

2010-2011 Standards Review
Agency Quality Improvement Plan
September 30, 2011

LHJ name: Jefferson County Public Health

Title of project: 2012 Planned Performance Measures for 2012 Budget

Lead staff: Jean Baldwin Contact Person: Julia Danskin, email; jdanskin@co.jefferson.wa.us

Start date: May 2012 after receiving 2010 Standards results & the beginning of department budget process for 2012

Complete date: September 2011 with the 2012 County budget with updated performance measures for all Public Health programs and February 2012 for 2011 end of year Performance measure results.

Overall goal for project: engage all staff in PDSA process as written in Department QI Policy

1. a. What is the identified issue that you would like to work on?
Each teams within department identified issues to work on for 2012
- b. How did you determine that this was an issue (background)?
Each team met and discussed 2010 results of performance measures and current information on 2011 performance measures. Teams updated and rewrote planned performance measures for 2012 based in team input and results from last year. QI reviewed in each team meeting, an example is the CD meeting for regular updates monthly; share change in SEP usage, staff tracks client changes and patterns matches to STD rates and increased needs for services in transient population.
- c. What quality improvement tools did you use to identify the problem? (See reference^[i])
Teams used PDSA cycle as written in Department QI policy see attached copy of JCPH QI Policy
2. What is your specific objective and timeframe for improving the identified area? This should be your one overall objective for the project and should be SMART: Specific, Measurable, Achievable, Realistic, and Time bound. (See example and reference^[ii])
*JCPH has had Performance measures that are similar to SMART goals for 11 years. The system improvement needed is to improve the consistency of use of the flow charts and process in emerging issues. Overall staff read and updated Performance measures identifying better ways of measuring what they do and what data to collect to measure activities in 2012
See attached Communicable Disease Program Performance measure submitted with the 2012 budget. If you want to see additional 2012 Planned Performance Measures three more for Community Health, 4 for Environmental Health and one for Water Quality please contact Julia Danskin*
3. a. What activities are you considering for improvement?
Each Team identified area in their programs to continue to work on and measure results and how to measure activities. 1. Specific Planned improvement areas are listed in Performance measures. Department completed 2012 Budget process with planned performance measures. 2. Urgent and Emerging improvement areas are identified in each team at scheduled meetings.
- b. What QI tools will you use to work on project? (See reference^[iii]) *PDSA Cycle – See JCPH QI Policy attached*

^[i] QI tools or methods for identifying a problem could include logic models, work plans, data analysis, or from resources listed:
The Public Health Memory Jogger™ II

^[ii] QI tools or methods for improving a problem could include conducting a Plan, Do, Check/Study, Act (PDCA/PDSA) cycle or Rapid Cycle Improvement (RCI) project, Business Process Analysis (BPA), pre/post evaluation, or from resources listed in i

^[iii] 2009 WA State Public Health Standards, 9.1.3B

Jefferson County Public Health – Planned Performance Measures 2012

COMMUNICABLE DISEASE

PROGRAMS: Tuberculosis, Communicable Disease, Immunizations, Travelers Immunizations, Sexually Transmitted Disease, HIV, Syringe Exchange Program.

MISSION: The purpose of the Communicable Disease Health program is to protect Jefferson County residents from serious communicable diseases by providing disease surveillance, investigation and reporting, along with education, screening, treatment and immunization services. The program interacts with community members, medical providers, the Washington State Department of Health (DOH), Region 2 Emergency Management partners and other agencies while working toward this purpose.

GOALS FOR 2012:

1. Maintain the low rates of active TB in Jefferson County. (TB)
2. Timely investigation of reportable conditions. (CD)
3. Medical providers will be informed about current communicable disease trends and new communicable disease control recommendations. (CD)
4. Support universal access to vaccines for all children. (Imm)
5. Promote more extensive use of all Child Profile Immunization Registry functions by the provider clinics.
6. Assess childhood immunization rates for children served by private health care provider clinics receiving State supplied vaccines. (Imm)
7. The Family Planning and STD clinics will assist in controlling Chlamydia transmission in Jefferson County. (STD)
8. Maintain access to federally funded HIV testing and counseling for persons at high risk for HIV infection who have no medical insurance. (HIV)
9. Prevent the spread of blood borne communicable diseases among injecting drug users and their partners. (SEP)
10. Annual report to BOH for CD, TB, SEP, Immunization Programs.
11. Maintain and enhance Public Health Emergency Preparedness and Response (PHEPR) capacity.

