

Local Health Department: Lane County Public Health

**Plan A - Continuous Quality Improvement: DTaP #4 Drop-off Rate at Lane County Public Health**  
Fiscal Years 2006-2008

<b>Year 1: July 2005 – June 2006</b>				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase % of eligible 24 month olds served at LCPH who have received DTaP#4 (current rate 80%)	<ul style="list-style-type: none"> <li>Request AFIX usage graph for single antigen DTaP</li> <li>Create reminder recall specific to DtaP#4, i.e. postcard</li> <li>Create tracking report for client recall</li> <li>Obtain information from OPIC on 4<sup>th</sup> DTaP Promotion-utilize resources in LCPH strategy</li> <li>Inform immunization staff of recall tool and encourage giving of DTaP#4 at first opportunity. Review recommended and minimum spacing.</li> </ul>	<ul style="list-style-type: none"> <li>Determine/understand nature of previous doses to drop-off rate from AFIX report. Receive report by 8/05.</li> <li>By 10/05 have specific reminder developed.</li> <li>Implement reminder 12/05 – 100% will receive.</li> </ul>	<ul style="list-style-type: none"> <li>Contacted Justin Weisser at OHS/IMM for single antigen DTaP graphs in 8/05. Obtained report 10/05.</li> <li>Reminder cards developed and printed 11/05, and first reminders sent week of 12/5/05. 100% of kids needing DTaP 4 were sent reminders.</li> </ul>	The reports received from OHS/IMM regarding the drop off rate in DtaP4 in our AFIX report did not coincide with the actual number of children the AFIX report evaluation. Several ways of requesting information were tried and each time different names were reported. In looking at the children who were listed in the reports several problems were identified. Not all these problems were owned by LCPH. Some were inherited from private providers and some were data entry problems (origin unknown). ALERT had doses given 1 day apart

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

			<p>of same vaccine. Justin worked hard to try to get the information but we never got the actual names of the deficient kids from the AFIX report.</p> <p>3/06 Nathan Crawford discovered in doing AFIX report for 2005 that Lane County had seen almost twice as many kids as in 2004. In looking at list of clients he sent, only about a third of them are current clients. The rest had been "moved" but the state ALERT system had not recognized this for some reason. We are waiting to see how this is resolved since it could have a great effect on our "up-to-dates" rates. Many of these moved kids had received only PPDs as part of shelter TB program or had received flu vaccine only. Because of the problem with 2005 list of clients, I am concerned that our rates in 2004 did not accurately reflect our clients.</p> <p>8/05 contacted Karen Elliott with OPIC about materials for their 4<sup>th</sup> DTaP project. Received materials in 11/05 (were still in development in</p>
--	--	--	---

				<p>8/05)</p> <p>11/05 met with Immunization staff at LCPH to discuss AFIX report, DTaP 4 plans, reminder system, ways we might improve our rate at LCPH. Our reminder cards, specific to DTaP #4 have been sent twice (approx. every 2 months) since they were developed. The reminder list is generated from our immunization database where each vaccine and dose has a reminder field. We will continue using these special reminders and reevaluate the process over the next year.</p>
<b>B.</b>	•	•	To be completed for the FY 2006 Report	To be completed for the FY 2006 Report

**Plan A - Continuous Quality Improvement: DTaP #4 Drop-off Rate at Lane County Public Health**

<b>Year 2: July 2006 – June 2007</b>				
<b>Objectives</b>	<b><u>Methods / Tasks</u></b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> Evaluate % of 24 month olds have received DTaP#4 to see if there is increase in past year.	<ul style="list-style-type: none"> <li>• Obtain AFIX report for the past year with specific DTaP#4 graph</li> <li>• Review results of recall tool use and adapt as needed.</li> <li>• Continue to use recall tool for DTaP#4</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain 85% 24 mo. Olds with DTaP#4 by 12/06.</li> </ul>	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report
<b>B.</b>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Plan A - Continuous Quality Improvement: DTaP #4 Drop-off Rate at Lane County Public Health**

