

**Madison County Board of Health Meeting**  
**Thursday, November 19, 2020 6:00 pm via Zoom**  
<https://zoom.us/j/99238378668?pwd=UXNIVEJ3M2EvL2MwQXprQlZSL3IMUT09>  
**Meeting ID: 992 3837 8668 Passcode: 9u3dWP**

**Members**

Dr. Robert Adams DDS, Chair  
Dr. Suzanne Sheldon, DVM  
Andrew Thomas, Public  
Crystal Webb, Public  
Larry Peek, Engineer

Rachel Smith, RN and Vice Chair  
Matthew Wechtel, Commissioner  
Loretta Leake, NP  
Diana Rogers, RN, Public  
Hanna Hardin, Pharmacist  
Dr. Marianna Daly, M.D. Ex Officio  
Dr. Melissa Robinson M.D. Ex Officio

Regular Meeting       Special Meeting

**AGENDA**

- I. Welcome and Call to Order** Chair, Adams      3 min
- II. Consent Agenda - Approval of** Chair, Adams      5 min
- a. **Agenda:** Chair Adams asked that a motion be made to approve the agenda, Rachel made a motion that the agenda be approved and Dianna Rogers 2<sup>nd</sup> the motion. The motion passed unanimously.
  - b. Board of Health Minutes July, August, September (no meeting) Chair Adams asked for a motion to approve the July minutes. Larry Peek made a motion to approve the July minutes and Rachel Smith 2<sup>nd</sup> the motion. The minutes were approved unanimously by the Board.
  - c. **August Special meeting:** Chair Adams asked that a motion be made to approve the minutes for the special meeting in August, Dianna Rogers made a motion to approve the minutes for the special meeting in August and Rachel Smith 2<sup>nd</sup> the motion. The motion passed unanimously.
- III. Public Input Session:** There were no community members present. Community
- IV. Case Study:** Dr. Robinson      20 mins
- V. Dr. Robinson** did a case study on Mashburn which is Hot Springs Health Program respiratory clinic that is their COVID testing site.
- ONE DAY AT MASHBURN, A "COVID POSSIBLE" CLINIC**
- Only patients w/ potential COVID symptoms are included. Others were seen for problems such as lacerations, etc., but could not be seen at "COVID UNLIKELY" clinic such as Mars Hill due to travel, etc.
- POSITIVES**
- 67 yo M: Did not taste his morning juice. He works in construction and was working in another person's home.
- 30 yo M: . Mild cough, throat pain, 100.5°. Works at French Broad EMC.
- 73 yo M: with DM2, CKD, HTN. Cough, ShOB, GI. Out-of-state truck driver.
- NEGATIVES**
- 52 yo M: Runny nose, ear pain.
- 31 yo M: with chronic back pain. Body aches, headache.
- 24 yo F: 103°, sore throat, headache (strep also negative)
- 67 yo F: with DM2, CKD, obesity, HTN. Recheck on bronchitis.
- 32 yo F: Body aches, throat pain, GI.
- 70 yo F: with CAD. Hospital f/u on chest pain, ShOB, related to a small hemorrhage causing anemia.
- 65 yo M: with CAD. F/u on pneumonia.
- 30 yo F.: Chills, body aches, throat pain, GI.
- 61 yo F: with migraines. Headache. (4th COVID-19 test since June)
-

UNKNOWNNS

72: yo M with COPD. ER f/u on COPD exacerbation. COVID-19 was considered in the ERs DDX, but I found no evidence of COVID-19 test or refusal.