OBJECTIVES (INTERVENTIONS) FOR 2012:

1. Encourage appropriate screening and treatment for latent TB infection. (TB)
2. Develop & update protocols as needed for investigation of notifiable conditions using DOH electronic reporting systems PHIMS, PHIMS-STD, and PHRED. (CD, STD)
3. Provide updates, outreach and training to providers about local, state and national communicable disease outbreaks and disease control recommendations. Provide reminders about reporting notifiable conditions and using the Regional Duty Officer for after hours contact. (CD)
4. Maintain an efficient system for supplying vaccine recommendations, up-dates and information on changes in the State vaccine program to provider clinics in Jefferson County.
5. Continue to provide training and support to provider clinics for ordering vaccines using the Economic Ordering Quantity (EOQ) system to place orders through Child Profile. (Imm)
6. Provide training and support to provider clinics for use of all Child Profile vaccine related functions to more accurately and efficiently track vaccine supply, administration and client records. (Imm)

7. Perform vaccine quality assurance and childhood immunization rate assessment for 50% of clinics receiving State supplied vaccines, as required by DOH. (Imm)
8. Assess Jefferson County childhood immunization rate using the new Child Profile County View Reports. (Imm)
9. Women seen in Family Planning clinic who are at higher risk for Chlamydia (age 24 and under) will be screened for Chlamydia annually. (STD)
10. Clients at high risk for HIV and without medical insurance will be tested through the Washington State Public Health Lab, others requesting testing will be tested through the Quest Lab and charged for testing. (HIV)
11. Promote utilization of syringe exchange program services. (SEP)
12. Develop and update regional Public Health Emergency Preparedness and Response Plan, coordinating with Region II partners Clallam and Kitsap Health Departments, local emergency response agencies, Jefferson Healthcare, local health care providers and agencies. (PHEPR)

PERFORMANCE INDICATORS	2010 Actual	2011 Planned	2012 Planned
(TB) Number of clients tested for TB infection with PPD or QFT test	(244)	New for 2012	New for 2012
(TB) Number of positive PPD and QFT TB tests evaluated	(+ PPD: 8) (+QFT: 2) (-QFT: 4)	New for 2012	New for 2012
(TB) Number of clients started on preventive treatment for latent TB infection	2	2	2
(CD) Total number of communicable disease reports confirmed, interventions applied and processed for reporting to the State	132	110	110
(CD) Number of Cryptosporidiosis cases reported to the State	8	8	8
(CD) Number of Giardiasis cases reported to the State	9	8	8
(CD) Number of STD cases reported to the State	71	65	65
(CD) Number of alerts/updates/newsletters faxed or mailed to providers about communicable disease outbreaks or other urgent public health information	13	10	10
(Imm) Total number of doses of publicly funded vaccine, administered by private health care providers and Public Health clinics, supplied and monitored through Public Health's immunization program	5,389 Not including H1N1	5,200	5,200
(Imm) Number of doses of publicly funded vaccine (pediatric) administered by private health care providers	4741	4600	4600
(Imm) Number of doses of publicly funded vaccine (pediatric) administered by Public Health	648	600	600
(Imm) Number of adult vaccinations administered by Public Health	1037	1030	1030
(Imm) Number of visits to clinics to provide vaccine education, updates and technical support for clinic staff	8	6	8
(Imm) Number of providers using EOQ to place appropriate vaccine orders through Child Profile	New for 2012	New for 2012	5
(Imm) Number of providers using Child Profile to track monthly vaccine inventory	New for 2012	New for 2012	5
(Imm) Number of providers using Child Profile to track monthly vaccine doses administered	New for 2012	New for 2012	5
(Imm) Number of Jefferson County children <6 with 2 or more immunizations in Child Profile system	87%	86%	88%
(Imm) Number of clinic site visits, to assess childhood immunization rates in clinic patients and/or do VFC Program Quality Assessment	2	2	2
(Imm) Jefferson County childhood immunization rate, using Child Profile County View Report	New for 2012	New for 2012	Assess baseline, & report options
(STD) Assess total # and % of female FP clinic clients at risk for Chlamydia (age 24 and under) screened for Chlamydia.	379 49%	280 50%	350 50%
(HIV) Number of persons counseled and tested for HIV infection	DOH Lab:38 Quest Lab:69 Total: 107	90	100
(SEP) Number of visits to SEP	81	60	80
(SEP) Number of syringes exchanged	9,156	10,000	10,000
(PHEPR) Develop and update Public Health Emergency Preparedness and Response Plan	1	1	1

