

Public Health Services
Fiscal Year 2013-2014 Annual Report of
MAJOR ACCOMPLISHMENTS

Including Research Efforts, Publications, and Quality Improvement Projects

Building Better Health

Living Safely

Thriving



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This document was developed under the General Management System of the County of San Diego, and is in support of *Live Well San Diego*.

Public Health Services

Public Health Services Administration

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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,

It gives me great pleasure to present this year's issue of the Division of Public Health Services (PHS) County of San Diego Health and Human Services Agency *Fiscal Year 2013-2014 Annual Report of Major Accomplishments*. PHS is dedicated to health, wellness, and protection of all community in San Diego County. The Division promotes and encourages healthy behaviors, prevents injuries, prevents epidemics and the spread of disease, protects against environmental hazards, responds to disasters and assists 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 \$100 million, 209 contracts, and over 189 Memorandum of Agreements/Memorandum of Understanding, several significant achievements were accomplished during fiscal year 2013-2014. Highlighted accomplishments from each branch are as follows:

- **PHS Administration** completed the packaging of three pre-requisite documents required in applying for national public health accreditation from the Public Health Accreditation Board. The three documents are the *Live Well San Diego* Community Health Assessment, *Live Well San Diego* Community Health Improvement Plan, and Public Health Services Strategic Plan 2013-2018.
- **Emergency Medical Services** certified/accredited 3,942 Emergency Medical Technicians (EMTs), Paramedics, and Mobile Intensive Care Nurses.
- **Epidemiology and Immunization Services Branch's Epidemiology Program** investigated over 5,878 cases, including more than 176 outbreaks.
- **HIV, STD and Hepatitis Branch** provided services to 16,077 patients in County of San Diego STD Clinics.
- **Maternal, Child, and Family Health Services** facilitated the provision of 280,763 well child exams to low-income children by CHDP program providers and provided care coordination on 60,887 health problems identified during the exams to ensure eligible children receive periodic, comprehensive, preventive health screening and treatment.
- **Public Health Nursing Administration** coordinated 25,393 home visits by PHN field staff to provide PHN services to pregnant, postpartum, and parenting women.
- **Tuberculosis Control Program** performed over 300 US-Mexico referrals, with a success rate of over 80 percent, for continuity of tuberculosis care through the Cure TB program.

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 plan to achieve the vision of healthy, safe and thriving communities. I invite you to read further to learn more about efforts of PHS to achieve our vision of healthy people in healthy communities.

Sincerely,



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

Preface

The Public Health Services *2013-2014 Annual Report of 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 Services 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 14 projects. Steps for each project included identifying an opportunity and plan for improvement, testing for improvement, using data to study test results, and standardizing the improvement and establishing future plans.
- **Publications and Presentations**—Each branch was required to publish at least one publication or presentation, 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 34 such publications and presentations.
- **Research** —A brief description of 34 branch research projects are listed.
- **Awards and Staff Recognition/Development**—This section highlights staff who received one award and three recognitions for outstanding work. It also includes 18 staff who completed staff development trainings during this time period.

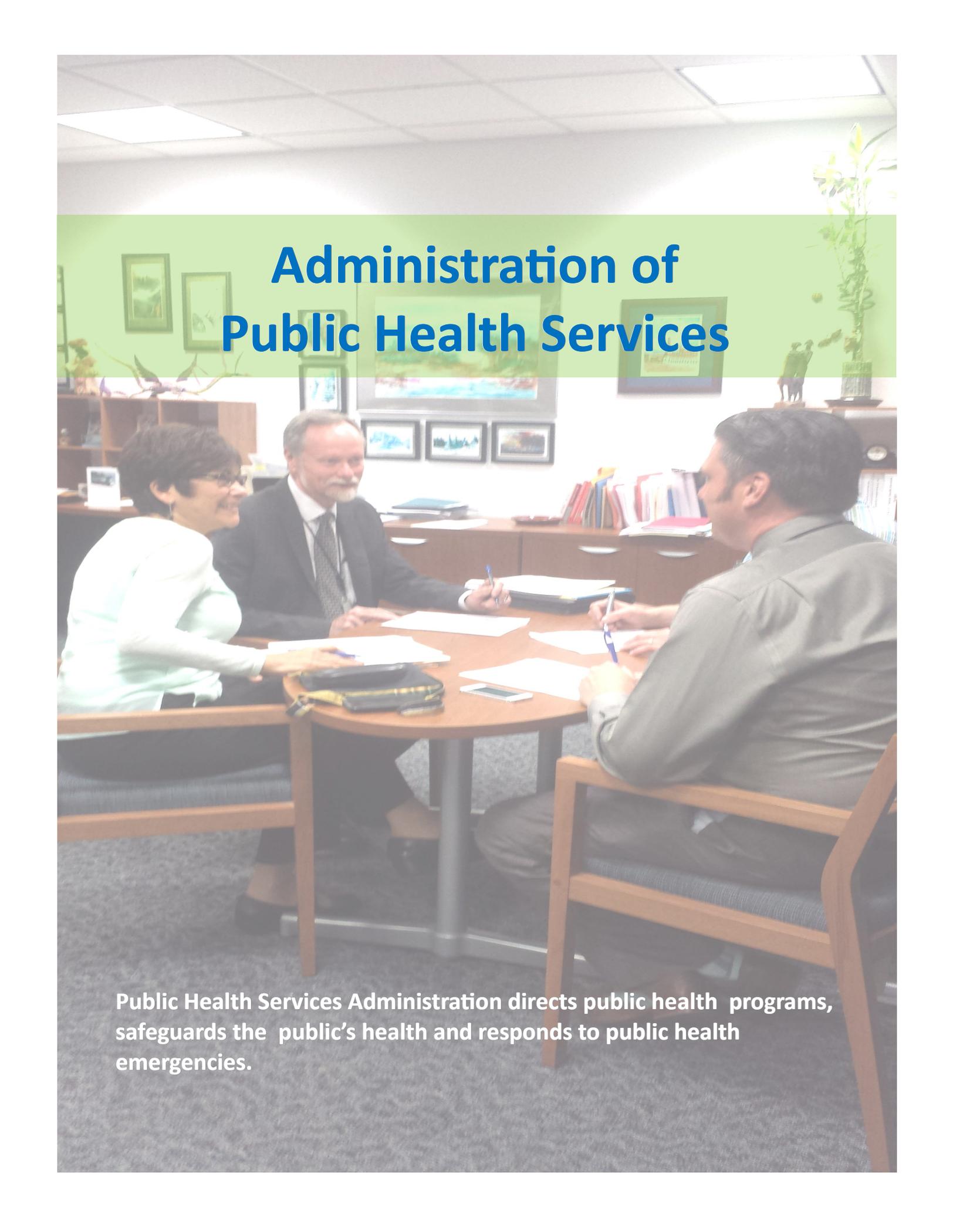
***Acknowledgements:** Thanks to Bruce Even of Public Health Services Administration and Emergency Medical Services, who compiled and edited the information provided in this report, as well as provided his graphic design talents. Also thanks to student worker Jamie Lee De Venecia, and all PHS branch staff, who contributed to this report.*



Public Health Services Branch Major 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.



A photograph of three people in an office setting. A woman in a light blue top and glasses is seated on the left, smiling. A man in a dark suit and tie is seated in the middle, looking towards the woman. A man in a grey shirt is seated on the right, looking towards the man in the suit. They are gathered around a round wooden table with papers and a smartphone. The background shows office shelves with books and framed pictures on a green wall.

Administration of Public Health Services

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

Administration of Public Health Services

Office of Border Health

- Convened the first two binational meetings in Tijuana, Baja California, Mexico, as part of the Border Health Consortium of the Californians binational engagement efforts, on November 7, 2014 with 37 people in attendance (21 from San Diego and 16 from Tijuana) and May 8, 2014 with 61 people in attendance (29 from San Diego and 32 from Tijuana).
- Incorporated the first ever bone marrow drive, as part of the County's 30th annual blood drive which took place in April 2014, with the Office of Border Health receiving a County Board of Supervisors proclamation.
- Planned and conducted the first ever "Walk for Health," in collaboration with the Mexican Consulate, to celebrate *Live Well San Diego* during the October 2013 Binational Health Week.

Medical –Cal Administrative and Targeted Case Management (MAA/TCM)

- Implemented using Kronos for our time collection system for MAA/TCM reimbursement.
- Maintained audit readiness for all our providers.

Budget and Fiscal

- Developed and presented Financial Literacy PowerPoint to PHS Leaders and Fiscal Analysts: Budget FY14/15.
- Provided analysis and input for development of an Indirect Cost Rate to be applied for California Department of Public Health revenue agreement budgets.
- Reviewed and processed 21 revenue agreements and grants.
- Provided oversight and coordinated two required Emergency Evacuation drills for Public Health Services Complex staff.
- Met all Budget Build and Fund Balance deadlines.

Public Health Services Administration's Office of Border Health convened the first two binational meetings in Tijuana, Baja California, Mexico, as part of the Border Health Consortium of the Californians binational engagement efforts.

Administration of Public Health Services

Contracts Services

- Provided oversight and coordinated the contracting process for 29 new procurements, 39 contract terminations, and 127 amendments including the implementation of the new contract template and the addition of language to support the *Live Well San Diego* initiative and Healthy Working Environments.
- Executed 43 Memoranda of Agreement, Memoranda of Understanding and Data Use Agreements.
- Developed and implemented a centralized contract monitoring database, a comprehensive contract administrator training plan, and a standardized naming convention for files uploaded to Cobblestone.
- The Agency Contract Support Quality Assurance Review conducted in March 2014 resulted in no findings for Public Health Services.

Executive Office

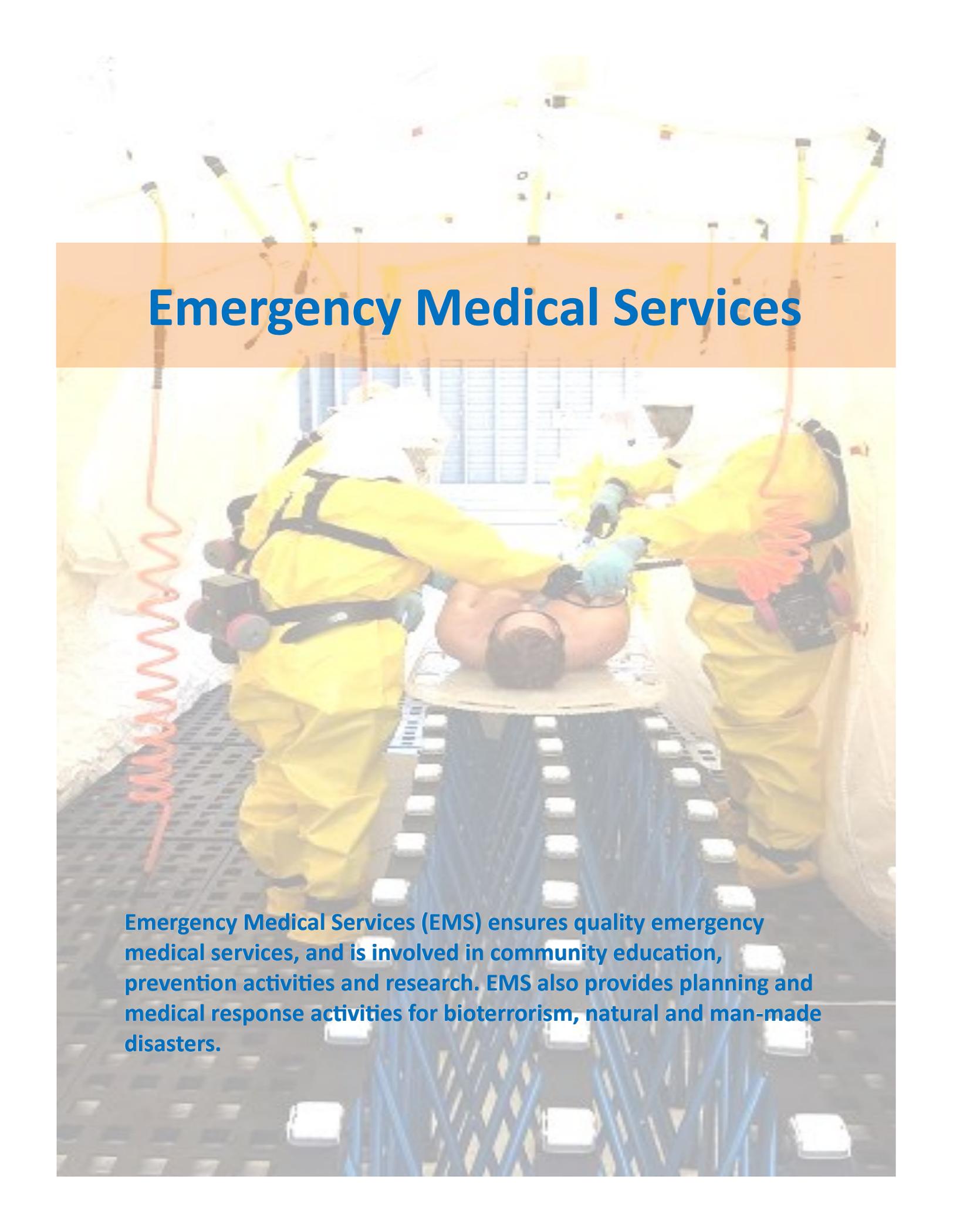
Completed the packaging on June 30, 2014 of three pre-requisite documents required in applying for national public health accreditation from the Public Health Accreditation Board (application submitted July 1, 2014). The three documents are :

- *Live Well San Diego* Community Health Assessment
- *Live Well San Diego* Community Health Improvement Plan
- Public Health Services Fiscal Years 2013-2018 Strategic Plan

Performance Management & Performance Improvement

- Conducted a Quality Improvement (QI) Culture self-assessment using a tool from the National Association of County and City Health Officials (NACCHO) and used the information to develop a QI Plan for Public Health Services in February and March 2014.
- Held a workshop to obtain input for a public health workforce development plan on March 21, 2014.
- Completed needs assessment for communication with limited and non-English speaking populations, including concepts of health literacy in May 2014. The information will be used to develop a comprehensive communication plan.

Public Health Services Administration completed the packaging of three prerequisite documents required in applying for national public health accreditation.

The image shows two emergency medical technicians (EMTs) or paramedics in full yellow protective hazmat suits, including hoods and gloves. They are positioned on either side of a patient lying on a stretcher. The patient is wearing glasses and appears to be receiving medical attention. The setting is a hospital room with various medical equipment and monitors visible in the background. A semi-transparent orange banner is overlaid across the top of the image, containing the title text.

Emergency Medical Services

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.

Emergency Medical Services

Administration

- Certified/accredited 3,942 Emergency Medical Technicians (EMTs), Paramedics, and Mobile Intensive Care Nurses.
- Implemented and completed competitive procurements resulting in improved service agreements for the Julian-Cuyamaca Service Area and County Service Area (CSA) 17. Also, implemented a second air ambulance provider agreement.

