

5930 Work Plan Template Consolidated Contract Deliverable

LHJ Name: Snohomish Health District
Date: February 16, 2010
LHJ Work Plan Contact:

Due: February 15, 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
1	Site visits to every Snohomish County VFC provider with immunization updates, and storage and handling review	Provide material on immunizing at every visit and vaccine hesitancy, also CPIR updated information
1	Adolescent education in two schools	Present adolescent vaccine education at two schools to encourage vaccination for ages 11-18
1	Provider training at clinical sites for staff in vaccine recommendations and updates.	Educate providers at 6 sites on new and under-used vaccines, vaccine hesitancy and missed opportunities. Update on CPIR and CoCasa use for reports, use of reminder/recall
1	School district work on the importance of using CPIR, and exemption	Continue work with every school

	rates in Snohomish County	districts in Snohomish County to check CPIR at registration prior to using exemptions, educating parents on the importance of the registry
1	Training for new VFC providers on vaccines and recommended schedules, use of CHILD Profile.	Develop introductory packet for new VFC providers to include vaccine information and CHILD Profile promotion
1	Publish two newsletters, one for providers and one for school staff on vaccine updates and strategies to improve vaccination rates.	Provider newsletter sent quarterly and School newsletter sent 3 times during the school year

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
2	DIS staff will conduct timely and complete case investigations for Chlamydia and Gonorrhea.	Timely and complete case investigation and reporting via PHIMS-STD
2	DIS staff will increase the percent of reported Chlamydia and Gonorrhea cases in which a follow-up interview is completed.	Complete abbreviated interview and report data in PHIMSSTD
2	Establish Viral Hepatitis Prevention & Outreach (VHPO) Program, including communication with providers and clients	Hire staff member. Through brochures, email, phone and site visits, staff will inform community providers about the VHPO Program.
2	VHPO staff will provide information and referral for 75% of the VHPO clients reported with Hepatitis C	Information packets will be prepared and provided to clients reported to be Hepatitis C positive
2	VHPO staff will increase access to HCV testing and education	Implement testing and education at county jail, juvenile services, syringe exchange, homeless shelters, methadone treatment centers and other locations targeting high risk populations.
2	Hire 2 additional new staff for communicable disease prevention and response activities in child care settings.	Hire .5 FTE PHN; .5 EHS;
2	Orient new EH employee to CD protocols for disease investigations. Familiarize with environmental health issues in child care settings.	Cross train with CD Program staff on protocols for disease investigations. Become familiar with DOH disease guidelines for reporting and surveillance.
2	Orient new PHN to CD protocols for disease investigations. Familiarize with health care issues in child cares.	Cross train with CD Program staff on protocols for disease investigations. Become familiar with DOH disease guidelines for reporting and surveillance.
2	New staff will develop understanding of the WACS and RCW's pertaining to communicable disease control and child cares.	Review of WA laws pertaining to childcares including Title 170 and

		Chapter 170-295. Review Chapter 246-101-415 and 420, responsibilities of child day care facilities and schools.
2	Reduce transmission of notifiable communicable diseases in child care settings.	Follow up on notifiable disease reports via field investigations; assess for additional cases, exposures in child care, review immunization records if indicated, assess sanitation practices, provide educational disease fact sheets and parent letters, and implement exclusions.
2	Child care staff will be educated regarding communicable disease reporting requirements.	Provide information to child care staff re. Reporting requirements; provide LHJ contact information for reporting.
2	Develop a STD Clinical services voucher program to engage community health care providers to treat STD patients who have been identified by the Disease Investigation Specialists (DIS) as needing diagnosis and are also indigent. The vouchers will be an enticement for patients to be interviewed by DIS to identify partners at risk of STD for counseling and treatment through the expedited partner therapy program. This is a transition program to address a community wide need when the STD clinic was closed.	Develop a transitional STD Clinical Services voucher program.
2	Engage community clinics to accept the voucher and provide the STD clinical services on an urgent care basis	Release an RFP and develop news stories about the program
2	Implement the program by writing the STD clinic service vouchers and track patients to assure treatment was delivered.	DIS will interview clients referred by Laboratories or ERs and determine which clients have both STD symptoms and are indigent, provide the client with a voucher and track the patient to assure treatment.

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
3	Provide ongoing supervision of part-time Healthy Communities/chronic disease prevention staff	0.1 FTE program manager
3	Support minimal program capacity for Healthy Communities/chronic disease efforts through: <ul style="list-style-type: none"> • Technical assistance to Lynnwood Healthy Communities; and • Program evaluation assistance and support during implementation phase of Marysville and Lynnwood Healthy Communities sites. 	0.1 built environment specialist 0.5 epidemiologist