

5930 Work Plan Template Consolidated Contract Deliverable

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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	SAMPLE: Visit every provider in the county that uses state supplied vaccine at least 1x this calendar year to provide education and training on CHILD Profile and recruit / improve their participation.	Hire 1 new RN (1FTE)
1	SAMPLE: Work with providers to incorporate the use of the reminder / recall portion of CHILD Profile to increase child vaccine timeliness and administration	Contact providers and help them implement reminder/recall activities.
1	Increase the number of healthcare providers in Spokane submitting data to Child Profile (CP) and improve performance of providers using CP by providing technical assistance.	Working with the DOH CP consultant, facilitate a data exchange process between CP and select healthcare provider clinics' Electronic Medical Record (EMR) or billing systems. Healthcare clinics that share billing/EMR systems and those that provide substantial childhood immunizations will be prioritized based on information collected in 2008 and 2009. Conduct 2 reminder recall projects using an autodialer system piloted in 2009.
1	Continue to implement the "Protect Yours" social marketing campaign developed in 2008/2009.	Promote back-to-school immunizations in August using radio spots and billboard advertisement. Continue distribution of marketing materials at healthcare clinics.
1	Provide outreach and education to providers to increase uptake of target vaccines.	Send mailing to ob-gyn's with sample of Protect Yours social marketing campaign materials; encourage providers to order and distribute Rotavirus materials to pregnant women. Provide "Protect Yours" materials at the annual Primary Care Conference.
1	Promote immunizations among childcare centers.	Work with the SRHD Childcare program to conduct record reviews of childcare sites served; work with childcare site staff to develop system of tracking immunizations; notify parents of immunization requirements and needs.

1	Work with schools to decrease school exemption rates and increase compliance with school-required immunizations (leveraging 5930 funds with funds received from the Group Health Foundation).	Identify children behind on immunizations and notify parents of requirements and immunizations needed. Provide immunizations via school-based clinics at 6 schools representing 3 school districts. Track exemptions and immunization compliance to identify improvements.
1	Increase uptake of childhood flu vaccine by providing mass flu clinics.	Coordinate two flu clinics targeting children served by childcare sites. Coordinate at least 2 public flu clinics, specifically promoting flu immunization of children.

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	SAMPLE: 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 .5 FTE of disease investigator
2	SAMPLE: Conduct an in-house training on the policy for timely and complete case investigation	----
2	Investigate at least 50% of reported chlamydia and 80% of reported gonorrhea cases reported.	Update investigation procedures and standing orders; ensure adequately trained staff. Develop protocols to support internet-based partner notification and health education.
2	Provide partner notification services, as appropriate, to named contacts identified from case investigations to ensure testing and treatment as appropriate.	Refer partners for testing and monitor success of referrals, provide Expedited Partner Therapy (EPT), identify gaps in care and work with STD Medical Coalition to address.
2	Conduct limited chlamydia/gonorrhea screening and treatment of at-risk, low-income clients under Health Officer standing orders.	Ensure standing orders are kept up-to-date and staff are appropriately trained.
	Improve timeliness and completeness of STD reporting.	Identify and contact poor reporters; continue to conduct and assess rapid cycle improvement projects to improve reporting.
2	Maintain relationships with IPP sites to support ongoing chlamydia/gonorrhea screening opportunities.	Work with DOH staff to contact sites at least once annually to coordinate programming between agencies, identify opportunities to improve screening rates, and to

		identify training needs and opportunities.
	Conduct ongoing outreach to healthcare providers to improve delivery of STD-related care.	Facilitate a local medical coalition to provide peer-to-peer outreach; maintain quality resources and materials to support HCP in their practices, including maintenance of the STD Toolkit for HCP developed in 2008.
	Ensure access to quality STD-related training opportunities.	Hold annual STD update in collaboration with Seattle STD/HIV Prevention Training Center; continue to host grand rounds presentations via the STD Medical Coalition's professional speaker's bureau (at least 2 for 2010).
	Advocate among medical providers for the use of Expedited Partner Therapy (EPT) as a partner management strategy.	Participate in the UW/DOH EPT study. Monitor utilization of EPT among reporting physicians/clinics; conduct outreach to increase utilization among those slow to adopt in conjunction with rapid cycle improvement project to increase timely reporting.
	Work with community partners to develop and implement web-based education and interventions to support STD prevention and control.	Promote the "Daily Risk" sexual health website developed in 2009; work with public school professionals to integrate into health education curricula; hold a teen "Videofest" to promote peer adolescent health and disease prevention messages; host videos on Daily Risk website and distribute to community partners.
	Conduct detailed analysis of STD case report data.	Analyze case report and behavioral data gathered from case investigation interviews to identify trends and issues to address with targeted intervention. Develop report with findings.

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	SAMPLE: Contract with xyz organization to conduct community health assessment on obesity related topics	Contracted services
3	SAMPLE: Initiate a coalition with a local school district to provide obesity prevention education	---
3	We are not able to address chronic disease issues in addition to immunizations and communicable diseases with this level of funding.	
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