Disaster Medical

- Provided training to County emergency managers and duty officers on the California Public Health and Medical Emergency Operations Manual (EOM), which contains vital coordination/mutual aid information.

Epidemiology and Community Health Statistics

- Compiled Health Equity in San Diego reports enabling greater focus on health disparities.
- Created a structure for electronic submission of stroke system data.
- Analyzed trauma system performance by compiling core measures.
- Completed the suicide prevention report.

Health Emergency Response and Hospital Preparedness

- Completed a large venue Point of Dispensing (Mega POD) drill at Qualcomm Stadium on June 5, 2014 providing community member/staff with the training required to operationalize a Mega POD in an emergency. Community and staff members included Medical Reserve Corps (MRC), Community Emergency Response Team (CERT), County PHS/EMS staff, City of San Diego staff, and the County Sheriff's staff.
- Completed the Specialty Surge Plan for pediatric and burn surge with training provided and facility specific plans drafted by local Hospital Preparedness Program (HPP) hospitals.

Emergency Medical Services (EMS) certified/accredited 3,942 Emergency Medical Technicians (EMTs), Paramedics, and Mobile Intensive Care Nurses.



Emergency Medical Services

Information Communication & Collection

- Completed the development and implementation of the electronic information exchange between the Quality Collector System (QCS) and the San Diego Health Connect EMS Hub enabling the exchange of electronic patient care records.
- Updated QCS and pre-hospital forms with the new FY 2014/15 protocols which contain the most current patient care standards.

Prehospital

- Expanded Advanced Life Support first responder services into rural areas (East and South County).
- Established process for Emergency Medical Technician Repetition Process following certification disciplinary action.

Specialty Care

- Coordinated 24 agencies at 42 locations across the County to train 3,154 individuals in adult, compression only Cardio Pulmonary Resuscitation (CPR) during Sidewalk CPR, June 4, 2013.
- Celebrated the 30th anniversary of the San Diego Trauma System, 1984 to 2014, treating 250,000 patients and achieving a preventable death rate of less than one percent.



Emergency Medical Services (EMS) coordinated 24 agencies at 42 locations across the County to train 3,154 individuals in adult, compression only CPR during Sidewalk CPR, June 4, 2013.



Epidemiology and Immunizations Services Branch



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.

Epidemiology and Immunizations Services Branch

Epidemiology

- Registered 14,054 new cases of reportable conditions in WebCMR.
- Investigated over 5,878 cases, including more than 176 outbreaks.
- Provided case management services to 55 lead poisoned children.
- Processed 320 reports of elevated lead levels.
- Registered approximately 17,000 unique HIV/AIDS related laboratory results.
- Evaluated over 70,000 electronic laboratory results to identify previously unreported HIV/AIDS cases.
- Investigated and confirmed 686 San Diego County residents diagnosed with HIV or AIDS, and 407 non-resident cases.
- Processed approximately 112 Meaningful Use registration from hospitals and physicians.
- Coordinated with 13 hospitals to initiate electronic reporting via San Diego Health Connect, the local Health Information Exchange (HIE).

Immunizations

- Investigated 2,953 cases of vaccine preventable diseases.
- Screened 681 cases and provided case management to 175 cases in the Perinatal Hepatitis B Prevention Program.
- Upgraded SDIR for Stage 2 Meaningful Use compliance.
- Developed connectivity between SDIR and San Diego Connect Health Information Exchange (HIE).
- Processed 197 Meaningful Use registration for 2014.
- Coordinated with seven clinics and hospitals for electronic data exchange.
- Coordination distribution of 64,510 doses of influenza vaccine to public health centers and community providers.
- Trained fifty medical residents through the immunization resident training program.

Epidemiology and Immunization Services Branch's (EISB) Epidemiology Program investigated over 5,878 cases, including more than 176 outbreaks.

Epidemiology and Immunizations Services Branch

Laboratory

- Processed 67,295 specimens to detect disease and support clinical evaluations.
- Successfully completed three major inspection visits required to maintain the Public Health Laboratory.
- An unannounced inspection by the U.S. Department of Transportation to review compliance with United States and International hazardous materials shipping regulations.
- Centers for Disease Control and Prevention (CDC) select agent laboratory inspection.
- Reduced data entry errors in specimen receiving by incorporating bar coding into specimen receiving and using electronic downloads of patient information from Avatar (Public Health Information System) to Starlims.

Vital Records

- Registered 90% of birth certificates within three days of receipt.
- Registered 90% of death certificates within three days of receipt.
- Conducted 6 training sessions for 56 participants about using State registration software for mortuary staff.
- Processed 550 medical marijuana applications with all information required by law.

The Public Health Laboratory processed 67,295 specimens to detect and support clinical evaluations.



A white mobile testing unit with a blue awning is parked on a grassy area. A table covered with a blue cloth is set up in front of the unit, displaying various testing materials. A banner on the side of the unit reads "HIV TESTING TODAY" and "OraQuick ADVANCE" with the slogan "Results. Right here. Right now." The unit has a door open and a window. The background shows a clear blue sky and some trees.

HIV, STD and Hepatitis Branch

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

Contracts/Fiscal/Office Administration

- Brought in 35% of PHS contract appropriations, and managed 24% of the contracts with only 10% of staff.
- Managed 55 contracts with Contract Analysts.
- Executed 10 new contracts through the request for proposal (RFP) process.
- Completed 57 programs site visits and 32 fiscal site visits.
- Executed 6 Revenue Agreements providing \$5,817,111 in revenue to HSHB.
- Assisted one of the AIDS Drug Assistance Program (ADAP) enrollment sites to successfully complete their State audit.
- Based on feedback received from In-Depth Invoice Review, provided technical assistance to several providers, resulting in improved accounting systems to comply with the requirements of HHSAs' Agency Contract Support.
- Collaborated with Family Resource Centers to permanently assign an eligibility worker onsite to assist with HSHB, TB and MCFHS clients.
- Implemented phone integration system to automate the phone directory, resulting in improved client accessibility.
- Completed nine in-person Ergonomic assessments that resulted in reduction in potential injuries and increased productivity.
- Completed the bi-annual and year-end inventory for branch low orgs.
- Conducted internal reviews on 55 contracts to ensure compliance with Agency Contract Support's "Quality Assurance Review" requirements, resulting in no findings through two semi-annual reviews.
- Distributed and tracked 65 performance reviews.

The HIV, STD and Hepatitis Branch (HSHB) Contracts/Fiscal/Office Administration Program collaborated with Family Resource Centers to permanently assign an eligibility worker onsite to assist with HSHB, TB and MCFHS clients.

HIV, STD and Hepatitis Branch

Sexually Transmitted Disease (STD) Clinic and HIV Counseling and Testing (HCT)/STD Field Services

- Provided services to 16,077 patients in County of San Diego STD Clinics despite shortages in clinical personnel.
- Provide nurse treatments and/or vaccines to 1,381 patients.
- Provided hepatitis A and/or hepatitis B vaccinations at the Rosecrans STD Clinic to 799 patients.
- Conducted 7,273 HIV tests, exceeding the 6,5000 HIV tests that were projected, 1,148 tests were conducted in community settings.
- Diagnosed 76 individuals with HIV in HSHB's HIV Counseling and Testing program; of those who were informed of their results and referred to HIV primary medical care, 89% were verified as having attended their first medical visit.
- Exceeded the California Department of Public Health Office of AIDS CY2013 Key Goals and Objectives for HIV Counseling and Testing as they related to identifying individuals unaware of their status, informing them of their status and linking them into HIV Primary Medical Care.
- Conducted 37,790 HIV tests, including 2,326 tests conducted in County Detention Facilities, as a part of the Expanded HIV Testing in Healthcare Settings Program in CY2013, exceeding the projected number of tests by over 40%.
- Identified seven individuals in County detention facilities as HIV positive and linked them to case management and medical services.
- Received 16,042 chlamydia case reports entered them into CalREDIE in CY2013
- Received 2,685 gonorrhea case reports and entered them into CalREDIE in CY2013.
- Received 3,646 positive syphilis blood tests and reviewed, assigned or administratively closed based on priority.

The HIV, STD and Hepatitis Branch (HSHB) provided services to 16,077 patients in County of San Diego STD Clinics.



HIV, STD and Hepatitis Branch

STD Clinic and HCT/STD Field Services (continued)

- Conducted 1,389 investigators for individuals with positive syphilis tests, other STDs which required follow-up, and individuals who were exposed to syphilis, to provide syphilis screening and preventive treatment.
- Investigated 505 infectious syphilis cases, provided case management, and assure appropriate treatment was provided.
- Conducted 115 investigators for individuals exposed to HIV to offer HIV testing and other services, as needed.
- Earned 34 Customer Service Hero Awards.
- Contributed to the development of the public health work force by providing training to 60 student nurses, seven nurse practitioners and 18 physicians.
- Improved the quality of STD care in San Diego County by providing clinical consultations to outside providers treating STDs.
- Conducted quality assurance reviews of 10 percent of all charts of patients served by the STD Clinics.
- Improved the accuracy of medication dispensing by implementing the medication handling policy and implementing a new medication labeling system.
- Increased efficiency and accuracy of patient specimen labeling by implementing the use of bar code labels.
- Implemented new HIV confirmatory algorithm in conjunction with the Public Health Laboratory, improving early detection of HIV and resulting in faster turnaround time, the ability to provide same day results and faster linkage to life-saving HIV treatment.
- In alignment with *Live Well San Diego*, operationalized annual blood pressure screening for all clients and referrals to primary medical care for all clients with abnormal blood pressure readings.
- Increased efficiency in the Regional Public Health Centers by standardizing front office procedures in their STD Clinics.

The HIV, STD and Hepatitis Branch's (HSHB) HCT/STD Field Services Program conducted 1,389 investigators for individuals with positive syphilis tests, other STDs which required follow-up, and individuals who were exposed to syphilis, to provide syphilis screening and preventive treatment.



HIV, STD and Hepatitis Branch

AIDS Case Management

- Placed 76 clients into the Intensive Case Management program, which consists of a 10-month inpatient substance abuse program. All clients in Intensive Case Management received at least one HIV primary care visit.
- Screened over 430 HIV-positive inmates in the county jails through the Jail Case Management programs. Of those, 155 received reentry counseling due to their impending release from jail, which included developing a post-release plan for insurance coverage, medication access, and Medical Case Management.
- Developed and implemented a comprehensive approach to access HIV medications for every inmate released into the county from jail. A tracking tool is being developed for FY 14-15.
- Identified identification cards as a major obstacle for successful reentry during participation in the Partnership, which is currently investigating this issue.

STD Surveillance

- Conducted presentation to community providers on the importance of reporting and how to fill out a Confidential Morbidity Report for STDs in July 2013.
- Began using a new State surveillance system, CalREDIE, for entry and management of STD cases as of July 2013.
- Implemented QA procedure for chlamydia and gonorrhea entries in CalREDIE in July 2013.
- Completed year-end data close out using the new State surveillance system (CalREDIE) in March 2014.
- Successfully completed user acceptance testing (UAT) for electronic laboratory reporting (ELR) from two major laboratories, LabCorp and ARUP, in June 2014 .
- Distributed STD Monthly Reports, including monthly statistics and editorial notes on relevant topics, to over 500 providers and posted online.

The HIV, STD and Hepatitis Branch (HSHB) screened over 430 HIV-positive inmates in the county jails through the Jail Case Management programs.

HIV, STD and Hepatitis Branch

HIV/AIDS Care and Treatment

- Ensured transition of 32 percent of Ryan White Program clients into the Low Income Health Program and expanded Medi-Cal.
- Ensured 100 percent of contracts and services were in place within 30 days of receipt of the full FY 2014 Ryan White Part A grant award (March 1, 2014) and final Planning Council allocations.
- Ensured 94 percent of all clients enrolled in Medical Case Management remained in care by having at least one primary care visit in a six-month period.
- Successfully linked 129 individuals who were not receiving HIV primary care to services through Outreach activities. All were referred to health care and support services in addition to initiating HIV primary care.
- Successfully submitted the Ryan White Grant application with a final score of 98/100.
- Conducted a Client-level Needs Assessment of HIV positive individuals with a return rate of 1,450 surveys that yielded a 50 percent increase in number of completed surveys received compared with the previous survey.



The HIV/AIDS Care and Treatment Program ensured transition of 32 percent of Ryan White Program clients into the Low Income Health Program and expanded Medi-Cal.

