

PIKE COUNTY HEALTH DEPARTMENT

FISCAL YEAR 2015 ADMINISTRATIVE AGENCY EVALUATION

1. **Medical Policies-Procedures, By-Laws, and Department Policies & Procedures** were reviewed with recommended changes. Necessary changes are identified throughout the year and presented to the Professional Advisory Committee and Board of Health for approval.
2. **Personnel Policies** continue to be reviewed by the Personnel Committee and recommendations for changes are presented to the Board of Health for final approval. All staff have access to the personnel policies approved by the Board and submit to Administrator, written certification that they have reviewed changes and updates. All staff receive written copies of any additions or changes made during the year. Recommendations for position titles, job descriptions, hiring salaries for each position and yearly increases based on cost of living and merit evaluation are researched yearly.
3. **Home Health** Fiscal year 2015, continued to be challenging with changes. The balance of home health staff to coincide with patient needs will always be an ongoing challenge. The biggest change the home health dept. faced was long-standing employee/supervisor Tammy Gilbert retiring at end of year. The transition to new supervisor Cindy Hess has gone smoothly.

Staff continues to learn use of the Brightree software clinical documentation and billing system to utilize functionalities most effectively for internal processes and multiple external regulations. Deyta patient satisfaction surveys, Home Health Compare and CASPER reports, along with record reviews, are utilized to monitor and improve identified QA/PI issues. The results of these chart audits are used for staff education and to focus interventions on problem areas. The Medicare survey in February of 2015, resulted in no deficiencies found. This was an enormous improvement from the review of 2012.

Home Health referrals totaled 286 in FY 15 compared to 285 in FY 14. For FY 15, 214 (75%) of referrals were admitted as compared to 212 (74%) in FY 14. Of the 286 referrals, 72 (25%) were not seen for a variety of reasons, such as patient/family refusal of services, patient not wanting to be homebound, or our agency not in network for patient's private insurance. This number includes evaluation visits, in which nurses went to the home, but patients were not admitted to services in Home Health. Referrals came from the following sources: hospitals, 151 (71%); physicians, 30 (14%); long term care facilities, 23 (9%); insurance company, 1 (1%); and inpatient rehab units 9(3%).

Home Health staff, as in past years, worked with over 100 physicians and approximately 22 hospital discharge planners or long-term care facilities to assure residents of our service area had access to in-home skilled care. This fact seems to demonstrate, that while many of our patients do leave the area to access medical care, they frequently choose Pike County Health Department for their in-home care, once they return home.

Pike County Health Department continues to work closely with physicians, hospital discharge planners and other service providers as a way of keeping them informed of our services. Providing home health education to physicians and their office staff and other area service providers is an ongoing process accomplished through personal contact and written information. Additional advertising through the local radio station, local newspapers, a redesigned brochure and a home health staff presence with a booth at the Pike County Health and Resource Fair, and the Senior Expo, provided more opportunities to educate the public regarding home health services available through Pike County Health Department.

4. **Skilled Nursing** visits in FY 15 decreased to 1377; compared to FY 14 at 1639 visits. This is a decrease of 262 visits. We continue to see a high volume of patients with complicated wound care, patients with multiple complicated diagnoses and patients on infusion (IV) therapy. We work closely with Care Coordination nurses and physicians to assure all patient's needs are met. Admissions, duplicated, in FY 15 were 22, compared to 19 in FY 14. Unduplicated admissions were 192 in FY 15, compared to 212 in FY 14. Medicare continues to be our primary payer source, but we see patients with Medicaid, private insurance, DORS, VA, and private pay. Because of PPS, Medicare recipients and their caregivers require ongoing education about their responsibility in assisting the patient to be as independent as possible within their own environment. With PPS, home health must be able to provide services within the allowed reimbursement amount for each particular patient. Families and caregivers are asked to have an increased role in the care of the patient, with nurses frequently teaching the care.

Our registered nurses are trained to provide routine and high tech nursing, including IV therapy, chemotherapy, wound care, diabetic care, post-operative care, parental nutrition therapy, pediatric and rehabilitative nursing. Pike County Health Department has worked with several infusion therapy and DME companies to provide home infusion care for our patients. All nurses have advanced training with PICC lines, central lines and infuse-a- port, and three nurses have completed pediatric assessment training.

Cindy Hess, RN is the new Home Health Supervisor. Cindy came to our agency with extensive home health experience in Ohio. Additional nursing staff includes Jo Ann Smith RN, Alisha McAllister RN, Erica Betts, RN, all working full-time. Robin Wainman, RN, works part-time. Nurses rotate being on-call, allowing home health services to be available 24 hours a day, 7 days a week.

5. **Home Health Aide** visits decreased by 133 visits for a total of 450 visits in FY 15 as compared to 583 in FY 14. At the end of FY 15, there were 4 part time (1 being on medical leave) and 1 PRN Home Health Aides (each a certified nursing assistant). In addition, PCHD continues to contract with Blessing Hospice to provide HHA visits for their hospice patients. In FY15, we provided 593 hospice visits, compared to 554 in FY 14, under this hospice contract.

