

5930 Work Plan Consolidated Contract Deliverable

LHJ Name: Asotin County Health District
Date: February 28, 2008
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Due: March 15, 2008
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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	Work with the immunization coordinator to work toward increasing immunization rates.	Hire 0.5 new RN (1FTE) & set up an office & resources for her.	RN hired and office set-up.
1	Begin sending and tracking immunization reminders using Child Profile reports at our office and encouraging our providers to implement a reminder system.	Implement reminder/recall activities, contact providers to assist them.	Recall reminders are being sent and we are getting call backs from them.
1	Increase knowledge of immunizations for new RN and immunization staff.	Attend trainings as they are available for Child Profile & immunizations.	New staff trained—training for all staff ongoing
1	Increase knowledge of new vaccines and their use.	Teach and provide information to our staff and our providers.	New staff trained—training for all staff ongoing.
1	Encourage all Asotin County providers to be on Child Profile.	Work with the one provider not currently on Child Profile.	All VFC providers are using Child Profile

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	Use and improve our new CD tracking form to follow the disease from initial notification to completion.	Hire .5 FTE RN for CD & train her in PHIMS, PHRED, etc.	RN hired and office set up.
2	Improve the timeliness of completion and reporting of CD.	Track CD.	Using tracking sheet for investigation and then information

			is put into PHIMS.
2	Improve assessment and data for Asotin County.	Assist with assessment.	Attend meetings as time allows.
2	Work in the STD, HIV, and TB programs and attend trainings for CD.	Update & improve our policies and procedures for CD.	Work in progress.
2	Assist with Standard prep & follow up after we receive our score for CD	Complete CD standards	Work in progress.

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	Begin working on increasing physical activity in Asotin County to address the obesity problem as time allows.	Form a community coalition & possibly write for a grant.	Applied for and received Washington Health Foundation Grant. Selected for DOH Healthy Comm. 3-yr grant Formed Health Improvement Plan (HIP) coalition Began the ACHD wellness program