Town of Rowe – FY2007
Board of Health
Minutes – March 13, 2007

Call to order: The meeting was called to order at 12:15 PM

Present: Ann Foshay, Danette Reynolds-Gallaghar
Ruth Loomis, Town Nurse
Audience: Rosie Gordon, Judy Pierce, Kris Swenson

This meeting was scheduled for a time convenient to Town Nurse Ruth Loomis to discuss administrative matters concerning Health Services.

Ruth's memo of February 1, 2007 (see attached)
Absence reports: Ruth questioned if she should submit a biweekly absence report if she has not taken any time off during that period. The BOH said that she would need to discuss that with Town Accountant Ellen Babcock as Ms Babcock was the one to make the request for the reports.

Sick/workman's compensation time: Ruth asked whether the time off she took for EMG testing in January 2007 should be taken as sick time or as Workman's Compensation time? Again she was told to speak with Ellen Babcock as Ellen the Town Administrator.

Order approval policy: Ruth felt that the requirement for BOH approval prior to ordering supplies would delay stocking supplies for her office (see attached BOH memo of 1-30-07). The BOH wants to keep this policy in place for the time being and assured Ruth that they would look over her orders promptly. Ruth was also asked to put any items she deemed important and needing the Board's immediate attention in the BOH box in the main office.

Personal time: in the BOH memo dated 1-30-07 (on the subject of Notification of vacation, personal and sick leave – see attached) requests for personal time were to be in writing and submitted to the BOH for their approval two weeks in advance. The Board agreed with Ruth that personal time is often used for unexpected events. They told Ruth that the memo was a working copy and expected to have some changes. Personal time will now be reported the same as sick time – i.e. contact the Town Hall first to report taking the time. If unable to reach anyone at Town Hall, call a BOH member who will post Ruth's office as being closed.

Vacation time: Ruth questioned the reasoning of advance notice for taking vacation time. She said that this is usually done in situations where the vacationing employee has to have coverage or for scheduling reasons. As she has no scheduling in her position she doesn't have to find a replacement. Ruth refers town residents to their primary care provider or has Dr. Warner (collaborating physician) on call.

Ann Foshay asked what happens if Dr. Warner is not available and has he agreed to be on call? Ruth said he agreed to be on call for someone without a primary care provider.

Danette Reynolds said that the BOH wants advance notification of vacation time. The Board has received complaints in the past that people did not know Health Services would be closed. She recommended posting the vacation time on the Health Services door prior to closing Health Services for that period.

Ruth said that it would create a safety issue for her home if people knew in advance that she was going to be gone. She said she would put a message on Health Services answering machine informing people that the office was closed.

Keys to Health Services office: Danette noted that Ruth received a new locking file cabinet for Health Services records on February 26, 2007. Ruth was asked if the Town Hall custodian had received a key to the Health Services office. Ruth said that she had not had time to have a copy of the key made but had told the custodian that a key would be available soon.

Danette requested copies of the key to the Health Services office for the BOH and Town Administrator Ellen Babcock. Ruth questioned why these keys would be needed and was told that as Town Administrator, Ellen should have a key and as Ruth's supervisor, so should the BOH. It was also noted that since Ruth had received the locking file cabinet, the medical files were now secure.

Ruth said there was no reason Ellen would need to come into her office. Ann pointed out that Ruth's office light was on all weekend and no one was able to enter the office to turn it off.

Ruth: "What reason would you folks need to come into my office?"

Danette: "Well, one, we're the supervisors and we should have a key to your office."

Ruth: "But what would the reason be?"

Danette: "In case I would like to look into some of the reference material." Was given as an example.

Ruth: "I can give you a copy (of reference material)."

Danette: "Ruth, we need a key to the office, please. You have the file cabinet, that was the reason nobody could have a key before. Now you have the file cabinet."

Ruth: "It is just for the cleaning people."

Danette: "No. The BOH needs to have a copy of the key please. Sandy has a copy of the key, Ed has a copy of the key, the cleaning lady is going to have a copy of the key and the BOH as the supervisor would like to have a copy of the key."