6. **Homemaker** visits provided in FY 15, through the Private Duty Program, were 422 plus, 258 under Home Health (VA or DORS patients) for a total of 680 visits; in comparison to 687 visits in FY 14. We continue to refer patients to the Department on Aging for those patients who have no payer source. We continue to provide homemaker services through the Department of Rehabilitation Services (DORS) and the Veterans Administration (VA) as ordered by physicians.
7. **Speech Therapy** visits were 35 in FY 15 compared to 1 in FY 14. These visits are provided through a service agreement with one speech therapist on a PRN basis. Visits are made per physician order.
8. **Physical Therapy** services are provided by PCHD employee, Mindy Gunterman, Physical Therapist, and through contractual agreement with Rehab Care Group and Advance Therapy Services. There were 902 PT visits made in FY 15, compared to 972 in FY 14. This is a decrease of 70 visits.
9. **Occupational Therapy** OT services were once again available through our contract with Advance Therapy services starting in January 2014. There were 253 visits in FY15, up from 123 in FY14.
10. **Registered Dietitian**: Two visits were made to home health patients in FY 15; 5 were made in FY 14. These visits cannot be reimbursed directly but can be included in our cost reimbursement and are a great benefit to our patients. Our low numbers for dietitian referrals are possibly a result of extensive diet teaching done in the hospital setting and by reinforcement of diet teaching from our nurses in home health. PCHD employee, Registered Dietitian, Mary Moss, provides the dietitian visits.
11. **Private Duty** is a public health program provided by home health nursing staff with reimbursement per private pay. It is the philosophy of public health to assure needed services are available. Private duty nursing visits were 794 in FY 15 compared to 798 in FY 14 (an decrease of 4 visits). Services provided by RNs included case management, venipuncture, medication prefill, insulin syringe prefill, toenails trimmed, or other skilled needs for those who are not eligible for home health services.
12. **Cardiovascular Disease Prevention** Due to multiple staffing changes, no means of reimbursement and new location, all scheduled blood pressure clinics have ceased. If persons present at PCHD requesting a blood pressure check, an available agency nurse does provide this service as a courtesy only.
13. **Diabetes Program** In 2014, due to lack of funding, the diabetes program was eliminated.
14. **Cancer Education & Awareness** Eligible Pike County residents continue to be referred for mammograms and pap smears through the Illinois Breast & Cervical Cancer Program. Hancock County Health Department is the lead agency for the IBCCP program in Pike County. New in 2011, was an agreement between Hancock County Health Department and

PCHD for PCHD staff to promote the IBCCP program in Pike County, with Hancock County providing reimbursement for staff time and mileage, up to \$4000. In FY12, this contract continued with Hancock County Health Department, but at a reduced contracted amount of \$2500. Hancock County provided level funding in FY13 & FY14, for these same outreach services per PCHD staff. The Hancock County IBCCP contract remained in place in 2015 with PCHD staff providing promotion and outreach for the program in Pike County.

15. **Tobacco** Since 2010 PCHD staff have provided educational prevention activities, by invitation, at the annual Rotary Prevention Day reaching over 300 junior high students each year from throughout the County. This has continued annually, including in FY 2015.

The Illinois Toll-Free Tobacco Quitline number continues to be distributed through all PCHD programs and through local MD offices, dental offices, and Illini Community Hospital. The partnership continues with the American Lung Association's Illinois Tobacco Quitline, providing free phone counseling for those wishing to quit tobacco.

Enforcement of the Smoke Free Illinois Act began on January 1, 2008. In FY 08, there were 8 documentable "first time" smoking complaints. In FY 09, there was only 1 official complaint. In FY 10, we received 4 anonymous complaints and only 2 anonymous complaints in FY 11. In 2012 and 2013 there were no official complaints, and again only 2 anonymous complaints. In 2014 a couple of anonymous complaints were investigated and education provided to the establishments owners. EH staff continues to follow-up on complaints and to send letters to all food service establishments and hunting lodges, promoting and explaining the SFIA requirements. EH staff also continues to assess each food facility during inspections, for potential problems in accommodating the SFIA. Written policies for enforcement are in place. The IDPH web site is utilized as our complaint and enforcement log.

In FY 2015, EH staff observed a violation of the SFIA laws during a routine consultation and wrote two tickets. One ticket was written to the employee smoking and the other to the business for allowing the smoking to occur. Both tickets were originally contested but they plead guilty and dropped the request for a hearing.

In FY 2015, until June, the local tobacco coalition continued to meet quarterly, to increase awareness of tobacco laws, regulations, and local concerns. Coalition members include representatives from PCHD, the Pike County Sheriff's Department, Illini Community Hospital, a local physician office, a local church, local mental health professionals, and a representative from the Pike County Public Housing Authority. The coalition assisted the housing authority in educating their residents and implementing a "no smoking" policy in housing units. Due to the change in grant requirements and decreased funding, the Coalition has not met since July 8, 2015.

In FY 2014 through June 2015, we continued the collaborative agreement with Pike County Sheriff's Department in which deputies assist with education and enforcement of the SFIA, with an emphasis on visiting county bars with educational materials and for compliance

checks. The tobacco grant requirements and funding changed beginning 7/1/15-6/30/16. Funding decreased and only the Environmental Health staff continued the education and enforcement of the SFIA during their inspections.