Tammy added that we are seeing more younger children with COVID. She also reported on a case of a man in his late 50's ten days into COVID and he became very sick. A friend reported to us that the last time she spoke to him he stated he was very sick with a high fever and she had not been able to get in touch with him since then. We were able to get in touch with him he went to Mashburn the next day and was hospitalized with COVID Pneumonia Dianna shared an incident that occurred with her brother-in-law while on vacation in Charleston S.C. in October. She stated that he had had COVID in July and had recovered. While on vacation he became ill and started shaking and became paralyzed. He remained paralyzed for 12 hours. The doctors at the hospital ran multiple tests on him and the only thing they could come up with was a delayed reaction to COVID. This is an illness that effects people in different ways. Tammy thanked the Board for being so generous to her in September when she was also so sick with COVID. Discussion continued about COVID and Larry Peek asked for clarification on what means to be exposed to someone with COVID. Tammy explained that you must be within close contact, 6 feet or less for 15 minutes. This does not have to be 15 minutes at one time. It can be throughout the day. It does not matter if you had a mask on. If you know you have been exposed, you need to call the Health Department, or your primary physician and they will tell you what to do concerning quarantining. Tammy also discussed the issues with CVS when they started testing. We were not getting their test results, so we were unable to talk to the person if they tested positive about quarantining and who in their household needs to quarantine. Rachel asked what the ramifications are if someone does not quarantine. Tammy realistically reported that quarantine is very hard to enforce. The guidance from the CDC states that you should look at who you were in contact with 48 hours prior to symptom onset. Robin shared with everyone that she was under quarantine due to exposure for 14 days. The best time to test after a known exposure is 5 to 7 days and you can get sick up to 14 days after exposure. Robin stated that you can test as soon as you know but there is a 40% chance that it will a false negative if you test before day 5.

**Announcements:** No announcements

All

Tammy shared that Dr. Daily came by this week. She is struggling with Lymphedema in one of her legs. She changed her Hospice provider, and she is very happy this new provider.

**VI. New Business**

- a. **BOH Annual Training** Vice Chair Smith 60 min  
 Vice chair Smith provided training on the Board of Health members role and responsibilities. She also discussed the BOH responsibilities for Accreditation and reasons behind those responsibilities. She explained the importance of these roles. The BOH had questions and discussion around the topics. Some of the items presented and discussed:
  1. The Board of Health must review finances every meeting.
  2. The Board of Health must discuss service cost, bad debt report, and the final budget
  3. The Board of Health has a roll in the Community Health Assessment.
  4. The Board of Health must ensure that the Health Director has the required credentials, review the Health Directors job description, and do an annual evaluation on the Health Director. Also, if the Health Director leaves, the Board of Health will ensure that new Health Director is found.
  5. Board Members must participate in annual trainings.
  6. Board Members must also be involved with policy/procedure for adjudications.
- b. **BOH Annual Training** Tammy  
 Due to COVID, the BOH voted to do an individual training. BOH members are reviewing their USB Drive. This drive has the handbook/operating procedures, as well responsibilities and roles. We are asking that that you send an e-mail to Tammy stating your name and that you have received the USB Drive, and that you have reviewed the material on it. This is an accreditation requirement, and much of our money is tied to our accreditation.
- c. **Updated BOH Handbook/Operating Procedures** Tammy 20 min  
 The Operating Procedures had one update this year and that was meeting via Zoom. Chair Adams asked that the Operating Procedures be approved, Dianna Rogers made the motion that operating procedures be approved and Rachel Smith 2<sup>nd</sup> the motion. The motion was approved unanimously.
- d. **CFPT Annual Report** Tammy 15 min  
 Tammy presented the annual Child Fatality Protection Team to the Board of Health. The team reviewed one death of an infant.



e. **Bad Debt Report**

Tammy

15 min

Tammy presented the Bad Debt report, explaining that the \$4,952.00 this is for patients we have seen at the HD. This is 29 individuals who have not on their bill in the past year. Tammy asked for permission to send this to the state so that the money can be collected when the individual receives their income tax payment. Tammy did state that this less than in years past, but we are behind in some of our billing. Tammy did remind everyone that we have a sliding fee scale. Chair Adams asked that a motion be made to approve the bad debt write of \$4,952.00. Rachel Smith made a motion to approve the bad debt write off and Larry Peek 2<sup>nd</sup> the motion. The Board Members voted, and the motion was unanimously approved.

f. **Administrative Reports**

a. **Medical Director's Report**

Dr. Robinson

15 min

Dr. Robinson asked that we update her e-mail

[MelRobinson@gmail.com](mailto:MelRobinson@gmail.com) was never correct and may have caused some missed e-mails. My apologies if I missed some! Please use [MRobinson@madisoncountync.gov](mailto:MRobinson@madisoncountync.gov), [MelissaR@hotspringshealth-nc.org](mailto:MelissaR@hotspringshealth-nc.org), or [MelRobinson2014@gmail.com](mailto:MelRobinson2014@gmail.com).

**COVID**

The CDC is urging Americans not to travel for holidays. We are working on vaccine preparedness. Three vaccines are showing high efficacy, likely deployed to health care workers and most vulnerable around New Year.

