

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE: Delegation of Authority

MANUAL: Administrative Manual

EFFECTIVE DATE: 12/01/2017

REVISION DATE (Applicable only if policy revised.) _____

ANNUAL REVIEW: *Doree McArthur V.C.* 12-7-17
Stanly County Consolidated Human Services Board Chair Date

David Ezzell 12/7/17
David Ezzell, Interim Health Director Date

Purpose:

North Carolina General Statute §153A-77 provides that the Human Services Director or the Director's Designee shall have the same powers and duties as a local health director as set out in North Carolina General Statute §130A-41. It is not practical or feasible for the Consolidated Human Services Director or the Director's Designee to directly perform all of the outlined responsibilities. The Statute allows the Director or Director's Designee to delegate to one or more members of their staff the authority to act as their representative.

Policy:

This document is to expressly delegate the authority, set out in North Carolina General Statute §153A-77 and North Carolina General Statute §130A-41, by the Stanly County Consolidated Human Services Director, to the Stanly County Health Director. Also by the Stanly County Health Director, in his absence or unavailability, to the Stanly County Director of Nursing. In the absence of the Stanly County Consolidated Human Services Director and the Stanly County Health Director, responsibility is designated to the Stanly County Health Department Director of Nursing.

These delegations include day-to-day operations of the Stanly County Health Department, as follows:

- To administer programs as directed by the Stanly County Consolidated Human Services Director;
- To enforce the rules of the local board of health (Consolidated Human Services Board);
- To investigate the causes of infectious, communicable, and other diseases (§130A-144);
- To exercise quarantine authority and isolation authority pursuant to §130A-145;
- To disseminate public health information and to promote the benefits of good health;
- In consultation with the Stanly County Consolidated Human Services Director, advise local officials concerning public health matters;
- To enforce the immunization requirements (§130A, Article 6, Part 2);
- To examine and investigate cases of venereal disease (§130A, Article 6, Parts 3 and 4);
- To examine and investigate cases of tuberculosis (§130A, Article 6, Part 5);
- To examine, investigate, and control rabies (§130A, Article 6, Part 6);
- To abate public health nuisances and imminent hazards pursuant to §130A-19 and §130A-20; and
- To sign Agreement Addenda for the purposes of public health services provision.

When authority has been delegated to sign for the Consolidated Human Services Director or Stanly County Health Director, the authorized signer should sign their own name and title, along with “as Director’s Designee.”

Duties not Delegated

The following items **are not** delegated:

- Signing contracts or lease agreements;
- Personnel Actions including hiring and disciplinary actions (written warnings, demotions, leave without pay, and terminations);
- Signing personnel forms which include salary items (new hires, personnel evaluations/ merits, promotions, etc.); and
- Embargo of food or drink pursuant to G.S.106-125(a), (b), and (c).

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE: Developing Policies and Procedures

MANUAL: Administrative Manual

EFFECTIVE DATE: 06/06/13

REVISION DATE (Applicable only if policy revised.) 12/01/2017

ANNUAL REVIEW:

Gene Mc Intyre VC
Stanly County Consolidated Human
Services Board Chair

12-7-17
Date

David Ezzell
David Ezzell, Interim Health Director

12/7/17
Date

Purpose:

To ensure accuracy, consistency, and standardization in the development of policies and procedures for the Stanly County Health Department.

Policy:

Policy and procedures will be developed, transcribed and approved to guide the practices/activities of Stanly County Health Department and its staff. Policies and procedures will be developed in a systematic manner to ensure standards of care and effective departmental practices are upheld. All policies and procedures adopted by the Stanly County Health Department will be recorded in a clear, concise manner, and maintained in an easy to access location.

Definitions:

Policy: a broad general statement describing management's decisions and expectations for action. A policy may be written with or without an accompanying procedure.

Procedure: a series of chronological steps to be followed in order to implement a policy. A procedure is written to support a policy. Responsibility is assigned as appropriate for completion of the procedure.