16. **Pike County Wellness Benefit** PCHD coordinates and promotes the wellness benefit program for county employees. Email is utilized in the promotion of upcoming wellness screenings and general reminders to all county employees that shared their email address on their claim form. During CY 15, 76 county employees utilized the wellness benefits as compared to 84 county employees in CY 14.
17. **Laboratory Services** provided by the health department include hemoglobin by Hemocue in WIC and Family Planning, pregnancy testing, urinalysis by dipstick, and microscopic wet mounts in Family Planning. Capillary lead is obtained and sent to the state lab for testing. Pap smears along with Gonorrhea and Chlamydia are sent to Quest Diagnostics. Venous blood specimens ordered by a physician through home health are sent to Illini Hospital or other specified labs. Water samples are sent to the state lab. State lab is also utilized for Communicable Disease specimens. We are certified as a waived lab through CLIA.
18. **Immunization Program** Regular immunization clinics are held 2x / month at PCHD. These clinics extend into the evening hours to accommodate working adults and offer recommended vaccinations for both children and adults. Immunizations are also available by appointment and on a walk-in basis. An emphasis on Tdap, HPV, Hepatitis A and Meningitis vaccinations are promoted during the summer months to meet school requirements and meet current CDC vaccine recommendations. We continue to collaborate with providers to promote continuity/completeness of immunization records and have continued to enter immunizations given into the statewide computer system immunization registry. Most immunization dates listed in the private physician's EMR (electronic medical record) now feed into the statewide immunization registry, improving access to immunization records to all healthcare providers.

Pike County continues to have strong infant immunization rates. For those infants who are in the I-CARE immunization registry, 74.5% of children 24-35 months of age are fully vaccinated. The goal of Healthy People 2020 is 90%.

All VFC (Vaccines For Children) providers must use the web based I-CARE system for vaccine accountability and ordering. PCHD has been a useful resource for providers in our community who are new to the system.

The Affordable Care Act and changes to the VFC program at the national and state level began to affect PCHD's Immunization Program for children in FY 13 and this continued throughout FY 15. PCHD has seen a decrease in our immunization numbers. Several factors are felt to have contributed to decreased vaccinations at PCHD. One being that vaccinations are now offered by community pharmacies; another is that the Illinois school vaccination requirements are now in line with the required school physical exam time-line,

so providers capture the vaccinations at the time of the school physical. Patients feel it is easier for them to have insurance billing done by private providers; they already know they are “in network” and don’t have to check with their insurance company before vaccination like we ask of them here . The ACA requires vaccinations be covered, so many do not qualify for VFC vaccine when they did in the past. And since most health departments have not traditionally done insurance billing, patients don’t recognize PCHD’s ability to do insurance billing. All of these factors have contributed to decreased vaccinations at PCHD.

Insurance billing for vaccinations began in 2013 and grew steadily throughout 2014 but has decreased in FY 15. In 2013, insurance immunization billing totaled \$19,287.00. In 2014, this total was \$21,000.00 and in 2015, \$11,170.00 was billed to insurance for immunizations. Due to the Illinois state budget impasse affecting PCHD, limited staff time for billing, & shortened work week, PCHD did not do insurance billing for child flu vaccinations this flu vaccination season. This caused a decrease in the insurance revenue generated and also affected total vaccination numbers for FY15. Insurance billing has been challenging, and PCHD is sometimes left with unpaid bills from the insurance company or from the client. Because of the intricacies involved with insurance billing and potential for unpaid claims, PCHD may not be able to continue to offer this option for clients.

Adult vaccines are purchased privately from the manufacturer or distributor. The adult patient pays for the cost of the vaccine plus administration fee out of pocket; or PCHD bills the patient’s insurance.

Travel counseling regarding communicable disease and travel vaccinations such as Hepatitis A, Hepatitis B and Typhoid vaccine are available through our immunization program.

As the Illinois state budget crisis continued in FY 15, PCHD purchase of private adult and travel vaccinations was decreased. Only those vaccinations deemed to be absolutely necessary (such as Hepatitis B vaccine and Tdap) were purchased. Clients were asked to pre-pay for travel vaccines such as Typhoid vaccine & then PCHD would order the vaccine.

Twenty five flu vaccination clinics were held in FY 14; 15 flu clinics were held in FY 15. This year, adult flu clinics were scheduled only during the month of October; to offset this walk-ins were encouraged throughout the flu vaccination season. There were 1,036 adult flu vaccinations given, 203 child flu doses given, and 16 adult pneumococcal vaccinations administered in FY 14. There were 868 adult flu vaccinations given, 186 child flu vaccinations given, and 13 adult pneumococcal vaccinations administered in FY 15.

Grand total of **all** immunizations given in FY 14 was 2,193 vaccinations given with 1,661 client contacts. FY 15 total was 2,008 vaccinations given with 1,493 client contacts.

In January 2015, IDPH announced a new vaccination program program called VFA (Vaccines For Adults). PCHD enrolled in the program. VFA is similar to the VFC program, as a way to provide vaccines at no cost to those un-insured or under-insured adults. Fifty one VFA vaccinations were provided to 35 clients in 2015. As of December

21, 2015, PCHD received notice that the 317-funded VFA program was being suspended until further notice and no additional VFA orders would be approved.

In June 2015, PCHD enrolled in TransactRX. This is a free payer contracting service for health departments to use for processing Medicare Part D vaccination claims. Previously, PCHD did not have capability to bill Medicare Part D and clients were going to pharmacies to receive their Tdap & Shingles vaccinations. Ten clients were served by this program, mostly receiving Shingles vaccine. Unfortunately, the continued state budget impasse has impacted our ability to purchase vaccines for this program.