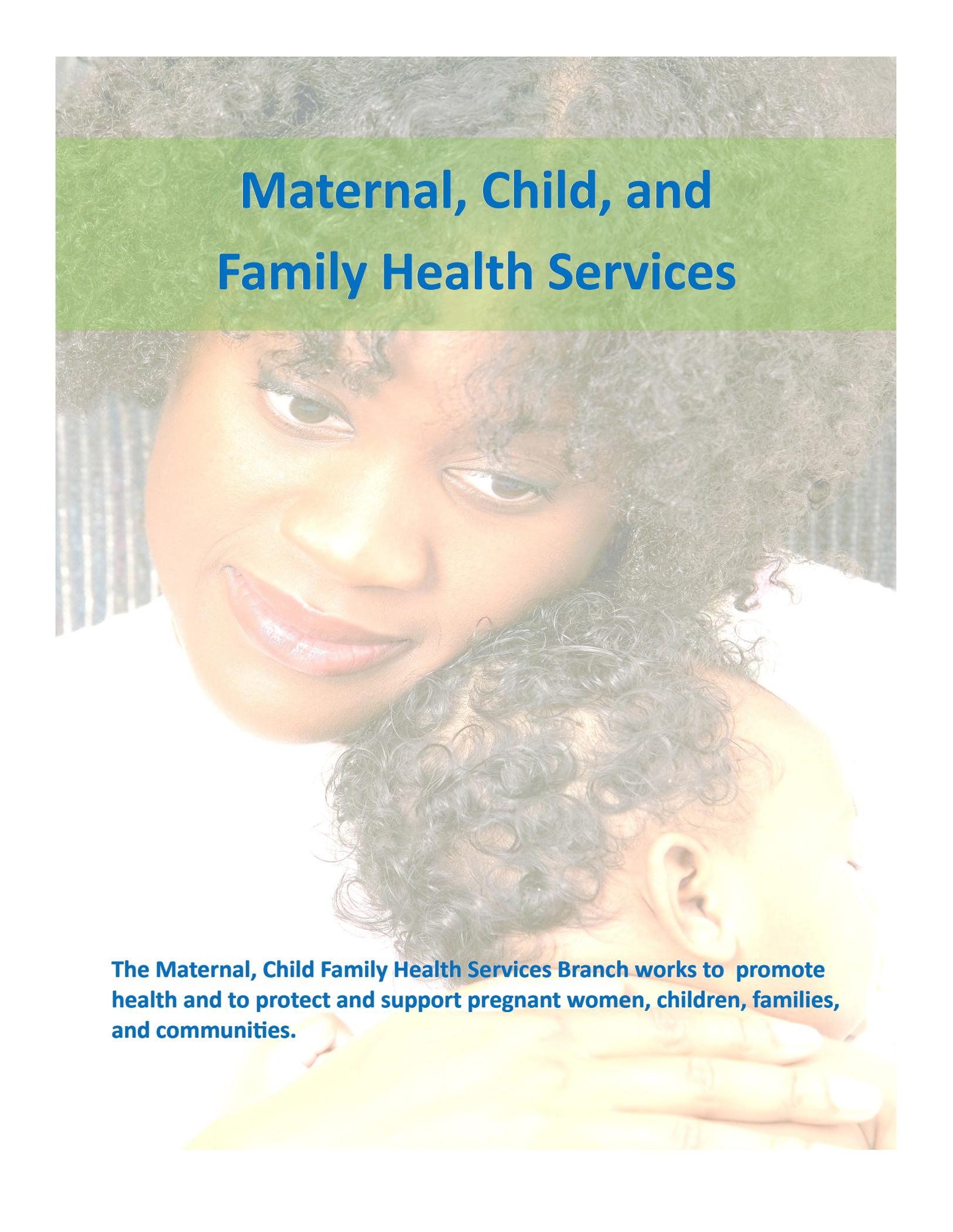
HIV, STD and Hepatitis Branch

STD Prevention

- Conducted 31 STD presentations for approximately 900 representatives of health care organizations, community-based organizations, schools and social services organizations.
- Conducted three full-day STD training courses, in conjunction with the California STD/HIV Prevention Training Center.
- Participated on eight community coalitions, advocating for STD awareness and prevention programs.
- Maintained and promoted *Don't Think, Know*, a chlamydia and gonorrhea home test kit for young women of color, sending out 153 kits. Sixty-six test kits were returned and 11 percent of the kits returned with positive for chlamydia. Treatment verified on 87 percent of the positive testers.
- Collaborated with the California Adolescent Health Collaborative and the National Center for Youth Law to host a training on minor consent and confidentiality.
- Collaborated with California Family Health Council to host a training on positive STD patient follow-up and lab tracking.
- Updated all San Diego Unified School Nurses on STD rates among youth and local resources.
- Screened 98 percent of all females entering San Diego juvenile detention facilities, surpassing the State goal of 80 percent.
- Treated 85 percent of all females who tested positive for chlamydia or gonorrhea within San Diego's juvenile detention facilities, surpassing the State goal of 80 percent.
- Continued We All Test, an STD testing reminder text/email messaging program for gay and bisexual men. As of June 30, 2014 2,712 persons were enrolled and 18,119 reminders were sent out.

The HIV, STD and Hepatitis Branch (HSHB) STD Prevention Program conducted 31 STD presentations for 900 representatives of health care organizations, school and social services organizations.





Maternal, Child, and Family Health Services

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

California Children's Services (CCS)

- Provided medical evaluations, treatment, and case management services for approximately 13,300 chronically ill, severely and physically disabled persons; the top three conditions for San Diego were Infantile Cerebral Palsy, Hearing Loss and High Risk Infants.
- Approximately 1,670 CCS children received physical and occupational therapy services at local public schools through innovative therapeutic methods and creatively integrating activities that embrace *Live Well San Diego*.
- Increased efficiency by exceeding the 60 percent Operations Plan goal for eQuest (e-medical provider referrals) by two percent.
- QI project targeted at newborns with hearing loss achieved a seven percent increase in treating newborns by six months of age.
- Promoted Public Health as a career choice by participating in the educational development of 36 Occupational or Physical Therapy interns from various educational institutes throughout the state of California.
- Outreached about 250 diverse community partners through 14 in-services throughout San Diego to educate about CCS services and improve care coordination. Some community partners included the African Alliance, Health Action Resource Team (HART) consortium, Balboa Hospital, USD, and Rady's Children's Hospital.

Health Care Program for Children in Foster Care

- Coordinated health care for over 3,000 children in out-of-home placement; completed 53,224 Health and Education Passports updates for children in Foster Care and Probation, identified, resolved and documented on 3,500 follow-up of health issues.
- Completed 26,613 consultations with Child Welfare (CW) social workers, foster parents and community agencies addressing health needs of children in out-of-home placement.
- Provided training to more than 1,076 CW social workers, foster parents, medical providers and persons from community agencies in 87 training sessions.

The Maternal, Child Family Health Services (MCFHS) Branch's California Children Services provided medical evaluations, treatment, and case management for 13,300 chronically ill, severely and physically disabled persons.



Maternal, Child, and Family Health Services

Maternal and Child Health

Assessment and Case Management (ACMS)

- Assisted 98% of pregnant women who were not in care, entering them into prenatal care within 30 days of calling to ACMS phone line.
- 100% (13,744) of children 0-20 years of age referred from the Family Resource Center needing assistance with scheduling an appointment and/or transportation for a Child Health and Disability Prevention (CHDP) well-child exam was contacted for follow-up.

Black Infant Health (BIH)

- As a result of providing breastfeeding support and education services, 97% (107 of 110) of clients initiated breastfeeding.
- Provided group intervention and case management to support healthy birth outcomes with a result of 91% (100 of 110) of infants being born of normal birth weight.

California Home Visiting Program

- Enrolled 60 clients into the Mother and Infant Home Visiting Program Evaluation (MIHOPE) study.

Child Health and Disability Prevention Program (CHDP)

- Facilitated the provision of 280,763 well child exams to low-income children by CHDP program providers and provided care coordination on 60,887 health problems identified during the exams to ensure eligible children receive periodic, comprehensive, preventive health screening and treatment.
- Contributed to the countywide efforts to combat childhood obesity by conducting nine Anthropometric/Body Mass Index trainings to 177 CHDP providers and their staff.
- Enhanced providers' knowledge and skills on performing pediatric vision and hearing screening by educating 318 CHDP providers and community partners through the CHDP Vision and Audiometric Screening Workshops.

The Black Infant Health Program's support and education services resulted in 97 percent of clients initiating breastfeeding.



Maternal, Child, and Family Health Services

Maternal and Child Health (continued)

Dental Health Initiative/Share The Care

- Provided preventive services (fluoride/varnish sealant application) to 317 children for a total monetary value of \$26,940.
- Referred 64 children for emergency dental services for a total of charitable work in the amount of \$40,682.

Chronic Disease and Health Equity Unit

Health in All Policies

- Advanced a regional partnership with the San Diego Association of Governments (SANDAG) which resulted in the following accomplishments:
- SANDAG's board accepted the first Public Health White paper for the Regional Plan and SANDAG conducted the first-ever regional existing conditions health analysis as part of the Regional Plan—the Existing Conditions and Gaps Analysis Report for Healthy Communities.
- SANDAG and its consultant, Human Impact Partners, finalized a report called, “National Best Practices to Inform the Scope of a Health Analysis Tool for the San Diego Region” in January 2014.
- Collected baseline data for the Healthy Stores for a Healthy Community statewide effort to assess tobacco, alcohol and unhealthy food prevalence in stores. Also conducted Public Intercept Surveys and Key Informant Interviews with elected officials.
- Developed Healthy Working Environments language to incorporate into PHS contracts to support tobacco-free environments and worksite wellness , which has been incorporated into more than **75** contracts.

The Child Health and Disability Prevention Program facilitated the provision of 280,763 well child exams to low-income children by CHDP program providers.



Maternal, Child, and Family Health Services

Chronic Disease and Health Equity Unit (continued)

Nutrition

- Improved school nutrition and procurement practices for San Diego Unified School District (SDUSD), San Diego's largest school district representing 130,000 people, to increase fruit and vegetable consumption and reduce sodium consumption.
- Advanced lactation supportive environments policies, resulting in the adoption of policies by four school districts and two businesses.
- HHS received the Liquid Gold award from the San Diego Breastfeeding Coalition for the Rosecrans lactation room.
- Engaged eight institutions in Farm to Institution implementation and five cities in food security planning.
- Launched a Healthy Vending Initiative, healthy store conversion, multiple faith-based healthy policies, community gardens through the Nutrition Education and Obesity Prevention program.
- Provided input to the Nutrition Policy Council for Feeding America San Diego's (FASD) donated and purchased food policies. FASD subsequently adopted recommendations for sugar, and used the U.S. Department of Agriculture (USDA) MyPlate model for education.
- Developed *San Diego Grown 365: Born and Raised* materials and launched the campaign through a media event and expansion to restaurants, retail sites and institutions.
- Developed and implemented a teen five-class nutrition education series administered in high schools across the county. In King-Chavez high school, concurrently worked with the Associate Student Body students and advisor to make healthy policy improvements.
- Raised awareness about healthy food in the community through participation in World Food Day in October 2013 and Fruit and Veggie Fest in May 2014.
- Trained the County psychiatric hospital registered dietitian on Rethink Your Drink and nutrition education.

The Nutrition Program in the Chronic Disease and Health Equity Unit developed and implemented a teen five-class nutrition education series administered in high schools across the county.

Maternal, Child, and Family Health Services

Chronic Disease and Health Equity Unit (continued)

Office of Violence Prevention

- Hosted two community-wide forums reaching over 250 stakeholders and violence prevention partners to strengthen collaborative efforts across San Diego County in addressing all aspects of family violence (child abuse, domestic violence, elder abuse, animal abuse).

Physical Activity

- Increased physical activity in the Chula Vista Elementary School District, San Diego County's largest elementary school district, representing 29,200 students, by developing a physical education (PE) curriculum aligned to Common Core and state grade-level standards, physical activity Master Schedules and Physical Activity Program Plans.
- Implemented a public education initiative for Healthy Works efforts, reaching more than 80% of the County's population through TV, radio, online commercials and social media.
- Awarded funding to serve as a pilot health department for the California Building Resilience Against Climate Effects (CalBRACE) initiative to build capacity within PHS to address climate change and health issues.
- Six Communities of Excellence in Nutrition, Physical Activity and Obesity (CX3) teams advanced policy and environmental improvements throughout the county, including improving healthy food access; improving sidewalks, crosswalks, and adding bike lanes for 9,142 people in East Region; and partnering with National City in South Region to redevelop its infrastructure around Kimball Elementary to include curb extensions, sidewalk improvements, and speed bumps (affecting 4,578 people).

The Physical Activity Program of the Chronic Disease and Health Equity Unit developed a physical education curriculum for the Chula Vista Elementary School District, representing 29,200 students.



Maternal, Child, and Family Health Services

Chronic Disease and Health Equity Unit (continued)

- Launched Live Well @ Work, a worksite wellness intervention to promote cardiovascular health and the use of clinical preventive services. Accomplishments included a comprehensive worksite wellness resource library and communication tools, and recruitment of ten employers representing more than 50,000 employees that completed an assessment protocol and received a Worksite Wellness Action Plan.
- El Cajon's City Council allocated \$125,000 in Community Development Block Grant funding to improve walkability and bike ability around Lexington Elementary School, through support from the El Cajon CX3 and Resident Leadership Academy teams.



Tobacco Control and Resource Program

- Increased smoke-free environments in multi-unit housing at 18 market-rate properties and 14 low-income properties through voluntary smoke-free policy adoption.
- Provided subject matter expertise for the Behavioral Health Services' Healthy Living Subcommittee's Tobacco Cessation Workgroup tasked with developing recommendations for adoption by the Behavioral Health Services Adult Council to integrate tobacco cessation for behavioral health clients.
- Contributed to the successful adoption of policies for nine cities and the County to restrict the use of electronic smoking devices, and a smoke-free public places ordinance in Coronado.

The Chronic Disease and Health Equity Unit's Tobacco Control and Resource Program increased smoke-free environments in multi-housing at 18 market-rate properties and 14 low-income properties through voluntary smoke-free policy adoption.



Public Health Nursing Administration



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.

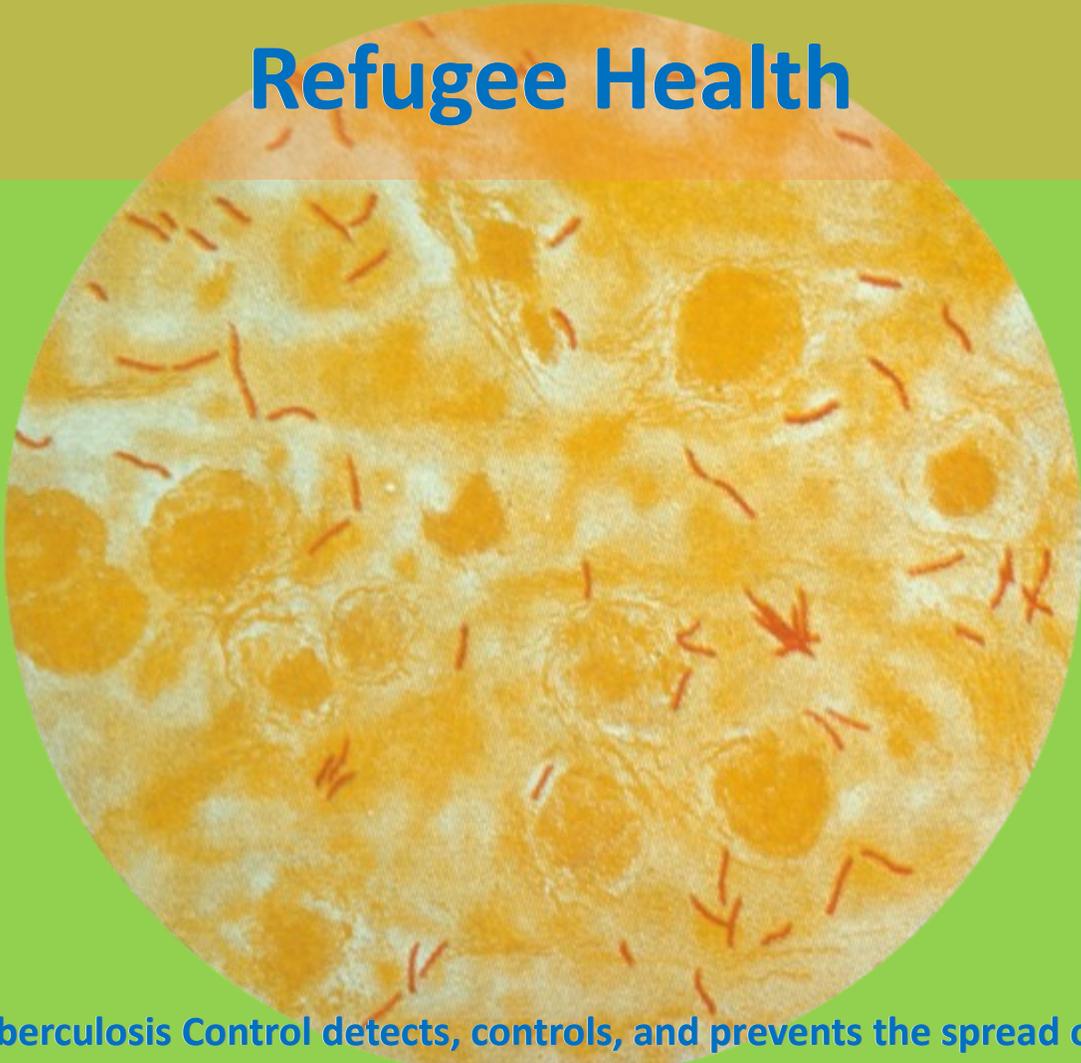
Public Health Nursing Administration

Public Health Nursing Administration

- Conducted Fit Testing on 86% of regional PHN staff, 62% of Aging and Independent Services PHN staff, and 96% of California Children Services PHN staff, as well as 24 clinic and support staff in the regions in order to prepare staff to deploy for disease outbreaks.
- Received and delivered 250 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.
- Facilitated provision of 69,829 vaccines to 30,207 individuals at the Regional Public Health Center clinics in order to protect against vaccine preventable diseases. Provided 17,194 Flu shots at the Regional Public Health Center clinics.
- Identified 136 PHN clients who were involved in a domestic violence relationship using the Abuse Assessment Screening Tool during home visits in order to provide support and guidance to clients.
- Supported 25,393 home visits by PHN field staff to provide PHN services to pregnant, postpartum, and parenting women.
- Achieved overall county breastfeeding rate of 51% for Maternal Child Health (MCH) and NFP mothers with infants at six months of age continuing to breastfeed.
- South implemented an Online appointment service that will be rolled out to the remaining regional Public Health Centers. Central Region implemented Online Immunization appointment service prior to the 2013-2014 fiscal year end.
- Coordinated the provision of 2,289 blood pressure screenings for the Love Your Heart Day event.