Administrative Policy: One affecting the overall activities/staff of the agency. (those affecting the activities/staff of more than one division will also be considered administrative policies)

Divisional Policy/procedure: One limited to affecting the activities/staff of a specific division of the agency

Program Policy/Procedure: one limited to affecting the activities/staff of specific service provided within a division of the agency

Staff: Employees (including contract personnel, volunteers, trainees, students and others whose actions, in the performance of work for Stanly County Health Department are under direct control of Stanly County Health Department, whether or not they are paid by the Stanly County Health Department

Department Management Team (DMT): Staff members assigned to report directly to the Health Director

Expanded Department Management Team: Department Management Team and staff assigned to report directly to members of the Department Management Team

Protocol: A series of steps to complete a task or activity which does not require an accompanying policy.

Task: an assigned component of a job function

Effective Date: This is the date that the policy originally comes into effect.

Revision Date: This is the date that the policy was revised to meet a current need. Revisions do not change the substance of the policy, but clarify certain points or make limited changes to the policy. If a policy is changed radically then retiring of the original policy and institution of a new policy should be considered.

Annual Approval: Policies are reviewed annually. Signatures and dates in this section are to represent an annual review and approval by the signee.

Discontinuation a policy: When a policy is identified as no longer useful, it is retired which means it is placed into archive.

Archiving of revised and discontinued policy: Policies placed in archive manuals kept in case question arises as to how situations or issues had been addressed during the effective period of those policies.

Procedure:

1. Administrative policies/procedures may be developed by the DMT or other designated staff and presented to the DMT for consideration and input. Approval must be obtained by the Health Director. Those requiring additional approval by the Stanly County Consolidated Human Services Board (Board) will be presented to the Board by the Health Director. All policies and procedures must be in the approved format (see sample format attached)
2. Division policies/Procedures may be developed/revised/discontinued by the DMT or by a Division Supervisor/designee. Approval must be obtained by the Division Supervisor. These policies/procedures must be presented to the Health Director for review prior to implementation. Divisional supervisors are encouraged to share Divisional policies with the DMT.
3. Policies and procedures which are divisional or program specific and are authorized by federal and state legislation, rules or regulations, or local rules and ordinances to carry out the program and its activities should reference this authority in the policy or purpose statement
4. Revisions to policies should be highlighted in color (preferably yellow) to assist in ease of identification of the revision.
5. The Division Supervisor responsible for each manual shall ensure that all revised policies and procedures are included in appropriate manual. Staff discontinuing a policy/procedure will notify the Division Supervisor to remove the policy from the manual.
6. Policies and procedures will be reviewed annually or more frequently if indicated. Divisional Supervisors will review divisional policies and the DMT will review administrative policies. Reviewers will notify the DMT member assigned to each unit when the review has been completed. The DMT member will then record the most recent review date and the initials of the reviewer in the manual.
7. Discontinuation of a policy can only occur after review through the process described above. During the review process the policy would have to be found to be no longer pertinent/necessary to the work of the agency. That being the case the policy should be archived and staff notified that the policy is being discontinued or replaced through the usual process.
8. An outline format for use with all policies and procedures will be followed as they are reviewed/revised annually.

9. All draft policy/procedures will be forwarded to the appropriate DMT member for review and adherence with formatting standards prior to being presented for approval.
10. An official copy of each new/revised/discontinued policy and procedure will be maintained indefinitely in a policy archive file by the responsible DMT member. The original approval/revision/discontinuation date will be documented on the policy with the signature of the person approving this activity regarding the policy.
11. Division Supervisors will ensure that all current policies/procedures are accessible to all affected staff members and will ensure full implementation.
12. Following approval of new/revised/discontinued policies and procedures, Division supervisors will assure that all his/her affected staff are informed and educated within a reasonable time frame as determined by the DMT/Division Supervisor. All affected staff will be provided access to either a paper or electronic copy of the policy.
13. All members of the staff are expected to be cognizant of the policies/procedures affecting his/her position. Any member of the staff may suggest that a policy/procedure be drafted/revised/discontinued to his/her supervisor.
14. Methods used to notify staff regarding policy changes will include DMT minutes, staff meetings, and email notices.
15. Archiving of policy is accomplished by presenting the discontinued policy which has been clearly marked as such to the department supervisor for placement in an archive manual marked for that purpose or placed on LaserFiche.

