



PUBLIC HEALTH SERVICES MAJOR ACCOMPLISHMENTS 2012-2013

Including Publications and Quality Improvement Projects



LIVE WELL
SAN DIEGO



- **BUILDING
BETTER
HEALTH**
- **LIVING
SAFELY**
- **THRIVING**

PUBLIC HEALTH SERVICES

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PHS Vision

Healthy people in healthy communities.

PHS Mission

To promote health and improve quality of life by preventing disease, injury and disability and by protecting against, and responding to, health threats and disasters.

Branches

- Administration of Public Health Services (PHS Admin)
- Emergency Medical Services (EMS)
- Epidemiology and Immunization Services Branch (EISB)
- HIV, STD, & Hepatitis Branch (HSHB)
- Maternal, Child, & Family Health Services (MCFHS)
- Public Health Nursing Administration (PHN Admin)
- Tuberculosis Control and Refugee Health (TBC-RH)



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MESSAGE FROM THE PUBLIC HEALTH OFFICER



Dear Reader,

I am pleased to present the Division of Public Health Services (PHS) County of San Diego Health and Human Services Agency *Major Accomplishments 2012-2013* report. PHS is dedicated to community health and wellness protection in San Diego County. The Division works to prevent epidemics and the spread of disease, protects against environmental hazards, prevents injuries, promotes and encourages healthy behaviors, responds to disasters and assist communities in recovery, and assures the quality and accessibility of health services throughout the county.

While managing approximately 500 employees with a budget of over \$110 million, and 200 contacts, several significant achievements were accomplished during fiscal year 2012-2013. For example, Emergency Medical Services worked with 22 community agencies at 36 locations to train 2,589 individuals in adult compression only Cardio Pulmonary Resuscitation (CPR); Epidemiology and Immunization Services Branch investigated over 4,000 disease cases, including more than 100 disease outbreaks; HIV, STD, and Hepatitis Branch provided outpatient/ambulatory care for over 2,700 persons with HIV, who do not have access to any other providers of medical care; Maternal, Child, and Family Health Services facilitated the provision of 227,843 well-child exams to low-income children by CHDP providers; public health nursing staff facilitated 20,368 home visits, providing services to pregnant, postpartum, and parenting women; and Tuberculosis Control and Refugee Health achieved 94% of tuberculosis cases completing treatment.

These achievements align with the County's vision and mission; reflect the ten essential public health services; and embody *Live Well San Diego*, the County's wellness initiative to achieve the vision of healthy, safe and thriving communities. I invite you to read further to learn more about PHS efforts to achieve our vision of healthy people in healthy communities.

Sincerely,

A handwritten signature in black ink that reads "Wilma J. Wooten, M.D." The signature is written in a cursive, professional style.

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
Director, Public Health Services

PREFACE

The Public Health Services *2012-2013 Major Accomplishments* report presents a summary of the major accomplishments that the Division of Public Health Services (PHS) has achieved during this fiscal year. Accomplishments described in this document are reflective of the commitment, dedication, and operational excellence of the staff of PHS and its branches: Public Health Administration; Emergency Medical Services; Epidemiology and Immunization Services Branch; HIV, STD and Hepatitis Branch; Maternal, Child, and Family Health Services; Public Health Nursing Administration; and Tuberculosis Control and Refugee Health.

This document is divided into five sections—major accomplishments, quality improvement projects, publications, research projects, and awards and recognitions. Each section is described as follows:

- **Major Accomplishments**—Accomplishments are listed by branches and their programs. When possible, these accomplishments reflect the SMART objectives criteria—specific, measurable, attainable, relevant and time-bound.
- **Quality Improvement Projects**—Each branch was required to work on at least one quality improvement (QI) project. This section includes a total of nine projects. Projects are described by their goal, a summary of the previous process, actions taken, results and future plans.
- **Publications**—Each branch was required to publish at least one publication, which could include posters or abstracts submitted to national meetings; peer-reviewed journals; and articles submitted to other publications, newsletters, or online communications. This section chronicles 15 such publications.
- **Research**—A brief description of 43 branch research projects are listed.
- **Awards**—This section highlights 13 awards PHS received during this time period that recognizes its outstanding work.

PUBLIC HEALTH SERVICES

MAJOR BRANCH ACCOMPLISHMENTS



The following pages highlight the major accomplishments of the Public Health Services branches: Administration of Public Health Services; Emergency Medical Services; Epidemiology and Immunization Services Branch; HIV, STD, and Hepatitis Branch; Maternal, Child, and Family Health Services; Public Health Nursing Administration; and Tuberculosis Control and Refugee Health.

Administration of Public Health Services

Office of Border Health

- Improved binational public health coordination, participated in Binational Health Month events and established regular meetings with Baja California and Tijuana health officers and local consulate officials.
- Coordinated a first ever binational meeting between the public health officer from San Diego County, Dr. Wilma Wooten, and the public health officer for Tijuana, Dr. Leticia Blake, to provide each entity with an overview of each agency, as well as key health priorities.
- Organized a community emergency risk communication planning session on May 28th with San Diego State University and other County divisions. Approximately 100 San Diegans, representing eight language groups, came together to share information about their community and provide feedback on the development of a county-wide, comprehensive emergency communication plan.
- Organized the 29th annual County Blood Drive in April 2013 when County employees donated 288 pints of blood.
- Organized a binational obesity forum on September 27, 2012, with over 75 border health community partners from California and Baja California.
- Implemented the adaptation of a food kit lists project in collaboration with Emergency Medical Services and Public Health Services for four target populations. The project created culturally and linguistically appropriate guidelines on how families could prepare themselves for three days in the event of a disaster.
- Facilitated planning efforts for the Border Health Consortium of the Californias bi-monthly meetings in collaboration with the California Office of Binational Border Health. The Office of Border Health has also led the development of a formal process for engaging partners in Baja California. As advised by Dr. Wooten and Dr. Maria Gudelia Rangel Gómez, Representative for the Baja California Secretary of Health, a Consortium Membership Charter was created this past year to help with describing structure, establishing clear membership expectations, and communicating the purpose to potential members.

Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM)

- Developed a new system in Kronos to track MAA/TCM services
- Generated approximately \$15 million in annual revenue from MAA/TCM.

Public Health Services Administration directs public health programs, safeguards the public's health and responds to public health emergencies.

Administration of Public Health Services



- **Budget and Fiscal Services**

Met Departmental Excellence Goals. The goals were: one third of all designated supervisors will complete the Supervisor Certificate Online Program (this is part one of a three-year goal); 50 percent of employees will complete the County's Code of Ethics LMS training by the end of fiscal year 12-13 (this is part one of a two-year goal); 25 percent of Health and Human Services Agency (HHS) staff will complete the "Trauma Informed" training; and 50 percent of HHS staff will complete Mental Health Awareness training.

- **Contracts**

- Executed 15 new contracts in the six PHS branches across five programs.
- Developed 26 memoranda of agreement and understanding with community institutions.

- **Executive Office**

- Successfully utilized the incident command system to respond to two communicable disease outbreaks—a multi-state outbreak of Hepatitis A associated with a frozen berry blend and increase of meningococcal disease in the CA/Baja CA Border Region.
- Co-facilitated the Live Well San Diego Integration Leadership Team meetings, bringing together an average of over 40 County staff from 10 HHS departments and five County business groups.

- **Performance Improvement**

- Completed the strategic planning process for the 2013-2018 Public Health Services Strategic Plan.
- Formed a Health Equity Team of 17 participants from 5 branches.
- Collected Agency wide data from the Bay Area Regional Health Inequity Initiative staff survey. Approximately 2,132, 1,455 and 1,167 responses were received from the three-part survey.

- **Personnel**

- Coordinated the educational experiences of 26 students from eight colleges and universities.

- **Public Health Accreditation**

- Completed a Community Health Assessment (CHA)
- Conducted community engagement as part of the required CHA in preparation for applying for national voluntary public health accreditation.

Public Health Services Administration completed the strategic planning process for the 2013-2018 Public Health Services Strategic Plan.

Emergency Medical Services



Administration

Certified/accredited 3,330 Emergency Medical Technicians (EMT), Paramedics, and Mobile Intensive Care Nurses.

Disaster Medical

- Developed the training curriculum for the Disaster Response Assessment Teams (DRAT) and trained 23 volunteers to staff teams in each public health region for deployment to shelters in the event of a disaster.
- Achieved a score of 98 out of 100 on the Cities Readiness Initiative Assessment.

Epidemiology and Community Health Statistics

Redesigned the data collection process for the Community Profiles and incorporated Behavioral Health Services data.

Health Emergency Response and Hospital Preparedness

Completed the Hospital Burn Surge Plans to ensure that initial resources and expertise will be available to care for burn victims countywide in the event of a disaster.

Information Communication & Collection

Began implementation of the Beacon Hub Electronic Information Exchange project.

Prehospital

Formed an agreement with the United States Border Patrol as the first Advanced Emergency Medical Technician (AEMT) first responder provider in the County.

Specialty Care

Coordinated 22 agencies at 36 locations across the county to train 2,589 individuals in compression-only Cardio Pulmonary Resuscitation (CPR) during Sidewalk CPR Day.



Emergency Medical Services (EMS) ensures quality emergency medical services, and is involved in community education, prevention activities and research. EMS also provides planning and medical response activities for bioterrorism, natural and man-made disasters.

Epidemiology and Immunizations Services Branch

Epidemiology

- Registered 10,377 new cases in WebCMR (web-based Case Management Registry).
- Investigated over 4,000 cases, including more than 100 outbreaks.
- Investigated and case managed 40 lead poisoned children.
- Processed 792 reports of elevated lead levels.
- Developed the Cascade of Engagement in Care (Gardner Cascade) to help inform HIV planning efforts.
- Reported 704 resident HIV and AIDS cases (421 resident HIV cases and 283 resident AIDS cases), plus an additional 563 non-resident HIV and AIDS cases.

Immunizations

- Managed distribution of 61,190 doses of influenza vaccine provided by CDPH.
- Participated in seven mass vaccination events for influenza, conducted across all regions.
- Provided immunization updates and trainings to over 350 healthcare workers.
- Provided case management to 172 cases in the perinatal hepatitis B prevention program.
- Surpassed two million persons in the San Diego Immunization Registry (SDIR) database, and stored over 20 million immunizations.
- Processed 115 clinics in the SDIR for the "[Meaningful Use](#)" Electronic Health Record Incentive Program testing.
- Conducted immunization record audits at 24 childcare centers and 59 kindergartens.

Laboratory

- Completed 69,701 lab tests on 65,518 specimens.
- Completed 1,964 water tests.

Vital Records

- Registered 45,205 births.
- Registered 19,990 deaths.
- Processed 533 State Medical Marijuana Cards.
- Implemented paperless cause of death coding system.



Epidemiology and Immunization Services Branch (EISB) works to identify, prevent and control communicable diseases. EISB conducts surveillance for various conditions and performs health assessment on various health outcomes.

