ticket” to the patient.** It may be necessary to fax the “Registration Ticket” to the provider or identified laboratory, if the patient does not have an email or fax address. Local laboratories are requesting a hard copy of the “Registration Ticket”.

NOTE: Patients must present an order / prescription from a NYS licensed healthcare provider, an infectious disease requisition, and local health department Zika virus testing “Registration Ticket” to obtain laboratory testing.

- Provide circumstance specific education as follows: (See <http://www.cdc.gov/zika/index.html> for the most up-to-date information).

Pregnant Woman:

- Use condoms the right way, every time, for vaginal, anal, or oral sex or abstain from sexual activity *with male partners* who have lived or traveled to an area with Zika virus *for the duration of the pregnancy*. **NOTE:** According to the CDC, Zika may not show up positive in the blood but may be present in the semen, so a negative blood Zika test does not exempt the need for consistent, correct condom use.
- There is currently no evidence that Zika virus infection poses a risk of birth defects in future pregnancies.
- Because of the benefits of breastfeeding, mothers are encouraged to breastfeed even in areas where Zika virus is found.
- Consult with your OB/GYN.

Males:

- Zika virus can be sexually transmitted from an infected man to his sex partners.
- Use condoms the right way, every time, for vaginal, anal, or oral sex or abstain from sexual activity *with pregnant partners for the duration of the pregnancy*. According to the CDC, Zika may not show up positive in the blood but may be present in the semen, so a negative blood Zika test does not exempt the need for consistent, correct condom use.
- Men who have possible Zika virus exposure without clinical illness consistent with Zika virus disease should consider using condoms, the right way, every time, for vaginal, anal, or oral sex or abstain from sexual activity for at least 8 weeks after last possible Zika exposure to prevent disease transmission to your sex partners.

- Men who have possible Zika virus exposure without clinical illness consistent with Zika virus disease should wait at least 8 weeks after possible exposure before attempting conception.
- Men who have confirmed Zika virus infection or clinical illness consistent with Zika virus disease should consider using condoms, the right way, every time, for vaginal, anal, or oral sex or abstain from sexual activity for at least 6 months after onset of illness to prevent disease transmission to your sex partners.
- Men who have possible Zika virus exposure with symptoms consistent with Zika virus disease should wait at least 6 months after symptom onset *before attempting conception*.
- Men who have been diagnosed with Zika virus disease should wait at least 6 months after symptom onset *before attempting conception*.

Non-Pregnant Females:

- Women who have possible Zika virus exposure with or without clinical illness consistent with Zika virus disease, should *wait 8 weeks* after Zika symptom onset or 8 weeks after last possible Zika exposure *before attempting conception*. Contraception should be used correctly and consistently for 8 weeks after Zika exposure or Zika symptom onset to prevent a pregnancy during this time period. Confer with your OB/GYN for the most effective contraceptive that can be used correctly and consistently to prevent pregnancy.
- Consider using condoms the right way, every time, for vaginal, anal, or oral sex or abstain from sexual activity *with men who have possible Zika virus exposure **without clinical illness**, for at least 8 weeks after last possible Zika exposure, to prevent disease transmission*.
- Consider using condoms the right way, every time, for vaginal, anal, or oral sex or abstain from sexual activity *with men who have **confirmed Zika virus infection or clinical illness** consistent with Zika virus disease, for at least 6 months after onset of illness to prevent disease transmission*.
- Delay attempts to conceive for at least 6 months after symptom onset with men who:
 - Have confirmed Zika virus infection **OR**
 - Have clinical illness consistent with Zika viral disease
- Consult with your OB/GYN if you are planning a pregnancy.

NOTE: See the Centers for Disease Control and Prevention Zika Virus webpage for the most up-to-date information: <http://www.cdc.gov/zika/index.html>

- [Provide the fact sheet on condoms and using condoms correctly to the patient, if applicable. These fact sheets can be found here: https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/using-condoms/](https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/using-condoms/) OR <http://www.cdc.gov/condomeffectiveness/brief.html#Condom>
- **Immediately notify the NYSDOH Regional Epidemiologist of the testing request:** Contact Glenda Smith at NYSDOH 315-789-3058 or Christina Hidalgo at 716-847-4514 for approval.