Public Health Nursing (PHN) Administration PHN supported field staff to make 25,393 home visits to provide PHN services to pregnant, postpartum, and parenting women.

Tuberculosis Control and Refugee Health



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.

Tuberculosis Control and Refugee Health

Tuberculosis Control

- Provided QuantiFERON testing for over 65 percent of contacts to active cases.
- Exceeded year two enrollment goals for the Centers for Disease Control and Prevention Tuberculosis Epidemiologic Study Consortium (TBESC).
- Performed over 300 US-Mexico referrals, with a success rate of over 80 percent, for continuity of tuberculosis care through the Cure TB program.
- Exceeded the California average in the proportion of TB cases tested for HIV infection (91 percent), timely reporting (97 percent), and having genotype testing (100 percent) and exceeded the California average for contacts getting fully evaluated after exposure to active TB (92 percent).
- Partnered with UCSD Medical School's Global Health Division to begin development of best practices for reimbursement of electronically observed therapy modalities.
- Incorporated 12-dose INH and Rifapentine short course therapy as a standard treatment option at all Public Health Center sites.
- Supported the creation of a Mexican non-profit entity, Puentes de Esperanza A.C. (Bridges of Hope), in collaboration with the International Community Foundation and Mexican partners.
- Worked with other PHS branches (i.e., HSHB and EISB) to test electronic laboratory reporting into the state CalREDIE system.
- Had three publications in peer reviewed journals and presented two posters at national meeting.

Refugee Health

- Provided over 2,500 refugee health assessments.
- Streamlined the Medi-Cal billing process for refugee health assessments.

Tuberculosis Control Program performed over 300 US-Mexico referrals, with a success rate of over 80 percent, for continuity of tuberculosis care through the Cure TB program.

Public Health Services Branch Quality Improvement Projects



Focus
on
Quality

Each Public Health Services Branch is required to complete at least one quality improvement project each fiscal year. Approximately 14 projects are included in this section; projects are reported by Branch.

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

HEALTH EQUITY
 Public Health Services Administration
 3851 Rosecrans Street San Diego, Ca
 1-619-542-4120
 3.2 Million



PLAN
 Identify an opportunity and plan for improvement

1. Getting Started
 Public Health Services (PHS) Administration will direct the Division in an effort to incorporate health equity into all programs and services by creating and implementing a Health Equity Committee (HEC) Work Plan.

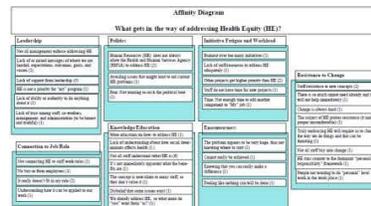
2. Assemble the Team
 Administration staff assembled a HEC consisting of staff from the PHS Branches in August 2012. Committee members were selected to participate based on their knowledge and willingness to provide input into the process. The HEC members included Sana Abedin, Tamara Bannan, Eugene Beronilla, Nora Bota, Deirdre Browner, Bruce Even, April Fernandez, Rhonda Freeman, Amelia Kenner-Brininger, Justine Kozo, Patrick Loose, Christy Lopez, Lindsey McDermid, Giang Nguyen, Juan Olmeda, Kimberly Pettiford, Alicia Sampson, Karen Waters-Montijo, and Tina Zenzola.

Aim Statement: The HEC will develop a plan to support the incorporation of health equity in all PHS programs and services.

3. Examine the Current Approach
 The Health and Human Services Agency (HHS) disseminated a three part Health Equity Survey to over 5,000 staff from July through November 2012. The survey was based on the Bay Area Regional Health Inequities Initiative (BARHII) Organizational Self-Assessment Tool. The results will be used to incorporate cultural competencies

into Workforce Development and Communication Plans.

4. Identify Potential Solutions
 In September 2013, the HEC created an Affinity Diagram to brainstorm and organize issues into groups and propose solutions to the problem.



The HEC identified solutions for each of the themes in the Affinity Diagram.

Theme	Solutions (If in Progress)
Engagement	<ul style="list-style-type: none"> Inform and educate staff Identify what PHS staff are doing already Start with small concrete projects that staff are already working on
Initiative Fatigue and Workload	<ul style="list-style-type: none"> Connecting the dots for staff to show the incorporation of Health Equity and their everyday work Implement cross-branching activities regarding Health Equity in decrease duplication of work among staff Maximize the number of projects Start with what staff find as already working on "Health Equity"
Knowledge/Education	<ul style="list-style-type: none"> Train a Champion from each Branch on Health Equity to implement changes Create awareness of Health Equity for other HHS Divisions and County Departments Offer the National Association for County and City Health Officials (NACCHO) Roots of Health Inequity Training Bring guest speakers Universal Causes Video Educate PHS staff at the All staff meeting in December HEC Champion will create a Health Equity glossary of terms
Leadership	<ul style="list-style-type: none"> Provide intensive training to the Public Health (PH) Leaders Identify the vision for Health Equity and set expectations for PH Leaders Clear messages to staff Meet PH Leader's bi-weekly Dr. Wooten presents to the PH Leaders Dedicate 15 minutes at every PH Leaders meeting to discuss Health Equity Have a staffed staff PH Leaders meeting and assign homework Include Health Equity in the Senior Staff Advancement Utilize strength-based management and Five 2ydfuncors of a Team (5DT) Collaborate with PHS in addressing Health Equity
Public	<ul style="list-style-type: none"> Develop a communication strategy to target specific audiences
Restructure Change	<ul style="list-style-type: none"> Continue communicating and training staff Make sure that the initiative is communicated by Champions and Chiefs in the Branches Be sure to focus with staff at Branch meetings to include them in the discussion and the necessary resources to change

5. Develop an Improvement Theory
 The HEC used all of the information to develop a Work Plan that will include five priority areas: Knowledge, Policy Development, Leadership, Data, Research and Evaluation, and Community Capacity Building.

DO
 Test the theory for improvement

6. Test the Theory
 The HEC Work Plan was implemented in FY 2013/14 during the December 2013 PHS Annual All Staff Event for the kick-off of the health equity initiative.

STUDY
 Use Data to study test results

7. Check the Results
 The HEC Work Plan will be monitored on an annual basis to ensure that goals and objectives are met. The Health Equity Survey report highlights the results from the HHS staff responses.

ACT
 Standardize the improvement and establish future plans

8. Standardize the Improvement or Develop New Theory
 The HEC will meet on a monthly basis to implement the Work Plan. Based on the results from the Health Equity Survey, recommendations will be incorporated in the Communication, Workforce Development, and HEC Work Plans.

9. Establish Future Plans
 The HEC plans to expand membership to include County staff from the Department of Human Resources and HHS Regions. Training on Health Equity will be provided to PHS staff and Branch Champions will lead the initiative.

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: 3.2 Million



PLAN
Identify an opportunity and plan for improvement

1. Getting Started

San Diego County EMS was asked to assist in determining whether an issue was valid with respect to the inappropriate use of 911 for medical concerns from a San Diego County Probationary Work Furlow location.

The Quality Assurance Specialist (RN) for County Probation was notified by San Diego Fire Rescue that the volume of 911 calls for inappropriate medical calls from the facility on 531 West 35th Street has steadily increase in the last year (2012-2013).

The County of San Diego Probation Department contracts with Correctional Alternatives an agency providing medical oversight for residents at 531 West 35th St.

The Probation Department's Quality Assurance Specialist requested assistance from San Diego County EMS to investigate whether the concern is real or perceived.

County EMS reviewed 100% of 911 dispatch reports and paramedic documentation of 911 calls from that location for 2012 and 2013 validating the concern of inappropriate use.

The volume of such calls increased 100% from 2012 to 2013.

911 Data Analysis	2012 January-December	2013 January-December
Total 911 calls per year	61	127
Appropriate 911 use	18% or 11 of 61 calls	24% or 31 of 127 calls
Borderline 911 use (probably ok)	9% or 3 of 61 calls	13% or 16 of 127 calls
Inappropriate 911 use	77% or 47 of 61 calls	63% or 80 of 127 calls

2. Assemble the Team

Rural Metro/San Diego Fire Rescue -Anne Marie Jensen EMT-P, Resource Access Program (RAP) Coordinator

San Diego County Probation Department - Cheryl Pacheco RN Quality Assurance Specialist

Correctional Alternatives Liaison – Pynne Looper RN.

San Diego County EMS- Diane Ameng RN, Quality Assurance Specialist

Aim Statement:

By July 1, 2014 the work furlow facility staff from Correctional Alternatives will have received training on the topic of appropriate 911 medical concerns. Post training data comparison will measured from January through June 2013 and January through June 2014.

3. Examine the Current Approach

At the time of initial data collection (2012-2013) it was determined that there was minimal training by staff at the facility specific to what is appropriate use of 911 for medical concerns and what is inappropriate use. Documentation review of dispatch and paramedic data reflected that staff at the facility, as well as residents at the facility called 911 for non-emergent medical concerns.

4. Identify Potential Solutions

a. EMS will provide County Probation and Correctional Alternatives data that reflects what types of situations are resulting in appropriate and inappropriate 911 use.

b. This information will assist County Probation and Correctional Alternatives in it's development of a training program specific to what is and is not appropriate use of 911 for medical concerns in the work furlow environment.

c. County Probation and Correctional Alternatives will provide training to work furlow staff in and effort to reduce inappropriate use of 911 for medical concerns.

5. Develop an Improvement Theory

If specific training is provided for Correctional Alternatives staff regarding what is appropriate use of 911 for medical concerns, we estimate appropriate 911 usage will improve.

DO
Test the theory for improvement

6. Test the Theory

a. Did the overall number of 911 calls decrease?

b. Did the percentage of appropriate 911 calls increase 25 % after staff training occurred?

c. Did the overall number of inappropriate 911 calls drop by 25% after staff received special training ?

STUDY
Use Data to study test results

7. Check the Results

911 Data Analysis January-June	2013 Jan-June	2014 Jan-June
Total 911 calls	64	80
Appropriate 911 use	24% or 16 of 64 calls	44% or 35 of 80 calls
Borderline 911 use (probably ok)	13% or 8 of 64 calls	18% or 13 of 80 calls
Inappropriate 911 use	63% or 40 of 64 calls	40% or 32 of 80 calls

Census	2013	2014	Increase of
Jan	233.74	320.87	87.13 or 37%
Feb	228.96	311.32	82.36 or 36%
Mar	225.74	319.87	94.13 or 42%
Apr	243.4	317.63	74.23 or 30%
May	289.32	342.26	52.94 or 18%
June	296.77	357.97	61.2 or 21%

911 Data Analysis Jan-June	Post Education
Total 911 calls	16 or 25% ↑
Appropriate 911 use	20% ↑
Borderline 911 use (probably ok)	3% ↑
Inappropriate 911 use	23% ↓

After staff received training:

The overall number of 911 calls increased by 25% (from 64 to 80). Monthly census also increased from January-June 2013 to January-June 2014.

The percentage of appropriate 911 calls increased 20% (5% short of 25% goal).

The percentage of inappropriate 911 calls dropped by 23% (2% short of 25% goal).

ACT
Standardize the improvement and establish future plans

8. Standardize the Improvement or Develop New Theory

Provide training curriculum specific to appropriate use of 911 for medical concerns using the data analysis to drive specific teaching points for Correctional Alternatives staff.

9. Establish Future Plans

Provide ongoing education for Correctional Alternative staff on the topic of appropriate 911 use for medical concerns.

IMPROVING REPORT ACCURACY THROUGH IMPROVEMENTS IN SPECIMEN RECEIVING/DATA ENTRY

LOCAL HEALTH DEPARTMENT NAME:

ADDRESS:

PHONE NUMBER:

POPULATION SERVED:



Epidemiology and Immunization Services Branch—
Public Health Laboratory

3851 Rosecrans Street, San Diego, CA, Suite 716

1-619-692-8500

STD, TB Clinic; Detention Facilities, Juvenile Hall,
Catholic Charities, Owen Clinic at UCSD, San
Diego and Imperial County Hospitals & Labs



LIVE WELL
SAN DIEGO

PLAN Identify an opportunity and Plan for Improvement

1. Getting Started

The Goals are to:

- Implement direct access to client demographics for direct download.
- Implement electronic test requesting at clinic sites.
- Integrate PHIS client assessment data with electronic test requesting.

2. Assemble the Team

Team Leader:

- Dr. Michael Lancaster – Lab Director

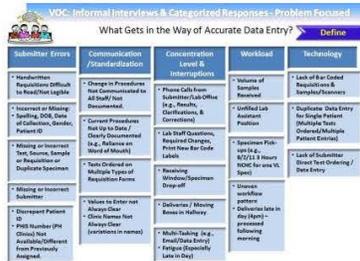
Team Members/Area of Oversight:

- Travis Jobe/Lab Support
- Kris Pinto/Office Staff
- Kristine Chavez/Office Assistants & Data Entry
- Dr. Katlyn Wainwright, TEP

3. Examine the Current Approach

New data entry checking process has reduced specimen receiving/data entry errors, but has not reduced errors originating in clinics and has not improved complex specimen handling processes.