Bed rail reimbursement: Ruth was asked about a reimbursement to a town resident for a bed rail and if the cost should have been charged to the Council on Aging instead of Health Services. Ruth said that it was for a hospital bed owned by the BOH and loaned out to town residents.

Medical equipment loans As the BOH has discontinued loaning medical equipment to town residents due to sanitation and liability concerns, Ruth questioned Danette as to why she (Danette) brought down medical equipment from the town hall attic for a town resident.

Ruth: "I don't understand why you changed your mind the day Dick Tower wanted to borrow something and you were going to go and bring stuff to him."

Danette: "I went up there (the attic) as a friend to get it out of there. I thought the Council on Aging (COA) was the one that gave it (the equipment) out. Chris (Tower) is on the COA, Chris asked me. I brought it down and gave it to Sandy."

Ann: "Sandy gave it to Chris. Sandy is on the COA."

Ruth: "I heard a different story."

Storage of Health Services supplies in the BOH office: it was noted by the BOH and Ruth that going up the folding ladder into the town hall attic to retrieve medical supplies was not safe. Ruth requested that she be allowed to store her supplies in the BOH office until the closet on the second floor was remodeled to store her supplies. She was told no several times and that the BOH office was not a storage area. The BOH said it had finally removed several large containers containing catalogs, etc, three wheelchairs, walkers, toilets, pampers, etc that Ruth had been depositing in their office.
The Board will speak to the Board of Selectmen again about remodeling the closet on the second floor for medical supply storage.

White noise machine: Ruth was asked to disconnect the white noise machine outside of her office when the office is closed.

Patient log:

Background: At a meeting on November 13, 2006 the BOH requested that Town Nurse Ruth Loomis keep the following records:

1. monthly chart of patient visits recording date, patient name and length of visit
2. bi-weekly time sheet listing hours spent on medical and administrative activities

Ruth said she would need additional hours to accomplish these tasks. When Board member Danette Reynolds offered to help, Ruth said that for Danette to do that would violate HIPAA. The BOH said they would consult town counsel as to what types of information the Board, as supervisors of health services, is entitled to.

On January 29, 2007 the BOH sent a letter to Town Counsel Janet Pumphrey (attorney at Kopelman and Paige) requesting information on a number of issues involving the Town Nurse (see attached). On February 21, 2007 the Board received a letter from Joe Fair, attorney at Kopelman and Paige, ruling that the Board's request for a log containing patient names and length of visit would not violate HIPAA (see attached). Mr. Fair also listed other information that could be requested of the Town Nurse.

Present: Danette informed Ruth that town counsel had been consulted on the legality of requesting a log of patient names and dates of visits and said that the log would not violate HIPAA. A request was again made for Ruth to keep a log for the BOH containing the date, patient name and length of visit and whether the visits are repeat or follow-up visits.

Ruth requested, and received, a copy of the attorney's February 21, 2007 letter. She said that under her licensure she would have to verify that the log would not breach HIPAA.

Ann Foshay said the BOH would also, at least for a while, like to have a daily log of what Ruth does while she is on duty.

Ruth said to keep such logs would be very time consuming, that she would be logging all day long.

Ann: "Well, other people in this position are required to do this type of thing."

Ruth: "What other people. Name me one."

Ann requested a weekly report on the clinics that Ruth runs, i.e. blood pressure, flu, monitor for chronic disease, etc.

Ruth said that the annual town report lists everything that she does.

Ann said that the annual report doesn't provide enough information for the BOH to know whether Ruth needs as much time as she is spending on the job.

Ruth said a professional time/cost analysis person would need to be hired for that kind of evaluation. "Certainly you two are not qualified to make those kind of decisions."

Ann: "The point is, we are not getting reports from you that tell us exactly what you are doing in the time that you are in the office. We don't know how many patients you see . . "

Ruth: "Yes you do. I give you that number all the time."

Danette: "Well, here's what was in the annual report for 2004: 'For the second year in a row there was a substantial increase in patient visits from 1,455 in 2003 to 1,705 in 2004. And that's it." (see attached copy of 2004 report).