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE:

MANUAL:

EFFECTIVE DATE: _____

REVISION DATE (Applicable only if policy revised.) _____

ANNUAL REVIEW: _____ **Consolidated Human Services Director** _____ **Date**

(Other Authorized signature: Director of nursing, Environmental Health Supervisor, Medical Director, etc) _____ **Date**

Purpose:

Policy:

Definitions:

Procedure:

Applicable Laws/Rules:

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE:	Diversity in the Workplace	
MANUAL:	Administrative Manual	
EFFECTIVE DATE:	<u>11/06/08</u>	
REVISION DATE (Applicable only if policy revised.)	<u>12/01/2017</u>	
ANNUAL REVIEW:	<u><i>[Signature]</i></u> Stanly County Consolidated Human Services Board Chair	<u>12-7-17</u> Date
	<u><i>[Signature]</i></u> David Ezzell, Interim Health Director	<u>12/7/17</u> Date

Purpose:

The purpose of this policy is to describe the department's efforts to establish a diverse workforce and recognizes the value of diversity in helping us provide effective care for our patients and services for the community. The scope of this policy applies to all members of the Stanly County Health Department (SCHD) workforce.

Policy:

The Stanly County Health Department strives to recruit a diverse staff that reflects the demographics of the community as best as possible with regard to gender and race/ethnicity. A Diversity Plan will be reviewed on an annual basis and updated as needed in an effort to assess the department's level of diversity as compared to the community population.

Procedure:

- **Demographics:** The most recent census data available shall be reviewed annually. The demographics of Stanly County shall be compared with the demographics of the Stanly County Health Department staff. Any areas of deficiency shall be identified and a diversity plan shall be developed and written to enhance recruiting efforts to attract qualified applicants in those demographic categories identified as areas of deficiency.
- **Recruiting:** The Stanly County Health Department shall adhere to the procedures established in the Stanly County Personnel Resolution for recruitment of all employees. Efforts will be made to promote

awareness of vacant department positions among diverse communities in the county. Efforts will also be made to promote awareness of the various disciplines that comprise the public health workforce in educational and community settings where possible to raise interest in pursuing careers in public health.

STANLY COUNTY HEALTH DEPARTMENT
Policy and Procedure

TITLE: Fee Policy

MANUAL: Administrative Manual

EFFECTIVE DATE: 10/02/08

REVISION DATE (Applicable only if policy revised.) 12/01/2017

ANNUAL REVIEW: *Gene McArthur* 12-7-17
Stanly County Consolidated Human Services Board Chair Date

David Ezzell 12/7/17
David Ezzell, Interim Health Director Date

Purpose

To ensure accuracy, consistency and standardization in the development of fees for the Stanly County Health Department and to establish a methodology to be followed by the Stanly County Consolidated Human Services Board and the Health Director in the formulation, approval, and execution of establishing fees for new services, and new fees for existing services.

Policy

The Stanly County Health Department will establish procedures for determining cost and setting fees for services in compliance with the Consolidated Agreement, General Statutes and Program Rules.

Fees for health department services are authorized under NC G.S. 130A-39, provided that (1) they are in accordance with a plan recommended by the health director and approved by the Stanly County Consolidated Human Services Board (Board) and the County Commissioners, (2) they are not otherwise prohibited by law.

Procedures

1. New fees for new or existing services can be set at any time. The Board is advised at that time of the fee recommended and both the rationale for the fee and the cost analysis which was utilized. The Board then approves the fee and, if approved by the Board of County Commissioners, the fee is implemented immediately.