- Specimen/Client data errors can originate in clinic where data are recorded manually and specimens are labeled manually.
- Manual selection of tests requested can lead to incorrect tests being performed.
- Laboratory receiving processes require several operations before test requests and specimens are connected by Lab Accession Number, and must be reconciled after the connection is made.
- Laboratory test instrumentation have limited direct connectivity to StarLims which requires manual entry of specimen information leading to additional possible errors.
- Manual entry of test results into StarLims can result in data errors.
- Test results must be manually entered into PHIS or accessed in StarLims by clinic users which can result in data errors.



4. Identify Potential Solutions

- StarLims version update.
- Electronic download of patient demographics from PHIS to StarLims based on PHIS number (**implemented**).
- Barcoding of test request and specimen labels. (**implemented**).
- Direct test ordering from clinic through StarLims or PHIS/StarLims interface.
- Automatic test ordering based on client assessment interview entry into PHIS.
- Specimen receiving and accessioning workflow restructure based on new ordering process.
- Direct StarLims instrument interface for fast result collection
- Electronic upload of approved results from StarLims to PHIS.

5. Develop an Improvement Theory

- If potential solutions are implemented, the error rate will decrease to AIM Level.
- If potential solutions are implemented, total test turn around time will be improved.
- If potential solutions are implemented, laboratory efficiency will be improved.



DO Test the Theory for Improvement

6. Test the Theory

- Implement Solutions and Measure Results

CHECK Use Data to Study Results of the Test

7. Check the Results

- Track Clinic Generated Errors–Released Reports
- Track Laboratory Generated Errors–Released Reports
- Track Errors caught during Microbiologist Review (after QC but prior to release)
- Track turn around times
- Track time spent on specimen receiving and accessioning.

ACT Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement

- Continue error reviews at established checkpoints.
- Standardize Procedures and Update as necessary.

9. Establish Future Plans

- Continue to monitor based on implemented as well as in process solutions.
- Continue to brainstorm for additional solutions.

EISB/HAEU QUALITY IMPROVEMENT PROJECT

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

HIV/AIDS Epidemiology Unit (HAEU), San Diego County
Epidemiology and Immunizations Branch (EISB)
3851 Rosecrans Street, San Diego, CA 92110
619-542-4141
3.2 Million
Determining HAEU Customer Report Needs

DEFINE Project

1. Problem and Project Goals

It is unknown if the reports produced by the HAEU meet internal and external customer needs. This project will determine if those needs are met and any additional information the customers would find helpful.

2. Draft the Project Charter

Scope: HAEU produces a series of subpopulation reports and a bi-annual report that are used by internal and external customers for grant writing, planning and prevention program development, and educational purposes.

Customers: Internal customers include the HIV, STD, and Hepatitis Branch (HSHB), and TB Control branch. External customers include community clinics, case management organizations, researchers and others.

Benefits: Enhanced customer service, staff time saved, building good relations with the HIV/AIDS community.

Project Team:

Lead: Samantha Tweeten
Sponsors: K.Waters-Montijo
Core Team: L. Freitas, M. Bursaw

3. Voice of the Customer

HSHB, UCSD AVRC, Community Clinic Organizations, Christie's Place, UCSD Mother/Child/Adolescent Program, VAMC

MEASURE

4. Gather Information

Survey was developed using Survey Monkey to gather information on current uses of available reports and areas customers would like to see expanded or removed. The survey was then sent to more than 150

potential respondents; of those 23 responded.

HAEU Quality Improvement Survey Respondents - Areas of Work

Type of Organization	Number of Respondents
Primary Care/Community Clinic	9
Case Management Organization	9
Prevention Services	7
Specialty Clinic	5
Public Health	2
Social/Behavioral Health Services/Drug Treatment	4
Other*	6

*Includes acute care hospital, legal services, nutrition program, housing, research.

NOTE: Respondents could select more than one work area.

ANALYZE

5. Current Usage

Current report usage was determined from the survey. The majority of the respondents use the reports and plan to continue to do so. The existing sections of the reports were found to be useful by the majority of respondents:

HAEU Quality Improvement Survey - Reports Used

Reports Used	Number
Used Reports previously	17
AIDS in Blacks	13
AIDS in IDU	9
AIDS in Older Persons	9
AIDS in Youth	12
AIDS in MSM	12
AIDS in Women	15
AIDS in Hispanics	14
Biannual Report	16
Plan to use in future	20

Reports are currently used for a variety of purposes, including budgeting, planning, grant writing, general education, prevention program development and others.

HAEU Quality Improvement Survey - Reasons for Report Use

Reason for use	Number
Program Planning/Priority Setting	14
Budgeting	4
Grant Writing	15
General Background Information	12
Education	12
Other*	2

*Includes Statement of need and presentation materials.

6. Changes Requested

Most of the sections included in the reports (sex, age, race/ethnicity, HHSA region, time to AIDS diagnosis) were felt to be useful by the majority of respondents. Other sections (survival, origin, facility type) were listed as useful by at least 5 of the 23 respondents. No section was listed as being not useful by the majority of respondents.

Areas requested to be expanded by at least 5 of the 23 respondents were sex, age at diagnosis, current age, race/ethnicity, and region. The most common request for inclusion in the reports is Gardner Cascades of Care by various subpopulations. Other requests, which cannot be fulfilled due to data restrictions include information on income, STD co-infection, and current treatment.

IMPROVE

7. Additions to Reports, New Format

Where possible, Cascades of Care will be incorporated into future reports and the requested areas for expansion will be addressed. HAEU will also explore the possibility of using Testing and Treatment History information. HAEU reports will be moving to a more HIV Disease focus rather than just being AIDS focused. This reflects more currently thinking about HIV/AIDS.

FUTURE

8. Resurvey in two years

Respondents will be resurveyed in two years to determine if changes have been helpful to the HAEU customers.

PLAN

1. Getting Started

The current process that allows patients to obtain test results via telephone is slow and creates frustration for clients as evidenced by client complaints received by the Public Health Nurse (PHN) or Office Assistants. There were delays in callbacks to clients due to the availability of only one PHN to respond to client requests to receive test results by telephone.

2. Assemble the Team

QI project team members were selected based upon their roles within the STD Clinic, their skills, strengths and knowledge worker competencies. Members of the QI team consist of clinic management and staff from the various work locations within the clinic.

AIM Statement:

By June 2014, the STD Clinic will have a process in place that allows Communicable Disease Investigators (CDI) to provide STD test results to clients by telephone when requested by the client. Call logs used to document client callback and results disclosure will be evaluated and updated as needed. Time from client request to results disclosure will be collected and analyzed to determine effectiveness of process. Data will also be used to provide feedback to individual team members and to the entire team.

3. Examine the Current Approach

The team leaders looked at the current process flow for responding to telephone requests from clients to obtain their test results. The PHN suggested that the CDIs may be better positioned to provide client STD test results by phone. Prior to implementing any changes, team leaders met with CDIs to solicit suggestions as to how to improve timeliness of telephone results to clients. The CDIs examined the current process and suggested that they could respond to client calls requesting STD test results. CDIs are trained in providing client STD test results and

STD/HIV CLINIC
3851 ROSECRANS SUITE S
619-692-8550

DECREASING TIME CLIENTS WAIT TO OBTAIN STD RESULTS VIA TELEPHONE

staffing levels would allow them to respond to requests in a timely manner.

4. Identify Potential Solutions

The project team determined that changing the call responders to the CDIs would be the best course of action. The CDIs will use the process and call log that was being used by the PHN to track calls from clients seeking test results. The call log would be modified if it didn't meet the needs of the new process.

5. Develop and Improvement Theory

If CDIs return calls from clients requesting phone results, calls will be returned in a more timely fashion and STD Clinic staff will improve client satisfaction. Documenting CDI calls will allow us to determine improvements in timeliness and provide data to continually improve the process. The test methodology includes reviewing the daily call logs from the beginning of the new process and comparing them to the most recent call logs captured by the PHN when responding to client requests for results by phone prior to the implementation of the new process.

DO

6. Test the Theory

On the November 6, 2013, the CDIs took over the telephone results line using the existing call log which was used by the PHN to document efforts. A follow-up meeting was held with team members and CDIs two weeks later to conduct a preliminary review of the new process and to solicit input from the CDIs. The team determined that the current call log was inadequate because it did not allow for tracking time of client call to time of return call to client and date of results disclosure. This information is crucial in determining length of time for clients to receive a callback. The log needed additional improvement to allow CDIs to document multiple return call efforts to the client, to communicate efforts between CDIs, and to

STUDY

document the need for continued follow-up activities. A new call log was designed, staff trained and on December 6, 2013, the new call log tracking tool was implemented..

7. Study the Results

The team discovered that there was no ability to compare current client call back times with previous efforts because of inadequacies in data collection on the old call log. The redesigned call log will serve as documentation of service provision, a data collection form and as a Quality Assurance tool.

What is current time to respond?

The average time from client request for telephone results to client callback is two days, not accounting for weekends or holidays. The range is same day to six days. The six day responses were predominately associated with holiday weekends.

ACT

8. Standardize the Improvement or Develop New Theory

Over time, proper usage of the updated call log became inconsistent. The call log was revised again to provide CDIs with additional clarity in how to properly complete the call log and to better document interventions for subsequent callers. The team also identified a need for ongoing training to keep staff familiar with correct documentation on call log. Finally, a process was needed to provide feedback from the QA process to individual staff members regarding lapses in documentation. This is currently being developed.

9. Establish Future Plans

Team leaders will collect and analyze data to determine if response times are maintained over time within the current two day timeframe. It will be possible to roll out the STD telephone results system to regional STD clinics.

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

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES
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

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

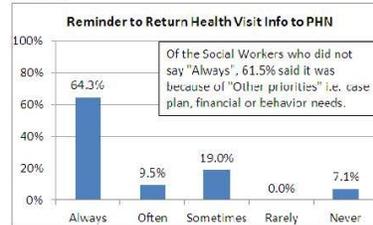
The QI project team consists of Maternal, Child and Family Health Services (MCFHS), HCPCFC Administration, and HCPCFC PHNs. The team members were selected for their strengths, expertise and roles within HCPCFC: Anita Secor, PHNS; Leela Joseph, PHN; Donna Chase, PHN; Kathleen Lindenmeyer, PHN; Linda France, 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.

Maternal, Child, and Family Health Services

California Children's Services (CCS)

QI Project FY 2013-2014:

Increase Early Detection & Treatment of Hearing Loss in Newborns

County Of San Diego, HHSA, 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 2013, San Diego CCS formed a committee of key members including CCS staff and our partners at the State Newborn Hearing Screening Program (NHSP) to ensure that prompt diagnostic testing of all infants was completed by 3 months of age and that treatment was initiated for infants with identified hearing loss by 6 months of age. There was no established mechanism for determining if the goals set by the State were being met. Therefore, there was no way to determine if additional interventions were needed to meet the stated goals.

2. Assemble the Team

A Quality Improvement (QI) team was established in September of 2012 in response to multiple requests by NHSP staff for confirmation of completed screenings and initiation of treatment if indicated. The team consisted of cross section of CCS staff involved with case management. A meeting schedule was set.

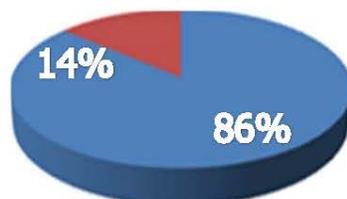
AIM Statement:

To ensure infants referred by the NHSP to CCS have follow up screening completed by three months of age and initiation of treatment by six months of age if indicated, and to identify emerging trends in timely follow up or lack thereof for the Newborn Hearing Screening Program.

3. Collect Baseline Data

The QI team collected data from CMSweb, Business Objects, and phone calls to parents on referrals submitted to CCS by the NHSP for the previous one year period July 2011 to June 2012 with specific ICD-9 (diagnostic) codes indicating suspected hearing loss. Of 164 cases referred via NHSP with the correct ICD codes 95% (155/164) received diagnostic

evaluation by 3 months of age and 86% (142/164) of those identified with hearing loss initiated treatment by 6 months of age.



4. Examine the Current Approach

The QI team looked at how referrals for NHS were processed at CCS; both for diagnostic testing and follow-up for treatment services if it was determined that the infant had hearing loss. Further intervention was indicated as 14% of infants were not receiving treatment even after diagnostic screening documented hearing loss and authorization for treatment was provided to the family through the CCS program.

5. Identify Potential Solutions

Parents contacted needed to be aware of the impact of hearing loss on infant development and the importance of early medical intervention on child development.

6. Develop an Improvement Theory

CCS staff would develop an educational flyer to encourage families to initiate treatment once hearing loss is identified. Case management staff will attach the flyer to the completed CCS authorization for treatment services that is mailed to the family. The flyer will be sent in both English and Spanish.

DO

Test the Theory for Improvement

7. Test the Theory

The flyer was mailed with each authorization for CCS treatment services. Data was collected by each Senior PHN case manager as to which families were provided with educational materials. This

allowed the QI team to collect comparative data for analysis.

CHECK

Use Data to Determine Results

8. Check the Results

Data collected from the Senior PHN case managers indicated that 15 flyers were sent during the study period. Of the 15 flyers sent, 14 infants who were identified with hearing loss received treatment within the specified 6 month time period. One infant did not receive treatment due to *parental choice. Total percentage of infants whose parents received the flyer and subsequent treatment was 93%.



ACT

Standardize the Improvement and Establish Future Plans

9. Standardize the Improvement

The CCS case management team will provide a parent education flyer with each authorization for treatment of newly identified hearing loss through the NHSP.

10. Establish Future Plans

CCS will continue to work with our Partners at the State Newborn Hearing Screening Program to provide timely and appropriate follow up for infants with suspected and documented hearing loss. In addition, San Diego CCS will continue to educate parents to promote positive outcomes for infants with hearing loss.

*These parents choose to communicate with their infant via American Sign Language as this is what is used in the home. Both parents and this infant's sibling are also hearing impaired



PUBLIC HEALTH CLINIC: CENTRAL REGION
 PUBLIC HEALTH CENTER AND VIP
 IMMUNIZATION TRAILER
 ADDRESS: 5202 UNIVERSITY AVE. SAN
 DIEGO CA 92105
 619-229-5400
 PROJECT TITLE: LMS TRAINING FOR
 TRACKING READING OF POLICIES AND
 MANUALS

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

Fully implement LMS training for tracking reading of identified clinic manuals and policies

2. Assemble the Team

Senior OA, LMS OA (to be automation coordinator) all clinic nurses, PHN supervisors and PHN Manager.