Ruth: "The rest of the article tells what I did."

Danette: "Seventeen percent increase in the use . . "

Ruth: "The rest of the article tells all the details of what I do."

Danette: "But it doesn't say numbers."

Ruth: "Not the number of patient, it's just the number of patient visits. What other numbers do you need?"

Ann: "There's a difference between patients and patient visits and there's also what constitutes a patient visit."
"We are not getting reports of the numbers that tell us what you are doing and how many different procedures you need to perform every day, every week and that type of thing."

Ruth: "I don't understand why that would be necessary."

Ann: "We've been trying to explain to you why numbers are being required."

Ruth: "What would they be required for?"

Danette: "It gives us a way of evaluating a program, anticipating needs. But we can't do that with just a lump sum number of patient visits."

Ann: "We have to determine the demand for services."

Ruth: "You have the total patient visits. You have the demand from the vote of the town."

Danette: "So this is something that just really isn't plausible to do?"

Ruth: "I can't imagine how much time this would take. And you know the state of my room. There isn't enough time to accomplish what I do in the time that I'm given."

Danette: "So which part do you feel would be too time consuming?"

Ruth: "Logging. I couldn't possibly sit there and log when I'm trying to take care of patients, I'm trying to get charting done, I'm trying to do all the things involved in the job, to sit there and make a bunch of senseless logs."

Danette: "Which logs in particular are you not comfortable with?"

Ruth: "I'm still really questioning whether giving a patient's name, because I have always been told that that cannot be done. That that breaches confidentiality."

Danette stressed again that the BOH was not requesting any individual's medical information. She stated, and Ann agreed, that the Board should rethink their request for the patient log.

Ruth said that when she informed collaborating physician Dr. Warner that the BOH wanted a patient log that ". . he said absolutely not. You cannot do that."

Ann said that the collaborating physician is involved in only the medical portion of Ruth's position and that Dr. Warner has indicated to her (Ann) that he does not want to be involved in the administrative/supervisory aspects of the position..

Danette questioned Ruth as to what constitutes a patient visit – i.e. an actual physical visit to the Health Services office, a phone call, talking to someone in the town hall parking lot.

Ruth said that anything that requires her expertise – be it an office visit, phone call – any patient interaction.

She also stated again that "To do extensive logging would really require increasing the hours of this position because the position barely makes it through getting the work it has accomplished. To add more duties would need an addition of time."

Continuing education: The BOH gave Ruth copies of notices for three different free courses that offered a total of 9.5 nursing contact hours. Ruth has been given other notices that total 12.0 nursing contact hours. Ruth said she had received the notices but that they weren't 'things that she needs.'

Danette: "You were saying that they doubled the number of credits that you need. So these are credits that are free."

Ruth: "But I need to go to educational offerings that help me in my daily practice."

Next meeting: not scheduled

Adjournment: Meeting adjourned at 1:05 PM.

Respectfully submitted,
Danette Reynolds-Gallaghar

Approved:

Angela Foshay, Co-Chairman

Danette Reynolds-Gallaghar, Co-Chairman

Town of Rowe

FRANKLIN COUNTY

MASSACHUSETTS

01367

Settled as Myrifield 1763 ▪ Incorporated as Rowe 1785

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Office of BOARD OF Health

MEMO

To: Dick Tower, Transfer Station Attendent
Ruth Loomis, Town Nurse Practitioner

From: Board of Health

Date: January 30, 2007

Subject: Expenditures

In order to have a uniform reporting system, the Board of Health is requesting that all orders and anticipated expenditures be submitted to the Board for approval prior to purchasing.

Also, please submit the biweekly time sheets to the Board for their review and approval.

Thank you

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Office of BOARD OF Health

MEMO

To: Ruth Loomis, Town Nurse Practitioner

From: Board of Health

Date: January 30, 2007

Subject: Notification of vacation, personal and sick leave

In order to establish uniform procedures, the Board requests that they be notified of the above compensated absences in the following manner:

Vacation: Requests for vacation time are to be in writing and turned in to the Board of Health for approval 2 weeks before the time is to be taken. The request will be approved at a Board meeting.