Current CDC recommendations for adult and child vaccination are followed. PCHD staff is informed about current CDC vaccine recommendations for healthcare providers and efforts are made to make sure all of our staff is adequately immunized. New hires must provide an immunization record and any recommended vaccinations are given to new employees at no cost to the employee. Vaccination and vaccine preventable disease educational programs and updated literature are offered to the public, to PCHD staff, and to health care providers in the community throughout the year.

19. **Communicable Disease** In FY 14, 64 disease investigations (including STD) were completed with 55 of the 64 meeting the CDC case definition (probable and confirmed) for a reportable disease case.

In FY 15, a grand total of 125 disease investigations (including STD) were completed with 108 of the 125 meeting the CDC case definition (probable and confirmed) for a reportable disease case. These 108 were then reported on to IDPH via I-NEDSS. A foodborne disease outbreak involving apple cider (read below) contributed to the increased numbers in FY15. IDPH tabulates reportable disease numbers and submits state numbers to the CDC. *PCHD communicable disease investigations in FY15 without STD numbers are 69 probable & confirmed diseases reported to IDPH.*

FY 15 communicable disease reports included the following diseases: Salmonella, Hepatitis C, Varicella, Chlamydia, Lyme disease, Pertussis, Mumps, Spotted Fever Rickettsioses, Invasive Group A strep, Invasive Haemophilis influenza, Syphilis, Gonorrhea, E. coli, Lyme disease, Ehrlichia, Cryptosporidiosis, chicken pox, bacterial meningitis, and potential Rabies exposure.

In FY 14, no foodborne or waterborne disease outbreaks were investigated. In FY 15, one foodborne disease outbreak was investigated. This outbreak involved a bacterial contamination (Cryptosporidium) of unpasteurized apple cider sold at Pike County Color Drive in October. Over 100 people from 5 states & 10 counties in Illinois were sickened. Six cases were hospitalized. Thirty seven Pike County residents were made ill in this outbreak. This was an intense disease investigation conducted by PCHD and Adams County Health Department, in conjunction with IDPH. The CDC assisted with testing of apple cider samples and stool samples. This disease investigation involved multiple staff members helping with telephone interviews of ill individuals (including cancellation of

regularly scheduled public health programs such as WIC and Immunization clinic in order to free-up staff to deal with the outbreak). Day-to-day conferences were held with IDPH as the outbreak unfolded. Staff provided out-reach to our local healthcare providers, BOH, & County Board. EH assistance was required in collecting cider samples for testing. Frequent consultation with PCHD Medical Director was indicated. Public education and public relations with those entities involved in the outbreak was required. All of the above took place, while also managing an acutely interested news media anxious to get the story out to the public.

In FY 15 PCHD also investigated 3 other disease outbreaks: an influenza outbreak at a long term care facility, an acute gastro-enteritis outbreak (most likely norovirus) at a long term care facility, and suspected pertussis outbreak in the community. In FY15 PCHD also provided follow –up & counseling to several Pike County residents who were Hannibal Regional Hospital patients at the time of a hospital-wide scabies outbreak.

20. **T.B.** In FY 14 there were 193 TB skin tests given with 0 positive tests, 1 chest X-ray required, 1 person on treatment for latent TB infection (LTBI), and 0 active TB cases. In FY 15 there were 173 skin tests given , 0 positive TB skin tests, 0 chest X-rays, 1 person on treatment for latent TB infection, and 0 active TB cases.

Although not an active TB case, the 1 client on treatment for LTBI in FY 14 and FY 15, has required intense case management by PCHD throughout the past 2 years. This client was not compliant with the medication regimen, lab draws, follow-up X-rays, and communication with the TB program. This case involved collaboration with IDPH TB program, PCHD Medical Director Dr. Ronald Johnson, Dr. Venu Reddy, Illini Community Hospital, the patient's local health care provider, local mental health agency and pharmacy, the Pike County Sheriff's office, numerous calls, and a certified letter; all to no avail, since client has not followed preventative treatment regimen. IDPH TB consultant recommends that this case be closed, and this was done.

Clients with positive TB skin tests are referred to their private health care provider or PCHD TB-contracted MD, Dr. Venu Reddy, from Blessing Physician Services for follow-up care. The TB Program (on a case-by-case basis) will assist clients as payer of last resort for treatment and care related by mycobacterium TB or LTBI only. To qualify for payment by PCHD TB program, this treatment and care must meet CDC recommended guidelines.

TB skin testing solution is provided to nursing homes, the Pike County Jail, Illini Community Hospital and other health care providers in Pike County at no cost to them. 18 vials of TB skin testing solution were distributed in FY 14; 10 in FY 15.

21. **HIV/AIDS** There has been no HIV cases diagnosed and reported 2008-2015. There have been no cumulative AIDS cases diagnosed 2008-2015. As of 6-30-15, there are 0 HIV case (living) and 3 cases of AIDS (living) in Pike County. These numbers are the most current data available from IDPH. Illinois Department of Corrections cases are included in county totals.

