

5930 Kitsap County Health District Work Plan Consolidated Contract Deliverable

LHJ Name: Kitsap County Health District

Date: April 14, 2008

LHJ Work Plan Contact: Suzanne Plemmons

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

Due: April 14, 2008

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PM#	Objectives / Strategies	Action	Status as of December 31, 2009
1	Visit every provider in Kitsap County that uses state-supplied vaccine at least 1x this calendar year to provide education and training.	<ul style="list-style-type: none"> 1.5 FTE Nurse Epidemiologist to work with providers in assessing current use and barriers to providing the new and under-used vaccines. 	<ul style="list-style-type: none"> All 46 VFC providers were visited during 2009 at least one time (total of 120 visits).
1	Expand the number of healthcare providers using CHILD Profile.	<ul style="list-style-type: none"> Contact and visit providers to train them on the benefits of CHILD Profile. 	<ul style="list-style-type: none"> Increased the number of providers utilizing Child Profile by eight (35 out of 46 providers are now using Child Profile)
1	Increase HPV vaccine given by the KCHD Family Planning Clinic, Spectrum School-Based Health Clinic, Juvenile Detention Adolescent Health Clinic and the Port Gamble S'Klallam Medical Clinic.	<ul style="list-style-type: none"> Train clinic staff on HPV vaccine administration, schedule, contraindications, advantage. Provide educational information to patients. 	<ul style="list-style-type: none"> In 2009 the clinics provided 139 doses of HPV during January-June as compared to 162 doses given during the twelve-month period in 2008. <i>NOTE:</i> the HPV vaccine was no longer VFC provided after July 1, 2009.
1	Identify providers who have a low rate of use of new and under-used child and adolescent vaccines.	<ul style="list-style-type: none"> Monitor vaccine usage reports and strategize with providers to increase usage. 	<ul style="list-style-type: none"> Continued to monitor vaccine-usage reports and worked with providers during office visits to provide education and awareness.
1	Keep providers up-to-date on current immunization recommendations and practices.	<ul style="list-style-type: none"> Conduct immunization provider education updates biannually. 	<ul style="list-style-type: none"> 46 attendees attended an update on April 30, 2009. On October 1, 2009 a total of 96 participants attend the update.

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 December 31, 2009
2	Increase staffing and training to provide timely CD investigation using PHIMS, PHIMS-STD and PHREDS.	<ul style="list-style-type: none"> 1.5 FTE Nurse Epidemiologist to increase response time to CD referrals. 	<ul style="list-style-type: none"> A staffing increase was made to 1.5 FTE which enabled us to increase our timeliness in investigation and reporting.
2	Educate providers on notifiable conditions and the need for timely reporting.	<ul style="list-style-type: none"> Community Liaison to visit every provider (at least yearly) to provide education and updates on notifiable conditions and reporting timeframes. Provider notebooks with section on notifiable conditions. Include CD reporting component in biannual provider immunization educational update. 	<ul style="list-style-type: none"> 155 Community Liaison visits were made to every provider that included education and updates on notifiable conditions and reporting timeframes. CD reporting component included in our April and October 2009 immunization update.
2	Conduct monthly QA checks of PHIMS to assure investigation initiation and reporting to DOH within required timeframes	<ul style="list-style-type: none"> Develop internal monitoring tool. Document PHIMS QA checks Report results to CD team Train as needed 	<ul style="list-style-type: none"> Due to our internal monitoring, we were able to collaborate with the DoH PHIMS teams and identify some IT issues that were quickly remedied thus improving our reporting time. Via conference calls with the DOH, notification and investigation dates were defined which brought continuity among the LHJs; thereby, providing standardization of the data collected.
2	Maintain contact investigation of every Chlamydia case	<ul style="list-style-type: none"> Initiate PHIMS STD and EPT. 	<ul style="list-style-type: none"> Both PHIMS STD and EPT were successfully implemented