Vision: Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

Goal: Increase the percent of reported chlamydia cases in which a follow-up interview is attempted.

| Inputs | | | | |
|---|---|---|---|---|
| Resources | Activities | Objectives | Outcomes | **Status As of Dec. 31, 2009** |
| Education and Evaluation manager time and expertise to develop updated procedures.<br>Public health nurse and nursing supervisor time and expertise to review.<br>Health officer expertise to review and approve. | Update procedures to be in accord with current CDC recommendations for STD screening, diagnosis and treatment and with Expedited Partner Therapy project guidelines and procedures.<br>Submit to staff and supervisors for review<br>Revise as necessary.<br>Submit to health officer for approval.<br>Implement new procedures. | By 5/1/08 update chlamydia procedures to reflect the expectation that each chlamydia case will be offered partner counseling and treatment services. (include an "effective" date). | Establish new departmental expectations regarding investigation and control of Chlamydia. | |
| • Education and evaluation manager time to develop letter.<br>• Education and evaluation manager time to develop database.<br>• Clerical support to mail letter. | Develop a letter from the health officer<br>Develop database of providers that have reported an STD in the past 3 years.<br>Mail letter. | By 5/1/08 send information from the health officer to all providers who submitted STI case reports in 2007 regarding the changes in Department procedure in investigating chlamydia cases. | Increased provider understanding of public health role in STD control.<br><br>Increased provider willingness to work with public health in STD control.<br><br>Improve patient preparation for public health involvement by providers. | |
| Public health nurse time. | Develop talking points to cover with providers in explaining public health activities and requested action from providers. | By 6/30/08, visit each reporter to deliver and discuss EPT provider letter, new case report forms, and supporting materials. Remove old case report forms during visit. | | |
| Public health nurse time | Begin conducting chlamydia investigations according to new procedures. | Beginning 6/1/08, complete contact interview according to EPT guidelines for the randomly selected 20% of reported cases. Attempt to contact all other patients to complete abbreviated interview as defined in chlamydia surveillance procedures. | Improved partner notification and treatment rates. | |

Goal: Increase the percent of reported chlamydia cases in which partner treatment is provided.

| Inputs | | | | |
|---|---|---|---|---|
| Resources | Activities | Objectives | Outcomes | **Status As of Dec. 31, 2009** |
| Public health nurse, supervisor, and manager time to develop plan.<br>Management approval and monitoring<br>Clerical support to implement plan | Develop plan.<br>Submit to management for approval.<br>Implement approved plan.<br>Monitor for unexpected changes in access and clinic revenue (Public Health Services Manager and Deputy Director).<br>Adjust plan and implement changes as necessary. | By 4/15/08 develop and implement a plan to ensure that clinic capacity exists to see STI contacts for testing and/or treatment within 1 working day of request. | Increased clinic appointment slots available to see people needing STD services.<br><br>More efficient use of nurse time in delivering clinical services. | |
| Public Health Education and Evaluation manager time to update procedures.<br>Nursing staff and supervisor time to review. | Update procedures<br>Submit to nursing staff and supervision for review.<br>Revise as necessary.<br>Submit to health officer for approval. | By 6/30/08 update chlamydia treatment procedures to include faxing prescriptions to a pharmacy for contacts who will not or cannot be seen for testing and treatment in the clinic. | Reduced barriers to treatment for STD contacts. | |

Goal: Increase targeted screening for gonorrhea and chlamydia.

| Inputs | | | | |
|---|---|---|---|---|
| Resources | Activities | Objectives | Outcomes | **Status As of Dec. 31, 2009** |
| • Public Health Services manager time to update procedures.<br>• Nursing staff and supervisor time to review.<br>• IPP screening and treatment materials | • Update procedures.<br>• Submit to staff and management for review<br>• Edit as necessary<br>• Submit to health officer for approval<br>• Implement new procedure | By 4/30/08, update procedures to include routine CT/GC urine screening and treatment of all at-risk women presenting for pregnancy testing, regardless of age or the presence of pregnancy. | Decreased wait time for pregnant women to get screened for Chlamydia<br><br>Earlier treatment and partner treatment<br><br>Increased detection of Chlamydia among asymptomatic high risk women | |
| • Public Health Services and Public Health Education and Evaluation Manager time to prepare analysis<br>• Cost data for relevant services<br>• Management team time to review and determine appropriate action | Managers meet to determine what is already known, desired scope of analysis, and what is missing<br>Missing data obtained, analysis drafted<br>Analysis presented to management team | By 4/30/08 complete an analysis of current STI services describing the client base and current fee structure. Present to management to consider impact of changing screening guidelines and/or fee practices. | Identification and reduction of barriers to STD detection, treatment and prevention services. | |
| Public health nurse, supervisor, and manager time<br>Cost data of relevant services | Public health nurse develops draft outreach plan<br>Presents to supervisor and manager for review<br>Edits as necessary<br>Final outreach plan presented with analysis described above | By 4/30/08 develop an outreach plan for STI screening and present to management for consideration with analysis described above. | Increased routine screening for Chlamydia among identified high risk populations.<br>Increased detection of asymptomatic Chlamydia.<br>Decreased transmission of Chlamydia due to undetected infection | |
| Supervisor, staff, and manager time<br>Clerical staff support to implement | Nursing supervisor drafts guidelines<br>Presents to staff and manager for review<br>Edits as necessary<br>Implement new guidelines | By 5/31/08 update chlamydia screening guidelines to include free or low cost screening for selected high-risk people outside IPP criteria based on management response to analysis of services and fee structure. | | |

Goal: Partner with DOH to fully implement the Expedited Partner Treatment project

| Inputs | | | | |
|---|---|---|---|---|
| Resources | Activities | Objectives | Outcomes | **Status As of Dec. 31, 2009** |
| Nurse time<br>UW and DOH actions (they are lead) | Continue to work with the University of Washington and DOH to implement the Expedited Partner Treatment Project.<br>Provide assistance with provider, pharmacy, and other pertinent local communications as necessary to support progress.<br>Communicate with key staff regarding progress in implementation. | Provide education and/or generate correspondence from the health officer as appropriate to support project implementation. | Decreased barriers to treatment for STD contacts. | |

Goal: Demonstrate that communicable disease investigations are begun within established timelines.

Goal: Document the % of communicable disease reports by providers that are made within established timelines

| Inputs | | | | |
|---|---|---|---|---|
| Resources | Activities | Objectives | Outcomes | **Status As of Dec. 31, 2009** |
| Public health nurse time | Use PHIMS to report notifiable conditions to DOH | Continue to use PHIMS to report all included conditions to DOH. | Establish baseline timeliness and completion measures for notifiable conditions reporting using established DOH data system | |
| Public health nurse, supervisor, and manager time | Monitor DOH progress in upgrading PHIMS and increase use as utility improves.<br>Provide feedback to DOH on PHIMS functionality as appropriate. | Continue to provide feedback to DOH regarding PHIMS performance and function | | |