3. Examine the Current Approach

There is limited notification for required reading of policies. Some required trainings are currently being assigned to nurses using the LMS system.
 Clinic manuals should be reviewed annually by all licensed nurses that participate in the particular service (such as immunizations, TSTD, LTBI) Currently we have a mostly self-directed method.

4. Identify Potential Solutions

Continue the plan from last year, adding in LMS assigned manual reviews with brief questions to answer in the LMS system. Consider how to add in more policies such as medication handling, evaluate the need and ROI. (with Policy Tech due to roll out soon this may not be needed)

5. Develop an Improvement Theory

Ultimately we want to improve tracking of compliance with required policy and manual reviews. By LMS notification we expect improved awareness of requirements and compliance.

DO

Test the Theory for Improvement

6. Test the Theory

One module has been completed and tested. It works! Once glitch has been identified, which is downloading test results. The module (LTBI) will be published to all nurses who work in LTBI clinic.

STUDY

Use Data to Study Results of the Test

7. Study the Results

First module results in tester effectiveness. Receiving end needs more help in learning how to read test results.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Future plans are to upload all standardized clinic manuals along with short quiz. Nurses will be assigned manuals according to clinics they serve in. (clinic staff will be required to review all clinic manuals on the LMS system, PHNs will be required to do an annual immunization manual review.

9. Establish Future Plans

Future plans as above: complete LMS trainings for STD, Immunization and other relevant manuals: assign to nurses. Monitor LMS completion rates.



EAST REGION PUBLIC HEALTH CENTER
460 N. MAGNOLIA AVE., SUITE 110
EL CAJON, CA 92020
619-441-6500
PROJECT TITLE: LIMITED QUANTITY
HAULING EXEMPTION PERMIT (LQHE)

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

During the Clinic Site Assessment at East Region Public Health Center it was discovered that East Region Public Health Center does not have a LHQE (Limited Quantity Hauling Exemption) Permit for transporting needles/syringes.

2. Assemble the Team

The QI project team members were selected based upon assessment of identifying the persons that would assist in achieving the ultimate goal of having the LHQE Permit and LHQE Binder. People on this team include:
 PHN Manager/PHS who will provide the information to obtain the permit,
 PHN Manager/East Region who will complete application and provide education to staff of requirements when transporting sharps.
 PHN Manager/North Central will provide a copy of their LQHE binder as a guide for East Region
 Senior OA who will use her P-card to pay the fee
 Clinic RN and LVN who will keep the assembled LQHE in a central location in order to provide to appropriate staff when needed

3. Examine the Current Approach

The current approach was to not have a LQHE Permit

4. Identify Potential Solutions

The Team identified that they were not in compliance of current regulations and by having the LQHE Permit in place they would now be in compliance and avoid any reprecussions if a staff person that was hauling sharps would be stopped and asked to show permit.

5. Develop an Improvement Theory

By having a LQHE Permit and binder in place East Region Public Health Center will be in compliance of current hauling regulations.

DO

Test the Theory for Improvement

6. Test the Theory

The Public Health Center will be in compliance of LQHE Regulations

STUDY

Use Data to Study Results of the Test

7. Study the Results

Results will show that East Region Public Health Center is in compliance of the LQHE Regulations and that staff have an increase in knowledge of this regulation.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

The LQHE Permit and binder will be available to all staff and all staff will receive education as to it purpose.

9. Establish Future Plans

Newly hired staff will receive the education on hauling sharps and the need to carry the East Region Public Health Center LQHE Permit Binder.



North Central Public Health Center
5055 Ruffin Road, San Diego, CA 92123
858 573-7340

North Central Regional Center Active Shooter Preparedness

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

Safety for clients and staff at North Central Regional Center is a priority concern. Due to the frequency of random active shooting incidents in a variety of public places, health center management in collaboration with the co-located Family Resource Center management plans to implement measures to educate staff how to respond to an 'active shooter' event, should one occur. Although four security guards are assigned to cover the entrance of the building and the parking areas, this is not sufficient should an event occur within the working areas of the regional building (including staff work areas and multiple waiting areas).

2. Assemble the Team

Gerri Matthiesen, PHN Manager
Domenico Camplisson, FRC Manager
Gina Sandoval, PHN Supervisor
Judy Wright, PHN
Trista Collins, PHN

3. Examine the Current Approach

County staff is currently untrained and unprepared on how to respond to an 'active shooter' incident.

4. Identify Potential Solutions

1. Regional center management and key staff will attend training on Risk Awareness and Violence Prevention.
2. Determine action plan for staff if faced with an active shooter incident (ex. 'run, hide, fight', safe locations to convene outside the regional center)
3. Prepare staff through training and demonstrations how to respond if faced with an active shooter incident.
4. Provide written instructions to staff to use as a resource.
5. Provide periodic 'refresher' trainings to remind staff on what to do in such an occurrence.

5. Develop an Improvement Theory

With preparation and training, staff will be better equipped to respond in appropriate ways to active shooter threats and incidents. Being adequately prepared will increase survival rates for staff and clients if confronted with these incidents.

DO

Test the Theory for Improvement

6. Test the Theory

Trainings in progress for regional center management and key staff.

STUDY

Use Data to Study Results of the Test

7. Study the Results

Results will be monitored to determine periodic training schedule.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Training outline to be documented to ensure consistency when providing training to staff.

9. Establish Future Plans

Continuous monitoring of training needs with periodic refresher training provided to staff.



North Coastal Public Health Center
 104 South Barnes St.,
 Oceanside, CA 92054
Project: Sexually Transmitted Disease Staff Education Project

PLAN

Identify an opportunity and Plan for an Improvement.

1. **Getting Started**
 Management identified that the Public Health Nurse staff had minimal knowledge of Sexually Transmitted Diseases (STD). North Coastal Region has several zip codes identified as having higher than normal rates of certain STD's. The Health Center serves the population identified at greatest risk for STD's.
2. **Assemble the Team**
 In Discussion with the Centralized STD program and the North Region STD team we decided to provide formalize educational on STD's with a focus on STD's prevalent in North Regions.
3. **Examine the Current Approach**
 Current approach to education had been to encourage staff to remain current on STD's. The project will formalize this expectation and provide a structure for the education on STD's to take place.

4. **Identify Potential Solutions**

Implement a formalize process to ensure that all staff receive comprehensive education on the most common STD's.

5. **Develop Improvement Theory**

The formalize process will ensure that all staff will have basic knowledge about STD's that would include identification, treatment and information on regional data of STD's. This would facilitate their ability to share /educate the community on STD's.

DO

Test the Theory for Improvement

6. **Test the Process**

Provide community presentations to increase awareness of STD's in the community to improve prevention and/or treatment. Presentations will include a pre/posttest to demonstrate knowledge of STD's has increased.

STUDY

Use Data to Study Results of the Test

7. **Study the Results**
 Review the statistics to see if there is a change in numbers identified and numbers of residents treated.

Act

Standardize the Improvement and Establish Future Plans

8. **Continue to monitor the data to look for trends in STD's in North Region**
 Once formalized education has taken place and community presentations have taken place.



NORTH INLAND PUBLIC HEALTH CENTER
 ADDRESS: 606 EAST VALLEY PARKWAY
 PHONE NUMBER: 760-740-4000
 PROJECT TITLE: CLINIC SERVICES SURVEY

PLAN
 Identify an opportunity and Plan for Improvement

1. Getting Started

We do not have a system in place for monitoring the quality of the services we provide in the clinic area. This is a problem because we cannot follow the monitoring portion of GMS and we have no feedback to guide our services. We also do not have a meeting set up for staff to discuss clinic services.

2. Assemble the Team

The clinic nurses and the public health nurse manager met to discuss how we can improve customer service and discovered we have no way to assess the quality of services provided to our customers, thus the idea of a clinic services survey to provide feedback on how our customers rate our services.

3. Examine the Current Approach

We looked at the San Diego County Tuberculosis Control Program home visiting services survey and Kaiser's customer service survey and modeled our survey based on appropriate information to be assessed.

4. Identify Potential Solutions

The clinic services survey will give us baseline data on the quality of services provided so we can make improvements in our procedures.

5. Develop an Improvement Theory

Distribute the clinic services survey to customers who receive services for one month quarterly through 2014-2015. Clinic nurses will hand out the survey to each individual and collect them before they leave the clinic waiting room.

DO
 Test the Theory for Improvement

6. Test the Theory

Surveys will be reviewed daily by the clinic nurses and individual concerns will be addressed by the PHN manager with the clinic or office staff. Issues to be addressed will be an agenda item at the monthly clinic issues meetings to begin in July 2014 and attended by all office staff and nursing staff involved in the clinic visit procedures. Surveys will be distributed once approved by HHS administration.

STUDY
 Use Data to Study Results of the Test

7. Study the Results

Any data showing improvements needed, will be addressed by the clinic issues meeting to suggest innovative solutions. Procedures or processes that need to be changed will be communicated to the appropriate program chain of

command to pursue efficiency options. Monthly clinic issues meetings will continue throughout the fiscal year.

ACT
 Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

New policies/procedures to improve services will be implemented immediately if they are allowed by current policy/procedure manuals. Processes which need to be changed will be vetted up the chain of command to the appropriate programs by the first quarter of 2016. An annual survey of clinic services will continue throughout the first quarter of every calendar year.

9. Establish Future Plans

Monthly clinic issues meetings will continue. Quarterly clinic client services surveys will continue.



NAME: SOUTH REGION PUBLIC HEALTH CENTER
 ADDRESS: 690 OXFORD STREET, CHULA VISTA,
 CA 91911
 PHONE NUMBER: 619-409-3128
 PROJECT TITLE: CLINIC DASHBOARDS

PLAN
 Identify an opportunity and
 Plan for Improvement

1. Getting Started

The South Region Public Health Clinic does not have a quick reference "dash board" or "score card" key clinic indicators. The indicators are to reflect qualitative and quantitative data tracked monthly to determine clinic efficiency and efficacy. Indicators will be selected by program experts and reflect national indicators and standards. The purpose of the dash boards will be to "tell the public health story" enhancing understanding of clinic services, tracking performance, highlighting key performance measures and tracking client results essential to operational excellence.

2. Assemble the Team

Latent Tuberculosis Infection (LTBI) Clinic – TB Controller, South and TB PHN Managers, TB Epidemiologist, Clinic Nurses and supporting TB Quality Management Specialist. See TB Storyboard for details of the LTBI Project Improvement 2013-2014.

Sexually Transmitted Disease (STD) Clinic- STD/HIV Medical Officer, PHN Manager, STD Supervisor and clinic staff

Immunization Clinic- Public Health Services (PHS) Immunization Branch, Regional PHN Managers, University of San Diego Immunization Program and clinic staff

3. Examine the Current Approach

Currently, each clinic has a different approach/system of gathering program data. The following data systems are used:

PHIS
 Starlins
 SDIR
 Chart Review
 Manual tracking on paper logs

Data tracked by each clinic is currently not provided in a standardized, readable, and meaningful format which the dashboard or scorecard will allow.

4. Identify Potential Solutions

LTBI Clinic- PHS TB Control has developed a data base to track key information on LTBI clients in 2013-2014.

STD and Immunization Clinic- Work with the PHS STD and Immunization Teams to identify and track key clinic indicators. The South Team will also support the North Region Leadership in their plans to create a Public Health Clinic Dashboard in 2014-2015.

5. Develop an Improvement Theory

South Region will participate with the North County team in development of an Improvement Theory once the key indicators and a standardized tracking system is identified.

DO
 Test the Theory for Improvement

6. Test the Theory

LTBI Control-

July-December of 2014- Central and South Regions will pilot the new database created by TB Control. Include North County "Dashboard" Team in the process and results.

Jan-March of 2014- Create a "dashboard" for main indicators working with North County Team.

March-June 2014- Test if the "dashboard" achieves the goal of tracking key qualitative and quantitative indicators

STD and Immunization Clinics- Participate with the North County Clinic "Dashboard" Team in developing and testing the clinic dashboards.

STUDY
 Use Data to Study Results
 of the Test

7. Study the Results

Once the indicators and dashboard are established, South Region will work with PHS and other regions to test the dashboard. Does the dashboard achieve the goal of telling the PH story? Are key national indicators reflected in the dashboard? Can clinic performance be tracked?

ACT
 Standardize the Improvement and
 Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Once the dashboards are created, tested and studied, work with PHS and Regional Leadership to standardize in HHS clinics.

9. Establish Future Plans

See timeline in #6 for 2014-2015 plans.



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 Patient Services in TB Clinic

BACKGROUND

The TB Program serves over 22,000 patients annually through the TB Clinic.

PROBLEM/OPPORTUNITY

Improve patient customer service by decreasing clinic wait times.

PLAN

Perform Time Study 5/15/13 – 7/19/13. Make recommendations and implementation plan based on results of time study.