<b>Year 3: July 2007 – June 2008</b>				
<b>Objectives</b>	<b><u>Methods / Tasks</u></b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> Reevaluate plan to increase DTaP#4 rate in 24 mo. Olds served at LCPH so that 90% will be complete	<ul style="list-style-type: none"> <li>• Obtain AFIX report of 12/07.</li> <li>• Evaluate with staff use of recall tool and it's effectiveness in increasing rate.</li> <li>• As appropriate, share DTaP#4 process with other immunization partners in Lane County, i.e. delegates</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain 90% DTaP#4 by age 24 months by 12/07.</li> </ul>	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report
<b>B.</b>	•	•	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Local Health Department: Lane County Public Health

**Plan B - Chosen Focus Area:** Electronic transfer of data to ALERT by independent clinics in Lane County

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p><b>A.</b> Work with 6 independent clinics in Lane County who use Medical Manager software to get data conversion for electronic data transmission to ALERT.</p>	<ul style="list-style-type: none"> <li>• Work with ALERT IS staff to understand what actually needs to be done to convert data.</li> <li>• Visit Springfield Family Practice (who recently converted) to see clinic in action.</li> <li>• Meet with clinic managers/staff of 6 private clinics to address issues of electronic transfer.</li> <li>• Assess feasibility of conversions with ALERT staff and include Medical Manager staff as appropriate.</li> <li>• In working with ALERT staff, set up individual timelines for conversion.</li> <li>• Review with clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Site visit to SFP by 08/05.</li> <li>• Develop plan to present to providers by 09/05.</li> <li>• Meetings held with 100% clinics that commit to electronic export.</li> </ul>	<ul style="list-style-type: none"> <li>• In August 2005 we contacted Springfield Family Practice (SFP) to set up a site visit regarding their Medical Manager exporting system. In speaking with them, they confirmed the possible LIPP switch to a common EMR system in the months ahead. The SFP contact said they would certainly be moving to that new EMR system when it is identified, and would no longer be using Medical Manager for ALERT export. With that information we decided to defer this meeting.</li> <li>• Given the new EMR direction that LIPP was addressing, we</li> </ul>	<p>In the Fall of 2005, we decided to contact the six clinics we planned to work with to confirm their continued use of Medical Manager software. Our first call provided us with some new information that would alter the approach to our plan. We learned that the Lane Independent Primary Physicians (LIPP) group that these clinics belong to, had just formed a committee to evaluate an electronic medical record (EMR) system that might be used by most, if not all, LIPP clinics. They informed us that their clinic would not want to work with a Medical Manager export project, as they would</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

			<p>did not see any reason to develop a presentation plan specific to Medical Manager exporting programs. We instead, kept in close contact with members of the LIPP subcommittee reviewing EMR systems, making sure that exporting data to ALERT would be considered in their discussions. The subcommittee contact was well aware of the needs for exporting to ALERT, and took those issues forward to the committee. We offered to be available as needed to the #EMR committee, individual physicians, or clinic staff to discuss any issues regarding ALERT exporting.</p> <ul style="list-style-type: none"> <li>• In early April 2006, we met with the newly appointed Executive Director of LIPP to discuss ALERT-exporting issues. He represents all twelve LIPP clinics (100%) going with the EMR, so having individual meetings with each clinic was not necessary at this</li> </ul>	<p>prefer to export the data from the new EMR program. We next called Springfield Family Practice, as they are currently exporting data using Medical Manager software, and they confirmed that they also would be participating in the conversion of the new EMR with LIPP. The LIPP subcommittee reviewing EMR's would finalize their recommendation late in 2005, and the LIPP membership would vote on the recommended EMR in early 2006. With this information, we decided to wait until LIPP had arrived at a decision before proceeding. We also informed ALERT staff about the change of plans, and they also thought it would be appropriate to wait for the LIPP decision.</p> <p>The second week of March, 2006, LIPP membership voted and decided to go with the recommended EMR proposed by the committee, however, participation would be voluntary and not</p>
--	--	--	--	---