2. All existing fees are to be reviewed at least once a year by the departmental management team. This fee review is administrative only and does not have to be reviewed by the Board. The Board accepts the fees carried over from the Stanly County Health Department and treats them as existing fees.
3. Fees will be charged for health services to individuals unless prohibited by law or regulation. Separate fees may be charged for laboratory and other technological services when these are not included as a part of the current procedure terminology (CPT) for service.
4. Flat fees, not subject to sliding scales, may be established for certain screening services or other health department program services including Home Health, Environmental Health and Animal Control.
5. Patients whose income falls at poverty level or below on the sliding fee schedule can not be charged a flat fee for services provided for State supported programs. Example: Family Planning, Maternity or Child Health. The sliding fee schedule must slide to zero for these state-supported programs.
6. The health department may adopt separate sliding fee schedules for clinic services; however the fee schedule cannot exceed 250% of Poverty for Women's Health. Any fee schedule above 200% of Poverty must receive state approval.
7. Patients are billed based on a sliding fee scale adopted for their program as determined by the State or Federal requirement unless prohibited. Fee-for-service clinics may bill the patient directly for payment, and in many cases, bill another third party. Third parties include:
 - a. Private Health Insurance
 - b. Medicaid
 - c. North Carolina Health Choice
 - d. Medicare part B
 - e. Employers/Various Agencies (With whom the Stanly County Health Department has an agreement)
8. Proof of income is required annually, or upon income and family size changes, for personal health services subject to sliding fee charges for Medicaid-covered services (unless prohibited by State and Federal regulations), with the exception of family planning. Clients shall be informed when appointment is made that proof of income is required at initial visit. If proof of income is not provided, the sliding fee scale charges are assessed at the 100% rate unless prohibited by State and Federal regulations. Adjustments may be made to the charges if proof of income is provided within 45 days of service.
9. The Health Director has the authority to waive fees under special extenuating circumstances.
10. Bad Debt Summaries will be done no less than annually.
11. Debt Set-Off:

The department may participate in the Debt Set-Off Program administered by the Tax Office in accordance with the NC General Statutes, Chapter 105A, The Debt Setoff Collection Act. The Debt Setoff Program allows outstanding account balances to be submitted to the North Carolina Department of Revenue for collection by applying the debt(s) against any income tax refund in excess of \$50.00.

Fee Setting Plan

Program reviews and committee meetings, comprised of all disciplines, will occur within the Health Department as necessary to determine the cost of providing services and discuss the setting of fees and rates for services provided. The following procedures define the methods used for setting rates:

1. The “Medicaid Cost Analysis” provided by the Office of Medicaid Reimbursement will be utilized to compare how much it costs the Health Department to provide a service. The Medicaid Cost Study is performed annually in all Health Departments. The actual results are in this document and shared with each county. The cost of providing services is compared throughout the State, from one Health Department to another. This information gives a realistic figure to work with and compares the cost to perform a service to all other counties within the State.
2. The Office of Medicaid Reimbursement issues their reimbursement rates, usually in January of each year. These rates will be used as a baseline when comparing to other third parties.
3. Medicare rates and surrounding community rates (ex: medical clinic rates, local labs, hospital rates and other related agency rates), plus a comparison of surrounding counties’ Health Department fees are also contributing factors in determining rates.
4. Specific analysis that considers the cost of staff time, supplies and other appropriate resources as well as community and financial impact may also be utilized for setting fees.

Once the above information has been reviewed and discussed with Health Department staff, recommended fees will be taken to the Board of Health and Board of County Commissioners for their discussion and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved “schedule of charges.” Stanly County Consolidated Human Services Board and Stanly County Board of Commissioners approvals will be reflected in the respective minutes.

340b Drugs

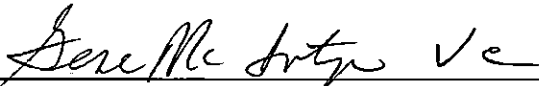
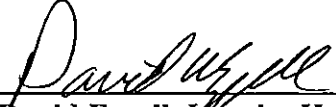
Fees charged to clients for medications acquired through 340b pricing are based solely on the acquisition price of the medication.

Reference Plans and Policies (if applicable)

1. Medicaid Cost Analysis
2. Office of Medicaid Reimbursement Rates
3. Medicare Reimbursement Rates
4. Other Health Department Rates
5. Surrounding Community Rates
6. Sliding Fee Scales

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

Title:	Management of Customer Complaints	
Manual:	Administrative Manual	
Effective Date:	<u>09/25/2008</u>	
Revision Date: (Applicable only if policy revised.)	<u>12/01/2017</u>	
Annual Review:	 Stanly County Consolidated Human Services Board Chair	<u>12-7-17</u> Date
	 David Ezzell, Interim Health Director	<u>12/7/17</u> Date

Purpose:

To provide documented timely and quality resolution to consumer complaints/concerns while ensuring health and environmental safety.

