

**Lincoln County  
Draft 3, September 1, 2007  
Communicable Disease Program  
Notifiable Conditions Logic Model**

Inputs		Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
Resources	Activities				
Staff Other LHJs DOH Local \$ Healthcare Providers Labs Hospitals/LTCs Reporting Forms Databases (PHIMS) WAC/Regulations Schools Infrastructure (building, computers) Policy, procedures & protocols Veterinarians WA SECURES PHRED Health Officer Notifiable Conditions Tracking Form	Receiving Reports <ul style="list-style-type: none"> <li>• Phone</li> <li>• Fax</li> <li>• Email</li> <li>• Personal Contact</li> <li>• Postal mail</li> </ul> Handling Reports (incoming) <ul style="list-style-type: none"> <li>• Per tracking form</li> <li>• Simple Excel sheet to track data collected from form</li> </ul> Investigation <ul style="list-style-type: none"> <li>• Epi Analysis (persons)</li> <li>• Contact Tracing</li> <li>• Intervention</li> <li>• Report submission</li> </ul> Surveillance/Monitoring	# of reports received by type of condition  # of investigations performed  # of reports submitted  # of educational activities  # of people participating in the educational activities  # of confirmed reports  # of outbreaks  # of specimens collected	Receive reports within mandated time frames. <i>% of the reports that meet mandated time frames from the date of diagnosis to the date of report</i>  Received reports are given to the appropriate person within 2hrs of receipt at HD. <i>% of reports to appropriate person within 2hrs</i>  Investigations begin within designated time frames. <i>% of investigations with</i>	To contain any notifiable condition in a timely and effective manner. <i>Trend data (confirmed reports by condition)</i>  To reduce the number of persons who are negatively impacted by a notifiable condition. <i>Trend data (confirmed reports by condition)</i> <i>Secondary cases</i>	To prevent exposure of persons to notifiable conditions

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	<ul style="list-style-type: none"> <li>• Specimen Collection</li> <li>• Assessment of data</li> </ul> <p>Education regarding specific conditions or outbreaks</p> <ul style="list-style-type: none"> <li>• Healthcare Providers</li> <li>• Contacts</li> <li>• Patients</li> <li>• Community</li> <li>• Vets</li> <li>• Specific service providers</li> </ul> <p>Training</p> <ul style="list-style-type: none"> <li>• HD Staff</li> <li>• Healthcare Providers</li> <li>• Hospitals/LTCs</li> <li>• Labs</li> <li>• Specific Service Providers (EMT,</li> </ul>	<p># of interventions by type of condition</p> <p># of Alerts of immediate public health significance</p>	<p><i>initial contact within designated time frames.</i></p> <p>Report to DOH within mandated time frames. <i>% of cases reported within mandated time frame to DOH.</i></p> <p>More skilled CD investigators. <i>% of staff completed individual training plans.</i></p> <p>Alerts of immediate public health significance are distributed in designated timeframes <i>% of alerts</i></p>		

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	Food, School) <ul style="list-style-type: none"> <li>• Vets</li> </ul> Alerts distributed of immediate public health significance <ul style="list-style-type: none"> <li>• Community</li> <li>• HCP</li> <li>• Specific service providers</li> <li>• Pharmacists</li> <li>• Media</li> <li>• Vets</li> </ul> Internal Staff Audits and Reports		<i>distributed in time frames (Need P&amp;P in place?)</i>  Investigations are in compliance within established protocols. <i>% of investigations in compliance as shown by internal audits.</i>		