

5930 Work Plan Template Consolidated Contract Deliverable

LHJ Name: Jefferson County Public Health
Date: February 11, 2010
LHJ Work Plan Contact: Lisa McKenzie

Due: February 19, 2010
Send to: tiffany.escott@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	Promote use of Child Profile Immunization Registry in all Jefferson County Clinics providing State-Supplied vaccines, in particular, Jefferson Health Care Clinics.	<p>Hire new RN Increase Immunization RN staffing by .75 FTE to do all actions listed below</p> <ol style="list-style-type: none"> 1. Train staff on Child Health Profile and Immunizations. Update all Community Health Nursing staff and support staff on new Immunizations and Schedules. 2. Meet with hospital COO and clinic managers to discuss advantages for clinics 3. Possible double entry of vaccinations until EMR is compatible with Child Profile 	<ol style="list-style-type: none"> 1. Hired new RN, increased Immunization RN staffing. 2. Trained/updated all Community Health Nursing staff on Child Profile and new immunizations and schedules. 3. Met with hospital and VFC clinic managers to discuss Child Profile. Facilitated clinic contact with Child Profile to set up training. 4. By August 2008 the 3 main private provider clinics that see children, all VFC providers, were entering data into Child Profile. In June 2009 Jefferson Healthcare began providing increased immunization access through the South County Clinic and these doses are being entered into Child Profile. Currently, all VFC providers in Jefferson County are either entering or downloading data into Child Profile. JCHP downloads data from KIPHS. 5. The number of doses of all vaccines recorded in Child Profile in Jefferson County increased significantly from 2007 to 2008.
1	Increase HPV vaccine given in Jefferson County Public Health Family Planning clinic	<ol style="list-style-type: none"> 1. Train Family Planning staff on HPV vaccine; administration, schedule, contraindication advantages 2. make packets of information and administration forms for each FP exam room 3. Orient Medical records staff to HPV schedule and develop system to track internally. 	<ol style="list-style-type: none"> 1. Family Planning staff trained on all aspects of providing HPV vaccine. 2. HPV information packets made for each FP exam room. 3. Medical records and clinic staff trained on HPV documenting for FP clinic. JCPH offering telephone reminders for HPV doses. We also notice that most young women keep their wallet sized HPV record and bring it with them to the clinic. 4. The number of doses of HPV recorded in Child Profile

			in Jefferson County increased by 173% (from 212 to 578 doses) from 2007 to 2008, and the number of doses ordered increased by 240 (from 290 to 530).
1	Increase immunization compliance and completion of recommended vaccines in School age population	<ol style="list-style-type: none"> 1. Meet with each school district secretaries in East Jefferson County to discuss Immunization requirements, exemptions and compliance information 2. Ensure that secretaries understand new requirements 3. Offer support and resource information to Secretaries 4. Explore possible School based flu clinics fall 2008 5. Work with School Based Health Clinic planning grant process to insure immunization access included in services offered 	<ol style="list-style-type: none"> 1. JCPH Immunization RNs met with the school secretaries in the summer of 2008 and 2009 to give an update on immunization requirements, exemptions and compliance. 2. Child Profile was discussed at these trainings. A letter explaining Child Profile was sent to the Superintendents of each district out-lining the advantages of signing up so that this method of getting immunization records would be available to the school secretaries. 3. JCPH Immunization RNs met with the preschool and childcare providers group and discussed immunization requirements, exemptions and compliance. 4. Immunization staff had input into the School Based Clinic planning to include immunization services in the clinic plan. The clinics opened at the two largest high schools in the spring of 2009. The clinics have been providing HPV, Influenza and Tdap vaccine to students on a case by case basis, and held an immunization clinic day in June 2009. Our plan for 2010 is to buy new vaccine refrigerators for each clinic so that they can stock all adolescent vaccines and expand this service to more students.
			<ol style="list-style-type: none"> 1. While we did not list a Rotavirus specific activity on our work plan we want to report on an activity that made a significant difference in the number of doses being administered in Jefferson County. In August 2008 our VFC Immunization Coordinator, Jane Kurata, arranged a meeting between herself, the Merck Vaccine Rep and the Olympic Primary Care Clinic providers and nurses. This clinic provides care for the majority of infants in our county. The Merck Rep provided an in depth training on the Rotavirus vaccine and answered the providers' questions about vaccine safety. These providers had previously decided not to stock Rotavirus vaccine due to their perception of safety issues with this vaccine. 2. The number of doses of Rotavirus recorded in Child Profile in Jefferson County increased by 471% (from 35 to 200 doses) from 2007 to 2008, and the number of doses ordered increased by 110 (from 60 to 170).

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 2002 guidelines in PHIM; focus contact investigation and follow-up with every Chlamydia case.	Hire new RN, Increase Communicable Disease staffing by .5 FTE to fulfill Objectives Training for new staff, updating for current nursing staff and support staff	1. Hired new RN, increased CD program staffing. 2. Trained new RN in PHIMS, PHRED, and PHIMS-STD. 3. New RN is focusing on Chlamydia reporting as a part of her duties.
2	Conduct an in-house training on the policy for timely and complete case investigation	Create internal secure intranet tracking data base for all notifiable conditions and one for positive PPD tracking so all CD staff can assist with and cover each others CD and PPD cases Administration staff Support .1 FTE	1. Held training for all CD nurses on 5930 Performance Measures for Notifiable Conditions (NC) Reporting. 2. Jefferson County's performance measure outcomes have improved from our baseline. The percentage for each measure is affected by our small numbers, 1 or 2 cases can cause our percentages to fluctuate quite a bit.
2	Increase internal communication and tracking of CD cases for timely and complete case investigation		1. Internal data base created for tracking NC and positive PPDs. The need for this internal system for NC was caused by the issues we were having with PHIMS due to the bandwidth problems we were having with the county internet system and the number of pages in PHIMS that had to be opened to complete every report. The time required to enter a case into PHIMS was so extended that using PHIMS to track cases was not practical. Since then one of the causes of this problem have been resolved. PHIMS has been revised so that there are not separate pages to open for each category of data. Our County internet system connection is being upgraded, however, the issues are not fully resolved and at times the connection is slow. Most of the time we can now easily look in PHIMS to see the status/progress of case reports. I am looking

			forward to the Summary Reports function in PHIMS being available again. I use this to create yearly reports of all NC reported.
--	--	--	---

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	Possible community assessment obesity/chronic disease	Assessment contractor	1. Contacted Kitsap County Health Department's Built environment staff. They have contacted our DCD and Public Works staff about developing trails in new development areas. No 5930 funds were allocated here.
3			
3			
3			
3			
3			