

5930 Work Plan Template Consolidated Contract Deliverable

LHJ Name: Thurston County Public Health and Social Services
Date: March 20, 2008
LHJ Work Plan Contact: Deborah Ahern

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	Monitor baseline (current measures) and periodic improvements in vaccine uptake and utilization of Child Profile	<ul style="list-style-type: none"> ▪ Track vaccine orders through internal VFC order process (weekly) ▪ Track vaccine orders shipped from DOH (weekly) ▪ Track Child Profile reports from DOH (6 months) ▪ Track provider participation in Child Profile (6 months) 	Tracked internal orders placed and orders shipped. Reviewed Feb, 2009 Child Profile Report, and look forward to the next expected soon. (Did not receive an interim 6 month report). Track provider participation in CPIR bi-annually at minimum.
1	Improve number of doses of vaccine administered through VFC provider offices.	<ul style="list-style-type: none"> ▪ Provide CME training to improve delivery and uptake of child immunizations ▪ Increase participation in Child Profile ▪ Promote new vaccines through <i>Epi Info</i> ▪ Provide AFIX visits focusing on key vaccines ▪ Provide PSPH Physician Practice Support – [Joyce Linn (360) 493-5795] to promote reimbursements for and management of immunizations and vaccine <ol style="list-style-type: none"> 1. Managers' Forum - consists of about 20 office managers from local medical offices. 2. Billers' Forum - local managers, billers and coders from local medical offices. 	May 29, 2008- 2008-2009 Varicella Requirements for School and Preschool – New VFC Guidelines-26 Attendees February 12, 2009-VFC Providers Mandatory Training 2009- 41 Attendees February 18, 2009-VFC Providers Mandatory Training 2009, 26 Attendees August 25, 2009-CDC “Immunization Update 2009”- 31 Attendees August 20, 2009-CDC “Immunization Update 2009”- 12 Attendees November 19, 2009 -Pediarix, Pentacel and Hiberix Update – 16 Attendees 2008 13 AFIX/VFC visits 2009 11 AFIX/VFC visits + 32 other visits 2008-2009 CD Updates on measles, mumps, varicella, influenza, H1N1, pertussis
1	Improve number of doses of vaccine administered to children through partnerships with the school and childcare systems using our Local	<ul style="list-style-type: none"> ▪ Kindergarten roundup ▪ Back-to-school ▪ Childcare centers 	Not completed. We have worked with local providers offices to make clinic time available for school-related immunization needs.

	Emergency Response system and Medical Reserve Corp.		
1	Assure adequate immunizations of children in group childcare centers.	<ul style="list-style-type: none"> ▪ Educate childcare providers on new ACIP recommendations ▪ Review immunization records of licensed childcares to assess new vaccines, and make recommendations for improvements. ▪ Assure that childcare providers know where to refer parents who want these vaccines for their children. 	We subcontract our Healthy Childcare Washington contract to Childcare Action Council. They have a consulting nurse who has focused her consultations toward bringing immunization records up to date and producing specific reminders for parents of vaccines needed.
1	Assure adequate immunizations of adolescents receiving services at Family Planning Clinics	Provide information to family planning clinics on how to provide and receive reimbursements for HPV and influenza vaccine for adolescent clients through the VFC program.	<p>Our Family planning clinic closed 6/09</p> <p>We are working to bring Planned Parenthood's orders of HPV back up to covering their under age 19 clientele now that HPV will be included in VFC vaccines.</p>
1	Enhance utilization of Child Profile by immunizations providers in the community.	<ul style="list-style-type: none"> ▪ Educate providers in better utilization of Child Profile for: <ol style="list-style-type: none"> 1. Reminder recalls 2. Vaccine ordering module 3. Fewer missed opportunities ▪ Demonstrate to school nurses screening for immunizations history on Child Profile ▪ Assist providers in Child Profile data cleanup for their clinic patients 	<p>Providers are given information about Child Profile and ways to utilize CPIR reports to enhance their practice at mandatory trainings through Immunization updates and during AFIX/VFC trainings.</p> <p>2009 specific information was shared with practices re the use of Child profile to manage multiple vaccine inventories in planning for the move from a universal vaccine state to select.</p> <p>2010 we are planning Child Profile training about reminder recall function.</p> <p>Conversations with providers about using student interns to do historical data entry was meet with less than favor by practices because of confidentiality concerns.</p>

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	Monitor baseline (current measures) and periodic improvements in timeliness of notifiable conditions reported into Thurston County reporting system, and timeliness of initiating and completing investigations on these conditions.	<ul style="list-style-type: none"> ▪ PHIMS timeliness reports (agency-generated /weekly) ▪ STIMS timeliness reports (agency-generated /weekly) ▪ Percent of notifiable conditions reported to the LHJ within the timeframe per WAC (DOH-generated /every 6 months) 	<p>We review our agency generated PHIMS timeliness reports weekly and the DOH timeliness reports as they are distributed.</p> <p>STIMS timeliness reports are unavailable.</p>
2	Use multiple methods to communicate importance of timely reporting on notifiable conditions to community reporting partners.	<ul style="list-style-type: none"> ▪ <i>Epi Info</i> newsletter ▪ CME brownbag series from Dr. Yu ▪ Residency Program – Public Health Rotation? ▪ Nurse liaisons to providers ▪ Providers notebooks including section on notifiable conditions reporting 	<p><i>Dec 2007 Epi Info – Reporting summary info for 2007</i> <i>Feb 2009 Epi Info – Reporting summary for 2008</i> <i>January 2010 Epi Info – Reporting summary for 2009</i></p> <p><i>Every CD Update that goes out to providers talks about reporting. We have sent out 64+ CD Updates to providers from January 2007 – January 2010</i></p>
2	Assure notifiable conditions investigations are initiated, completed, and reported to DOH within guidelines	Using data from timeliness reports for all immediately notifiable conditions and 1 to 3 other notifiable conditions, initiate PDSA Rapid Cycle Improvements until 100% compliance with required timeframe.	This is a goal for 2010.