

5930 Work Plan Template Consolidated Contract Deliverable

LHJ Name: Yakima Health District
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 LHJ Work Plan Contact: Dennis Klukan [dennis.klukan@co.yakima.wa.us],
 Marianne Patnode [marianne.patnode@co.yakima.wa.us], and Jessica
 Brown [jessica.johnson@co.yakima.wa.us]

Due: April 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	Increase the number of doses of new and under-used vaccines administered by VFC Provider offices and clinics.	<ul style="list-style-type: none"> • Site visits to all providers. • Assess need for specific education/training or consultation by site. • Provide training or information on available offerings. • Promote new and under used vaccines in bimonthly YHD Bulletin and YHD web site for HCP's. 	<ul style="list-style-type: none"> • 4 times yearly = 376 visits • Provided education/training: Epic centers: 3 PNWU Med Students Global Health Program: 2 WSU Nursing Program: 4 Physician Asst. Program: 2 YVCC Med Asst. Program: 2 Heritage University: 3 Memorial Hospital: 2 Health Fairs: 8 Med Asst CEU program: 1 • Provide updates from CDC – 4 • <u>Vaccine Increases from 2007-8:</u> Flu-all types +5,502 (44%) HPV + 3,585 (47%) Rotavirus +5,787 (481%) Varicella +7,102 (92%)
1	Encourage providers currently enrolled in Child Profile to incorporate the use of the reminder / recall portion to increase child vaccine timeliness and administration.	<ul style="list-style-type: none"> • Contact providers and assist them with implementation. • Provide demonstrations. 	<ul style="list-style-type: none"> • Contacted all providers concerning reminder/recall program and encouraged the use of the CP tool. • offered training program w/ Kristina Crane from CP
1	Expand number of providers enrolled in Child Profile.	<ul style="list-style-type: none"> • Contact VFC providers not 	<ul style="list-style-type: none"> • Increased provider enrollment

		<ul style="list-style-type: none"> enrolled. Promote multiple uses of Child Profile. Arrange for training and data entry of existing records for new enrollees. 	<ul style="list-style-type: none"> by 7 providers and 2 school districts. Held 6 county wide CP trainings at various locations to intro or provide further training. Hired a data entry person to enter immunization records into CP for providers to assist providers in their understanding and usage of CP. As a result CP records in Yakima County increased by 12,500+.
1	Assure adequate immunization of children in child care centers and homes.	<ul style="list-style-type: none"> Train and educate child care providers through YHD STAR classes. Collaborate with YHD PHN child care consultant to identify home and center providers in need of assistance. 	<ul style="list-style-type: none"> Child Care Consultant Nurse worked w/ Immun. Program Nurse & arranged training for child care providers Started a collaboration w/ Kari Livingston of DEL to provide immunization information to child care providers
1	Assure adequate immunization of adolescents receiving services @ family planning clinics.	<ul style="list-style-type: none"> Collaborate with family planning staff to identify barriers in their providing immunizations. Promote administration of targeted adolescent vaccines such as HPV, Tdap, Meningococcal, and Flu. 	<ul style="list-style-type: none"> Ongoing meetings w/ Planned Parenthood to encourage use of other vaccines.* *There have been and continue to be change of staff issues that have impeded this process. Met with School Nurses of local school districts to begin to develop a plan to address immunization issues for this age group and to look at other options and issues to address. Met w/ both the staffs of Planned Parenthood, Life Choices & Life Options Clinics for their input.
1	Develop a community wide education campaign promoting the	<ul style="list-style-type: none"> Collaborate with 	<ul style="list-style-type: none"> Established a coalition w/in the