OBJECTIVES & RESULTS

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

1. Decrease Provider interruptions:
 - Have PHN's email providers with issues, cc clinic supervisor/PHN supervisor.
 - Install wall bin for intake charts
 - Have PHN's give timeframe for provider answers.
 - Provider office hours: Dr. Campbell Available on Tues Am from 0800-0900 and the 2nd and 4th Weds of each month at Case Management meetings
 - As of 10/17/13, providers state that here have been fewer interruptions
2. Decrease length of time spent on chart prep: clinic staff spends an average of 20 min per chart for prep:
 - Have back clerical staff prepare chart day before

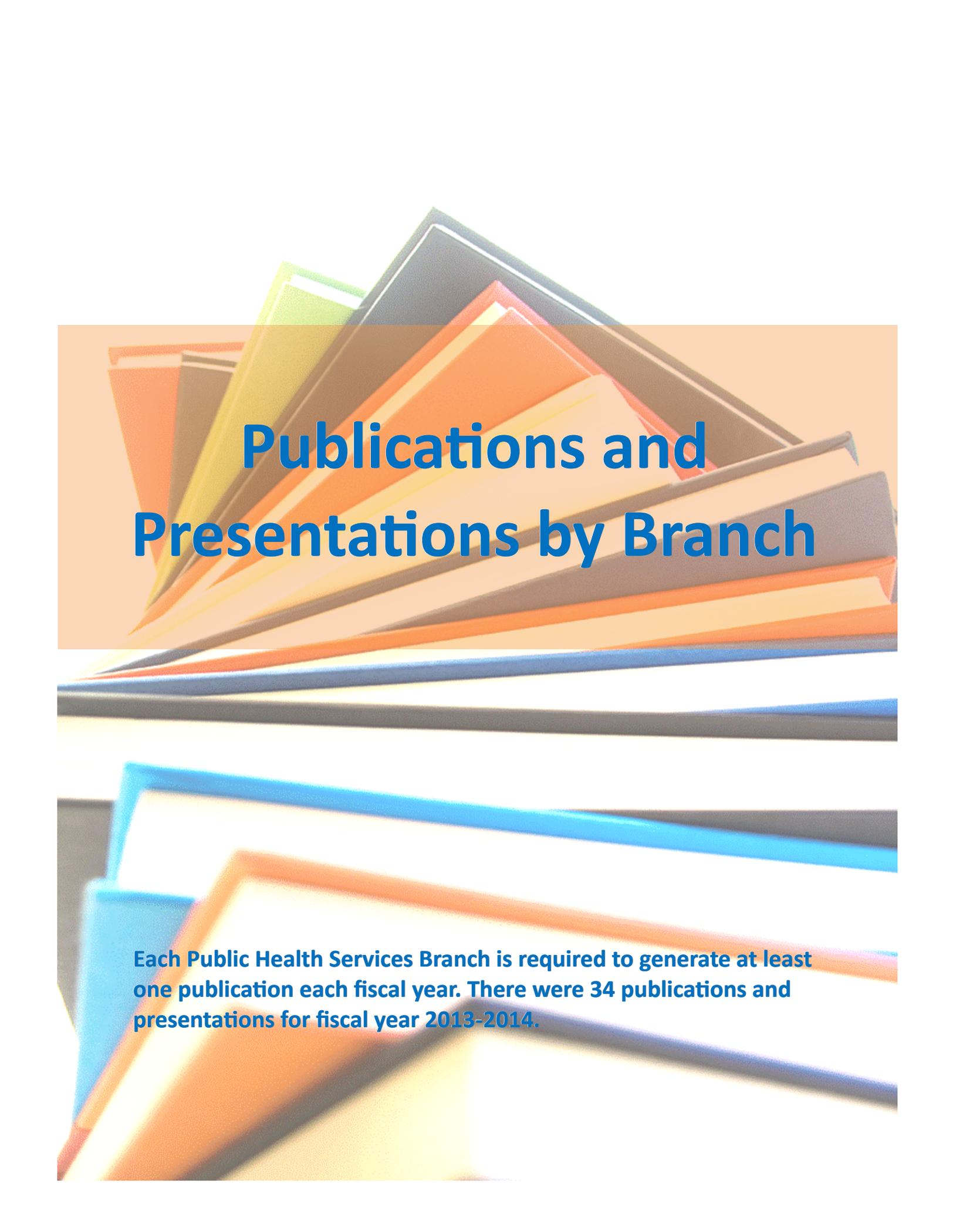
OBJECTIVES & RESULTS

- As of 10/17/13, clinic staff states improvement still needed in chart prep.
 - Assure labs, DOT records current as part of chart prep
 - 12/10/13 Dot records to be given directly to Senior OA for filing in the patients chart by Thurs of every week
 - Chart prep has improved, decreasing the amount of time clinic staff needs to prepare the patient for the MD visit
3. To minimize last minute calls for RX refills:
 - Have field staff pay more attention to medication amounts.
 - Discussed at Case Management meeting on 08/28/13.
 - Call refill RX before patient runs out of meds (i.e. 1 week before out of meds.)
 - As of 10/17/13, clinic staff states that there has been a decrease in the calls.
 - As of 01/03/14 the clinic staff states that even though the calls have decreased, field staff continues to call for refills when there is only one or two days of meds left.
 - Number of last minute requests for RX refills has decreased following meeting with the SSA's and PHN's in February 2014
 4. Pharmacy issues
 - Refill orders are being overlooked
 - Clinic not notified when pharmacy is closed
 - 08/26/13 Meeting with Pharmacy regarding above issues

OBJECTIVES & RESULTS

- Met with the Pharmacy and the above issues have been resolved
 - As of June 2014, Pharmacy now calls the clinic front desk staff when RX are ready to be picked up, rather than leaving a message on the clinic nursing line, thus decreasing the patient wait times in the clinic.
5. Minimize patient back up time during prep:
 - Have patient arrive 30 min. prior to appt. for prep
 - 10/17/13 Providers state that having the patient arrive 30 min early has decreased wait times to see the provider.
 - Have MD see patient before prep. Done
 - a. MD will pick up encounter form, bring patient to room, weigh and do exam. (Implemented, but not found to decrease time, no longer done)
 - b. Pt will be taken to room 1 or to draw station to have TX and/or visit completed. (Patient care equipment, and supply cabinets installed in both isolation rooms, increasing the number of rooms available for patient care. This has decreased wait times)

6. Improve schedule for LTBI appts:
 - Schedule LTBI appts. With Lisa
 - As of 10/17/13 there has been an increase in the LTBI appts scheduled with Lisa
 - As of December 2013, our Nurse Practitioner has been deployed to active duty, we have not been able to have a normal LTBI schedule available.
7. Improve access to computers in exam rooms 1 & 2: providers not able to review CXR's, labs, etc. with patient in room
 - Install computers in both rooms; status: completed; awaiting Synapse connection.
 - Synapse connection pending
7. Have a backup on reschedules (failures, + QFT/ LTBI appts.)
 - Have clerical staff schedule after chart/Pt review by nursing staff
 - As of 12/01/13 Community Living aide has been given PHIS access and is being trained to help make appts.
 - Decrease in number of reschedules the clinic nurses need to do
8. Decrease non-infectious Pt waiting time for CDI/PHN interview
 - Provide a separate interview area elsewhere in TB control.
 - Awaiting potential remodel
 - Plans drawn for remodel, awaiting funding
9. Increase the number of filled out intake forms prior the appt.
 - Have intake forms given to patient when appt. is made. Mail the intake form to patient prior the appt.
 - 10/17/13 clinic staff state there has been an improvement
10. Decrease RX time to less than 30 min. (It takes up to 30 min. to fill RX)
 - If patient is not infectious, send to pharmacy to p/u refill.
 - As of 08/26/13 Marjan to be notified if RX takes longer than 30 min to fill
 - Improvement noted on RX fill times
11. Have DC-56 on file for PHN's pts:
 - Give a copy of DC-56 form to clinic staff after the appt. is made.
 - As of 11/19/13 New DC-56 binders put into use, with a schedule to be checked monthly.
 - Contact database created, increasing the availability of contact identification
12. Have PHN verification of appt. with patients:
 - Inform clinic staff when the appt. is verified.
 - Automatic appt reminder system
 - 10/17/13 Improvement noted
 - Automatic appt reminder system, decision pending
13. Decrease patient late arrivals for appts.:
 - MD to decide if appt. needs to be rescheduled.
 -
14. To improve access to room availability:
 - Work with Dept of General services regarding air control issues and room clearance times.
 - Air flow evaluation done by the contractor on 10/07/13, awaiting results.
 - Ventilation study done on 12/13/13, awaiting results.
 - Report received, recommendations reviewed, no changes made at this time.
15. Provide a backup plan for lab input; we only have one Quest label printer:
 - Ordered a second Quest lab for 2nd computer at nurse desk. Status: 2nd label printer in operation.
 - 2nd printer working without any issues.
16. Decrease the number of phone calls made to the nurses station from the front desk staff regarding clinic patient arrival
 - Notification light installed, which has decreased the number of phone calls



Publications and Presentations by Branch

Each Public Health Services Branch is required to generate at least one publication each fiscal year. There were 34 publications and presentations for fiscal year 2013-2014.

Publications and Presentations by Branch

Administration of Public Health Services

Bannan, T., Verma, P., Wooten, W. *How Do I Assess my Organization's Culture of Quality? Practical application of NACCHO's Organizational Culture of Quality Self-Assessment Tool.* National Network of Public Health Institutes Open Forum for Quality Improvement in Public Health, June 2014. PRESENTATION.

Wooten, WJ Roundtable on Population Health Improvement; Board on Population Health and Public Health Practice; Institute of Medicine. Washington (DC): [National Academies Press \(US\)](#); 2014 Mar 20. PUBLICATION.

Wooten WJ. *Population Health Implications of the Affordable Care Act: Workshop Summary* By Roundtable on Population Health Improvement, Board on Population Health and Public Health Practice, Institute of Medicine. Building Better Health at the County Level. January 2014. PRESENTATION.

Macchione N, **Wooten WJ.** *Forbes Online: Pharma and Healthcare Section.* It's As 'Easy' As 3-4-50: San Diego Works To Change Its Culture, Improve Its Health -- And Live Well. December 2013. ONLINE PUBLICATION: <http://www.forbes.com/sites/robwaters/2013/12/04/its-as-easy-as-3-4-50-san-diego-works-to-change-its-culture-improve-its-health-and-live-well/2/>.

Wooten WJ, Sidelinger D, McDermid L. *Trust for America's Health.* Transforming a Community with Health in Mind. November 2013. http://healthyamericans.org/health-issues/prevention_story/transforming-a-community-with-health-in-mind. PUBLICATION.

Wooten, WJ. Overview of *Live Well San Diego*. HealthData.Consortium. November 2013. PRESENTATION.

Emergency Medical Services

Sampson, A. *Lenses of Health Disparities and Inequalities in San Diego County.* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. POSTER

Stepanski, B. *EMS Surveillance to Determine Trends in Intentional Injury.* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. POSTER

Abedin, S. *Emergency Department Visitation for Mental Health-Related Issues in San Diego County.* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. POSTER

Browner, D. *San Diego BMI Surveillance: Lessons Learned in Developing New Electronic Surveillance Using Existing Systems.* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. POSTER

Browner, D. *Successful Strategies for Increasing Healthy Eating and Physical Activity in Schools: Lessons Learned from San Diego Communities Putting Prevention to Work (CPPW).* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. POSTER

Publications and Presentations by Branch

Stepanski, B. *Heat Index Spatial Surveillance Integral to a Public Health Services Seasonal Heat Response Plan, County of San Diego, California.* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. PRESENTATION.

Sampson, A. *An Emergency Medical Services Surveillance System: The Daily Situational Awareness Tool (DSAT).* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. PRESENTATION.

Sampson, A. *Unintentional Injuries Among Children and Adolescents: A Decade of Trends.* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. PRESENTATION.

Browner, D. *San Diego County Food Systems: Ripe for Change.* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. PRESENTATION.

Smith, J. *Non-natural Deaths in San Diego County: A Comparison of Older Adults to the General Population.* American Public Health Association, 141st Annual Meeting and Exposition, November 2013. PRESENTATION.

Epidemiology and Immunization Services Branch

Negado, L., Claridad, A., Seidel, W., Washabaugh, G. *In-house validation of acid-fast bacilli positive BD MGIT₉₆₀ culture for use in the rapid detection of *M. tuberculosis* complex and Rifampicin associated mutations in the *rpoB* gene using the Xpert MTB/Rif_{assay}.* 8th National Conference on Laboratory Aspects of Tuberculosis, August 2013. ABSTRACT.

Manlutac, AL., Giesick, J., McVay, P. *Identification of early HIV infections using the fourth generation Abbott ARCHITECT HIV Ag/Ab Combo chemiluminescent microparticle immunoassay (CIA in San Diego County).* Journal of Clinical Virology, December 2013. PUBLICATION.

Thelen, B., **French, N.**, Koziol, B., Billmire, M., Owen, R., **Johnson, J., Ginsberg, M.**, Loboda, T., and Wu, S. *Modeling Acute Respiratory Illness during the 2007 San Diego Wildland Fires using a 1 Coupled Emissions-Transport System and Generalized Additive Modeling.* Environmental Health, November 2013. PUBLICATION.

Joseph, R., Haddad, F., Matthews, A., **Maroufi, A.**, Monroe, B., Reynolds, M., (**Annie Kao**). *Erythema multiforme after orf virus infection: a report of two cases and literature review.* BMC Infectious Diseases, March 2014. PUBLICATION.



Publications and Presentations by Branch

Joseph, R., Haddad, F., Matthews, A., **Maroufi, A.**, Monroe, B., Reynolds, M., (**Annie Kao**). Erythema multiforme after orf virus infection: a report of two cases and literature review. *Epidemiology and Infection*, March 2014. PUBLICATION.

Thelen, B., **French, N.**, Koziol, B., Billmire, M., Owen, R.C., **Johnson, J.**, **Ginsberg, M.**, Loboda, T., Wu, S. *Santa Ana Winds and Predictors of Wildfire Progression in Southern California*, *Int. J. Wildland Fire*, in Review. *Environmental Health*, December 2013. PUBLICATION.

Varan, A., **Thun, M.**, Unruh, M., Brook, M., Sisterson, F., **McDonald, E.** *Pertussis Cluster Among High School Students, Aged 14 to 17 Years Old, San Diego, California, 2013*. APHA National Conference, February 2013. PRESENTATION.

Rosenblum, E., McBane, S., **Wang, W.**, Sawyer, M. *Protecting Newborns by Immunizing Family Members in a Hospital-Based Vaccine Clinic: A Successful Tdap Cocooning Program During the 2010 California Pertussis Epidemic*. *Public Health Reports*, May-June 2014, Vol. 129. PUBLICATION.

HIV, STD, and Hepatitis Branch

No publication or presentation reported.

Maternal, Child, and Family Health Services

Sherry, R., **Sidelinger, D.**, **Saitowitz, S.**, **Browner, D.**, Vance, S., **McDermid, L.** *Designing and Implementing a Regional Active Transportation Monitoring Program Through a County-MPO-University Collaboration*. *American Journal of Health Promotion*: January/February 2014, Vol. 28, No. sp3, pp. S104-S111. PUBLICATION.

Browner, D., **Sidelinger, D.**, **Wester, R.**, Barnes, R., **Waters-Montijo, K.**, **McDonald, E.**, **Wooten, W.** *San Diego BMI Surveillance: Lessons Learned in Developing New Electronic Surveillance Using Existing Systems*. 141st APHA Annual Meeting and Exposition, November 2013. PRESENTATION.

Ryan, S., **Sidelinger, D.**, **Saitowitz, S.**, **Browner, D.**, Vance, S., **McDermid, L.** *Designing and Implementing a Regional Active Transportation Monitoring Program through a County-MPO-University Collaboration*. *The American Journal of Health Promotion*, January/February 2014. PUBLICATION.

Lindsey, S., Lambert, J., Penn, T., Hedges, S., Ortwine, K., Mei, A., **Delaney, T.**, **Wooten, W.** *Monetary Matched Incentives to Encourage the Purchase of Fresh Fruits and Vegetables at Farmers Markets in Underserved Communities*. *Preventing Chronic Disease Public Health Research, Practice, and Policy*, November 2013. PUBLICATION.

Public Health Nursing Administration

Thomas, S., **Tirsbier, A.** *Maternal Child Health Protocols and Guidelines*. University of San Diego Public Health Nursing, October 2013. PRESENTATION.