HIV, STD and Hepatitis Branch

Administration

- Realigned reimbursement rate for primary care outpatient/ambulatory care with the LIHP reimbursement rate, creating parity between the programs and ensuring that the County pays a consistent rate for these services.
- Completed two Agency Contract Support audits with no findings.
- Sought and received approval to extend HIV prevention contracts to allow time for planning and evaluation related to a State-directed, dramatic shift in the direction of programs.
- Completed Schedule of Expenditures of Federal Awards audit of Ryan White Part A and Minority AIDS Initiative programs with no comments or findings.

AIDS Case Management

- Achieved placement of 80 homeless HIV substance abusers for inpatient treatment in the Intensive Case Management program.
- Screened 430 self-identified HIV-positive inmates in the county jails. All inmates are screened as to their ability to access primary medical care upon release.
- Achieved a year without a wait list for the Intensive Case Management program that provides inpatient substance abuse treatment.
- Made 42 direct placements from out of county jails to the Intensive Case Management program.

Clinical Services

- Integrated the Alternative Test Site with the Rosecrans STD Clinic, increasing our capacity to provide HIV counseling and testing to high-risk populations and helping to improve patient flow within the STD Clinic.
- Expanded hours, including adding one Rosecrans evening clinic, and keeping the Rosecrans clinic open during lunch.

HIV/AIDS Care and Treatment (Ryan White)

- Received a score of 98 out of 100 on the annual Ryan White application.
- Facilitated access to outpatient/ambulatory care for over 2,700 persons living with HIV who do not have access to any other providers of medical care.
- Patients in Ryan White primary care achieved a viral suppression rate of 79 percent, which compares to a viral suppression rate of 25 percent nationally and 31 percent of all persons living with HIV in San Diego County.
- Provided support to ensure that over 700 Ryan White patients who were eligible for the Low Income Health Program were transitioned with minimal disruption to care.

The HIV, STD and Hepatitis Branch (HSHB) helps to assure the development and delivery of quality HIV prevention and treatment services.

HIV, STD and Hepatitis Branch



HIV Counseling and Testing

- Conducted 9,772 HIV tests.
- Identified 90 individuals who were HIV positive (0.98 percent positivity rate).
 - Linked 84 percent of new positives into HIV primary medical care, with a verified medical visit within 90 days of diagnosis.
 - Offered Partners Services to 93 percent of new positives.
 - Referred 92 percent of new positives to HIV prevention services.

HIV Education and Prevention

- Conducted 4,088 one-time contacts during outreach and single-session interventions and 418 unduplicated individuals completed multi-session interventions.
- Completed one-time outreach and health education and public information contacts and multi-session groups and individual level interventions with known HIV positive individuals: about half of the one-time contacts (46% or 1,891 contacts) and over two-thirds (83%, or 172 participants) were known HIV positives. In multi-session interventions, two new HIV positives were identified through facilitated referral to testing and linked to care.
- Achieved approximately 208 unduplicated HIV-positive participants who completed multi-session interventions, with many sustained and some realized improvements in their engagement in care from the start of their program participation. As such, 98 percent of all the participants reported they were engaged in care, a 5 percent improvement (9 participants); 80 percent of the participants reported taking HIV medications, a 10 percent improvement (17 participants); and 70 percent of those unaware of their viral load became aware of their viral load (26 individuals).
- Developed additional gap analyses for all HIV health education and risk reduction (HERR) activities to provide a comprehensive view, reduce duplication of efforts, and better strategize how to address gaps in services.
- Facilitated the restructuring of the community planning process for HIV prevention and realized improvements and efficiencies including a reduction in meeting time from 72 to 34 hours per year.

STD Prevention and Control

- STD Community Interventions Program (SCIP)
 - Worked with the State Department of Public Health, STD Control Branch, to adapt and deploy the “Don’t Think, Know” campaign in San Diego County, providing home CT/GC testing to women ages 25 and under.

The HIV Counseling and Testing Unit conducted 9,772 HIV tests in fiscal year 2012-2013.

HIV, STD and Hepatitis Branch

- Conducted 33 presentations to approximately 940 individuals, including 3 CA STD/HIV Prevention Training Center courses.
- Collaborated with California Family Health Council to host 3 trainings.
- Hosted CORE resource fair and workshops focusing on sexual health, healthy relationships and decision making at Hoover High School.
- Hosted a youth sexual health/teen pregnancy prevention conference with TeenNow CA.
- Helped to launch a youth-serving coalition in North County with an inaugural half-day conference focusing on sexual health.
- Chlamydia Screening Project (ClasP)
 - Achieved a screening rate for females entering juvenile hall facilities of 97 percent.
 - Improved the process of notifying juvenile hall of positives results so they are informed faster, in order to treat more minors before they leave the facility.
- STD Surveillance
 - Sent out STD Monthly Reports to over 700 recipients.
 - Began using the State of CA's new web-based surveillance and reporting system, the California Reportable Disease Information Exchange (CalREDIE), for the entry of STD reports.
- Field and Community Services
 - Investigated 556 early infectious syphilis cases, an increase of 10 percent from 2011-2012 (499 cases).
 - Developed policy and procedure for use of Cal-REDIE.
 - Continued We All Test, STD testing reminder text/email messaging program for gay and bi-sexual men. From April, 2010- June 30, 2013, 2,298 persons were enrolled and 10,116 total email/text reminders were sent. For 2012-2013, 381 people registered and 5,895 total reminders were sent.
 - Continued to support Family Health Centers of San Diego's Tuesday/Thursday Night Clinic.
 - Held 2013 MSM Sexual Health Summit, with 53 attendees.
 - Worked with California Department of Public Health to create a poster to guide medical providers on how to complete a Confidential Morbidity Report (CMR).
 - Modified the Ryan White HIV Primary Care chart audit tool to include three-site STD screening.

The Field and Community Services Unit worked 566 early infectious syphilis cases in fiscal year 2012-2013.

Maternal, Child and Family Health Services

Maternal and Child Health

- Assessment and Case Management Services (ACMS)
 - Linked 21,021 pregnant women, children and youth to health coverage, medical/dental providers and/or other health/social services to ensure optimal health. ACMS is comprised of the Perinatal Care Network, San Diego Kids Health Assurance Network and Child Health and Disability Prevention program. ACMS provides services which links pregnant women to available health care services and health coverage, assures that children have access to medical and dental services, and connects children and youth to preventative health services for early detection and prevention of diseases and disabilities.
- The Black Infant Health (BIH) Program
 - Secured First 5 funding (\$350,000), which allowed for leveraging Federal Title XIX funding for an additional \$700,000 to enhance existing BIH services and expand the BIH program into the North County Regions, to ensure that at risk African American women, infants and families are healthy, safe and thriving.
- Child Health and Disability Prevention Program (CHDP)
 - Facilitated 227,843 well-child exams to low-income children by CHDP program providers and coordinated care for 12,000 health problems identified during the exams to ensure eligible children receive periodic, comprehensive, preventive health screenings and treatments.
 - Provided training and education to CHDP providers to promote quality health screenings to low-income children.
 - Conducted seven Anthropometric/Body Mass Index trainings to 174 CHDP providers and their staff.
 - Enhanced providers' knowledge and skills on performing pediatric vision and hearing screenings by educating 389 CHDP providers and community partners through the CHDP Vision and Audiometric Screening Workshops.
 - Facilitated training to 68 providers and their staff on the importance and process of applying fluoride varnish to improve oral health in children by increasing applications at medical provider offices.

The Maternal, Child Family Health Services Branch works to promote health and to protect and support pregnant women, children, families and communities.



Maternal, Child and Family Health Services

- Dental Health Initiative/Share the Care (DHI/SC)
 - Performed oral health screenings on 2,178 children from 0-5 years of age. Screenings took place at Pre-Schools and Head Starts throughout the County.
 - Approximately 231 oral health professionals provided volunteer services either on an emergency basis or at a sealant/varnish event.
- Health Care Program for Children in Foster Care (HCPCFC)
 - Provided 45,798 medical information updates to the Child Welfare Services/Case Management System (CWS/CMS).
 - Conducted 22,831 consultations with Social Workers (SWs), Substitute Care Providers (SCPs), medical providers and community agencies.
 - Provided care coordination for 2,527 medical conditions.
 - Conducted 96 trainings to 2,100 SCPs, SWs, health care providers and the public re: medical needs of children in foster care.
- Preconception, Interconception and Adolescent Health Initiatives
 - Maternal, Child and Adolescent Programs (MCAH) created various interactive educational wheels to increase knowledge of healthy lifestyle choices (e.g., nutrition, physical activity, stress, etc.) that impact health and pregnancy outcomes. In an effort to have a greater impact on birth outcomes MCAH expanded the preconception health wheel to target middle and high school adolescent females to increase their awareness of how being healthy now has an impact on their future health. Program collaborated with over 80 community organizations, clinics and schools disseminating more than 5,000 wheels to women and adolescent females.
- San Diego County California Home Visiting Program (CHVP) – Nurse Family Partnership (NFP)
 - Selected as a Mother and Infant Home Visiting Program Evaluation (MIHOPE) site as part of the U.S. Department of Health and Human Services large scale evaluation to assess the effectiveness of home visiting models. Benefits for participation include: (1) national recognition; (2) build strong evidence based to inform home visiting decision making; (3) provides information on impacts of home visiting programs.

The Child Health and Disability Prevention Program (CHDP) facilitated the provision of 227,843 well-child exams to low-income children by CHDP providers.



Maternal, Child and Family Health Services

Chronic Disease and Health Equity Unit

- Community Transformation Grant (CTG)
 - San Diego Association of Governments (SANDAG)'s Fiscal Year 2011-2013 Smart Growth Incentive Program Call for Projects approved the activity of health impact assessment – for the first time – as an eligible activity to be funded through this grant program. Baseline data collection of active transportation is also new requirement for capital grant recipients under this program. SANDAG has identified two Smart Growth Incentive Program grantees to receive technical assistance for Health Impact Assessment projects.
 - San Diego Unified School District instituted a new procurement system to purchase foods from urban agriculture sites, and implemented their Garden to Café protocol.
- Supplemental Nutrition Assistance Program- Education (SNAP-Ed)
 - Provided nutrition education services at CalFresh offices, senior citizen centers, public housing, faith-based organizations, and several community-based organizations. With a goal of reaching 2,000 low-income individuals, SNAP-Ed exceeded goals by 71.6 percent. In 2013, the Public Health Services SNAP-Ed program has increased its programming capacity, and as of June 2013, has reached approximately 10,000 low-income individuals through nutrition education and community engagement programs.
 - Implemented the County Nutrition Action Plan (CNAP), collaborating with community partners on nutrition and health improvement strategies to reach low-income individuals. Through CNAP, 37 organizations have convened to work toward increasing the consumption of fruits and vegetables and physical activity among San Diego County residents.
- Tobacco Control Resource Program (TCRP)
 - Project staff noted a significant decline in the number of San Diego sponsorship events reported by Marlboro to the CA Attorney General—from 8-10 per week in 2010 to 0-2 at the target date.
 - The City of Carlsbad adopted a smoke-free outdoor dining policy.
 - Facilitated a 100 percent smoke-free multi-unit housing policy, affecting 2,314 units in 150 complexes, which was adopted by the San Diego Housing Commission and approved by the City of San Diego Public Housing Authority.
 - Viejas Casino opened the first smoke-free casino resort hotel in San Diego County.