SUMMARY OF KEY FUNDING/SERVICE ISSUES:

Communicable Disease/Immunizations

JCPH CD programs address locally identified and defined public health problems. Communicable disease prevention is primarily a locally funded program, county milage was returned from the state to counties for TB control. Immunization funds from the state are primarily in the form of vaccine, this vaccine is provided to primary care clinics that care for children. County funding provides a professional staff that prevent, identify and respond to disease outbreaks and immunization staff that work with the hospital, health care providers, the schools and local groups sponsoring trips abroad for students. Immunization staff provide routine immunization clinics and international travelers clinics. Substantial staff time is spent on responding to public requests for information about communicable diseases and screening for reportable illnesses in the process. The CD team continues to work on strengthening the notifiable conditions reporting system through outreach to the Jefferson Healthcare lab, ER, Infection Control Committee and local health care providers.

Increased funding was received for 2008-2009, from the Washington State Department of Health (DOH), specifically for Communicable Disease surveillance and improving immunization uptake in children. This funding was reduced by 20% for 2010-2011 and has been reduced by another 30% for 2012. A report on these performance measures is sent to DOH.

The Jefferson County rates for Cryptosporidiosis and Giardiasis, both waterborne diseases, are frequently above the State average. We have been following these, looking for any trends, and have added these to our PM indicator table this year.

The number of doses of publicly funded vaccine administered to children in Jefferson County has increased each year, from 3,748 doses in 2005 to 6,100 doses in 2009 and then decreased in 2010 by 711 doses to 5,389. The increases have been primarily due to new vaccines being added to the immunization schedule and new school immunization requirements. A catch-up period for new vaccines can spill over into the following year, as was seen in 2008-2009. A new meningococcal vaccine for infants may be added to the schedule in the upcoming year. The number of infants seen in the JCPH immunization clinic has been decreasing over the past several years as more infants are seen for immunizations by their primary care providers in their medical homes. The number of adults seen in the JCPH clinic has been increasing. The Immunization team will continue to monitor vaccine usage across the County. The new ability to run the new County View reports in Child Profile will provide more information on county wide immunization rates.

The new Washington State law requiring most parents seeking exemption from school vaccine requirements to have a discussion with their health care provider about the benefits and risks of immunizations and with-holding immunizations may have an effect on our vaccine dose numbers. This law is especially designed to reduce "convenience exemptions". The Immunization team consults with the school secretaries to assist them in using Child Profile to get immunization records for those students who do not have a complete Certificate of Immunization Status on file. The immunization team participates in the annual school secretary orientation discussing updates in school immunization requirements.

The JCPH Immunization Program staff provide technical assistance to the clinics, immunization updates, vaccine refrigeration incident follow-up, training of new vaccine coordinators in the clinics, and clinic immunization program quality assessment. The visit numbers do not reflect the daily work with the clinics. Many contacts are by phone and information is faxed or mailed to clinics.

All clinics receiving State supplied vaccines participate in the statewide Child Profile Immunization Registry. New Child Profile functions allow direct electronic vaccine ordering, receiving and inventory

tracking, and monthly doses administered reporting. These functions will more accurately and efficiently track vaccine supply, administration and client records.

STD

The Family Planning and STD clinics follow the Center for Disease Control's STD testing recommendations for the high risk age groups. The Family Planning and CD program staff will continue to monitor and explore ways to assure appropriate testing and testing data collection.

HIV Prevention

HIV services are funded by the state and federal government. HIV case management services are provided by Clallam County Health Department. The new CDC guidelines focus on funding HIV Prevention Programs for high risk populations based on HIV prevalence in the local area. Jefferson County is classified as a low prevalence county. In May 2011 JCPH submitted a successful RFP for continued funding of the Syringe Exchange Program (SEP), receiving \$10,000 for 12 months, similar to the 2011 funding. The 2011 HIV prevention funding, \$9,766, was a 50% reduction from the 2009 funding level of \$19,702. The 2012 HIV prevention funding does not include any funding for HIV testing in low risk counties. The State Public Health Lab will continue to do a limited number of free tests for high risk clients but there is no funding for staff time for counseling and testing services. JCPH staff will however continue to provide free HIV testing services for low income high risk clients with no medical coverage. Others requesting testing will be tested through the Quest lab and the cost of the testing will be billed to the client.