REPORTING AND MAINTAINING CASE INFORMATION:

The Electronic Clinical Laboratory Reporting System (ECLRS), used in conjunction with the Communicable Disease Electronic Surveillance System (CDESS) will be used to report and maintain case information. Refer to the Communicable Disease Policy and Procedure Manual.

Providers can access public health consultation for assistance with interpretation of results by calling the NYSDOH Zika Information Line at: 1-888-364-4723 Weekdays between 9AM and 5PM.

GUIDANCE FOR AFTER HOUR CALLS

Zika virus testing is **only** performed during normal business hours. If a call related to Zika virus testing is received after normal business hours, obtain the following information:

- Patient's name
- Patients address
- Patients phone #
- Patient's travel history include locations and dates
- If female: Patient's pregnancy status
- Patient's primary care provider and/or OB/GYN if pregnant

Instruct the provider:

- There is **NO** situation in which Zika virus testing is an emergency.
- Do **NOT** obtain Zika virus testing specimens.
- Public health staff will contact the patient and primary care provider on the next business day to arrange for testing.

RECORD RETENTION

Follow instructions as outlined in the Communicable Disease Policy and Procedure Manual.

REFERENCES:

Centers for Disease Control and Prevention. (n.d.) *Zika virus*. Retrieved from <http://www.cdc.gov/zika/index.html>

New York State Department of Health. (March 2016). *Zika virus*. Retrieved from http://www.health.ny.gov/diseases/zika_virus/

See health alerts on NYSDOH Health Commerce System for NYSDOH guidance.

Open Positions 2016												
Department	1/25/16	2/22/16	3/25/16	4/22/16	5/21/16	6/30/16	7/24/16	8/25/16	9/29/16	10/26/16	11/23/16	12/21/16
Administration												
Receptionist, PT	1	0	0	0								
Fiscal												
Medical Billing Clerk	1	1	1	1								
Nursing												
RN, Coordinator of Nursing Education	1	1	0	0								
RN Supervisor, FT	1	0	1	1								
RN Supervisor, Sub	0	0	0	0								
RN, FT	3	4	2	1								
RN,PT	0	0	0	0								
LPN, FT	0	2	2	1								
LPN, PT	1	0	0	0								
LPN, Sub	0	1	1	0								
CNA, FT	0	2	2	1								
CNA,PT	8	7	6	2								
CNA,Sub	3	3	2	1								
Sitter	2	2	2	1								
7 start on 5/9/16: RN/FT, LPN/FT, 4 CNA/PT, Sitter/PT												
Total:	21	23	19	9	0	0	0	0	0	0	0	0
Temp positions are not counted in total positions												
2016 budget: added 2 CNA FT, 1 LPN Sub												
2016 budget: removed 1 CNA sub												
created new 3/15/16: RN FT Super												
removed 3/15/16: 2 RN FT												
Total positions (FT,PT,Sub) = 224												
Total employed as of 4/22/16 = 211												
Employee Turnover 3 mo. (1/1/16 - 3/29/16) = 3/211	1.4%											
Employee 6 mo Retention (10/1/15 - 3/31/16) = 9/11	82%											
total 11 hired (2 left, 9 still employed)												
Employee 2 yr Retention (4/1/14 - 3/31/16) = 54/87	62%											
total 87 hired (33 left, 54 still employed)												