Policy and Procedure:

The Stanly County Health Department Management of Customer Complaints policy is to ensure that:

1. A mechanism is in place to receive consumer complaints.
2. Individuals are informed of their rights to express complaints.
3. Individuals who voice complaints receive an objective review and a timely response without fear of retaliation.
4. Consumers and staff are informed of the agency's mechanism for filing complaints.
5. Staff is trained to receive, follow up, and document complaints appropriately.
6. The Program Coordinators receive, coordinate, and document, the review of all complaints based on the information received with the complaint.
7. Corrective action to resolve concerns and complaints is planned, implemented, and documented.
8. Complaints and their disposition are documented and tracked.

Definitions:

Consumer Comment- Verbal or written compliments, complaints, concerns, or observations made by Stanly County Health Department consumers regarding Stanly County staff, services, facilities, or policies.

Complaint-A verbal or written expression of grief, pain, or dissatisfaction with a person or about a service or situation that takes the form of an accusation or charge. The person (s) making the complaint expects a specific corrective action to be taken.

Discrimination- Treating someone differently, or excluding or restricting services because of a person's race, color, descent, national or ethnic origin, sex, age, religion, or disability.

Title VI- The part of the Civil Rights Act of 1964 that prohibits any facility that receives federal assistance from discrimination in the provision of services on the basis of race, color or national origin. (These are the only topics addressed in this part of the Civil Rights Act.)

Responsible Person(s):

1. The Division Supervisor is responsible to ensure that the guidelines for handling complaints are met. Responsibility is delegated through division directors, supervisors, and other personnel.
2. Program Coordinators are responsible for developing and providing procedures, training, and support that will enable staff to comply with this policy.
3. Program Coordinators are responsible for ensuring that all comments, concerns and complaints receive appropriate follow up, *this includes informing staff of positive feedback from customers.*
4. The Division Supervisor will ensure that complaints received by the department are documented and followed up according to health department policies.

Procedures:

General Complaints

1. The Health Department will accept complaints and concerns verbally (in person, telephone) or in writing (letter, e-mail, other) from any client, vendor, business associate, visitor or concerned person.
2. People who do not want to give their name may express complaints and concerns but follow up action cannot be taken without a name and contact method for the complainant.
3. Any staff member may receive complaints from clients and visitors.
4. Staff receiving complaint should assist consumer in resolving and/or reporting the complaint when appropriate. Any consumer/resident with a complaint that is not readily resolved should be directed to the Division Supervisor. After investigation, if it is still not resolved, the consumer/resident should be referred to the Health Director.
5. Staff will complete the Stanly County Health Department Complaint Record. After completion of the follow-up of the complaint, the record will be filed in the Complaint Record Log maintained in the Health Director's office.
6. Environmental Health General Complaints: See Environmental Health Complaint Disposition policy

Complaints Arising from Enforcement of Laws, Rules, and Statutes

As a part of various health department operations, actions may need to be taken and decisions made based on enforcement of public health laws and regulatory processes that affect the consumer/resident. This may lead to disagreements if the consumer/resident feels they have been treated unfairly, unprofessionally, or the law, statute, or rule has been inappropriately applied or not applied. The following guidelines address the complaint policy for those complaints that arise from the day to day enforcement/regulatory activities of the Stanly County Health Department.

1. Stanly County Health Department will assess whether the complaint is related to staff conduct, enforcement actions or differing interpretations of a related statute, law or rule.