The syringe exchange program success is not easily measured in disease prevention numbers but the number of clients seen and syringes exchanged reflects the disease transmission prevention capacity of this program. The number of client *visits* to the Syringe Exchange Program increased to 81 in 2010 after remaining stable over the past three years, while the number of syringes exchanged decreased in 2010. A mid-year projection for 2011 shows an expected increase in the number of syringes exchanged in 2011. The number of new SEP clients increased in 2009 and 2010. This trend appears to be continuing in 2011, with more clients coming to SEP rather than solely relying on other exchangers to supply them with clean syringes through secondary exchange. This allows SEP staff to offer other disease prevention services and referrals to more individual SEP clients. The number of visits in which clients reported exchanging for other people as well as themselves (secondary exchange) decreased in 2009 and increased in 2010. This increase appears to be continuing in 2011.

Public Health Emergency Preparedness and Response (PHEPR)

Federal funding originally for developing bioterrorism response capacity now includes all hazards emergency response. Response capacity is developed in coordination with Region 2 PHEPR partners Kitsap and Clallam Counties, local emergency response agencies, Jefferson Healthcare and other health care providers. Public Health staff have been trained in and use National Incident Management System protocols during communicable disease outbreaks. The roles, responsibilities and training have been invaluable for managing communicable disease outbreaks.

JCPH participates in the Regional Duty Officer 24/7 contact system for Public Health with Kitsap and Clallam Counties' staff, responding to after hours calls and triaging them to the appropriate Public Health professional if necessary. This allows JCPH to share call time and standardizes regional response to Public Health issues. Federal funding for emergency preparedness activities increased in 2010 due to funding for H1N1 influenza response. As of August 2011 PHEPR funds will be reduced by at least 15% for the 2011-2012 Federal funding cycle.

Decreased funding for any program would result in scaling back on services. The Board of Health would be involved in deciding which services would be impacted.



JEFFERSON COUNTY PUBLIC HEALTH

Department: Jefferson County Public Health		Division: Admin	Section of Procedure Manual: Internal
Title: Quality Improvement Policy			
Subject: Department-wide quality improvement utilizing PLAN-DO-STUDY-ACT Cycle			
Effective (date): 02/11	Replaces (date):	Renewal due (date): 02/13	Page: 1 of: 1
Originated by: Jean Baldwin		Approved by: Jean Baldwin 	

Quality Improvement Plan, Do, Study Act Cycle (PDSA)

Culture of Quality Improvements (QI) in JCPH: Teams build Performance Measures and their quality review happens in set and continuous time frames. Teams must also respond to emergencies, problems, continuously improve daily work and follow performance measures with a Plan—Do—Study—Act approach.

Quality improvements – are not always tangible, yet improvement process culture in teams that are—measuring outcomes provides better services for citizens. What community outcomes did the public buy with their money?

Collaborative leadership within the department and community:

- **Plan** - to gather data of needs, review resources and proven practices.
- **Do** - provide services, find a partner who does the work.
- **Study** - measure outcomes regularly.
- **Act** - standardize improvement

Services are designed to meet a vision, address needs and provide measurable services.

QI Teams organized by the lead staff in each area of Communicable Disease, Prevention community services, Family Health, Clinical Targeted, Water Quality, Onsite sewage, Drinking Water, Solid Waste, Food Safety.

In conjunction with budget planning for the upcoming year each team will write Performance Measures including Goals, Objectives, Performance Indicators and Summary of Key funding/service issues. These Performance Measures will be included in the budget for the next year submitted according to the County Wide budgeting process beginning in the summer.

Plan - Each JCPH Team will evaluate issues/needs/data/funding/contract’s statement of work in July related to their Performance Measures. Each Team has regularly scheduled meetings within the department and also with Community/stakeholder groups. Teams will keep notes of meetings and share with supervisor.

Do - Throughout the year the team will refer to their Performance Measures to identify areas of needed improvement or evaluate as needed based on periodic data (quarterly reports on indicators and actual expense/revenue). Provide services.

Study – Annually (in February and March) results and data will be collected and analyzed from the previous year. Annual Reports will be presented to the Board of Health in the March meeting. Review charts or evaluations service to maintain quality.

Act - Results of indicators and analysis will be assessed by the team and adjustments to services/interventions. Data and results of analysis will be used with writing the Performance Measures and updating services.

Technical assistance for teams will be: management team, Health Officer, team leaders in Communicable Disease, Family Support, Clinic, On-site and Food programs.