Wayne County Nursing Home STATISTICAL DASHBOARD

	YTD 3/31/2016	Prior Year 2015	
Revenue	\$ 4,743,136	\$ 19,184,656	
Expenses	\$ 4,870,291	\$ 20,771,875	
Net Operating Margin	\$ (127,155)	\$ (1,587,219)	
Other Income (IGT)	\$ -	\$ -	
Profit (Loss)	\$ (127,155)	\$ (1,587,219)	
Budget Income (loss) Does not include Retirement	\$ (1,654,596)	\$ (4,220,849)	
Variance from Budget (Over) Under	\$ 1,527,441	\$ 2,633,630	
Operating Margin	-2.7%	-8.3%	
Fund Balance Cash	\$ 6,615,159	\$ 6,742,314	
Cash Balance as of 3/31/2016	\$ 6,459,997		
Days Cash	112	113	
A/R <30 days	\$ 952,807	\$ 1,010,099	
A/R 31 - 120 days	\$ 572,081	\$ 1,118,222	
A/R >120 days	\$ 845,213	\$ 878,797	
Average Daily Rate	\$ 254.99	\$ 257.70	
Average PPS Rate	\$ 485.97	\$ 502.66	
Outpatient Services visits	73	226	
Outpatient Services Gross Profit Margin	\$ 1,247	\$ 3,956	
		\$ 17,439	
Meals/Catering income vs. projected income			
MOW	Current \$ 10,109.00	Budget \$ 8,750.00	Prior Year \$ 29,397.60
Jail	\$ 53,614.00	\$ 50,000.00	\$ 231,355.78
Café	\$ 13,451.00	\$ 13,750.00	\$ 45,035.19
Catering	\$ 1,680.00	\$ 1,500.00	\$ 10,818.75
	\$ 78,854.00	\$ 74,000.00	\$ 316,607

Avg. Facility Occupancy - % (Budget 96%)	96.47%	97.80%	96.60%
Short Term Occupancy - % (Budget 78%)	77.80%	81.50%	79.40%
Long Term Occupancy - % (Budget 98%)	99.10%	99.20%	99.10%

Number of Admissions	30	67	298
% Discharges Home - All	54.55%	49.40%	42.27%
% Discharges Home - Rehab	78.26%	78.26%	62.02%

% Hospitalized Since Admission (Short Stay)	28%
Re-Hospitalization w/in 30 days of Admission	19

	Jan-16	Jul-15	Jan-15	Jan-14
Total Number of Residents	185	186	183	189
Average CMI for Full House	1.05	1.07	1.03	0.95
Total Number of Medicaid Residents	137	143	136	143
Average CMI for Medicaid Residents	0.97	0.99	0.93	0.86

Medicare 5-Star Overall Rating

	2016	2015	2014
5-Star Health Inspections		2	4
5-Star Staffing Rating		3	3
5-Star Quality Measure Rating		2	4

New York Quality Pool

	2015	2014	2013	2012
Overall Score	53	50	55.17	44.73
Percent of Employees Vaccinated for the Flu	91	93	89.38	68
Number of potentially avoidable hospitalizations per 10,000 long stay days	5.5	6.9	4.22	6.8
Annual Level of Agency Staff Used	0	0	1.7	2.1
Quintile Rank	second	third	second	forth
# Quality Measures in desired range of those in Quality Pool	9/14	9/14	8/11	

Open Positions	9
Nursing Openings	3
Aide Openings	5

Employee Turnover 3 mo. (1/1/16 -3/31/16) = 3/211	1.4%	17%
Employee 6 mo Retention (10/1/15 - 3/31/16) = 9/11	82%	
Employee 2 yr Retention (4/1/14 - 3/31/16) = 54/87	62%	

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 5/2/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Awarding Contract for Food and Nutrition, Housekeeping, and Maintenance Services at the Wayne County Nursing Home

WHEREAS, the Board of Supervisors received the bids for Food and Nutrition, Housekeeping, and Maintenance Services for the Wayne County Nursing Home in accordance with the provisions of Section 103 of the General Municipal Law; and

WHEREAS, the proposals received for Food and Nutrition, Housekeeping, and Maintenance Services are as follows:

	Total Labor Cost & Fees	Food Cost	Other Food Service Expenses	Housekeeping	Maintenance	Total
Healthcare Services						
2016	\$2,459,015.52	\$754,336.25	\$65,128.42	\$12,165.92	\$21,844.00	\$3,312,490.11
2017	\$2,532,788.04	\$757,145.09	\$65,128.42	\$12,165.92	\$21,844.00	\$3,389,071.47
2018	\$2,608,771.67	\$760,560.25	\$65,128.42	\$12,165.92	\$21,844.00	\$3,468,470.26