The Supplemental Nutrition Assistance Program- Education (SNAP-Ed) has reached 10,000 low-income individuals through nutrition education and community engagement programs.

Maternal, Child and Family Health Services

California Children Services (CCS)

- Provided medical evaluations, treatment, and case management services for approximately 13,300 CCS chronically ill, severely and physically disabled persons from birth through 20 years of age.
- Administered physical and occupational therapy to approximately 1,670 CCS children at local public schools through innovative therapeutic methods and creatively integrating activities that embrace *Live Well San Diego*.
- Increased eQuest medical provider web referrals to 62 percent, exceeding the 55 percent performance measure goal.
- Promoted Healthy People 2020 and *Live Well San Diego* by implementing an eight-week special project to increase physical activity and nutrition education in children with disabilities; 70% of participants lost weight and lowered their Body Mass Index (BMI).
- Increased disability awareness by coordinating a Disability Awareness Day; this collaborative effort included Dr. Friedman (physician at Rady Children's Hospital (RCH)), volunteers and the therapists of the SD North Medical Therapy Unit (MTU).
- The Medical Therapy Program successfully pursued an interagency outreach program to improve communication and referrals. CCS presentations were provided to key stakeholders including the RCH chief physicians and outpatient therapists, Regional Center, El Cajon School District and San Ysidro Health Clinic.

The Medical Therapy Unit successfully pursued an interagency outreach program to improve communication and referrals.



Public Health Nursing Administration

Public Health Nursing Administration

- Completed Policy Tech IT Contract and purchased software with Innovation Funds.
- Received approval to move forward with purchase of Persimmony electronic health record for public health nursing in order to chart PHN home visits and bill for Targeted Case Management.

Nurse-Family Partnership

- Received and delivered 112 Boppy pillows to all County Nurse-Family Partnership (NFP) sites for clients during the Boppy Mothers Day event in order to assist with parent feeding positions and infant development.
- Identified 107 PHN clients who were victims of domestic violence using the Abuse Assessment Screening Tool during home visits and referred them for needed services.
- Coordinated 20,368 home visits to 2,161 clients by PHN field staff to provide PHN services to pregnant, postpartum, and parenting women.
- Achieved overall county breastfeeding rate of 40 percent for mothers with infants at six months of age continuing to breastfeed (NFP national rate 27 percent, NFP state rate 34 percent).
- Received 2013 Public Health Champions Director's Award for the Love Your Heart Collaborative.

Regional Public Health Center Clinics

- Conducted Fit Testing on 96 percent of regional Public Health Nursing (PHN) staff in order to prepare staff to deploy for disease outbreaks.
- Partnered with American Red Cross and Emergency Medical Services to provide Oxygen Administration training to 65 field PHN staff as part of PHN Administration's Quality Improvement Project on maintaining nursing skills and competencies.
- Facilitated provision of 80,812 vaccines to 32,890 individuals at the six Regional Public Health Center clinics and three satellite clinics to protect against vaccine preventable diseases.
- Managed provision of 11,514 influenza shots at Regional Public Health Centers and satellite clinics.

Public Health Nursing (PHN) Administration provides administrative support to public health nurses who promote and preserve the community's health via education, outreach and collaborative activities. Also provides quality assurance monitoring.

Tuberculosis Control and Refugee Health

Tuberculosis Control

- Ensured that approximately 94 percent of 263 cases completed tuberculosis (TB) treatment.
- Evaluated 735 individual contacts for 263 index cases; evaluated 67 congregate sites for TB exposure incidents.
- Evaluated 86 percent of contacts, starting 57 percent on treatment for latent TB infection.
- Screened 53% of contacts with TB blood test (Quantiferon).
- Tested 90 percent of TB cases for HIV.
- Approximately 97 percent of cases reported within one day of suspicion.
- Completed the digital x-ray project.
- Published two research studies (pages 47-49).

Refugee Health

- Assessed over 2,000 refugees and immigrants' immunization status.
- Tested over 2,000 refugees and immigrants for TB upon arrival to San Diego County.
- Ensured that over 90 percent of incoming refugees started the health assessment process.

Tuberculosis Control detects, controls, and prevents the spread of TB through treatment, case management and contact investigation. The Refugee health Assessment Program provides basic health screening and referral services for refugees during their first few months in the County.

PUBLIC HEALTH SERVICES

QUALITY IMPROVEMENT PROJECTS



Each Public Health Services Branch is required to complete at least one quality improvement project each fiscal year. Nine projects are included in this section by Branch.

Administration of Public Health Services

Ensuring Health Equity in PHS

Public Health Services Administration (PHS Admin) Project—Ensure that health equity is addressed in all programs and services, policies and procedures, and ensure that all Health and Human Services Agency (HHS) communications are linguistically and culturally appropriate, as needed.

Background

PHS Administration is adopting goals and activities in PHS programs and services that ensure health equity is addressed in programs and services. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. By addressing health equity, more persons will have access to health care, receive better-quality health care, and have lower rates of illness, injury, and premature death. Improving health outcomes for more persons improves health outcomes for all.

Actions Taken

The current approach includes improving infant mortality rates by providing services to pregnant African American women, working with our community partners on implementing electronic health record systems, implementing measures to reduce obesity in San Diego county, educating and empowering community members in Resident Leadership Academies so they have the skills and knowledge to work with local governments to develop community improvement projects, and drafting a health policy framework for incorporating public health considerations into regional planning. Also, three health equity surveys were sent to Public Health Services employees as an organizational self-assessment to determine the HHS capacity to address root causes of health equity. A PHS health equity team was formed. In 2012, a health survey was issued. Approximately 2,132 (July), 1,455 (September) and 1,167 (November) HHS health equity survey responses were received.

Results

Results of the health equity survey are in the process of being evaluated.

Future Plans

Use results of surveys to determine next steps. The PHS health equity team has identified five priority areas to focus their work: community capacity building; data, research, and evaluation; knowledge; leadership; and policy development. The team is in the process of developing a workplan.

PHS is in the process of evaluating the results from three health equity surveys, to determine where PHS currently is and where it can be improved.

Emergency Medical Services

Enhancing Outcomes of Stroke Patients

Emergency Medical Services Project—To enhance the outcomes of patients with acute stroke in San Diego County by increasing the number of patients receiving thrombolytics, and the number receiving this treatment within 60 minutes of hospital arrival.

Background

Stroke is the 4th leading cause of death nationally. In 2010, 5,000 San Diegans suffered a stroke but only 50 percent arrived by 911.

Actions Taken

The Emergency Medical Services Director and staff worked with the 16 Stroke Receiving Centers in the County to establish and implement best practices systemwide. Best practices included focus on coordinated hospital care with protocols and guidelines, and use of thrombolytics in ischemic strokes.

Results:

The percentage of patients receiving thrombolytics has increased from 27 percent to 37 percent, while the percentage receiving it within 60 minutes has increased from 32 percent to 44 percent (see storyboard on page 23).

	2010	2011	2012
Patients Receiving Thrombolytics	27%	30%	37%
Patients Receiving Thrombolytics Within 60 Minutes	32%	35%	44%
Death Rate	8%	7%	8%

Future Plans:

Increase public awareness of the risk factors and symptoms of stroke and the need to get help immediately by calling 911. **Stroke risk factors** include high blood pressure, heart rhythm disorders, smoking/tobacco use, high cholesterol, physical inactivity, and diabetes. **Symptoms** include an uneven smile, facial droop/numbness, vision disturbance, weakness and/or numbness in the arms or legs, difficulty walking, slurred speech, inappropriate words, and/or being mute.

The project resulted in increasing the percentage of patients receiving thrombolytics within 60 minutes of hospital arrival, increasing the chance of stroke survival and a successful outcome.



STORYBOARD

LOCAL HEALTH DEPARTMENT NAME: COUNTY of SAN DIEGO/PHS/EMS
 ADDRESS: 6255 Mission Gorge Road, San Diego, CA 92120
 PHONE NUMBER: 619-285-6429
 POPULATION SERVED: 3.1 Million
 PROJECT TITLE: Improving Stroke Outcomes in San Diego County

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

Stroke is the 4th leading cause of death nationally. In 2010, 5,000 San Diegans suffered a stroke but only 50% arrived by 911. Time is critical in assessment and treatment of stroke. The State EMS Authority granted local EMS agencies the authority to develop Stroke systems to improve patient outcomes. The goal of this project was to enhance the outcomes of patients with acute stroke in San Diego County.

2. Assemble the Team

Medical Director: Has ultimate responsibility for all prehospital and specialty care within the system.

EMS Program staff: Initiate the QA/QI process and possess clinical and technical knowledge to develop and evaluate system quality.

EMS Epidemiology staff: Establish data collection procedures and conduct data analysis.

Stroke Receiving Center (SRC):

Alvarado Hospital
 Kaiser Foundation Hospital
 Paradise Valley Hospital
 Palomar/Pomerado Health
 Scripps Chula Vista Medical Center
 Scripps Green Hospital
 Scripps Hospital Encinitas
 Scripps Memorial Hospital
 Scripps Mercy Hospital
 Sharp Chula Vista Hospital
 Sharp Coronado Hospital
 Sharp Grossmont Hospital
 Sharp Memorial Hospital
 Tri-City Medical Center
 UCSD Medical Center-San Diego
 UCSD Thornton Medical Center

3. Examine the Current Approach

The San Diego County Stroke System began in 2009, with the first full year of implementation in 2010. Prior to implementation, patients with stroke symptoms were taken to emergency departments and triaged on arrival.

4. Identify Potential Solutions

Research showed that patient outcomes are improved through:

- Coordinated hospital care with protocols and guidelines
- Use of thrombolytics in ischemic strokes

If given within one hour of arrival thrombolytics yield better outcomes, fewer complications and deaths.

5. Develop an Improvement Theory

EMS Medical Director and staff worked with SRCs to establish and implement best practices systemwide. The goal was to increase the number of patients receiving thrombolytics, and the number receiving this treatment within 60 minutes of hospital arrival.

DO

Test the Theory for Improvement

6. Test the Theory

Data were collected on each center for 2010 and 2011, and compared to the pooled results from all centers.

CHECK

Use Data to Study Results

7. Check the Results

	2010	2011
tPA	27%	30%
tPA w/in 60 mins	32%	35%
Death Rate	8%	7%

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Based on the success implementing systemwide patient protocols, EMS will continue to incorporate QA/QI data into Stroke System presentations and reports, as well as presenting summary data to raise public awareness of stroke risk factors and symptoms.

9. Establish Future Plans

Future plans include increasing public awareness of the risk factors and symptoms of stroke and the need to get help immediately by calling 911.

Stroke Risk Factors:

- High blood pressure
- Heart rhythm disorders
- Smoking/tobacco use
- High cholesterol
- Physical inactivity
- Diabetes

Know the warning signs of stroke, and act fast!