**HSHP:**

- Mashburn – respiratory clinic. Other clinics – well clinics.
- Mashburn is very busy. Uptick in testing d/t both rising local #'s and Health Dept staffing issues.
- Using rapid test at provider discretion; all are followed by PCR test d/t reliability issues.
- Working w/ MHU infirmary
- Working towards vaccine preparedness.
- Patients express conflicting views on efforts such as masking, tarps, separation of clinics.

**MAT (Medication Assisted Therapy for Opioid Use Disorder)**

- Gaining patients in clusters, but at overall steady rate. We have now served total of 32 since inception June2019. 24 patients in treatment now, with 7 insured and 17 paid by grant.
  - Funding - \$70K from App Regional Commission, \$70K from NC State, June2019-June2021.
    - Time 3/4 spent, grants 1/2 spent. Will be looking for extensions/renewals soon.
    - Cost-neutral or profitable to Health Dept
    - Cost effective in terms of health-care dollars even in start-up stage (\$3K/patient so far compared to cost of just one ER admission for overdose)
  - Program expansion limited by patient referrals so far, but we are nearing current staff capacity.
  - Advertising – WOM has been most effective, though we have also done newspaper, syringe exchange outreach, MSAC, etc.
- Mental Health** Mental Health resources overwhelmed – MAHEC Psych Residency and Pisgah Inst not accepting new pts currently.

**Hep C** 22 cured, 9 currently in treatment (significant increase in last 6 months)

Dr. Robinson reported that her time at the Health Dept is through a contract with HSHP. HSHP is currently able to spare her only 4 hours/week. Most of her time is spent on seeing Hep C and MAT patients.

**b. Health Director's Report**

Tammy

15 min

- Staffing Report: WIC administrative assistant, LPN, Administrative retirement
  - Staff COVID exposures: We have several staff out due to a direct exposure to a positive contact.
  - COVID update
  - COVID-19 County Alert System
  - Testing Building
  - Community Testing
  - Optum: This is lab that is contracted with the state to help with testing. They will be doing our COVID testing
  - Outside exam room
  - Awning
  - Water damage repair, Tarheel Basement Systems
  - Decontamination room
  - Respiratory Illness space
  - Flu
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- Lab delays
- Playground
- Land of Sky, Contract Tracer
- State Contract Tracer
- Dental Grant, Dental Society
- Community Development Block Grant
- Cost Settlement: Discussed previous minutes from 1999 concerning the Cost Settlement. We are still unclear about what should be done regarding this issue. Commissioner Wetchel stated that they have discussed this issue with several auditors, lawyers etc. He believes that the Commissioners discussed the issue with Roberts and Stevens as well. Chair Adams stated that he believes that what happened in 1999 should be shared with the County Commissioners. Tammy also reported that we continue to get significant funds coming in and they continue to be deposited in the Fund Balance. Tammy will send the 1999 documentation to Matt so he can take to the commissioners.
- Dangerous Dog situation and appeals. Dr. Sheldon stated that she would be glad to help with any review concerning the current situation.

**c. Financial Reports**

Tammy

15 min

Tammy presented our Financial reports.

Discussion occurred around staff over time due to COVID-19 and how the upcoming 2021 year will be affected.

**VII. Other Business**

**a. Health Director Job Description /Health Director Evaluation**

Chair Adams

15 min

Chair Adams asked for comments or questions concerning the yearly review of the Health Director and the current job description. The Board had no questions or concerns. Chair Adams asked that a motion for the job description to be approved. Rachel Smith made a motion for the job description to be approved and Dianna Rogers 2<sup>nd</sup> the motion. The job description was voted on and approved by the Board members.

**b. Health Director Evaluation:**

Chair Adams

15 min

Chair Adams asked that the Board give him the approval to sign Tammy's evaluation. A motion was made by Larry Peek and 2<sup>nd</sup> was made by Dianna Rogers. Motion was approved unanimously.

Briefly discussed members rotating off the Board Health. Dr. Dowler has turned in an application for Dr. Robinson's seat and a recommendation that Dr. Sheldon sent looks very promising as well. A review of the Boards member rotating off will be done.

**X. Adjournment**

Chair Adams

Chair Adams asked that motion be made to adjourn, Rachel Smith made a motion to adjourn and Crystal Webb second the Motion. The meeting adjourned at 8:45 PM

**Next Meeting: January 28, 2021**