total \$10,170,031.84

	Total Labor Cost & Fees	Food Cost	Other Food Service Expenses	Housekeeping	Maintenance	Total
Sodexo						
2016	\$2,325,710.00	\$749,428.00	\$142,961.00	\$100,255.00	\$71,960.00	\$3,390,314.00
2017	\$2,383,853.00	\$764,417.00	\$145,820.00	\$102,260.00	\$72,849.00	\$3,469,199.00
2018	\$2,443,449.00	\$779,705.00	\$148,737.00	\$104,305.00	\$73,756.00	\$3,549,952.00

total \$10,409,465.00

Evaluation Criteria:	Evaluation	Healthcare Services	Sodexo Operations, LLC
Cost	0-30	27	21
Understanding of Work	0-20	12	19
Qualifications	0-20	11	17
Nursing Home Experience	0-10	7	9
Rehabilitation Experience	0-10	7	7
Geriatric Experience	0-10	8	9
TOTAL		72	82

WHEREAS, proposals were submitted by Sodexo Operations, LLC and Healthcare Services; and

WHEREAS, after review of each proposal it is recommended that Sodexo Operations, LLC will be retained to provide food and nutrition, housekeeping, and maintenance services; and

WHEREAS, the nursing home advertised for proposals with a grading scale outlined in the RFP titled "method of award"; the nursing home reviewed all proposals and assigned a grade to each measure; and

WHEREAS, Healthcare Services came in with a lesser amount with their pass-through costs but their total labor cost and administrative fees were significantly more than Sodexo Operations, these costs are directly related to overhead and cannot be minimized through better cost awareness processes; now therefore be it

RESOLVED, that the proposal submitted by Sodexo Operations, LLC is determined to be the best fit to serve the requirements of the Wayne County Nursing Home, based upon the criteria established by the Request for Proposals; and be it further

RESOLVED, that the proposal from Sodexo be accepted; and be it further

RESOLVED, to authorize the Chairman of the Board of Supervisors to execute a Contract on behalf of the Wayne County Nursing Home, subject to the County Attorney's approval as to form and content with Sodexo Operations, LLC for the provision of Food and Nutrition, Housekeeping, and Maintenance Services for July 1, 2016 to June 30, 2018 with the option to renew for two (2) additional one (1) year periods; subject to the County Attorney's approval as to form and content.

Budgeted: yes no Proposed Cost: _\$ _____ Reimbursed Amount _\$ _____ County cost 0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes no by: _____

Personnel Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 5/2/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorization to write off un-collectable accounts for the Wayne County Nursing Home

Brief Explanation:

WHEREAS, the Wayne County Nursing Home has an allowance for Un-collectible Accounts; and

WHEREAS, after thorough review and collection efforts there is a remaining balance on twenty- four (24) accounts for the year end of 2015; and

WHEREAS, the uncollectable accounts were \$69,629.98 for year end of 2015; and

WHEREAS, the Wayne County Nursing Home has determined that the twenty- two (22) accounts with remaining balances are un-collectible from any payer source;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors authorizes the Wayne County Nursing Home to write off said twenty- two (22) accounts totaling \$69,629.98

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost ___

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 5/2/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorizing to extend (1) full time temporary Activity Aide position

WHEREAS, one (1) activity aide employee of the nursing home has been out on family leave from June 18, 2015; and

WHEREAS, the Wayne County Nursing Home created one (1) full time temporary Activity Aide position for one year or until the permanent employee returns to work; and

WHEREAS, the permanent employee is due to return from family leave sometime in June, 2016; however, the facility has not received any documentation stating the restrictions or limitations for this employee when she returns from family leave; and

WHEREAS, the Nursing Home is seeking to extend the temporary Activity Aide position for the remainder of the 2016;

WHEREAS, the Nursing Home administrator believes the residents would benefit from an additional Activity Aide because providing more activities helps improve residents quality of life in the nursing home; and

WHEREAS, the Nursing Home will utilize budgeted but unspent funds from other vacant positions to offset the costs of the added full time temporary Activity Aide position; and

RESOLVED, that the Board of Supervisors authorizes the Wayne County Nursing Home to extend the one (1) full time temporary Activity Aide position for the remainder of the year.

Budgeted: yes ___ no X Proposed Cost: _____ Reimbursed Amount _____ County cost 0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008