Personal: Requests for personal time are to be in writing and turned in to the Board of Health for approval 2 weeks before the time is to be taken. The request will be approved by at least 2 members of the Board.

Sick: In the event of illness, the employee is required to call the Town Office or Chairman of the Board of Health.

Please note that the requirements listed in the FY 2003 Wage and Benefits Package pertaining to compensated absences are still in effect.

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Office of BOARD OF Health

January 29, 2007

Janet Pumphrey
Kopelman and Paige RC
45 Walker Street
Lenox, MA 01240

Re: Supervision of Town Nurse Practitioner

Dear Ms Pumphrey:

We are requesting your guidance on the supervision and possible disciplinary action of the Town Nurse Practitioner.

Introduction:

The Town of Rowe voted in May 1998 to create the position of Rowe Town Nurse. The job description required basic nursing skills, 16 hours a week and provided no benefits. A nurse practitioner applied for the job and was hired by the Board of Health to begin work on December 7, 1998. The Rowe Town Nurse proposed changing her job title to Town Nurse Practitioner and rewrote her job description to include her nurse practitioner qualifications. On February 2, 1999, two of the three members of the Board of Health voted to approve these changes without notifying the town. The position has evolved to 28 hours per week with benefits.

When the position was created, the Board of Selectmen also functioned as the Board of Health. In May 2003, the town voted to make the Board of Health an independent board to be elected by the townspeople. The responsibility of overseeing and supervising the Town Nurse Practitioner was maintained by the Board of Health.

Since accepting the position in 1998, the Town Nurse Pactitioner (Town NP) has received minimal supervision in the performance of her job. The present Board of Health is now attempting to examine all aspects of the position so that we may serve in a more effective and informed capacity. The first step in this effort would be to acquire the information necessary to fully understand how the Town NP spends her time and what she actually does. Our efforts have been met with considerable resistance and accusations that we may, inadvertently, be violating the HIPAA law in some of these efforts.

Our immediate questions are:

1. We are trying to get a clear picture of how the Town NP spends her time. She currently provides us with a yearly statistics report which indicates the number of patient contacts which occur each month. However, this does not tell us how many individual patients she sees, how many of the visits are repeat/followup visits, nor how long the visits last. We have had reports that a brief verbal contact (how are you feeling?) may be counted as a "patient visit" and also that some "visits" include lengthy social conversations. We have also been told that the nurse has telephoned some residents offering her services and counted the call as a "patient visit" (even when the resident declined the offer).

- When we asked for a log which only included names of patients and length of visit we were told by the Town NP that this violates the HIPAA law regarding patient confidentiality. If this is true, how can we gain the desired information without violating the law. All three Board of Health members have signed a confidentiality statement drafted by the Town NP.

- Is there any way we can verify patient "visits" without violating HIPAA/patient confidentiality?

2. We have received reports from some unhappy residents that the Town NP has contacted more than one resident's primary care physician or medical specialist without the resident's prior knowledge or permission. Is this an acceptable practice for the Town NP? Do the regulations address this?

3. We have had more than one report that the Town NP has visited a town resident in the hospital, presented herself to the attending nurses as the resident's medical care provider and requested the resident's medical file for her review. As far as we know these requests were denied. Is this an acceptable practice for the Town NP? Do the regulations address this?

4. How much detail can the Town NP be required to report on her expense account? At present she only provides date and mileage for her home visits in town.

5. The Town of Rowe pays the full premium for the Professional Liability Insurance for the part-time Town NP. She now has a second part-time job in the medical field where this insurance can be used. Can we restrict its applicability to services performed only in the Town of Rowe and/or can we request that she or the other employer pay a portion of the premium?

6. Can a resident's records be fully removed from the nurse's office at the request of the resident? If so, how can this be accomplished to ensure that no copies of the records have been retained by the nurse?

7. The Town NP is appointed yearly by the Board of Health and does not have a contract with the town. Are there restrictions on our power to change details of the job description and conditions of employment?