22. **STD-Sexually Transmitted Infections** There were 36 positive chlamydia tests reported to IDPH by PCHD in FY 14 ; and 34 in FY 15. In FY 15, there were 2 cases of syphilis (unrelated). *Pike County had not had a case of syphilis in over 10 years.* Investigation and treatment of syphilis case & partner was done by PCHD, requiring conference with our medical director. There were 0 gonorrhea cases were reported in FY 14; 3 in FY 15. Syphilis and gonorrhea cases are increasing state wide. Health care providers can report HIV, AIDS, and STD directly to IDPH.
23. **Family Planning Program** PCHD had 376 active Family Planning clients in FY2015, a decrease of 21 from FY2014. All active clients resulted in 999 Family Planning office visits. Approximately 12% of our clients are from out of county compared to 19% in FY2014. Our Comprehensive new exams were down in FY 2015 with 64 initial exams, compared to 85 in FY2014. Annual exams were 164 in FY2015, compared to 179 in FY14. Fifty pap smears were done in FY 2015 compared to 65 in FY14. Twelve of those pap smears were abnormal, with referral to their own MD or the Illinois Breast and Cervical Cancer Program for follow-up as needed. Pregnancy tests performed were 150 in FY 2015, compared to 120 in FY14. Forty nine of those pregnancy tests were positive with referral to PCHD WIC/FCM programs. Pregnancy tests are purchased with FCM outreach funds. Family Planning clinics are offered 3-4days per month. Late clinic hours are available. Nurse practitioners from local MD offices provide coverage for our clinics. A nurse is available Monday through Thursday. Emergency contraceptives may be obtained after work hours by calling Illini Hospital for PCHD on-call staff. Oral contraceptives are dispensed through Family Planning under Dr. Ronald Johnson license. 42% of our Family Planning clients are at a no fee level, compared to 42% in FY 2014, 31% are on a medical card, 1% are at a partial fee and less than 1% are at a full fee. Family Planning clients were referred to our In-Person Assistor for assistance with enrollment in the Affordable Care Act program. Due to loss of grant funding PCHD is no longer able to offer in-person assistor services to assist with enrollment in ACA Program. In FY 2015, we saw 25 male clients in family planning, compared to 22 in FY 2014. Males were offered STD testing for Gonorrhea and Chlamydia, STD screening, education, treatment for positive results and exam if requested by client. We continue to offer urine screening for Gonorrhea and Chlamydia for males and females. Due to requirements by Title X we continue to bill third party insurance companies. 19% of family planning clients are covered by third party insurance compared to 16% in FY2014 .
24. **WIC** (women, infants, children) had an average caseload of 298 clients in FY 15, compared to 328 in FY 14. Our assigned caseload had been decreased to 505 in July 2013. That FY was the first change in caseload since 2007. The caseload was reduced again in July 2015 to 455. We began walk-in clinics on January 2, 2013 with scheduled appointments only for our 2 late night clinics on the first and third Monday evenings. The schedule was revised again 9/1/15 due to the decreased caseload/funding. Clinics are scheduled appointments on 2 half days and 1 full day with Tuesday remaining a walk-in clinic. Our caseload numbers have continued to slowly decrease the past few years. We continue to review our outreach strategy and are also working with DHS to assure we are reaching the target population and methods to increase our caseload. Our WIC program not only provides nutrition education

and nutritious food to WIC families, but also is an excellent method to reach women, infants and children to identify additional needs and for referral to other programs, e.g. physicians, immunizations. Our WIC and Family Case Management programs are 100% integrated. The WIC program continues to provide a variety of free breast pumps to the breastfeeding WIC clients evaluated to be in need of one and continues to have a Breastfeeding Peer Counselor available to pregnant and breastfeeding women. These are described in the Breastfeeding Support section.

25. **Breastfeeding Support** The designated WIC Breastfeeding Coordinator is a Certified Lactation Educator through the UCLA program. One of the two RN Case Managers, the WIC Breastfeeding Coordinator, and the Breastfeeding Peer Counselor have attended the Certified Lactation Counselors Program through the Health Education Associate's course. Breastfeeding is promoted through WIC clinics and at home visits to all clients. Assistance is provided on an "as needed" basis to anyone requesting such. We have breast pump kits (manual and for the electric pump) available for purchase and electric pumps available for rent for non-WIC clients. There are free breast pumps available to the WIC clients. These pumps were provided by the state in previous fiscal years based on requested orders. These are given to the WIC clients in need of one without charge. The electric pump must be returned to the clinic, but all others (manual, mini electric, and personal pump) are for the client to keep. We did not rent or sell any electric or manual pumps to women in FY 15, compared to 2 in FY 14. There were 9 manual or electric pumps distributed to WIC clients in FY 15, compared to 11 in FY 14. There were 36 WIC infants initially breastfed in FY 15, the same as 36 in FY 14. Clients with a medical card/certain insurances can obtain a double electric pump at PCHD through Neb Medical Services (a durable goods provider) with a script from their doctor. This began in May 2015.

In January 2005, the Pike County Health Department received a grant for the hiring and training of Breastfeeding Peer Counselors for the WIC program clients. Six Breastfeeding Peer Counselors were hired initially. During the next 5 years, the number of PCs decreased due to moving, job requirements, and maternity leave and opting not to return. The current PC was hired one month before the remaining Peer Counselor (Senior PC) began her maternity leave in 2010. When the Sr. PC's extended maternity leave was over, she also opted to not return. The current Peer Counselor, hired January 2010, is now a full-time employee with 70% of her time as the Breastfeeding Peer Counselor. In September 2006, a Breastfeeding Support Group was started and is offered on the 1st Tuesday of the month at 10 am.