F	FACE:	<ul style="list-style-type: none"> ■ Uneven smile ■ Facial droop/numbness ■ Vision disturbance
A	ARM & LEG:	<ul style="list-style-type: none"> ■ Weakness ■ Numbness ■ Difficulty Walking
S	SPEECH:	<ul style="list-style-type: none"> ■ Slurred ■ Inappropriate words ■ Mute
T	TIME	<ul style="list-style-type: none"> ■ Time is critical ■ CALL 911

Epidemiology and Immunizations Services Branch

Improved Death Certificate Processing

Vital Records Project—Improve the time it takes for a death certificate to be processed, so it will not delay a person or family's ability to obtain a certified copy.

Background

A death certificate is submitted electronically by a funeral home, medical examiner or hospital to the Epidemiology and Immunization Services Vital Records Unit. It is then reviewed for errors, the causes of death codes are entered, and a paper death certificate is hand delivered to the Assessor Recorder County Clerk (ARCC).

Actions Taken

Vital Records staff used the Lean Six Sigma processes to study the entire process, including the error rate of funeral homes. Because manually entering causes of death necessitates turning an electronic record into paper, and back to electronic again, the current process was then studied to determine which steps could be removed if a new electronic data collection system was developed, submitting the death certificate electronically to ARCC.

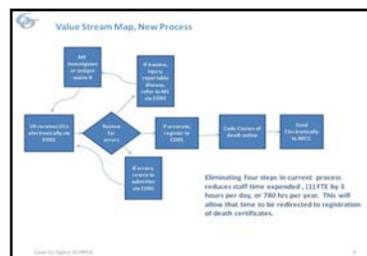
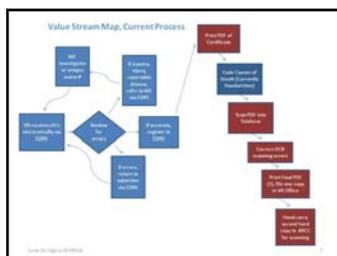
Results

Four steps in the previous process were eliminated, reducing staff time expended by three hours a day for one full-time employee, or 780 hours per year. This will allow that time to be redirected to registration of death certificates (see storyboard on page 25).

Future Plans

Maintain the gains from the improved process, as well as take what was learned and apply it to the birth certificate process.

The project resulted in a more streamlined death certificate process, allowing staff to make more efficient use of their time, as well as enhancing customer service.



STORYBOARD

LOCAL HEALTH DEPARTMENT NAME:
ADDRESS:
PHONE NUMBER:
POPULATION SERVED:
PROJECT TITLE:

San Diego County Epidemiology and Immunizations Branch
(EISB)
3851 Rosecrans Street, San Diego, CA 92110
619-542-4141
3.2 Million
Reducing Processing Time for Death Certificates

DEFINE Project

1. Define the Problem and the Project Goals

The time it takes for a death certificate to be processed by the Vital Records division can delay the family's ability to obtain a certified copy.

2. Draft the Project Charter

Scope: A death certificate is submitted electronically by funeral home, medical examiner or hospital, process begins at that point and ends when a paper death certificate is hand delivered to the Recorder's Office.

Customers: Family of the Decedent, ARCC (Assessor Recorder County Clerk), Funeral homes, other county departments.

Benefits: Enhanced customer service, more efficient process, staff time saved, paperless process

Project Team:

Lead: Heidi Lowe

Sponsors: W.Wooten and K.Waters-Montijo

Core Team: T.Baracz, E.Virgen-Santos, S.Tamayo, K.Pinto

SMEs: N.Rastakhiz, Death Certificate processing team

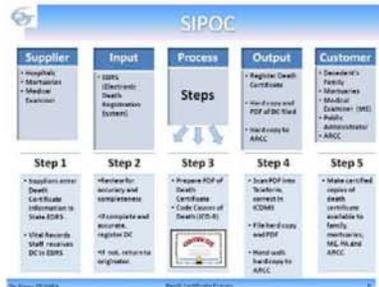
3. Collect the Voice of the Customer

Decedent's Family, Public Administrator (PA), Mortuaries, Medical Examiner (ME), Assessor Recorder Co Clerk (ARCC), and Epidemiology (EPI)

MEASURE Current Process

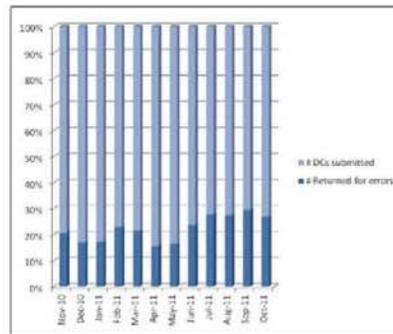
4. Gather Information on the Current Process

Used SIPOC (Supplier, Input, Process, Output, Customer) to determine process.



5. Measure the Current Process and Collect Relevant Data

Submitter Error Rates, measuring certificates containing errors to all death certificates submitted:



ANALYZE Process to Identify Causes

6. Identify Root Causes Supported by Data

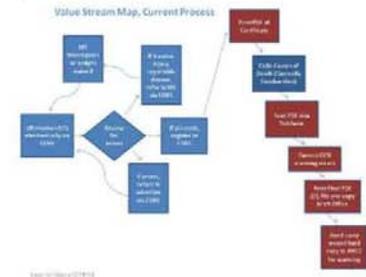
Then collected error rates, both submitter and employee, as well as error rates vs years of service. Prepared value stream maps of current process and steps that could be eliminated.

Determined that manually entering causes of death necessitates turning an electronic record into paper, and back to electronic again.

7. Verify Cause and Effect

Value mapped the current process to determine which steps could be

removed if a new data collection system was developed.



IMPROVE Implementing Solutions and Evaluating Results

8. Design Future Process

Value mapped same process with unnecessary steps removed.



9. Develop, Test, Pilot, and Implement Solutions that Address Root Causes

Worked with County's Imaging Vendor to develop new system to electronically enter causes of death. User Acceptance Testing to work out bugs before roll out.

CONTROL Future State Process

10. Maintain the Gains from the Improved Process

Rolled out System June 10, 2013.

12. Documented System and Lessons Learned

HIV, STD and Hepatitis Branch

Integration of ATS and STD Clinic

Clinical Services Project—Integrate the Alternative Test Site (ATS) with the Health Services Complex (Rosecrans) Sexually Transmitted Disease (STD) Clinic to improve the experience of clients receiving STD Clinic services by decreasing wait and overall visit times, and providing more direct access to the appropriate HIV test.

Background

Currently, services provided at the Alternative Test Site (ATS) and Sexually Transmitted Disease (STD) Clinic are located in separate locations.

Actions Taken

The Quality Improvement team developed a time study to establish benchmarks related to 1) initial wait time; 2) the registration process; 3) wait time between registration and first contact with a provider; 4) patient encounter time; and 5) total patient visit time. The team evaluated the “As-Is” patient flow and designed a “To-Be” patient flow model to be implemented at the onset of the merger. The “As-Is” patient flow was evaluated before the new patient flow model was implemented using a time study based upon specific points in the patient flow process. A direct comparison of the “As-Is” and “To-Be” time studies will be made after the “To-Be” study is completed.

Goals included ensuring clients could access STD services and HIV testing at a single location; reducing initial patient wait times in the STD Clinic by having Communicable Disease Investigators perform triage; and ensuring the use of the best HIV testing technology (rapid oral tests vs. p24 ag test), depending upon each client’s unique circumstances.

Results

Results are pending the completion of the “To-Be” study. Expected results include increased compliance with State HIV counseling and testing goals, and increasing the number of clients who receive their HIV testing results (see storyboard on page 27).

Future Plans

Conduct the second time study to evaluate the “To-Be” patient flow model. Data will then be analyzed to identify areas for improvement in outcomes.

Expected results of the project include decreasing wait and overall visit times, and providing more direct access to the appropriate HIV test.

Maternal, Child and Family Health Services



Lower BMIs in MTP Clients

*California Children Services (CCS) Medical Therapy Program (MTP) Project—
Increase the physical activity in children with disabilities.*

Background

In line with goals of *Live Well San Diego*, Medical Therapy Program staff wanted to help improve clients' physical activity and eating habits.

Actions Taken

A pre-test was created by the QI team for Medical Therapy Program clients to collect a baseline measurement of physical activity, eating habits and personal/family barriers to a healthier lifestyle. The team developed a fishbone diagram to identify potential barriers, and crosschecked it with the pre-test results and discussions with clients and caregivers, to assure that the barriers were accurate. The team decided that by May 30, 2013, clients in the CCS MTP will increase physical activity by undertaking a three-day a week, eight week program on 1) learning about nutrition and healthy cooking, 2) learning fitness activities that can be performed without expensive equipment, and 3) engaging in local recreational activities where activities can be modified for their participation. A post-test was created as a comparison measure to determine the effectiveness of the project. The eight-week program was implemented at two Medical Therapy Units (MTUs), with each Unit targeting a different age group (6-12 year olds and under 16 years old). Each group had six to eight clients and all family members were encouraged to attend.

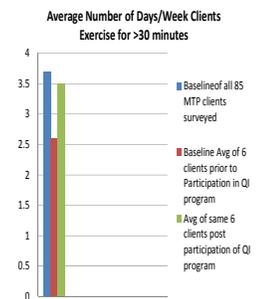
Results

Six of the seven participants in the younger group completed both the pre and post test. The results showed the average number of days per week these participants engaged in exercise or active play for at least 30 minutes increased from 2.6 days per week to 3.5 days per week. Weight and Body Mass Index (BMI) was taken at the end of the program and results showed that five of seven clients lost weight and lowered their BMI. Results for the older group were not included, due to poor attendance (see storyboard on page 29).

Future Plans

Consider implementing the program on a wider scale at other MTUs.

The project results showed CCS MTP clients had increased physical activity (at least 30 minutes) from 2.6 to 3.5 days per week, and lower weight and Body Mass Index.



CALIFORNIA CHILDREN SERVICES (CCS) QI PROJECT FY2012-2013: INCREASE PHYSICAL ACTIVITY FOR CHILDREN WITH DISABILITIES

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICES

MEDICAL THERAPY PROGRAM POPULATION SERVED: 1736

POPULATION SERVED: CHILDREN FROM BIRTH TO 21 YEARS OF AGE
 WITH VARYING NEUROLOGICAL OR MUSCULOSKELETAL IMPAIRMENTS

PLAN
 Identify an opportunity and
 Plan for Improvement

1. Getting Started

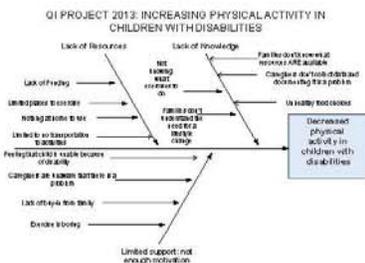
In 2012, the San Diego CCS selected a committee of physical and occupational therapy staff to address the Quality Improvement (QI) project of Increasing Physical Activity in Children with Disabilities. This QI project is part of CCS's strategic plan for FY 12-13 and is aligned with Healthy People 2020, Activities and Participation DH-13 and Live Well San Diego by improving health and quality of life.