Publications and Presentations by Branch

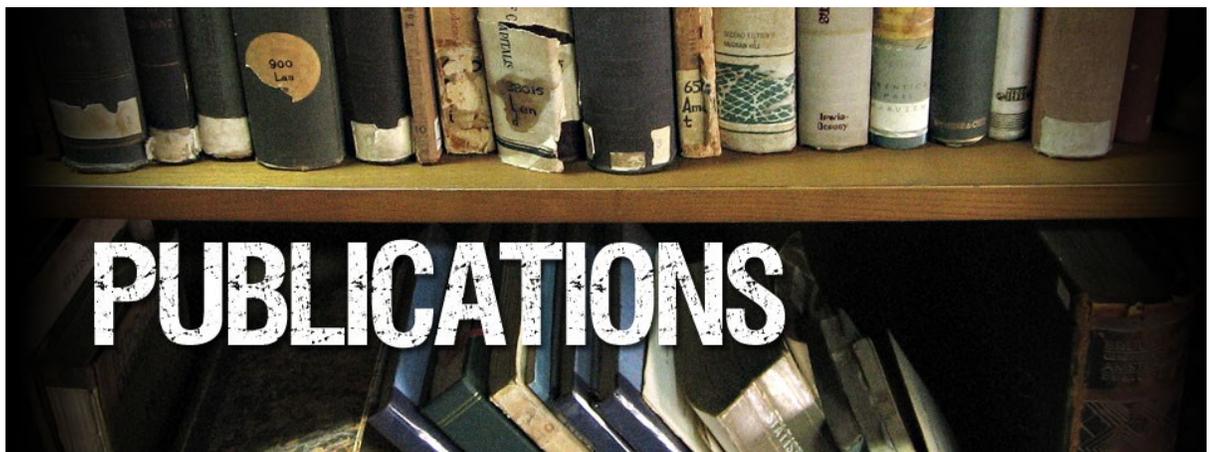
Tuberculosis Control and Refugee Health

Bennett, R., Brodine, S., Waalen J., **Moser K.**, and Rodwell, T. *Prevalence and Treatment of Latent Tuberculosis Infection Among Newly Arrived Refugees in San Diego County, January 2010-October 2012*. American Journal of Public Health: April 2014, Vol. 104, No. 4, pp. e95-e102. PUBLICATION.

Collins, K., Muñoz, F., **Moser, K.**, Cerecer-Callu, P., Raab, F., Flick, P., Zuñiga, ML., Cuevas-Mota, J., Burgos, JL., Rodwell, T., Rangel, MG., Patrick, K., Garfein, RS. *Experience with Mobil Technology Among Patients with Tuberculosis in San Diego, California and Tijuana, Mexico*. Journal of Mobil Technology in Medicine, Vol.2:4S:13, Dec. 2013. PUBLICATION.

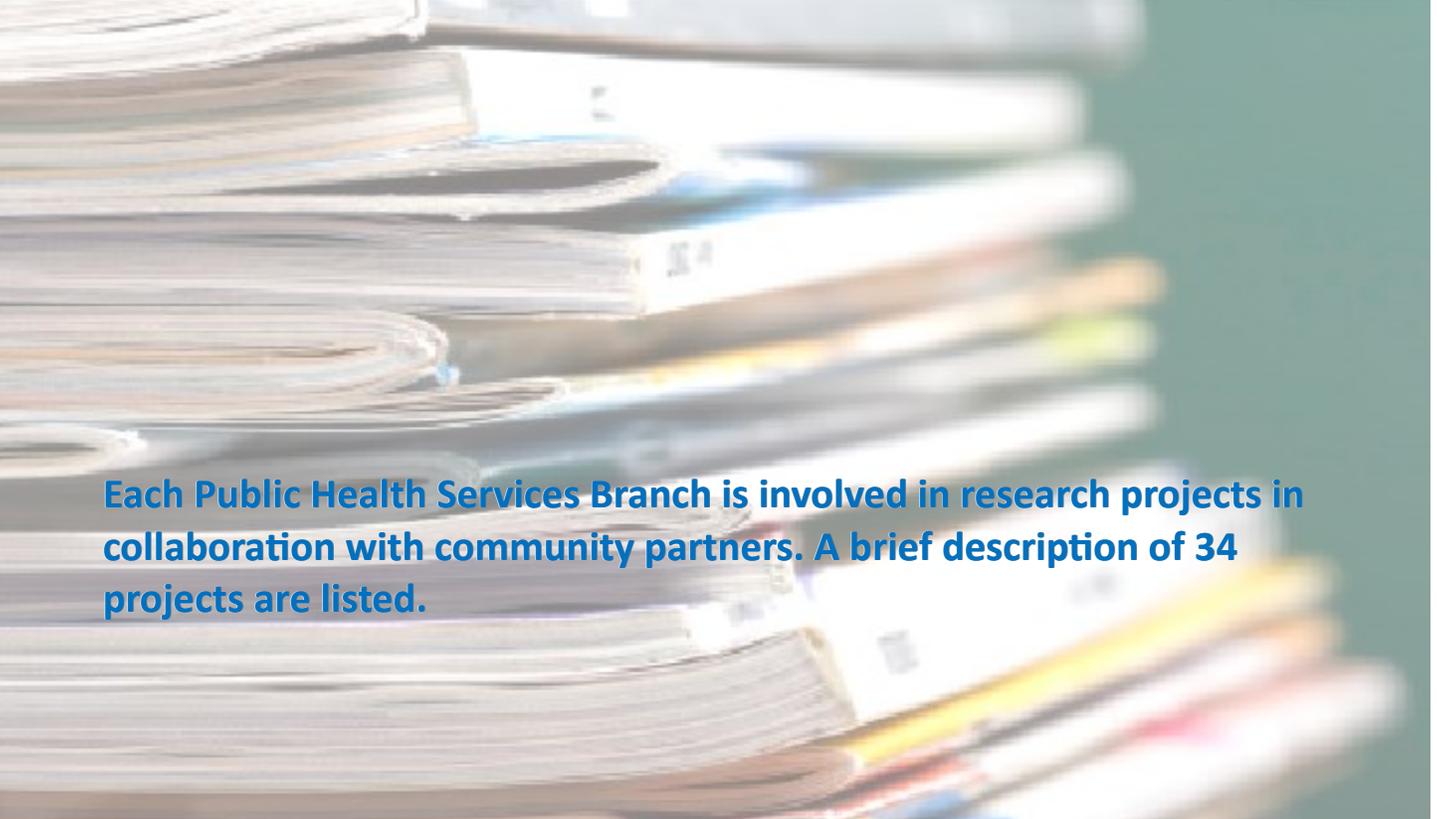
Morris, M., Quezada, L., Bhat, P., **Moser, K.**, Smith, J., Perez, H., Laniado-Laborin, R., Estrada-Guzman, J., Rodwell, T.; *Social, Economic, and Psychological Impacts of MDR-TB Treatment in Tijuana, Mexico: A Patient's Perspective*. Int. J. Tuberc. Lung Dis., Jul 2013. PUBLICATION.

Shaw, T., Cilnis, M., Vera-Garcia, C., Richardson, M., **Lobo, D., Brooks, M.,** Lozada, R., Chitnis, A., **Moser, K.**; *Detection and Investigation of a Large Cross-Border Cluster*. California TB Controllers Association, Apr. 2014. POSTER PRESENTATION.





Research Projects By Branch



Each Public Health Services Branch is involved in research projects in collaboration with community partners. A brief description of 34 projects are listed.

Research Projects By Branch

Emergency Medical Services (EMS)		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Community Emergency Medical Services (EMS) Response to Disaster (Surveillance study of non-disaster related chief complaints during community involved disasters)	Emergency Medical Services (EMS) staff	January 2006 - present
Emergency Department Overcrowding: Community Determinants and Patient Outcomes	Dr. Benjamin Sun, University of California, Los Angeles (UCLA)/Dr. Bruce Haynes, EMS	
Restraint use in pregnant women (Injury Prevention - retrospective review of restraint use among pregnant women involved in motor vehicle crashes)	EMS staff	April 1999 - present
Surveillance tool study (Evaluation of surveillance methodology)	EMS staff	Nov. 2003 - present
Cardiac Arrest Registry to Enhance Survival (CARES)	Hospital Association of San Diego and Imperial Counties, EMS staff	TBA
Epidemiology and Immunization Services (EISB)		
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 Centers for Disease Control and Prevention (CDC) Epidemic Intelligence Service (EIS) Officer and Epidemiology Program staff	October 21, 2007 - to present
Retrospective Surveillance for Neisseria Meningitis (by serogroup) in Tijuana and San Diego 2005-2007	David Sugerman CDC EIS Officer and Epidemiology Program 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 (EISB) staff	October 21, 2007 - to present
Assessment of Timeliness and Completeness of Reporting (To assess completeness and timeliness of legal disease reporting)	EISB staff	July 1, 2006 - present

Research Projects By Branch

Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Evaluation of Syndromic Data sources (To determine usefulness and sensitivity of data sources)	EISB staff	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 EISB	December 15, 2009 to present
Mortality Case Outcomes and Matching for Previous Elderly Traumatic Brain Injury Patients	Scripps HealthCare System and EISB staff	March 1, 2013 - present
Assessment of Immunization Management Consultancy (Program effectiveness/efficiency-future direction, Knowledge of provider vaccine delivery practices)	California Department of Health Services (CDPH) Immunization Branch and Dr. Wilma Wooten	January 1, 1996 - present
Expanded Kindergarten Retrospective Survey/Disparities (Evaluation of levels of Immunization disparities in children)	CDPH Immunization Branch and Dr. Wilma Wooten	April 5, 2007- Present
Year-round Influenza Surveillance (Monitor flu-like illness at emergency departments)	Dr. Wilma Wooten	November 1, 1994 - present
Quality Assurance/SDI Registry (Program effectiveness; Data accuracy)	CDPH Immunization Branch and Dr. Wilma Wooten	October 1, 2004 - present
Organization of Teratology Information Specialists (OTIS) Human Papillomavirus (HPV) Vaccine and Pregnancy Study	Dr. Christina Chambers, University of California, San	June 2011- May 2015
Random Digit Dial Immunization Coverage Survey (Determine community immunization coverage levels/ Program effectiveness/efficiency-future direction)	Dr. Wilma Wooten	July 1, 2006 - present
Registry-based Outreach Component Evaluation (Program effectiveness/efficiency-future direction)	CDPH Immunization Branch and Dr. Wilma Wooten	July 1, 2002 - present
Adolescent Reminder Project: Innovative Registry-Based Outreach Component (IROC) (Use of text messaging)	Dr. Mark Sawyer, CDC (Society of Adolescent Medicine)	April 2012– Sept. 2013

Research Projects By Branch

Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
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.	Dr. Pedicured (Student Thesis - Zobeida Palomares)	July 2012– July 2013
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 (NIH), and 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	TBD
HIV, STD and Hepatitis Branch (HSHB)		
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, CDPH STD Branch, HIV, STD and Hepatitis Branch, Patrick Loose	1987 - present
Performance Evaluation of the BioPlex 2200 System, Syphilis IgM (T. pallidum) (Evaluation of a multiplex flow immunoassay intended for the detection of Treponema pallidum)	BioRad Laboratories, Inc., HIV, STD and Hepatitis Branch, Bruce Coon	October 2011 - present
Maternal, Child, and Family Health Services (MCFHS)		
No research studies reported for this time period.		
Public Health Nursing Administration (PHNA)		
No research studies reported for this time period.		

Research Projects By Branch

Tuberculosis Control and Refugee Health (TBC-RH)		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Civil Surgeon Knowledge and Practice	Dr. Alonso Rodriguez	March 9, 2012-December 31, 2013
TB Epi Consortium (Improvement of San Diego County Public Health System)	CDC, CDPH, TBC-RH	January 1, 2005-present
Effect of Drug Resistance on Transmissibility and Pathogenicity of M tuberculosis	Philip Hopewell, University of California, San Francisco	September 2012-September, 2014
Evaluation of Delays in TB Testing in San Diego County Laboratories	Christopher Lee, San Diego State University (SDSU)	March 2013-February 2014
Program Evaluation of the Implementation of QuantiFERON Test (QFT) in Contact Investigations	Julie Ritter, SDSU	September 2012-December 2013
Barriers and Motivations for Latent TB Infection 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
Study of TB, AIDS, and Hepatitis C Risk (STAHR) II Screening Injection Drug Users (IDUs) for TB/HIV/STD	Dr. Rich Garfein	May 2012-May 2014





Staff Awards and Recognition/Development

Four Public Health Services staff members were recognized for achievement during fiscal year 2013-2014, and 18 completed staff development trainings. Congratulations to all!

Awards and Staff Recognition/Development

Awards

- Patrick Loose, chief of the **HIV, STD, and Hepatitis Branch (HSHB)** was honored as the recipient of the State Farm Good Neighbor Award at the 2014 San Diego Equality Awards (May 2014). Loose received the award from Equality California, the largest statewide Lesbian, Gay, Bisexual, and Transgender (LGBT) advocacy organization in California, recognizing the impact he has made on the movement to secure full and lasting equality for LGBT persons. Loose was chosen for leading a dedicated team that creates and implements innovative strategies to deliver testing, education, prevention and treatment services, as well as develop the capacity of community-based organizations and providers to better address the health care and support needs of the people they serve.

Staff Recognitions/Development

- Ernie Awa of **Epidemiology and Immunization Services Branch (EISB)** graduated from the County Mentor Partnership Program (August 2013).
- Delia Magana of **Maternal, Child, and Family Health Services (MCFHS) California Children Services (CCS)** completed the Department of Human Resources (DHR) Professional Enrichment Seminars (August 2013), a five-week training experience designed to prepare the County's top front line employees for the important role they play in the organization's future.
- James Inglis and Edna Trapsi of **MCFHS** graduated from the Advanced Competencies for the Administrative Professional of the 21st (ACAP21) Century program (November 2013).
- Marybelle Roberts of **MCFHS CCS** graduated from the HHS A DHR Administrative Support Academy (November 2013).
- Anne Boisvert of **Public Health Services (PHS) Administration** and Renita Hall of **MCFHS** graduated from the County's Essentials of Supervision Program (November 2013).
- Jamie Beam of **Emergency Medical Services (EMS)** graduated from the County's Finance Academy (February 2014).
- Eight **PHS staff** graduated from the HHS A Finance Academy for Clerical Staff (April 2014). The eight graduates were Ed Smith and Venus Zayas of **EISB**, Lisa Han and Rodrigo Ibañez Diaz de Sandi of the **EISB Vital Records Unit**, James Inglis of **HSHB**, Martha Landeros of **MCFHS**, Maria Prudencio of **MCFHS CCS**, and Isobel Kinsang of **Public Health Nursing (PHN) Administration**.
- Lucero Torres and Maria Prudencio of **MCFHS CCS** graduated from the HHS A Finance Academy for Clerical Staff (April 2014).
- Alicia Cante, Yvette Mauberis, Tahaiti Tinsley and Sandra Cesena of the **EISB Vital Records Unit** were recognized by the California Department of Public Health (CDPH) Office of Vital Records (May 2014) for achieving at least an 80 percent rate of births registered within 10 days. Vital Records achieved just over 92 percent.



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