26. **Family Case Management** serves age and income eligible pregnant women and infants. This includes our WIC clients and others identified as High Risk (APORS, lead, etc.). In addition, DCFS wards are case managed as per guidelines. Our goal is to reach all eligible clients to promote wellness and healthy lifestyles. Early access to prenatal and primary pediatric care is a priority. Case managers (RNs) work closely with their clients to coordinate medical and social services. In addition, they perform physical and developmental assessments and provide health and safety education. In FY2015, our average FCM caseload was 133 clients compared to 138 clients in FY 2014. The average

DCFS caseload was in FY2015 was 5 clients compared to 11 in FY2014. In FY 2015, 109 home visits were made compared to 101 in FY2014. Case management has likely been a big factor in reducing our infant mortality, as documented by the state. Our WIC and Family Case Management programs are 100% integrated.

27. **Healthy Kids** is incorporated in all our programs involving children. Physical assessments are done through WIC and at home visits by RN's. Immunizations, developmental screenings, hemoglobin and lead screening, are also provided through Healthy Kids.
28. **Lead Screening** PCHD contracts with IDPH to provide initial lead screening and follow-up nursing services for Pike County. Home visits are made on children 36 months and younger with confirmed lead levels of 10 or more and on children >36 months with confirmed lead levels of 15 or more. Environmental services are provided by the Regional Lead Inspector (Edwardsville). In FY2015, we screened 186 children referring 2 for levels over 10, compared to 207 screened and 4 referred in FY 14 with levels over 10.
29. **Oral Health** The Pike County Dental Clinic, opening in December 2013, was the culmination of many years of meetings, grant writing, consultation and persistence. The dream of a safety net dental clinic began with the Pike County Oral Health Assessment and Plan, completed with a broad representation of community partners, in 2008. After 8 years of hard work and numerous obstacles, the Pike County Dental Clinic is a reality for the low-income children in the area, who had limited or no access to oral health care.

By the end of FY15, the Clinic had a total patient caseload of 2,596, compared to 1,562 in FY14. In February of 2014, new adult patients were limited to only those residing in Pike County, due to the demand for services. Currently 60 % of the patients are age 20 and under and 40% of the patients are aged 21 and over. Patients are choosing to travel to our Clinic from 14 Illinois counties and at least 71 unique zip codes.

In the spring of 2015, PCHD received approval as a National Health Service Corp site, which opened up opportunities for dental professional student loan repayment programs. With this designation came specific Clinic requirements regarding policies, billing and sliding fee scale. All these requirements were met and are continuously evaluated to assure compliance. In addition, in July of 2015 the initial dentist, Dr. Sreekanth Emani moved from the area and new graduate, Dr. Matthew Liesen began his employment with PCHD as the Clinic dentist. Dr. Matthew and PCHD received approval for grant funding through IDPH student loan repayment programs. This process required a two year commitment to our Clinic from Dr. Matthew.

Multiple other staffing changes occurred in the Clinic in 2015. By the end of the year, staffing consisted of one dentist, one full-time assistant/biller, one dental hygienist and 2 part-time assistants. Dr. Stephen Liesen continues to serve as the volunteer dental director and spends at least one day per month providing direct services, on a volunteer basis to see difficult cases in our Clinic.

Through a multitude of successful grant applications, additional dental equipment has been acquired and other Clinic costs somewhat covered with grant funds. Medicaid billing has been successful, but these revenues still do not cover costs of Clinic operations. An extremely challenging, four month delay in Medicaid dental reimbursements was especially difficult for PCHD to absorb. This delay was due to changes in receiving approval for new providers. Billing and reimbursements are now back on track on going well. Medicaid cost claiming has added very needed additional Clinic revenue.

Our new dentist, Dr. Matthew Liesen, nephew of Dr. Stephen Liesen, Volunteer Dental Director, has been a very positive addition to our Clinic. Not only does our Clinic allow access to student loan repayment programs, but it is also a great learning opportunity under the guidance of Dr. Stephen Liesen. Dr. Stephen mentors all our staff and volunteers his time at least one day per month in our Clinic working with difficult cases. Dr. Matthew is performing additional procedures in our Clinic, such as root canals, crowns and dentures. Dr. Stephen is also mentoring Dr. Matthew in performing dental services for hospital cases. Dr. Matthew recently receive Illini Community Hospital priviledges through their credentialing process.

30. **Vision Screening** was done by certified technicians. In FY 2015, 136 preschool children were screened with 0 referred for follow-up compared to 172 screened in FY 2014.
31. **Hearing Screening** is also done by certified technicians who screened 143 preschool children in FY 2015 with 0 referred for follow-up compared to 185 screened in FY 2014.
32. **Additional MCH programs** PCHD staff continues to attend and provide leadership roles in the following community organizations: Pike County Social Service (Interagency Council), Pike County Community Health Partnership, QUANADA Board, weekly Rotary meetings and the Mental Health Center of Western Illinois' Human Rights Advisory Committee, and the Illini Community Hospital Advisory Board and Board of Trustees. PCHD staff also provide support to the Kent Andress Children's Christmas Program and the Good News of Christmas Program. This community involvement has proven valuable in outreach efforts and opportunities for partnerships.
33. **Health Education Programs** Due to staffing and program changes over the past year, most health education programs are done within the context of current grant programs and reported under those program reports. With continued reduction in state grant possibilities, there is little funding or staff time to do educational programs other than those associated with a particular grant program currently in place.
34. **Environmental Health**

Food

Environmental Health staff conducted 167 routine inspections and 55 rechecks for food establishments in FY 2015 as compared to 169 routine inspections and 59 rechecks in

FY 2014. There were 10 foodborne illness/food complaints in FY 15 compared to 3 in FY 2014. There was 1 foodborne illness investigated within Pike County.