	<p>importance of childhood immunizations.</p>	<p>community partners to develop educational messages and stories.</p> <ul style="list-style-type: none"> Utilize print, radio, TV and other advertising venues to reach providers, children, and families. 	<p>county in 2009. Started with 12 member and 5 organizations and has grown to 70+ members and 26 organizations. "Vaccine Preventable Diseases Coalition of Yakima County".</p> <ul style="list-style-type: none"> .Coalition accomplishments: <ul style="list-style-type: none"> -800 Radio PSA's for NIIW -Worked w/ schools to promote immunization by sending an official letter to school superintendents. -Flu Shot Stickers campaign: distributed to schools, doctors offices and communities. -Back to School Campaign Schools Reader Boards: "Don't be late-Vaccinate" -School Immun Clinics: Selah Intermediate School, WV-Cottonwood Elem., Union Gap Middle School -State Fair Flu Booth: Provide Flu Shots and H1N1/Seasonal Flu info to community. Partnered w/ 3 Pharmacies locally. -Start Provider CEU program.
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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	Communicate the importance of timely reporting of Notifiable Conditions [NC] to all health care providers and laboratories in Yakima County.	<ul style="list-style-type: none"> • Annual communication to providers with summary of Yakima County NC for previous year. • Identify new providers and mail NC poster and YHD contact information. • Contact new and existing providers. Offer site visits to discuss YHD assistance with reporting. • Provide on site or phone consultation as needed. • Mailing of bimonthly YHD Bulletin to communicate current NC issues and encourage reporting. • Use of blast fax to inform and communicate to providers urgent reporting issues. 	<p>-Provider site visits and phone consultations were done around reporting issues on an as needed basis</p> <p>-5 local labs has had multiple site visits for increased communication of reportable conditions</p> <p>-One to two blast faxes have been sent per month around reporting issues</p> <p>-Current disease trends were highlighted in the YHD bulletin</p> <p>-Newly identified providers were visited and given details on NC and reporting</p>
2	Assure Notifiable Conditions [NC] investigations are initiated, completed, and reported to DOH within the defined guidelines.	<ul style="list-style-type: none"> • NC staff to participate in 5930 performance measures technical assistance calls. • Conduct staff training on required time frames. 	<p>Participated in all technical assistance calls and PHIMS user groups.</p> <p>Staff training was held to create a uniform investigations</p>
2	Develop a QI system for PHIMS entries to ensure timeliness and completion of essential fields.	<ul style="list-style-type: none"> • Develop a monitoring tool. • Schedule review of PHIMS entries on a routine basis. • Provide documentation of QI checks. • Provide results of QI to NC staff. • Initiate needed changes. 	<p>-A monitoring tool has been created utilizing PHIMS exports</p> <p>-Quarterly follow up on errors has been done on a one on one basis with 3 CD investigators and 1 data entry specialists.</p>

2	Update and evaluate utilization of YHD Health Care Provider's Resource Manual.	<ul style="list-style-type: none"> • Contact all practices and clinics where manuals distributed. • Assess current use of manuals. • Develop needed updates and changes, • Increase distribution of manual to new providers as needed. 	-Assessment of current usage of the providers manuals found a lack of use and a need for a recreation in a Web format. Physical Manuals have been recalled.
2			

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	Implement "CATCH Kids Club" afterschool obesity prevention education curriculum in local school districts	Hire .5 FTE Health Prevention Specialist	Obesity prevention education using Supplemental Nutrition Assistance Program-Education (SNAP-Ed) funding and CATCH (Coordinated Approach to Child Health) curriculum is being taught at 9 after school sites within Yakima County.
3	Maintain page on YHD website that contains resources for community members and school districts regarding childhood obesity prevention.		www.revityakima.org is up and accessible to the community. This includes information about: <ul style="list-style-type: none"> • Access to Healthy Foods • Breastfeeding • Physical Activity and Recreation Opportunities • Information for Schools • Grant Opportunities
3	Coordinate group of community partners who collaborate on regular basis around childhood obesity prevention in Yakima County		The Rev it Up! Coalition has met on a monthly or quarterly basis. Includes 20+ partner organizations/agencies/schools. Action planned formed as coalition that identified priority areas of

			<p>work:</p> <ul style="list-style-type: none">• Increase Access to healthy foods• Increase access to free or low cost physical activity opportunities• Improve school wellness• Decrease food insecurity• Increase mothers who breastfeed <p>Currently, coalition is supporting and implementing projects that address these priority areas of work in Yakima County.</p>
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