We hope you will be able to reply promptly as the answers to these questions are key to our resolving these immediate and important issues.

Sincerely,

Rowe Board of Health

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MICHAEL B. CABRAL

February 21, 2007

BY FACSIMILE – (413) 339-5316
AND BY FIRST CLASS MAIL

Danette Reynolds-Gallagher, Chairperson
Board of Health
321 Zoar Road, P.O. Box 462
Rowe, Massachusetts 01367

Re: Supervision of Town Nurse Practitioner

Dear Ms. Reynolds-Gallagher:

The Board of Health has requested a legal opinion regarding a number of issues involving the Town Nurse Practitioner ("Town NP") and privacy issues. Below is a brief discussion of general background information regarding HIPAA, followed by my response to each of the areas you have inquired about. Please note that given the similarities between questions 2 and 3, they have been addressed in a single response.

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the United States Department of Health and Human Services established national standards for electronic health-care transactions and the security and privacy of protected health information (PHI). PHI is defined under HIPAA as any written, oral or electronic form of health information relating to a person's past, present or future health condition, or delivery or payment of health services that identifies an individual, and includes any reasonable basis to believe the information could be used to identify an individual. Entities covered under HIPAA are required to conduct all electronic transactions in a standard format, to protect the privacy of PHI, and to adopt safeguards to protect the confidentiality, integrity, and availability of electronic health information.

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The HIPAA regulations apply to "Covered Entities," which are defined as Health Care Providers that transmit any health information in electronic form, Health Plans, and Health Care Clearinghouses. HIPAA defines a "Health Care Provider" as a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business. Under these definitions, municipal ambulance services and nurse's stations (and any other department or unit that meets the definition of a "Covered Entity"), must comply with the requirements of HIPAA.

The Privacy Rule requires Covered Entities to protect the confidentiality of medical records and other PHI. Under HIPAA, Covered Entities must have in place certain privacy standards by April 14, 2003, with the exception of small health plans (i.e., a health plan with annual receipts of $5 million or less), which must be compliant by April 14, 2004. Specifically, Covered Entities are required to limit the use and release of identifiable PHI, give patients the right to access their medical records, restrict the disclosure of health information to the minimum needed for the intended purpose, and establish safeguards regarding disclosure of records. HIPAA prescribes criminal and civil sanctions for Covered Entities that improperly use or disclose PHI.

1. How to verify patient visits without violating HIPAA.

Under 45 CFR 164.506, the Privacy Rule permits Covered Entities to use and disclose PHI, with certain limits and protections, for treatment, payment and health care operations activities. Among the activities included in the definition of "health care operations" under the HIPAA regulations are "[r]eviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities." 45 CFR 164.501. Given this definition, it would not violate HIPAA, in my opinion, if the Town NP were required to provide a log of her patient visits that consisted of the names of the patients and the length of the visits. Information regarding whether the visits are repeat or follow-up visits could also be included. Additionally, the Town NP could be required to maintain a daily contemporaneous time sheet which identifies the tasks that she is performing throughout the day and the amount of time she spends on each task, e.g. 9:00 to 9:20 drive to patient's home; 9:20 to 10:15; patient visit; 10:15 to 10:45 drive to the office; 10:45 to 11:00 telephone conference with patient, etc.

With respect to the complaints that you are receiving that some of her "visits" are only lengthy social conversations and that she has telephoned residents offering her services and counted the call as a "patient visit," I would recommend following up on the complaint by taking a detailed report from the person making the complaint. Then bring the Town NP into a meeting to discuss the specifics of the complaint.

2. Contact by the Town NP of patients' Primary Care Physicians without permission.

3. Requests by the Town NP for medical information from hospitals.

Subject to a few limited exceptions, the HIPAA regulations permit the Town NP to use and share health information for treatment, payment and health care operations. 45 CFR 164.506. The regulations define "treatment" as "the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another." 45 CFR 164.502. As such, it is my opinion that the Town NP's contact of primary care physicians or hospitals without the prior knowledge or permission is not prohibited by the regulations, assuming such contact is being made pursuant to her treatment of the patient.