2. If the complaint is a conduct related complaint, the process for handling general complaints will be followed.
3. If the complaint is related to interpretation/application of a law, rule, or statute, consultation will be made with the appropriate local or state officials including legal counsel for guidance on appropriate follow-up.
4. The action on these complaints may involve either a formal or informal appeal to the Stanly County Consolidated Human Services Board or State initiated by the complainant.
5. Administrative Appeal Procedure and Adjudication Process
 - a. Application
 1. The Stanly County Consolidated Human Services Board shall follow the appeals procedures prescribed in G.S. 130A-24.
 - b. Notice of Appeal
 1. Any aggrieved party may appeal a decision of the Director to the Stanly County Consolidated Human Services Board by filing a written notice of appeal within 30 days of the Director's action. The notice must contain the aggrieved person's name and address, a description of the circumstances and the reasons why the challenged action is incorrect, witnesses and evidence to be presented and the relief sought from the Stanly County Consolidated Human Services Board.
 - c. Hearing
 1. The Stanly County Consolidated Human Services Board shall hold a hearing within 15 days of receipt of the notice of appeal. The Director shall notify the aggrieved party of the date, time and place of the hearing at least 10 days in advance. An aggrieved party may appear in person or through counsel, however, only matters contained in the notice of appeal shall be considered by the Stanly County Consolidated Human Services Board.
 - d. Ruling
 1. The Stanly County Consolidated Human Services Board shall make its decision no later than the next regular meeting after hearing an appeal. The Stanly County Consolidated Human Services Board shall provide a written statement to include the reasons for the decision.

Complaints Arising from Enforcement of Laws, Rules, and Statutes Related to Environmental Health

During the course of the day to day activities of the Environmental Health Specialist, different actions will be taken and decisions made that will affect the consumer/resident involved in the inspection process. This may lead to disagreements if the consumer/resident feels they have been treated unfairly or unprofessionally. The following guidelines address the complaint policy for those complaints that arise from the day to day regulatory activities of the Environmental Health Specialist.

1. Complaints regarding the work of an Environmental Health Specialist will be dealt with according to the appeal guidelines inherent in each program within Environmental Health.
2. The action on these complaints generally involves either a formal or informal appeal to the state initiated by the consumer/resident.
3. Generally, 30 days will be allowed for the complainant to initiate an appeal to the state whether that appeal is initiated either formally or informally.
4. The Environmental Health Department will abide by the decision(s) of the state representative(s) involved in the appeal process.

Complaints Arising from Enforcement Actions

The Environmental Health Specialist will sometimes be called upon to enforce the laws, rules, and guidelines set forth by the state. These enforcement actions include, but are not limited to, issuing: notice of violation, intent to suspend a permit, intent to revoke a permit, or immediate revocation of a permit. These actions, if taken, usually result from non-compliance of the owner/consumer/ resident and can result in tenuous situations. This being the case, an appeal/complaint procedure is in place for those who feel an enforcement action was unwarranted. The following guidelines address the complaint policy for those complaints that arise from enforcement actions issued by the Environmental Health Specialist.

1. Complaints relating to enforcement actions initiated by an Environmental Health Specialist will be handled in accordance with the appeal guidelines inherent in each program within Environmental Health.
2. The action on these complaints generally involves formal communication to the state initiated by the consumer/resident.
3. Generally, 30 days will be allowed for the complainant to initiate an appeal to the state.
4. The Environmental Health Department will abide by the decision(s) of the state representative(s) involved in the appeal process.

Stanly County Health Department Complaint Record

(Use additional pages as necessary)

Date: _____

Time: _____

Complainant Name: _____

Address of Complainant: _____

Department/Program Area of Complaint: _____

Type of Complaint: General Staff Related Program Specific
 Enforcement Related Facilities HIPAA

A. Complaint: _____

B. Date of Initial Investigation: _____

C. Findings: _____

D. Action Taken: Verbal Written

E. Completion Date: _____

F. Additional Follow-up: _____

Signature of Person Taking Complaint _____ Date _____

Signature of Person Providing Follow-up _____ Date _____

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE: Participation in Community Health Improvement

MANUAL: Administrative Manual

EFFECTIVE DATE: 11/06/08

REVISION DATE (Applicable only if policy revised.) 12/01/2017

ANNUAL REVIEW:  12-7-17
Stanly County Consolidated Human Services Board Chair Date

 12/7/17
David Ezzell, Interim Health Director Date

Purpose:

The Stanly County Consolidated Human Services Board recognizes that the *community health improvement process* (CHIP) can be an effective tool for developing a shared vision and supporting a planned and integrated approach to improve community health.