2. Assemble the Team

It was important to select team members that were cross-departmental, interdisciplinary, had expertise in areas related to the project, and were able to fully commit to the project without it interfering with their daily job requirements. The QI team consisted of the Chief of Rehab Services, an OT supervisor, two senior therapists (OT and PT), four physical therapists and a medical resident. It was important to have at least one therapist from each Medical therapy Unit (MTU) on the team to ensure that issues from all demographics were considered. It was equally important to have both occupational and physical therapists on the team as this promotes diversity of ideas and interventions.

3. Examine the Current Approach

The team began by developing a team charter. A Fishbone diagram was completed to identify potential barriers.



Once the barriers were identified they were examined to determine which

areas the project could expect to make a change and target. A Pre test was created for MTP clients to collect a baseline measurement and to cross check that the barriers identified by the QI team were accurate to the thoughts of the clients/caregivers. A post test was created as a comparison measure to determine the effectiveness of the QI project.

AIM Statement:

By 5/30/2013, the CCS Medical Therapy Program will increase physical activity in children with disabilities by providing a 3 day/week, 8 week program on: 1) nutrition/healthy cooking, 2) learning fitness activities that can be performed without expensive equipment, and 3) local recreational activities where activities can be modified for their participation.

4. Identify Potential Solutions

The team decided the following solutions:

- Create a program for clients and their families to participate weekly at the MTU that would promote physical activity and healthy eating.
- Educate clients and their families about eating healthy including how to access healthy choices and how to prepare healthy meals.
- Educate clients and their families on how to modify in home exercises
- Encourage family participation
- Provide local no-cost or low-cost resources for families to access independently
- Empower clients and show their caregivers that they can participate in group activities and modify as needed.

5. Develop an Improvement Theory

If the MTP clients and their families were educated on the importance of healthy nutrition and exercise through interactive learning opportunities on a consistent basis, healthier eating and physical activity could become a habit, a lifestyle change. This would be implemented through an 8 week program. Outcomes would be measured through comparing the pre and post test

data as well as comparing weight and BMI before and after the program.

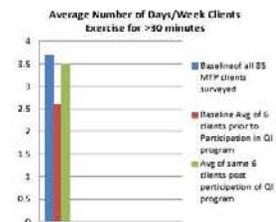
DO
 Test the Theory for Improvement

6. Test the Theory

The QI team implemented an 8 week program at two MTU's, each MTU targeting a different age group (6-12yrs old and > 16 yrs old). Each group had 6-8 clients and all family members were encouraged to attend. A pre-test was given to participants to determine their baseline level of activity, eating habits and personal/family barriers to a healthier lifestyle. One day each week therapy would focus on nutrition/healthy eating. Another day each week therapy would focus on participants learning and completing fitness activities that can be performed at home without purchasing expensive equipment. A third day each week representatives from local recreational activities would present at the MTU or participants would go out in the community for an activity.

CHECK
 Use Data to Study Results
 of the Test

7. Check the Results



During the Planning portion of the QI project 85 MTP clients were surveyed to identify an initial baseline average for level of exercise and make certain that the barriers identified by the QI team were in fact accurate, supporting a need for the program. The average of these 85 participants was 3.7 days/week. The biggest barriers to exercise were: time,

poor motivation of child, lack of transportation, lack of equipment, not knowing what to do, cost and access to facilities.

Six of the seven participants in the younger group completed both the pre and post test. The pre-test showed that the average number of days per week these participants engaged in exercise or active play for at least 30 minutes was 2.6 days/week.

The post-test showed an increase in physical activity for these same participants who on average engaged in exercise or active play for at least 30 minutes 3.5 days/week. This indicates that the program improved the number of days of exercise for the kids who participated, bringing them close to the overall average level. Weight and BMI was taken at the end of the program and results show that that 5 of 7 clients lost weight and lowered their BMI. The MTU implementing the program for the older group had poor attendance was very inconsistent. Pre and post tests were not completed by the same participants. For this reason the results for this group are not included however barriers were discussed with the participants and have helped to identify possible solutions and future plans.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

The results show that with the younger group the program was successful in improving physical activity. Since there are 6 MTU sites with different demographics it could be beneficial to implement the same program on a wider scale at other MTU's. Feedback from the participants and the therapists implementing the program can be used as a tool to improve the layout of the program. If this program is to be continued as an 8 week program it would be beneficial to have it over the summer as compliance in attendance is expected to improve without the barrier of missing school or having to complete homework. Sessions would be increased from 1 hour to 1.5 hours as feedback from the post-test indicated more time was needed to complete the activities. The feedback from the participants in the older group whose compliance with attendance limited improvement can be used to develop a new theory: Providing a "Wellness Day" each month with a theme to address client specific interests will increase participation and may be a

more effective approach for this age group.

9. Establish Future Plans

As part of the post survey, participants were asked to identify specific therapy sessions, local speakers and community outings that they found most beneficial. CCS will continue to provide opportunities for participation in these therapy sessions as well as maintain relationships with these community partners so that they continue to be a resource for the MTP clients. Examples of program days scored as most beneficial by clients are: Karate/Martial Arts day, Yoga day, Nutrition classes including speakers from Snap-Ed, activities from Power Play and community outings to the local Farmer's Market, Suzie's Farm tour and the Grocery Store Tour.

Maternal, Child and Family Health Services

eQuest Referrals Increased

California Children Services (CCS) Project—Increase the number of referrals generated via eQuest, the web referral application, and subsequently increase customer response time, reduce work hours needed for manual processing and decrease supply costs.

Background

The State-produced San Diego CCS Total Referral report was utilized to establish the denominator used in an equation to determine eQuest progress. It was not realized at the time that the overall number from the Total Referral report included data that should not have been used.

Actions Taken

A Quality Improvement team was formed to determine why the numbers were not increasing. The team re-looked at all areas of the eQuest workflow, eQuest itself, number of medical providers, and the data used to determine both the numerator (total eQuest referrals) and denominator (total overall referrals) calculation.

The data itself was determined to be the problem; specifically the number used for the denominator. Two problems were identified—duplicate referrals and referrals generated by the nurse during the annual case reviews were being included, which skewed the overall number. The QI team worked with the State analyst to identify the duplicates. However, the State's system did not uniquely identify referrals created by the nurse. In order to obtain more accurate denominator data, the QI team developed a tool to manually track the number of referrals generated by the nurses over a six-month period. The data was used to establish an average, which was then subtracted from the overall number.

Results

CCS now has a more accurate overall referral count to compare to the total eQuest referral count.

Future Plans

Continue with the new tool to track referral counts.

The project resulted in a more accurate overall patient referral count to compare to the total eQuest referral count.



**CALIFORNIA CHILDREN SERVICES (CCS)
 QI PROJECT FY2012-2013:
 INCREASING eQUEST REFERRALS**
 COUNTY OF SAN DIEGO, HHS, PUBLIC HEALTH SERVICES
 TOTAL CCS POPULATION SERVED: 13,500
 POPULATION SERVED: CHILDREN FROM BIRTH TO 21 YEARS OF
 AGE WITH CERTAIN DISEASES, PHYSICAL LIMITATIONS, OR
 CHRONIC HEALTH CONDITIONS

PLAN
 Identify an opportunity and
 Plan for Improvement

1. Getting Started

In 2008 San Diego CCS implemented a unique electronic web based provider referral system call eQuest. The intent of eQuest was to increase customer response time, reduce work hours needed for manual processing and decrease supply costs. Each subsequent year until 2012 eQuest exceeded the Performance Measure which was established to ensure continual growth in the number of referrals.

In 2012, CCS staff identified an abrupt slowdown in the number of eQuest referrals which appeared to be in direct conflict with what was physically noted.

2. Assemble the Team

A Quality Improvement (QI) team was established in August 2012 in response. The team consisted of CCS staff involved with the original development of eQuest, technically savvy staff and staff familiar with the data and the sources. A meeting schedule was set and assignments established.

AIM Statement:

Determine cause of eQuest referral numbers failing to increase and make changes to ensure the Performance Measure of 55% for 12/13 is met

3. Examine the Current Approach

The QI team re-looked at all areas of the eQuest workflow, eQuest itself, number of medical providers, etc. and the data used to determine both the numerator (total eQuest

referrals) and denominator (total overall referrals) calculation.

4. Identify Potential Solutions

Upon review of the eQuest workflow, number of providers utilizing eQuest, and other areas, attention turned to the data itself.

The data was the problem; specifically the number used for the denominator. Upon analyzing the denominator data two problems were identified— duplicate referrals and referrals generated by the nurse during annual case reviews were being included which skewed the overall number. The total referral count should not have included internal renewal referrals since eQuest was designed for external provider use.

5. Develop an Improvement Theory

The QI team worked with the State analyst to identify the duplicates however the State's system did not uniquely identify referrals created by the nurse. In order to obtain a more accurate denominator data, the QI team developed a tool to manually track the number of referrals generated by the nurses over a six month period. The six months data was used to establish an average which was then subtracted from the overall number; 22% was the determined average. CCS now had a more accurate overall referral count to compare to the total eQuest referral count.

DO
 Test the Theory for Improvement

6. Test the Theory

Inclusion of invalid data was confirmed by the State analyst who provides the overall referral count. This was not recognized sooner due to the very large increases in eQuest referrals during the early years of the application.

CHECK
 Use Data to Study Results
 of the Test

7. Check the Results

The State analyst breaks out the data based upon the following parameters:

- Authorized
- Cancelled
- Denied
- Pending
- Deleted

This allows the CCS staff to clearly identify that data which should not be included.

ACT
 Standardize the Improvement and
 Establish Future Plans

8. Standardize the Improvement or Develop New Theory

New process - every quarter the State analyst provides the overall referral count data broken down as noted above; 22% is then subtracted from the overall number. Every quarter CCS staff run a new eQuest report developed specially for this purpose which provides the overall eQuest referral count. The two numbers are then used to establish the numerator and denominator for the eQuest referral equation.

9. Establish Future Plans

The new process has been established and will continue to be used.

Due to the QI approach, eQuest exceeded the 55% Performance Measure goal and reached 62%!

Maternal, Child and Family Health Services

Improving Foster Care Communication

Health Care Program for Children in Foster Care (HCPCFC) Project—Improve the communication between medical providers, substitute care providers, public health nurses and social workers, in order to provide improved, documentation of health services received and more efficient care coordination for children in and out of home care.

Background

The majority of information exchanged between members of the foster care team is through the use of telephone and postal service mail delivery. It frequently takes several contact attempts before applicable information is obtained. This process is inefficient in the conveyance of time sensitive, pertinent information necessary for effective medical care coordination and documentation of the children's health status.

Action Taken

Using flow charts, root cause analysis, substitute care provider surveys, social worker focus groups and key informant interviews, potential solutions were identified, that include 1) conducting trainings and establishing processes to facilitate communication with the Council of Community Clinics and foster care team members 2) working with community members to identify barriers and promoting system change 3) obtaining access to Rady Children's Hospital of San Diego's electronic medical records.

Results

Child Health and Disability Prevention Program providers and Substitute Care Providers (SCP) were surveyed, and data is being analyzed 2) Trainings were provided to SCPs and social workers focused on program needs, Child Welfare Services requirements and SCP responsibilities. Final results are pending (see storyboard on page 33).