Having said that, Covered Entities may voluntarily choose, but are not required, to obtain the individual's consent for it to use and disclose information about the individual for treatment, payment and health care operations. 45 CFR 164.506. In addition, individuals have the right to request restrictions on how a Covered Entity will use and disclose protected health information about them for treatment, payment and health care operations. 45 CFR 164.522(a). While a Covered Entity is not required to agree to a restriction, once it does, it is required to adhere to any restrictions to which it agrees unless disclosure is necessary to the provision of emergency treatment. Id. Thus, if there are residents who are not happy because the Town NP has contacted their doctors or sought information from hospitals without permission, the Town could adopt a policy under which the Town NP is required to obtain written permission before doing so.

4. The level of detail that may be included in an expense account report.

Under the Privacy Rule, a Covered Entity is required to develop policies and procedures that reasonably limit its disclosures of, and requests for, protected health information for payment and health care operations to the minimum necessary. In determining how much detail should be required in an expense account, I would recommend that it be limited only to that information that is needed to verify the need for the expense and to process it. For example, information which could reasonably be used to identify an individual could be omitted from the report thereby avoiding any HIPAA implications.

5. Can liability insurance be restricted to services performed only in Rowe?

The scope of the Town's liability for the actions of the Town NP is governed by the provisions of G.L. c. 258. In general, the Town is liable for the negligent or wrongful acts or omissions of an employee who is acting within the scope of the employee's office or

employment with the Town. G.L. c. 258, §2. This is true regardless of whether there is a liability insurance policy in place or not. It is unclear from the information you have provided whether the policy in question is something that the Town itself has obtained as part of its coverage of the Town NP and other Town employees or if the policy is a private one that was obtained by the Town NP. In either case, the extent of the liability insurance policy's coverage will typically be based upon the terms of the policy itself. In other words, the current policy may already limit coverage to the Town NP's employment with the Town. Conversely, a private policy obtained by the Town NP would likely only cover the insured, i.e. the Town NP, and not the Town. Without reviewing the policy, I cannot make this determination. In light of the fact that the Town's liability exposure is governed by G.L. c. 258, I would recommend that the Town, to the extent that it has not already done so, obtain its own insurance policy relative to the Town NP. Given the relatively low cost of such policies as compared to the Town's damages exposure in the event it is sued as a result of the Town NP's negligence, I would recommend that the Town pay the entirety of the premium so as to ensure that the necessary coverage is obtained and maintained.

6. Can a resident's records be removed?

It is unclear from your letter as to whether the issue regarding the records is the retention of them by the Town NP or by the Town in general. If the issue is regarding the Town in general holding the records, please be advised that the Massachusetts Public Records Law would preclude the Town from returning a patient's medical records. In general, records kept by the Board of Health and/or the Town NP may only be disposed of in accordance with the Records Disposal Schedule issued by the Supervisor of Public Records. While certainly a copy could be sent, the Town would be required to retain the originals.

If the issue is regarding the Town NP holding the records, while the Public Records Law would not necessarily prohibit the Board of Health from designating another individual under its direction to be the keeper of those records, as a practical matter, it would seem that the Town NP would be the logical choice to maintain them, especially given the nature of her work and the potential need for her to have access to the records in the future.

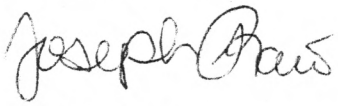
7. May the Board of Health change the nurse practitioner's job description and conditions of employment?

Under G.L. c. 111, §27, the Board of Health possesses the authority to "make rules and regulations for its own government and for the government of its officers, agents and assistants." In the absence of an employment contract or collective bargaining agreement, the Board of Health is free to change the details of the Town NP's job description and to set performance expectations and standards.

As for altering the conditions of her employment, it is unclear from your letter as to what the specific conditions are that the Board of Health would be seeking to change, e.g. performance criteria, compensation, benefits, etc. As such, I would need to be provided more specific information before I could render an opinion as to a particular condition of employment.