The Home Kitchen Act was discussed at length with members of the EH Advisory Committee, Public Safety Committee, and the County Board, as well as many people in the community. EH staff continues to strive to promote public health and to educate the public whenever possible. The County vetoed a proposal to develop a local Home Kitchen Ordinance.

Nine pre-inspections were conducted for new establishment owners. Seventy-two consultations were provided to businesses owners and/or managers. We continued developing a protocol where consultations would be offered to lodges that provide catered meals and also sent out letters to caterers indicating which businesses claimed to use their services. Staff conducted 29 temporary event food inspections in FY 2015 compared to 28 in FY 2014.

Nine people enrolled in the online 8-hour FSSMC class. Eighty people attended an in house food class and all 89 were given a review session, as well as a monitored national exam. One hundred thirty-five people attended the Food Handler Training. In FY 14, 23 people enrolled in the online 15 hour certification class and 24 people received the five hour re-certification training through the online classes. We have focused on upgrading our EH website rather than mailing routine newsletters. We continue to keep track of all recall notices from IDPH, but only record recalls that require action in our local area.

In 2015, we issued 121 food establishment licenses, while 104 licenses were issued in 2014. We continue to work with owners proposing to open new facilities to assist them through the licensing process.

We had 1 cottage food vendor licensed.

Food Awards will be presented according to the county award standards this spring.

Water In FY 2015, 14 water samples were taken and reports prepared. There were 10 water wells constructed in 2015, while 10 wells were also constructed in 2014. Two of the wells constructed in 2015 were for potable water wells. One water well was sealed in 2015, while 4 wells were sealed in 2014.

Septic. We permitted 31 alterations or new private sewage disposal systems in FY 2015 as compared to receiving 33 private sewage permit applications in FY 2014. Contractors reported the economy continues to play a big part and almost 42% of all systems were repairs or replacements to existing systems – all numbers continue to decline. IDPH adopted new sewage permitting requirements and we now require a soil evaluation and site-consultation prior to signing off on the building permit. We continue to believe many violations by homeowners and contractors have been due to lack of knowledge of rules and regulations, rather than purposeful violations. We constantly work to encourage advance

notice of private sewage system installations to allow us improved scheduling and inspection capabilities. Environmental health staff continues to work to provide distribution of these rules and regulations and has provided copies of the sewage pre-application worksheet to other county agencies. There were 3 sewage complaints received in FY 2015 as compared to 13 sewage complaints in FY 2014.

We continue to promote increased awareness of sewage inspections as they pertain to real estate transfers.

Our office co-presented a educational workshop for private sewage contractors in October. Approximately 47 persons attended and received continuing education hours towards State licensing.

USEPA has developed a general NPDES permit for homeowners who need to have a surface discharge. This permit went into effect on February 10, 2014. We have had 2 NOI's submitted and one was denied because it would drain to impaired waters.

Nuisance The Pike County nuisance ordinance currently designates the health department as enforcement officer for this ordinance. In 2015, we logged 32 nuisance complaints as compared to 33 nuisance complaints in FY 2014. Many of these were in incorporated areas and, while we continue to offer our assistance to conduct health hazard evaluations, we have limited enforcement capabilities. This complaint activated program requires extensive staff time with many difficulties encountered and no additional revenue source. The Pike County Board has amended the Code Hearing Ordinance to allow local units of government to separately enter into agreement to enforce local ordinances. This will allow local enforcement of local ordinances. The Pike County Board, in April 2005, voted to exclude the application of the county nuisance ordinance for incorporated areas of the county. Most incorporated areas have contracted or upgraded their police protection to enforce their local ordinances, but we continue to offer our assistance when needed for health related issues. We occasionally receive requests from local units of government to conduct health hazard surveys and we do so when time allows.

We use color-coded complaint forms and confidential envelopes for complainants to use if requested, and these color-coded envelopes are to be opened by the Administrator or her designee.

We have reviewed the legal requirements for disclosing the names of complainants and have found in the "Freedom of Information Act" government agencies are specifically offered the opportunity to maintain confidentiality for complainants.

In response to our current fiscal crisis we propose asking the County to help develop some funding resources for this program.

West Nile Surveillance The grant program for West Nile Virus surveillance remains significantly reduced and we have not applied for the very limited grants to fund summer mosquito surveillance.

Tanning In FY 15 we inspected 7 tanning salons compared to 8 inspected in FY 2014. A downtrend economy seems to have been a big factor in closure of salons, plus increased taxed by the federal government. No tanning complaints were received in FY 2015.

Two additional staff have been certified as being tanning inspectors.