Policy:

Health is a product of many factors and many segments of the community contribute to and share responsibility for its protection and improvement. A *community health improvement process* involves the local health department working with the community, which can:

- Identify community partners with a broad knowledge of the community landscape and specific local determinants of health;
- Provide a means for a community to address a collective responsibility and marshal resources of specific, accountable entities to improve the health of its members.
- Foster public accountability; and
- Engage citizens representing traditional and non-traditional public health partners leading to a greater chance of progress and success on state and local priorities/objectives.

Towards that end, the Stanly County Consolidated Human Services Board encourages public participation in the community health improvement process. The public is inclusive of individuals and organizations that have an interest in coming together to solve local problems and improve the health and quality of life for all.

¹ Adapted from: <http://www.pophhealth.wisc.edu/UWPHI/stat/ComHIPP.pdf>

Definitions:

Community Health Improvement: According to The Institute of Medicine, community health improvement is a process that includes problem identification, prioritization cycle, and an analysis, as well as an implementation cycle.² The Stanly County Consolidated Human Services Board supports a general understanding of community health improvement to include all of the activities involved in health assessment, planning, programming/intervention, evaluation, and feedback that include and involve a representative cross section of the community.

Individual: Any community member with the time, interest, and commitment to the community health improvement process for this definition is considered an individual.

Organization: Any business, church, detention center, drug treatment center, jail, school, organization, childcare center, college, university, health provider and any other group with the time, interest and commitment to the community health improvement process.

Committee: A body of persons selected to carry out a specific charge or purpose that is ongoing.

Task Force: A body of persons selected to carry out a specific charge or purpose within a specific timeframe that, upon completion of the charge, will disband.

Partnership: Partnership is defined as a collaborative, synergistic alliance of diverse public health partners working towards community and population health improvement in areas to complex for one entity to accomplish.

Procedures:

The Stanly County Consolidated Human Services Board recognizes that there are formal and informal methods for individuals and organizations to become involved in the community health improvement process. Participation in community health improvement includes but is not limited to the following examples:

Community Health Assessment: The Stanly County Health Department & Stanly County Partners In Health (a Healthy Carolinians Taskforce) provide leadership to a comprehensive Community Health Assessment (CHA) every 4-5 years. A CHA is a process by which community members gain an understanding of the health concerns and health care systems of the community by identifying, collecting, analyzing and disseminating information on community assets, strengths, resources and needs. CHA is a collaborative process; therefore, we will include community partners throughout the process. The CHA usually culminates in a report or a presentation that includes information about the health of the community and the community's capacity to improve the lives of residents. The CHA can provide the basis for discussion and action.³ Action can include but is not limited to partnering with both traditional partners from the healthcare, human services and health related community groups and/or non-traditional partners such as the local business and industrial communities; grassroots community groups; and presentation of findings to the Board of County Commissioners, and/or State Legislators and Federal Legislators for developing policy initiatives.

² Institute of Medicine (1997). Committee on Using Performance Monitoring to Improve Community Health: Durch, J.S., Bailey, L.A., & Stoto, M.A. (Eds). *Improving health in the community: A role for performance monitoring*. Washington, D.C.: National Academy.

³ Community Health Assessment Guide Book, 2002. www.healthycarolinians.org/pdfs/02Guidebook.pdf

Committees, Task Forces and Partnerships: The Stanly County Health Department often provides leadership to and/or participates in a wide variety of committees, task forces, and partnerships that engage in community health improvement activities. These committees such as task forces and partnerships may vary in their organizational structure, developmental stage, geographic focus, resource availability, and purpose. Operationally, these partnerships may share information, coordinate health related services, identify health issues, set goals for action, plan and implement strategies and activities, and evaluate outcomes.

Contracts and Memoranda of Understanding: The Stanly County Health Department may enter into a contract or memoranda of understanding/agreement with various community groups or organizations to address public health needs.

