

## 5930 Work Plan Template for Calendar Year 2013

Consolidated Contract Deliverable  
Add rows to each table as needed

LHJ Name: Grant County Health District  
Date: February 15, 2013  
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Due: February 15, 2013  
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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 CHILDP Profile

PM#	Objectives / Strategies	Action
1	Increase the use of newly recommended or “school required” vaccines by local healthcare providers participating in the Vaccine for Children’s Program.	Annual face to face visit with each child vaccine provider to offer information and resources specifically to increase uptake in vaccine and to enhance relationships.  Timely updates regarding immunization/vaccine changes will be communicated to all providers via email or mail.
1	Increase the number of vaccinations given to adolescents during provider visits by increasing provider knowledge of their adolescent patients’ immunization rates and the number of in office vaccine related visits that were missed opportunities for school required and ACIP recommended vaccinations.	Annual face to face visit with each child vaccine provider to:  review CoCASA reports for targeted age group of adolescents ages 13-18yrs specifically analyzing “missed opportunities” to include both “school required” and ACIP recommended vaccinations;  provide feedback and assistance in developing specific interventions to improve immunization rates among adolescents.
1	Assure reminder-recall activities by child vaccine providers.	Annual face to face visit with each child vaccine provider to include promotion of reminder recall activities and use of CHILDP profile resource for reminder-recalls.

**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	Increase the number of notifiable conditions reported to the Grant County Health District within the required timeframe.	Annual face to face visit with each provider or facility to:  provide updated information for communicable disease;  provide provider/facility report card on timeliness of reporting;  provide EPT information for treatment guidelines and partner therapy;  and enhance relationships.  Timely updates regarding new diseases, reporting rules, and DOH changes to notifiable conditions protocol will be communicated to all providers via email, mail, and/or fax.
2	Increase the number of notifiable condition reports sent to the Grant County Health District with complete "essential fields" information.	Annual face to face visit with each provider or facility to provide DOH reporting rules and guidelines for completion of notifiable condition reports.
2	Evaluate 5930 measures and implement improvement activities to increase timeliness for initiation of investigations and completeness of data.	In response team, 2 times a year, discuss most recent PHIMS 5930 measures as reported to us by DOH and address GCHD deficiencies in reporting.

**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		
3		