Future Plans

The future plan is to a develop system for effective communication and a mechanism for obtaining electronic medical information to improve care coordination of children in foster care.

The project is attempting to improve communication among the foster care team in order to provide more efficient care coordination for children in foster care.

THE HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)

IMPROVING COMMUNICATION AND COORDINATION BETWEEN FOSTER CARE TEAM MEMBERS

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICES

HCPCFC POPULATION SERVED: 3,300

The HCPCFC provides care coordination activities and conducts follow-up services of medical conditions identified on behalf of children in foster care.

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

The goal is to develop and implement an effective system of communication between the Health Care Program for Children in Foster Care (HCPCFC) public health nurses (PHNs), substitute care providers (SCPs) and the medical community, which will provide a more immediate exchange of medical information and improve the care coordination provided to San Diego's children in the foster care system.

2. Assemble the Team

The QI project team consists of Maternal, Child and Family Health Services (MCFHS), HCPCFC Administration, and HCPCFC PHNs. The team members were selected for their strengths, expertise and roles within HCPCFC: Anita Secor, PHNS; Leela Joseph, PHN; Donna Chase, PHN; Kathleen Lindenmeyer, PHN; Linda France, PHN; Sherrie Benumof, PHN; Moira Lewis, PHN; Eileen O'Malley, PHN; Rhonda Freeman, CHDP Coordinator; Dr. Dean Sidelinger, Interim MCFHS Chief.

AIM Statement: By June 30, 2014 HCPCFC will develop a system to improve and streamline the exchange of information between the foster care team members demonstrating an increase of at least 5% in satisfaction from baseline surveys of the Health and Education Passport (HEP). In addition, HCPCFC will increase the medical and dental exam compliance rate for children in foster care by at least 5%.

3. Examine the Current Approach

The majority of information exchanged between members of the foster care team is through the use of telephone and postal service mail delivery; it frequently takes several contact attempts before applicable information is obtained. The majority of Social Workers (SWs) remind SCPs to return health information to the PHNs (see graph below). The current system does not meet the needs of foster care and community team members. This process

remains inefficient in the conveyance of time sensitive, pertinent information necessary for effective medical care coordination and documentation of the children's health status.



4. Identify Potential Solutions

Potential solutions are based on process flow charts, root cause analysis, SCP and social worker surveys and key informant interviews. Solutions identified include: 1) conduct presentations/trainings to key participants responsible for exchange of health information, 2) identify specific clinic staff as foster care liaisons for coordinating activities, 3) collaborate with workgroups to improve communication processes, and 4) establish agreements with large medical groups who provide care to the majority of children in foster care to obtain information electronically.

5. Develop an Improvement Theory

If the information exchange between the foster care team members is improved, the results will be: 1) improved efficiency and documentation/resolution of follow-up of medical conditions; 2) improved care coordination between program and medical office staff; 3) decrease in number of information queries sent by HCPCFC and need for responses by medical records staff; 4) increased productivity and ability to focus on unmet, unaddressed needs; and 5) increased visibility of program effectiveness. Outcomes that will be measured include: 1) rate of follow-up resolution; 2) number of contacts and time necessary to verify follow-up resolution; 3) rate of compliance with outcomes; and 4) satisfaction with HEP and support provided to SCPs.

DO

Test the Theory for Improvement

6. Test the Theory

The QI team discussed the following options: working with the Council of Community Clinics to provide training and establish methods/processes to facilitate communication between foster care team members; work with community to identify barriers and promote system change to improve communication; obtain access to Rady Children's Hospital of San Diego (RCHS) electronic medical records. Activities accomplished to date:

- 1) CHDP Program providers surveyed;
- 2) SCPs surveyed;
- 3) Training to SCPs and SWs

CHECK

Use Data to Study Results of the Test

7. Check the Results

After interventions applied: repeat assessments focusing on follow-up completion rates; assess for change in quantity of contacts and time required to obtain information; survey medical providers and SCPs assessing satisfaction with HEP and perception of support provided by program.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Data from surveys are being collected and analyzed. Feasibility of obtaining electronic information from RCHS is being researched. Theory for improvement will undergo testing after data analysis and development of system for gathering data. Results of improvements are pending.

9. Establish Future Plans

Future plan develop systems for effective communication and obtaining electronic medical information to improve care coordination of children in foster care.

Public Health Nursing Administration

PHNs Improving Nursing Skills

Public Health Nursing (PHN) Administration Project—Increase the confidence level and skills of nursing staff for deployment to shelters and for providing assistance during outbreaks and disasters.

Background

During the H1N1 pandemic, there was an increased need for nurses to obtain specimens via blood draws and Nasopharyngeal swabs during the first half of the outbreak. When the vaccines came, there was also an increased need for nurses to vaccinate the public. It was discovered that many Public Health Nurses (PHNs) are lacking in confidence in these skills either due to never using them or not having used them in several years. There is no current approach, only sporadic training of PHNs for administering vaccinations.

Action Taken

It was decided to develop, implement and evaluate competencies for nursing skills. A baseline survey was sent to 158 County PHNs and Clinic Nurses to assess what the confidence level is in performing specific clinical skills. Survey results showed over 50 percent of nurses are confident in administering vaccinations, TB skin tests, and blood sugar tests. Less than 50 percent of nurses are confident in administering venipuncture, Nasopharyngeal swabs, oxygen tank use, breathing instruments, and administration of IV fluids. It was decided to focus on three skills: Oxygen Administration, Phlebotomy and Nasal Pharyngeal specimen collection.

Results

Three Oxygen Administration trainings, provided by American Red Cross, were completed January 31, 2013, February 20, 2013 and March 13, 2013. A total of 65 of the current 135 PHN's completed the training (48 percent).

Future Plans

Future budget allowing, the Oxygen Administration training will be offered again. BT PHNs plan to put together an online training, possibly via the Learning Management System (LMS), for Nasal Pharyngeal specimen collection, by December 31, 2013. After consultation with the PHN Managers, it was decided that the best plan for having nursing staff available for blood draws (phlebotomy) during a disaster, would be to have teams in each region two to three nurses trained.

PHNs and Clinic nurses were trained in emergency oxygen administration and phlebotomy training after results from a survey showed they were lacking in confidence in these skills.

APPENDIX A: STORYBOARD TEMPLATE

LOCAL HEALTH DEPARTMENT NAME: County Of San Diego HHS PHN Administration
 ADDRESS: 3851 Rosecrans St, Room N09 San Diego 92110
 PHONE NUMBER: (619) 542-4192
 SIZE: 3.2 Million
 POPULATION SERVED: Regional Public Health Center and PHS Clinic staff
 PROJECT TITLE: Public Health Nursing Skills Day

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

During the H1N1 Pandemic, there was an increased need for nurses to obtain specimens via blood draws and Nasopharyngeal swabs during the first half of the outbreak. When the vaccines came there was also an increased need for nurses to vaccinate the public. It was discovered that many Public Health Nurses are lacking in confidence in these skills either due to never using them or not having used them in several years.

The plan is to train 80-100% of County Public Health Nurses to be competent in specific clinical skills needed to respond in a Public Health Disaster, as well as develop a plan for maintenance of these skills.

2. Assemble the Team

Linda Lake, Chief PHN
 Sandi Thomas, PHN Manager
 Shana Castellanos, PHN Supervisor
 Anna Marie Tirsbier, Angela Hawley, Administrative Secretary II, Isobel Kinsang, Office Support Specialist

3. Examine the Current Approach

There is no current standard approach. There has only been sporadic training of Public Health Nurses for administering vaccinations.

4. Identify Potential Solutions

- Develop a plan for an initial skills training.
- Develop a plan for a yearly maintenance of skills.

5. Develop an Improvement Theory

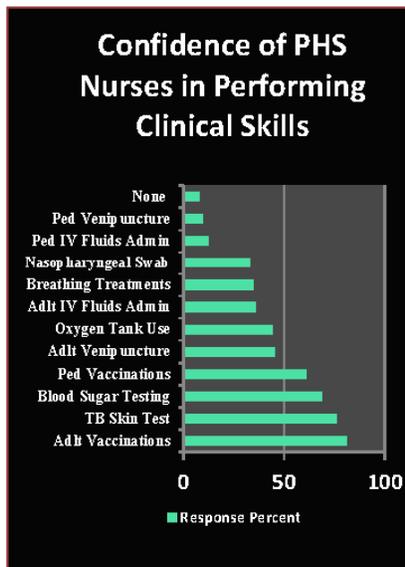
If a standardized training for clinical skills is developed and skills are maintained, nurses will feel increased confidence in using these skills during a disaster.

DO

Test the Theory for Improvement

6. Test the Theory

- A baseline survey was sent to 158 Public Health Nurses and Clinic Nurses employed by the County of San Diego to assess what the confidence level is in performing specific clinical skills.



Based on results of Survey of confidence level, over 50% of Nurses are confident administering vaccinations (Adult- 80.9%, Pediatric- 60.9%), TB skin tests (75.7%), and Blood sugar tests (68.7%). Less than 50% of Nurses

are confident in venipuncture (Adult- 45.2%, Pediatric- 9.6%), Nasopharyngeal swabs (33%), Oxygen tank use (44.3%), breathing treatments (34.8%) and administration of IV fluids (Adult- 35.7%, Pediatric- 60.9%).

CHECK

Use Data to Study Results of the Test

7. Check the Results

A Skills Day Training has not yet been developed. Next step will be for Team to meet and prioritize what skills to focus on for training and resources available to accomplish goal. After completion of the training, a second survey will be sent out to assess if confidence levels have increased.

11/13/12 update: SDSU collaboration is not feasible at this time due to lack of funding to pay for use of the Simulation Lab. An alternate plan is to collaborate with the EMS Branch and provide training on skills most commonly used in an outbreak, POD, or shelter situation. Nasopharyngeal Swabs and Oxygen Administration skills will be taught by the Epi/BT PHN staff to PHN staff and Medical Reserve Corps (MRC) volunteers. For Phlebotomy, 2-3 PHNs per Region will be recruited to complete Phlebotomy training with the STD clinic and be designated as the Phlebotomy Team. Data from the survey demonstrates that most nurses are skilled in administering vaccinations.

5/16/13 update:
 Due to obstacles of available resources for a one day clinic skills training, a different plan approach

was implemented for training PHNs in specific clinical skills. 3 skills were focused on: Oxygen Administration, Phlebotomy and Nasal Pharyngeal specimen collection. The current count of PHNs, not including Managers, is 135.

Three Oxygen Administration trainings were completed January 31, 2013, February 20, 2013 and March 13, 2013. The trainings were given by the American Red Cross. Due to budget restrictions only 70 spots were offered for these training. A total of 65 PHN's completed the training. (48%). The response was positive for this training. Future budget allowing, this training will be offered again.

After consultation with the PHN Managers, it was decided that the best plan for having nursing staff available for blood draws (phlebotomy) during a disaster, would be to have teams in each region of 2-3 nurses trained. Some regions will opt to utilize their clinic nursing staff. Currently in the regions there are 40 PHN's, RN's and LVN's competent in Adult phlebotomy, in addition there are 4 who are competent in Adult and Pediatric phlebotomy.