If you have any questions regarding any of the foregoing, please feel free to contact me. Thank you for your attention to this matter.

Very truly yours,



Joseph S. Fair

JSF/cmt
cc: Board of Selectmen

306984v.2/ROWE/0002

umbrellas. They turned out in their best Hawaiian prints and all were adorned with leis by the end of the luau. Some of our bravest seniors even put on grass skirts for a pseudo hula. In the spring the hearty ventured to Fort # 4 for a walk through history. This fort closely resembles our own Pelham Fort that protected Rowe many generations ago. The group took along a picnic lunch prepared by Margaret Woodside our town chef. She makes her own scrumptious breads and seasons all her food with love. In the fall our group was a guest at the Greenfield Senior Center for lunch. Then we traveled on to the Shea Theater in Turners Falls to enjoy a delightful musical about the old west orphan trains. The local talent was very impressive and the story was heartwarming. Our holiday treat was lunch at the Country Buffet and a trip to see the Festival of Trees at the Berkshire Museum. Being a Council member is hardly what we'd call "work". It's more like joining good friends at a feast for the soul.

Respectfully submitted:
Sandy Daviau, Co-chair
Ruth Loomis, Co-chair
Chris Tower
James McKee
Jodi Brown

Health Services

Health Services celebrated its sixth year in the Town of Rowe. Usage by residents continues to increase. It is very rewarding to be able to care for and assist so many of our residents. Our elected officials and the voters deserve a huge thank you for supporting such a wonderful service in our rural community. It has saved long and costly trips for many to meet their medical needs. Health Services sees patients for acute care as well as monitoring and maintenance of chronic health problems. Patients are encouraged to make healthy life-style choices. In addition to direct care, support is given through education, advocacy, resource materials and referrals.

For the second year in a row there was a substantial increase in patient visits, from 1455 in 2003 to 1705 in 2004. This is a 17% increase in use of the Health Services this year. Since the inception of Health Services there has been an 82% increase in patient visits. It gives me some excuse for my messy desk although my mother probably wouldn't agree. Housecalls continue to be available 2 days a week for homebound residents, new mothers and those newly discharged from the hospital. I dearly miss no longer seeing those that have passed on. It's so hard to let go of the ones we love.

Health Services was fortunate to have the continued support of Dr. Richard Warner as our collaborating physician. His expertise in family medicine contributes vital knowledge for all age groups in Rowe. The newly appointed Board of Health has been an asset in the formulation and clarification of policies for the department.

For the third year, Rowe participated in the roster billing program for influenza and pneumococcal vaccines. Residents graciously complied with the extra paperwork. It has generated $500 in funds to continue the purchase of vaccine for our community. This is a very worthwhile program and I thank you all for helping out. This year's influenza clinics were disrupted by the vaccine shortages, along with state and national restrictions. The outcome however was good. The careful distribution of vaccine insured vaccination for our most vulnerable people first. We were fortunate to be able to share vaccine with neighboring communities who were unable to vaccinate their highest risk residents during the early stages of the shortage. In the end there was enough vaccine to vaccinate all who requested it prior to any cases of influenza in our area. Many thanks for everyone's understanding and cooperation, especially to Margalee Riggan and Bill Loomis for volunteering to be couriers for the vaccine. It was heartwarming to see the healthy of all ages readily volunteer their dose of vaccine for those in greater need.

I am very pleased to see the continued usage of the fitness center. We were all saddened by the loss of our personal trainer, Marie Phillips. Her enthusiasm, encouragement and guidance will be missed. We wish her well in her relocation. Everyone in town can benefit from exercise and the fitness center is another wonderful health offering for this privileged, small town. If you haven't already familiarized yourself with what is available to you upstairs in the Town Hall, please do so. There is a wealth of help and information to be had at no charge to residents. Health Services continues its loaner program for medical assistive devices and furnishings made available through the generosity of our neighbors. Through all of life's ups and downs, our community spirit and concern for each other continues to make Rowe a wonderful place to call home.

Respectfully submitted,
Ruth Loomis, NP