			<p>time. ALERT staff had presented to LIPP clinic representatives earlier that week to answer general questions about ALERT, they reported that clinic staff seem well informed and had few questions or concerns. We will continue to work closely with the LIPP Executive Director, ALERT staff, EMR Vendor, and individual clinics as necessary.</p>	<p>mandatory. We have been working with the LIPP Executive Director to ensure that the EMR program will address the needs for exporting immunization data to ALERT. ALERT staff has also been in contact with him and plan to work closely with the EMR vendor as this project progresses. We are working closely with the Executive Director to identify and evaluate the immunization status of each LIPP clinic (i.e. VFC participation, ALERT status, data export to ALERT bar code/electronic) that plans to convert to the EMR, as well as those who do not plan to do so at this time. Of the 25 LIPP clinics, 12 have indicated they plan to use the new EMR program. Of those 12, currently 2 have been exporting data to ALERT electronically, 7 are bar coding, 1 refuses to bar code, and 2 of the clinics do not provide childhood immunizations.</p>
--	--	--	---	--

<b>B.</b>	•	•	To be completed for the FY 2006 Report	To be completed for the FY 2006 Report
-----------	---	---	--	--

**Plan B - Chosen Focus Area:** Electronic transfer of data to ALERT by independent clinics in Lane County

<b>Year 2: July 2006 – June 2007</b>				
<b>Objectives</b>	<b><u>Methods / Tasks</u></b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<p><b>A.</b> Identified clinics will participate and be successful in exporting data electronically to ALERT.</p> <p><b>(Objective revised – see Objective B)</b></p>	<ul style="list-style-type: none"> <li>• Working with ALERT IS staff, establish work plan for prioritizing clinic conversions.</li> <li>• Work with individual clinics on training needs and implementing plan.</li> <li>• Troubleshooting as needed with clinics.</li> <li>• Share plan with DHS private provider liaison</li> <li>• <b>(Methods revised – see Methods B)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Establish work plan by 09/06.</li> <li>• Develop training needs by 03/07 for individual clinics.</li> </ul>	<p>To be completed for the FY 2007 Report</p>	<p>To be completed for the FY 2007 Report</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>B.</b> Participating LIPP clinics that have converted or will be converting to the EMR program, are successfully exporting data electronically to ALERT.</p>	<ul style="list-style-type: none"> <li>• Work with LIPP Executive Director/ALERT staff to establish clinic conversion timeline</li> <li>• Work with individual clinics and LIPP Executive Director on training needs.</li> <li>• Troubleshooting as necessary with clinics</li> <li>• Share plan with DHS private provider liaison</li> </ul>	<ul style="list-style-type: none"> <li>• Establish work plan by 8/06</li> <li>• Develop training needs for individual clinics by 10/06</li> </ul>	<p>To be completed for the FY 2007 Report</p>	<p>To be completed for the FY 2007 Report</p>
<p><b>C.</b> Identify LIPP clinics not going with the new EMR and evaluate appropriateness of using other software programs in their clinic to facilitate electronic export to ALERT.</p>	<ul style="list-style-type: none"> <li>• Communicate with identified clinics to establish current software programs used in their clinics</li> <li>• Work with ALERT staff to assess feasibility of conversion using the various software programs identified</li> <li>• Visit with each clinic to assess possibility and benefits of their converting to electronic export</li> <li>• Identify which clinics are appropriate for electronic export and work with ALERT and clinic staff to establish a timeline for that conversion.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop work plan identifying clinic software and ALERT feasibility response by 9/06</li> <li>• Visit with 100% of clinics to assess possible conversion to electronic export</li> <li>• Develop plan and timeline for assisting 100% of clinics identified as appropriate for electronic export.</li> </ul>		

<p><b>D.</b> Identify all Lane County clinics providing childhood immunizations that are <b>not</b> affiliated with LIPP, OMG, or PeaceHealth, and assess the feasibility of their sending electronic exports to ALERT.</p>	<ul style="list-style-type: none"> <li>• Communicate with identified clinics and establish current software programs being used</li> <li>• Work with ALERT staff to assess feasibility of conversion using the various software programs identified</li> <li>• Visit with each clinic to assess possibility, benefits, and appropriateness of their clinic converting to electronic export</li> </ul>	<ul style="list-style-type: none"> <li>• Develop work plan identifying clinic software and ALERT feasibility response by 11/06</li> <li>• Visit with 100% of clinics identified to assess their possible conversion to electronic export</li> <li>• Develop action plan and timeline for 100% of clinics deemed appropriate for/and committed to conversion to electronic export to ALERT by 4/07</li> </ul>		
---	---	--	--	--