The BT PHNs plan to put together an online training possibly via Learning Management System (LMS) for Nasal Pharyngeal specimen collection by December 31, 2013.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement

After meeting with PHN Managers and looking at different options for putting together a yearly skills training for all PHN's, there were some barriers to implementing this goal. The largest barrier was budget. It was also decided that not all PHNs needed to be trained in all the skills, and that there could be teams in each region.

9. Establish Future Plans

Future plans are to continue to offer the Oxygen Administration training every two years as budget allows. Blood draw teams will be established in each of the 6 regions; with 2-3 nurses who are competent in drawing blood. NP swab skills will be reviewed via online training starting in December 2013.

Tuberculosis Control and Refugee Health

Increasing High-Risk TB Patient Treatment

Tuberculosis Control (TBC) Project—Increase the proportion of high-risk TB contacts initiating treatment for latent tuberculosis infection to 60 percent by December 31, 2013.

Background

The latest data showed 52 percent of contacts found to have Latent Tuberculosis Infection (LTBI) were started on treatment. The national target for contacts to sputum smear cases, diagnosed with new latent TB infection, starting treatment, is 88 percent (the target for California in 2015 is 89 percent). National performance exceeds 70 percent, but San Diego's performance has been less than 60 percent in recent years.

This project was initiated to increase TB infection treatment initiation among contacts to infectious cases, to improve performance toward national and state targets, and ultimately prevent future cases of active TB in San Diego County.

Actions Taken

SMART (Specific, Measurable, Achievable, Realistic, Time Frame) objectives were utilized, as well as a combination of the State Tuberculosis Indicators Project process and the Lean Six Sigma concepts, to design the action plan. The result was the development of action plan objectives that included:

1) decreasing the time between LTBI identification and treatment initiation; 2) increasing proportion of infected contacts with a provider that starts LTBI treatment and increases the proportion of infected contacts without a provider that start LTBI treatment at TBC; 3) decreasing proportion of infected contacts that refuse LTBI treatment; 4) improving internal communication; 5) increasing proportion of high-risk contacts initiating LTBI Rx treatment; and 6) revising TB56 contact follow up forms and Quality Assurance plan for LTBI.

The project increased the percentage of high-risk TB contacts initiating treatment for Latent Tuberculosis Infection from 52 to over 60 percent.

Tuberculosis Control and Refugee Health

These objectives were achieved by various means, including:

Providing universal access to San Diego TB Control electronic scheduling system and training; completing data collection to measure time between identification of LTBI and treatment initiation; developing a protocol and script for primary medical doctor visits; updating TB56 to accurately capture provider information and risk factors; doing more Interferon Gamma Release Assays (IGRAs); adding short course LTBI regimens to LTBI policies; determining criteria and using incentives for contacts; providing sales training for staff; increasing use of refusal letters; sending updates to staff regarding action plan implementation; sharing minutes from all staff meetings; and using pouch reviews to properly identify high-risk contacts.

Results

Increased the percentage of high risk TB contacts initiating treatment for LTBI to over 60 percent (see storyboard on page 36).

Future Plans

Complete still pending action plan objectives and continue the current plan.

STORYBOARD

LOCAL HEALTH DEPARTMENT NAME: TB Control and Refugee Health Branch
 ADDRESS: 3851 Rosecrans Street San Diego, CA 92110
 PHONE NUMBER: (619) 692-5565
 POPULATION SERVED: 3.2 Million
 PROJECT TITLE: Improving Contacts' Initiation of LTBI Treatment

BACKGROUND

The current performance when indicator was selected was 49% of contacts found to have LTBI (Latent Tuberculosis Infection) were started on treatment in 2009. In 2010 data, 52% of contacts with LTBI were started on treatment.

PROBLEM/OPPORTUNITY

Increase the proportion of high risk TB contacts initiating treatment for LTBI to 60%.

PLAN

By December 31, 2013 60% of contacts with LTBI will start treatment.

Project is limited to high risk TB contacts: Household and close social contacts to active TB cases, – LTBI immigrants, Refugee Health Assessment Program clients.

Others: TB contacts may be approved on an individual basis by the TB Control Program Director, Physician, Program Manager, or Supervising Clinic Nurse.

OBJECTIVES & RESULTS

Objectives: SMART - Specific, Measurable, Achievable, Realistic, Time Frame.

1. Decrease the time between identification of LTBI and treatment initiation.
 - Focus group re: team approach. - Done: 4/2012.
 - Develop LTBI contact referral procedures. -The LTBI contact referral policy was completed on 7/15/12.

OBJECTIVES & RESULTS

- Provide universal access to SD TB Control electronic scheduling system (PHIS) and training.
 - Current staff (minus new employees) is all trained and have access on 9/14/12. New staff will need to be trained.
 - ID staff member to attend regional evening clinic (can do QFT and make calls to contacts).
 - 1/24/2013 North Coastal meeting to be scheduled, staggered schedules/CDI/clinic partnership will be discussed; Yes or no decision to be made. New target date: 4/30/13.
 - Complete data collection to measure time between identification of LTBI and treatment initiation for September-Dec 2011 baseline cohort.
 - 8/1/12: Katherine Hung from TBCB completed chart review.
- 2. Increase the proportion of infected contacts with LTBI treated by PMD's that start LTBI Rx.
 - Develop new PMD milestone. Letter re: LTBI Rx Target: 3/31/13
 - Develop protocol and script for PMD visits. 1/24/13 TB CDIs meeting with STD CDIs to share information, including PMD visits. Target date to develop process: 4/30/13.
 - Update TB56 to accurately capture provider information. -9/14/12 Completed.
- 3. Decrease the proportion of infected contacts that refuse LTBI treatment.
 - QFT 'needlepoint' bulletin. - Done 3/2012.
 - Do more IGRA's. - Done 3/2012.
 - Add short course LTBI regimens to LTBI policies. - Done 6/30/2012.

OBJECTIVES & RESULTS

- Determine criteria and use incentives for contacts – review incentive policy. -10/18/12: in use; completed.
- Provide Sales training for staff. -2/1/13; Motivational Interview training; completed.
- Increase use of refusal letters:
 - 1/24/13: letter and process reviewed with PHNs and is in place; CDIs to be trained. New target date: 4/30/13.
- 4. Improved systems for internal communication.
 - Send updates to staff re: AP Implementation. - Done 4/2012.
 - Share minutes from all staff meetings. - Done: Ongoing.
- 5. Increase the proportion of high risk contacts initiating treatment for LTBI.
 - Discuss HR contacts during case conference - include on prep sheets. - Done 6/30/12.
 - Review medical risk factors with all contacts that are found to have LTBI. -8/29/12: training completed at all staff training.
 - Modify TB56 to better capture risk factors. -6/30/12: done.
 - Use pouch reviews to properly ID high risk contacts. - Done 1/31/2013.
- 6. Develop revised TB56 and a QA plan for LTBI.
 - Review and update TB56. -6/30/12: done.

PUBLIC HEALTH SERVICES

PUBLICATIONS BY BRANCH



Each Public Health Services Branch is required to generate at least one publication each fiscal year. Approximately 16 publications were generated during fiscal year 2012-2013.

Publications by Branch

Administration of Public Health Services

Bannan, T. (October 2012). *Implementing Mobilizing for Action through Planning and Partnerships (MAPP) in the County of San Diego, a large health jurisdiction.* Presented at the American Public Health Association Annual Meeting, San Francisco, CA. ORAL PRESENTATION AND ABSTRACT

Kozo, J., Martinez, A., Aceves, B. (June 2013). *Cultural and Linguistic Adaptation of Emergency Food Kit Lists.* Presented at the UC Berkeley Summer Institute on Migration and Global Health, Oakland, CA. POSTER AND ABSTRACT

Matthews, C., Wooten, W. (October 2012). *Transforming the public health work environment through employee engagement.* Presented at the American Public Health Association Annual Meeting, San Francisco, CA. ORAL PRESENTATION & ABSTRACT

Emergency Medical Services

Ray, L. (October 2012). *Incorporating economic modeling and cost estimation into local public health data.* Presented at the American Public Health Association Annual Meeting, San Francisco, CA. ORAL PRESENTATION & ABSTRACT

Stepanski, B. (October 2012). *Five years in: A look back at a cardiovascular ST Elevation Myocardial Infarction (STEMI) receiving center system in a large metropolitan county.* Presented at the American Public Health Association Annual Meeting, San Francisco, CA. ORAL PRESENTATION

Epidemiology and Immunization Services Branch

Conference Presentations in FY 12-13 by UCSD Contractors in the IZ Program

Alvarez, M. L. (April 2013). *Medical Resident Immunization and Tuberculosis (TB) Rotation.* Oral presentation at the annual meeting of the California Immunization Coalition Summit, Los Angeles, CA. ORAL PRESENTATION & ABSTRACT

Knickerbocker, N. (April 2013). *Cultivating Unique Providers in an Immunization Registry.* Oral presentation at the annual meeting of the California Immunization Coalition Summit, Los Angeles, CA. ORAL PRESENTATION & ABSTRACT

Sterling, J. (April 2013). *School Immunization Managed, Produced, and Listed Electronically.* Oral presentation at the annual meeting of the California Immunization Coalition Summit, Los Angeles, CA. ORAL PRESENTATION & ABSTRACT

Public Health Services publications and presentations by branch (poster, paper) and oral).