Public Comment at Board Meetings: Members of the public may address the Stanly County Consolidated Human Services Board during a public comment period held during each regularly scheduled meeting. The public comment period will provide three (3) minutes per speaker, up to five speakers per meeting for a total of fifteen (15) minutes.

STANLY COUNTY HEALTH DEPARTMENT
Policy and Procedure

TITLE: HOME HEALTH ADVISORY BOARD

MANUAL: Home Health Policy & Procedure

EFFECTIVE DATE: 3/02

REVISION DATE (Applicable only if policy revised.) 12/1/17

ANNUAL REVIEW: David Ezzell 12/7/17
David Ezzell, Interim Health Director Date

Debbie Bailey 12/1/17
(Other Authorized Staff, Supervisor, etc.) Date

Gene McCarty, V-crew 12-7-17
Stanly County Consolidated Human Services Board Date

PURPOSE

To establish guidelines to be followed for composition and duties of Advisory Board as delegated by the Consolidated Human Services Board.

RESPONSIBLE PERSONNEL

Consolidated Human Services Board, Health Director, Home Health Supervisor.

OBJECTIVES

To provide guidelines for Advisory Board Composition, to outline duties of Advisory Board. To act as advisory group to the Home Health Agency.

POLICY

The Stanly County Home Health Agency will have an Advisory Board to assist the agency in implementing the policies by the Consolidated Human Services Board and to act as advisory group to the Home Health Agency.

PROCEDURE

- A. Functions as delegated by Consolidated Human Services Board
 - 1. Establishing and annually reviewing the Home Health Agency policies and procedures.
 - 2. Governing the scope of services offered, including:
 - A. Admission and discharge policies

- B. Medical supervision and plans of care
 - C. Emergency Care
 - D. Clinical records
 - E. Personnel qualifications
 - 3. Advise the Home health Agency on professional and community issues in prospective to Home Health care.
 - 4. Assist the Home Health Agency in maintaining liaison with other health care providers in the community.
 - 5. Assist in marketing and promoting the Home Health service in the community.
 - 6. Assist the Home Health Agency in its public awareness and public relation program.
 - 7. Conducts an evaluation of the Agency's total program.
- B. Composition
- 1. The membership of the Advisory Board shall consist of:
 - a. Two Licensed Physicians
 - b. Registered Nurse
 - c. Health Care Administrator
 - d. Social Worker
 - e. Educator
 - f. Two Senior Citizens
 - g. Therapist
 - 2. The Health Director and Nursing Supervisor will serve as ex-officio members of the Advisory Board.
- C. Method of Appointment
- 1. The physician members shall be selected by the Agency Administrator. Other members of the Board will be selected by the Agency's Administrator after consultation with the current members of the Advisory Board.
- D. Term of Appointments
- 1. All appointees to the Advisory Board may serve more than one term.
 - 2. The physicians, social worker and educator shall serve an initial term of three years.
 - 3. The health care administrator, Public Health Nurse and senior citizen members shall serve an initial term of two years.
- E. Quorum
- 1. A quorum shall be a majority of the total active members. When the Committee is at full membership a quorum shall consist of five (5) members.
- F. Conduct of Business
- 1. Shall be in accordance with Robert's Rules of Order.
 - 2. Minutes of all meetings will be kept on file in the Agency.
 - 3. Officers (elected annually) shall be a chairman, vice-chairman and

secretary. Members of the Advisory Board shall elect the officers.
(Officers may serve more than one term).

4. Meetings will be held at a predestinated place, which will be announced when the agenda is mailed to the Advisory Board Members. Meetings will begin promptly and should last no longer than one and one-half hours. Members missing two consecutive meetings will automatically be replaced, unless there is a bona fide excuse acceptable to the other members of the Board. Meetings will be held quarterly on the third Tuesday of the month.
- G. Orientation provided by Home Health Supervisor/Designee
1. Organizational Structure
 2. Employee and client/patient grievance policy and procedure
 3. Responsibilities for Quality Improvement Activities
 4. Review of the organization's values, missions, and/or goals
 5. Confidentiality Agreement
- H. Self evaluation for each advisory board member will be conducted annually.