**Plan B - Chosen Focus Area:** Electronic transfer of data to ALERT by independent clinics in Lane County

<b>Year 3: July 2007 – June 2008</b>				
<b>Objectives</b>	<b><u>Methods / Tasks</u></b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> Evaluate newly participating independent clinics to see if electronic transmission is successful.	<ul style="list-style-type: none"> <li>Request ALERT participation report for clinics beginning data transmission by electronic method</li> </ul>	<ul style="list-style-type: none"> <li>Per report, 100% participation of new clinics</li> </ul>	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>B. (Added for year 3) Independent clinics (non LIPP, OMG, PeaceHealth) identified in 4/07 action plan will participate and be successful in exporting data electronically to ALERT.</b></p>	<ul style="list-style-type: none"> <li>• Work with ALERT staff to establish prioritizing and timeline for conversions</li> <li>• Work with individual clinics on training needs and implementing plan for conversion</li> <li>• Troubleshoot as needed with clinics</li> <li>• Share plan and work with DHS private provider liaison</li> </ul>	<ul style="list-style-type: none"> <li>• Establish timeline with ALERT by 7/07</li> <li>• Develop training needs for individual clinics by 8/07</li> <li>• 100% of identified clinics will export electronically to ALERT by 3/08</li> </ul>	<p>To be completed for the FY 2008 Report</p>	<p>To be completed for the FY 2008 Report</p>
---	---	--	---	---

Local Health Department: Lane County Public Health  
**Outreach Activities: July 2005 – June 2006**

<b>Activity 1:</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

---

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A.</b> Cottage Grove coalition will continue to seek solution to immunization services for that community.</p>	<ul style="list-style-type: none"> <li>• Expand current coalition to include FQHC as potential partner.</li> </ul>	<ul style="list-style-type: none"> <li>• By 12/05 the possibility of FQHC will be understood.</li> </ul>	<ul style="list-style-type: none"> <li>• HASA New Start grant was applied for 12/05 by FQHC. If successful, it will be implemented by 7/1/06.</li> </ul>	<p>Lane County Public Health has not had a coalition meeting but has kept in touch with the members. The school nurses in the South Lane School Dist. Were asked about need for a special immunization clinic in the Spring 2005 at Kindergarten “round-up” and they determined there was not sufficient need. Again, at school review time in January 2006 the need was assessed and none was found. The grant status is unknown at this time.</p> <p>Although not part of this plan/objective, the Oakridge Clinic decided to resign from delegate status at the end of 2005. That decision left the community without an immunization provider. In December 2005 I began working with Cindy Yeager, a school employee who was very concerned about how children would get needed vaccines before exclusion, and LCPH held a special immunization clinic on January 17, 2006, for students who needed immunizations to stay in school. The collaboration of public health and schools worked well and met a need in the community. I am currently talking with another Oakridge provider about the possibility of becoming an immunization delegate.</p>
--	--	--	--	--

<b>Activity 2:</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<p><b>A.</b> Provide vaccine – specific (i.e. Menactra) educational opportunity to providers in Lane County.</p>	<ul style="list-style-type: none"> <li>• Collaborate with vaccine manufacturer representative to establish meeting time, presenter, and target population.</li> <li>• Invite targeted provider group to event.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of targeted group will be invited to outreach educational event.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of vaccine providers in Lane County have been invited to attend an educational breakfast meeting on 5/18/06.</li> </ul>	<p>Our educational breakfast meetings has not occurred yet, but we have sent out invitations, are preparing packets, and are doing the general program planning. Sanofi-Pasteur local representative has helped us acquire a speaker for our educational meeting. Dr. Cora Breuner of Seattle, Washington will present on meningococcal and pertussis vaccines for adolescents. We have invited over 150 providers to this meeting. As an incentive for attendance, we will be giving a Pink Book to each clinic with a representative at the meeting.</p>