Publications by Branch

HIV, STD and Hepatitis Branch

Pollini R.A., Lee D., Saragosa K., Smith T., Rich J., Zuniga M.L. (July 2012). *Interruptions in antiretroviral therapy (ART) are common following release from jail*. Presented at the XIX International AIDS Conference, Washington, D.C. POSTER

Maternal, Child and Family Health Services

Lyons, W., Peckett, H., Morse, L., Khurana, M., Nash, L. (December 2012) *Metropolitan Area Transportation Planning for Healthy Communities*. Published on the Federal Highway Administration Transportation Planning Capacity Building website, <http://www.planning.dot.gov/> PUBLICATION

Shaila Serpas, S., Brandstein, K., McKennett, M, Hillidge, S. (May 2013). San Diego Healthy Weight Collaborative: A Systems Approach to Address Childhood Obesity, *Journal of Health Care for the Poor and Underserved*, Volume 24, Number 2, (Supplement), pp. 80-96. <http://www.aapca3.org/wp-content/uploads/2013/09/SD-Obesity-Report.pdf> PUBLICATION

Public Health Nursing Administration

Lake, L. (June 2013). *County of San Diego Nurse-Family Partnership Program. Voice and Viewpoint newspaper*. PUBLICATION PENDING

Tuberculosis Control and Refugee Health

Garfein R., Collins K., Munoz F., **Moser K.**, Cerecer O., Callu P., Sullivan M., Chokalingam G., Rios P., Zuniga M.L., Burgos J.L., Rodwell T., Rangel G., Patrick K. (December 2012); High Tuberculosis Treatment Adherence Obtained Using Mobile Phones for Video Directly Observed Therapy: Results of a Binational Pilot Study; *J Med Tech Med* 1:4S:30. PUBLICATION

Rodwell T., Kapasi A., Barnes R., **Moser K.** (December 2012); Factors associated with genotype clustering of Mycobacterium tuberculosis isolates in an ethnically diverse region of southern California, United States; *Infect Genet Evol*;12 (8):1917-25. PUBLICATION

Thornton A., Lowenthal P., Bemis K., Rodriguez A., Lobato M., Flood J., **Moser K.**, Sosa L. (June 2013); Tuberculosis Testing and Follow-Up Practices Among Civil Surgeons in California and New England; Council of State and Territorial Epidemiologists. PUBLICATION AND ABSTRACT

Research Projects by Branch

Emergency Medical Services		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Cardiac Arrest Registry to Enhance Survival (CARES)	Hospital Association of San Diego and Imperial Counties/Emergency Medical Services/staff	To be determined
Community EMS Response to Disaster (Surveillance study of non-disaster related chief complaints during community involved disasters)	Emergency Medical Services/staff	January 2006-present
Emergency Department Overcrowding: Community Determinants and Patient Outcomes	Dr. Benjamin Sun, UCLA/Dr. Bruce Haynes, EMS.	Ongoing
Restraint Use in Pregnant Women (Injury Prevention - retrospective review of restraint use among pregnant women involved in motor vehicle crashes)	Emergency Medical Services/staff	April 1999 - present
Surveillance Tool Study (Evaluation of surveillance methodology)	Emergency Medical Services/staff	November 2003 - present
Epidemiology and Immunization Services		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Effect of 2007 Wildfire on chronic health conditions. Looking at the effects the wildfire had on certain population groups. Countywide RDD survey assessing the effectiveness of health communication during the 2007 wildfires.*	David Sugerman, CDC EIS Officer and Epidemiology Staff	October 21, 2007 - present

*Generated a published article.

Research Projects by Branch

Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Retrospective Surveillance for Neisseria Meningitis (by serogroup) in Tijuana and San Diego 2005-2007	David Sugerman, CDC EIS Officer and Epidemiology Staff	January 2008 - present
Assessment of Firestorm-Associated Emergency Department Visits in San Diego County Using the BioSense Application To assess how useful the Biosense surveillance application was in monitoring effects of the wildfires	Epidemiology and Immunization Services Branch	October 21, 2007 - present
Assessment of Timeliness and Completeness of Reporting (To assess how complete and timeliness legal disease reporting is)	Epidemiology and Immunization Services Branch	July 1, 2006 - present
Evaluation of Syndromic Data sources (To determine usefulness and sensitivity of data sources)	Epidemiology and Immunization Services Branch	July 1, 2004 - present
Respiratory Health Impacts of Wildfire Particulate Emissions under Climate Change Scenarios. To model the impact the wildfire and air quality had on populations health.	Michigan Technology Institute and Epidemiology and Immunization Services Branch	December 15, 2009 - present
Severe Acute Respiratory Infection Surveillance Pilot Project. A collaborative surveillance project with CA BIDS.	Epidemiology and Immunization Services Branch	August 15, 2011 - present
Mortality Case Outcomes and Matching for Previous Elderly Traumatic Brain Injury Patients	Scripps HealthCare System and Epidemiology and Immunization Services Branch	March 1, 2013 - present

Research Projects by Branch

Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Evaluation of vaccination coverage, knowledge, and attitudes among Indigenous Mexican -Born Residents in San Diego County	Bonnie Bade & Alfonso Rodriguez-Lainz, CDC	May 5, 2012-September 15, 2012
Assessment of Immunization Management Consultancy (Program effectiveness/efficiency-future direction, Knowledge of provider vaccine delivery practices)	California Department of Health Services Immunization Branch/ Dr. Wilma Wooten	January 1, 1996 - present
Expanded Kindergarten Retrospective Survey/Disparities (Evaluation of levels of Immunization disparities in children)	California Department of Health Services Immunization Branch/ Dr. Wilma Wooten	April 5, 2007- Present
Using SMS Technology to Improve Childhood Immunization Rates	Dr. Edward Castillo/ UCSD, Beacon Eval Lead	October 1, 2011-December 31, 2012
Year-round Influenza Surveillance (Monitor flu-like illness at emergency departments)	Dr. Wilma Wooten	November 1, 1994 - present
Quality Assurance/SDIRegistry (Program effectiveness; Data accuracy)	California Department of Health Services Immunization Branch/ Dr. Wilma Wooten	October 1, 2004 - present
OTIS HPV Vaccine and Pregnancy Study	Dr. Christina Chambers, UCSD	June 2011-May 2015
Registry-based Outreach Component Evaluation (Program effectiveness/efficiency-future direction)	California Department of Health Services, Immunization Branch/Dr. Wilma Wooten	July 1, 2002 - present

Research Projects by Branch

Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Adolescent Reminder Project: IROC (Use of text messaging)	CDC/Dr. Mark Sawyer	April 2012-Sept. 2013
Clinic factors associated with Adolescent's and parents' self-reported recall of anticipatory guidance during healthcare visits in a cluster sample of 11-13 year olds in San Diego. (Student Thesis - Zobeida Palomares)	Dr. Peddecord	July 2012- July 2013
Effectiveness of a Cocooning Strategy in Preventing Pertussis Infection in Infants	Dr. Elizabeth Rosenblum/UCSD	October 2011-September 2012
"Development of Visual Perception in Human Infants" (To characterize development of visual perception-visual motion processing, spatiotemporal processing, and color processing-in human infants and to relate it to underlying neural mechanisms.)	National Institute of Health/Dr. Karen Dobkins/UCSD	December 3, 1998 - present
"Tracking Development in Infants at Risk for Autism" (To investigate risk factors associated with the development of autism spectrum disorders (ASD)-perceptual/neural development, social behavior in infant siblings of individuals with ASD-with goal of elucidating the neural basis of these disorders.)	Dr. Karen Dobkins/UCSD	To be determined (proposed four-year timeframe)
HIV, STD and Hepatitis Branch		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
GISP (Gonorrhea Isolate Surveillance Project) Laboratory and epidemiologic investigation of gonorrhea isolates with high levels of Azithromycin resistance	CDC/CA STD Branch/HIV, STD and Hepatitis Branch/Patrick Loose	1987 - present

Research Projects by Branch

Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Performance Evaluation of the BioPlex 2200 System Syphilis IgM (<i>T. pallidum</i>) Evaluation of a multiplex flow immunoassay intended for the detection of <i>Treponema pallidum</i> .	BioRad Laboratories, Inc/HIV, STD and Hepatitis Branch/Bruce Coon	October 2011 - present
Maternal, Child Family Health Services		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
None.		
Public Health Nursing Administration		
Maternal Child Health PHN Home Visiting	PHN Admin -Linda Lake	Sept. 1, 2011 - June 30, 2013
Tuberculosis Control and Refugee Health		
Civil Surgeon Knowledge and Practice	Dr. Alonso Rodriguez	March 9, 2012- Dec. 31, 2013
Tuberculosis 2011: Analysis of Increased Incidence	Christine Thorne, UCSD PMR	June 2012-June 2013
TB and Diabetes Among Foreign-born Person	Rachael Joseph, EIS officer	March 2012- March 2013
TB Epi Consortium (Improvement of SD County public health system)	CDC/CA TB Branch	January 1, 2005- present

Research Projects By Branch

Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Prevalence and characteristics of Mental Health Status of Refugees in San Diego	Wael Al-Delaimy	January 2011-December 2012
Effect of Drug Resistance on Transmissibility and Pathogenicity of M tuberculosis	Philip Hopewell, UCSF	Sept. 2012-Sept. 2014
Evaluation of Delays in TB Testing in San Diego County Laboratories	Christopher Lee, SDSU	March 2013-February 2014
Program Evaluation of the Implementation of QFT in Contact Investigations	Julie Ritter, SDSU	September 2012-Dec. 2013
Barriers and Motivations for LTBI Treatment Uptake	Karis Grounds, SDSU	May 8, 2013-May 8, 2014
Wireless Observation of Therapy	Sara Browne, UCSD	October 2012-December 2014
Pediatric TB Meningeal Outcomes	Pennan Barry, CDPH	February 2013-January 2014
Discourses on TB (communication)	Laurel Friedman, UCSD	January 1, 2013 – January 9, 2014
QFT/TST Refugees	Rachel Bennett, UCSD	September 1, 2012 – January 23, 2013
STAHHR II Screening IDUs for TB/HIV/STD	Dr. Rich Garfein	May 2012-May 2014

PUBLIC HEALTH SERVICES

AWARDS AND STAFF RECOGNITION



Public Health Services staff was recognized for achievements during fiscal year 2012-2013. Congratulations to all!

AWARDS AND STAFF RECOGNITIONS

Awards

- **Public Health Services (PHS)** was awarded the County of San Diego Award of Excellence for Work Safe Stay Healthy (WSSH) 2011-2012 for enhancing safety awareness and overall commitment to the WSSH program (December 2012).
- The American Academy of Pediatrics (AAP) Committee on State Government Affairs named Dr. Dean Sidelinger, Child Health Medical Officer and interim chief of **Maternal, Child, and Family Health Services (MCFHS)**, as the recipient of the 2013 AAP Child Health Advocate Award. The award acknowledges the significant accomplishments of public officials and advocates who have served as a voice for children in state government. Dr. Sidelinger was nominated by California District IX in recognition of his advocacy work on behalf of children.
- The **MCFHS** Healthy Works Team received an award from the National Association of County and City Health Officials (NACCHO) for the Healthy Works Paths to Healthy Living media and marketing campaign (August 2012).

Staff Recognitions

- Wilredo Perez of **MCFHS** and Adria Cavanaugh of **Emergency Medical Services (EMS)** graduated from the Institute of Leadership Excellence (July 2012).
- Heidi Lowe of **Epidemiology and Immunization Services (EISB)-Public Health Laboratory**, Amelia Kenner-Bringer of **EISB-Epidemiology**, and Linda Lake of **Public Health Nursing (PHN) Administration** obtained their Green Belts in the Lean Six Sigma Program from the Institute of Leadership Excellence (September 2012). Leslie Ray of **EMS** was the first PHS graduate from Lean Six Sigma, earning her Black Belt. Her project was “Public Health Data Accessibility Redesign” (March 2013).
- Dan O’Shea and Saman Yaghmaee of **PHS Administration** graduated from the County Leadership Academy (April 2013).
- **PHN Administration** received a 2013 *Live Well San Diego* Public Health Champion Award for their participation and planning of the “Love Your Heart” campaign to address heart disease and stroke in the region (April 2013).
- Anne Boisvert of **PHS Administration** graduated from the Advanced Competencies for the Administrative Professional of the 21st Century (June 2013).



County of San Diego Award of Excellence for Work Safe Stay Healthy (WSSH) 2011-2012 awarded to PHS.



Leslie Ray (left) is presented a certificate as the first PHS graduate from the Lean Six Sigma, earning a Black Belt on March 20, 2013. The certificate was presented at the County Administration Center by Deputy Director for Strategy and Innovation Dale Fleming.