Indoor Air Quality We continue to receive occasional inquiries regarding indoor air issues regarding health and construction issues with mold in residential settings and also information on carbon monoxide. Illinois has passed a “Smoke –Free” act which prohibited smoking in all public buildings, effective January 1, 2008. Our office continues to receive complaints on violations of this act through the IDPH complaint systems. The Pike County Sheriff’s Office is contracted with PCHD for enforcement of this ordinance for the first half of the year and the grant funding mechanism is still being developed

Body Art The Illinois Department of Public Health developed the “Body Art Code” to provide administrative rules to accompany Public Act 094-1040, the “Tattoo and Body Piercing Establishment Registration Act”.

This law requires all establishments in the State of Illinois which provide tattooing or body piercing services to register with the State of Illinois and become licensed prior to offering these services to the public. Licensure requires specific warnings and information be offered clients, artist and client records be kept, commercial disposal of potentially infectious medical wastes, proof of blood-borne pathogen training by the artists, and specific sanitation provisions be observed.

The health department has one inspector licensed to inspect these establishments. In 2013 the only licensed facility in the county failed to renew their license and we currently have no licensed body art facilities in the county. One complaint was filed and investigated during FY 2015.

35. **Vital Records** There were 0 in-county births recorded in FY 2015, as compared to 4 in-county births recorded in FY 2014.

There were 152 deaths registered in FY 2015, compared to 148 in FY 2014.

36. **Emergency Preparedness** IDPH provides grant funding to assist with emergency preparedness at the local level statewide. PCHD staff in collaboration with numerous local emergency partners, work to provide training, education, credentialing and exercise testing. During FY 2015, PCHD staff participated in quarterly phone tree

exercises, biannual Emergency Partner call downs, and annual notification and activation of volunteers through the Pike County Sheriff's department.

IDPH Regional Emergency Response Coordinator visits PCHD biannually to credential the chosen SNS drop site and to review PCHD Emergency Response Plan. A detailed Emergency Response Plan is written with input from the Pike County Sheriff's Department, Illinois State Police, Illini Community Hospital, Pike County Emergency Management Agency, and other local emergency response agencies and volunteers. This plan must be exercised and partners trained to be effective.

PCHD staff attend and or participate in conferences, training and certification classes related to Emergency Preparedness.

Plans for forming a Medical Reserve Corps group in Pike County have been initiated and Pike County is working with Adams County to Co-Op.

PEMA has formed an Incident Management Team. The Emergency Preparedness Coordinator is a member of the team.

No Ebola activities occurred during 2015.

37. **Staff** The total health department staff for FY 2015 was 36. We have service agreements with 2 nurse practitioners, 1 speech therapist, and 2 agencies that provides physical therapy, Rehab Care Group and Advance Physical Therapy.
38. **Performance Improvement** The Performance Improvement Committee (PI) provides for an on-going quality improvement process at Pike County Health Department. In FY 14 and FY 13 and FY12, the PI Committee focused entirely on improving the home health program, with targeted measures developed as a result of the Medicare survey in March 2012. The PI Committee reviews results of focused record reviews, analyzes results for trends, makes recommendations and facilitates development of staff education and new policies. Outcomes of 3 years of continuous performance improvement are evident in our home health programs, with improved clinical record reviews and improved billing timelines. And most noteworthy, a Medicare review in spring 2015, which resulted in no deficiencies found.
39. **Financial** Revenues were down \$263,082 from \$2,068,285 in FY 14 to \$1,805,203 in FY 15. Home health sources of income decreased \$50,283 (9%) from \$597,901 in FY 14 to \$547,618 in FY 15. Medicare revenues decreased \$40,256 (10%), Insurance, DORS, and Private Pay payments decreased \$5,756 (6%).

Income from state and federal programs have increased \$50,928 (16%) from \$287,287 in FY 14 to \$338,755 in FY 15. State programs funded through Public Aid decreased \$6,279 (8%). Dental clinic revenues increased \$14,168 (6%).

Operating expenses were up \$77,689 (4%) from \$1,817,142 in FY 14 to \$1,894,931 in FY 15. Salaries decreased \$30,008 (3%), contractual costs decreased \$30,881. Office and medical supplies were down \$32,850. Insurance costs were down \$10,434.

Health Dept equipment purchases and building improvement costs were \$23,040. New administrative building and renovations costs were \$136,707.

Beginning balance of cash for FY 15 on 12/01/14 was \$123,327 and the ending balance at 11/30/15 was \$33,699, resulting in a decrease of \$89,628.

Beginning balance of investments for FY 15 was \$0 and the ending balance at 11/30/15 was \$13,082.

40. **Recertification of Health Department**

After completing the Illinois Process for Local Assessment of Needs (IPLAN) recertification process in 2010, Pike County Health Department is now recertified through November 10, 2015. The PCHD Administrator and Director of Clinical Services continue to serve as members of the Pike County Community Health Partnership (PCCHP) Steering Committee, which allows for continued community involvement in implementing the Pike County Community Health Plan which was a result of the IPLAN process.

Current health priorities being addressed through the 2010-2015 Pike County Community Health Plan are: 1) Access to Care, 2) Dental Caries, and 3) Substance Abuse.

The next round of IPLAN was due in the fall of 2015. For multiple reasons, an extension was requested and was granted for PCHD IPLAN now due in March 2016. In the fall of 2015, the Pike County Health and Wellness Foundation contracted with Western Illinois University to conduct a Pike County Community Health Assessment that can be utilized by multiple Pike County entities, including PCHD. The results of this assessment are now being discussed with members of the Pike County Community Health Partnership and a Pike County Community Health Plan will be developed around the results of the assessment.