

5930 Work Plan Template Consolidated Contract Deliverable

LHJ Name: Adams
Date: 4-09-08
LHJ Work Plan Contact: Kate Brueske/Callie Moore

Due: March 15, 2008
Send to: simana.dimitrova@doh.wa.gov
FAX (360) 586-7424

Performance Measure #1 – Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on Varicella, Rota Virus, HPV and pediatric influenza.

Reporting Measure

A: Number of doses of vaccine ordered by each LHJ

B: Number of doses administered as recorded in CHILD Profile

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
1	Visit the two primary providers of the new and under used vaccines, at least 1x this calendar year to provide education and training on the vaccinations, timing, benefits and reporting in CHILD Profile to improve their participation.	Hire 1.5 fte to manage data and to follow up with providers in assessing current use of child profile and barriers to providing the under used and new vaccinations.	Hired FTE – site visit held 12-09 discussed child profile.
1	Work with providers to evaluate their use of the reminder / recall portion of CHILD Profile. Provide improvement strategies as necessary.	Contact providers to assess current use of Child Profile and strategize improvements.	CBHA uses reminder recall for CHILD profile, largest immunization provider, Ritville Med Clinic not assessed, will assess in 2010
1	Increase the use of Child Profile recall system in the LHJ.	Instruct data entry person re: recall system and frequency of use. Document the frequency of sending reminders with the goal of 6 times per year.	LHJ increasing recall system- sent reminders out for under-utilized vaccines/flu vaccines X 3
1	Interpret county immunization/vaccine use data to health care providers, LHJ staff and community in order to understand and support appropriate use of vaccine to targeted populations.	1.5 fte to familiarize themselves and the LHJ with data sources and understanding data. The website will be utilized as a resource for data information as well.	Assessment coordinator familiar with data. Able to utilize website as a resource for information/ keeping track of under -utilized vaccines. Annual report to the board of health includes immunization information. Will plan to include information in annual all staff meeting in March 2010
1	Work with the schools and child care providers to reduce the use of exemption categories.	Contact the school and child cares to assist with immunization review	Worked with schools to send out letters regarding vaccines

		and discuss exemption.	exemptions/response from parents X1
--	--	------------------------	--

Performance Measure #2 – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

Reporting Measure

A: Percent of notifiable condition cases reported to the LHJ within the required timeframe (per WAC)

B: Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the timeframe specified in the Guidelines

C: Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of “essential fields”

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
2	Hire additional new staff; send to CD and PHIMs training; familiarize them with guidelines in PHIMS. They will become the resource for accurate reporting in PHIMS to improve the reports we retrieve from PHIMS. They will also receive training in PHRED and be the primary contact person for retrieval of PHRED information.	1.5 fte (same as above) to learn PHIMS and PHRED. To share information with LHJ staff to improve the quality and accuracy of reports retrieved from PHIMS.	Assessment coordinator is in charge of PHRED and PHIMS. Received training. Will be in charge of annual reports to staff on CD reporting Primary contact person trained to retrieve information from PHRED
2	Conduct annual staff training on the policy for timely and complete case investigation and the outcomes of the 2008 year. Staff will understand and use the forms correctly and utilize the reporting function of PHIMS with a limited amount of data entry errors.	1.5 fte will take the lead in this strategy. They will also familiarize themselves with the reporting forms to be a resource to CD staff in accurate report completion.	Annual staff meeting occurred in 2009. Information shared with staff.
2	Improve the STD Chlamydia treatment completion rate from the prior year.	1.5 fte will contact providers re: correct completion of STD report forms.	Worked on this in 2009. Good contact with providers to complete STD case report forms and their timely reporting and able to get information into PHIMS STd in a timely manner. Improving in partner treatment. Became an EPT county in 2009
2	Improve our county use of CD data and understanding of assessing Communicable Disease and tracking disease trends and other CD issues in our county.	1 fte person will also become the expert on CD in our county, acting as the resource for disease information and tracking of disease for our staff and the community. The website will be utilized as well as a resource for delivering information to the public.	Assessment coordinator is tracking and accessing information of disease in our county/community Utilizes website for information and is able to deliver information to the public. Will be trending data for all staff meeting and the annual board of health report.
2	Provide the annual updates to providers re: the public health emergency	1.fte staff person will supervise the	Information sent out in July 2009

	contact information, the notifiable conditions posters and the update of the CD manual.	collection of manuals and sending out of the annual letters.	
--	---	--	--

Performance Measure #3 – Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.

Reporting Measure

A: Number and description of LHJ activities and interventions to address obesity or chronic disease and association risk factors in the community.

PM#	Activity	Resources	Status As of Dec. 31, 2009
3	Create a county wide-report to define the obesity problem, including protective and risk factors, in Adams County and use it as an intervention tool with healthcare providers, schools and the communities.	Hire one new staff person (same as above two performance measures) to act as catalyst in getting the information to the community and collecting ideas for strategies to address this concern. This person may also research and collect other support data on the obesity problem in our county. The website will be utilized as well as a resource to deliver information to the public.	Assessment coordinator has completed obesity project. Collected data to address obesity problems in the county. Currently working with the Healthy Communities Project. possibly report will be showcased at the annual State Assessment Meeting in 2010
3	Establish a county wide work group(s) to review and select best practice obesity strategies for implementation at worksites, schools, communities, and/or primary medical care.	Hire one new staff person (same person in all measures) to act as the educator for obesity preventions.	Assessment coordinator involved in the Healthy Communities Project/ to act as education for obesity prevention
3	Implement community collaboration process (w/medical providers, schools, LHJ staff and communities) to establish intervention(s) at site(s) in the county for implementation.	This same person will become the assessment expert in obesity related data and tracking of change. They will be able to report the changes seen to LHJ staff and the community.	Collecting data and tracking of obesity in the county. Working with Healthy Communities