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www.LiveWellSD.org
PUBLIC HEALTH SERVICES
ANNUAL REPORT OF
Major Accomplishments

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Preface

The Public Health Services 2014-2015 Annual Report of Major Accomplishments document 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 S.M.A.R.T. 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 seven 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 26 such publications and presentations.

- **Research**—A brief description of 28 branch research projects are listed.

- **Awards and Staff Recognition/Development**—This section highlights 19 staff who received awards and/or recognitions for outstanding work. It also includes nine staff who completed staff development trainings during this time period.

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Message from the Public Health Officer

Public Health’s job of protecting the community’s health is often taken for granted…

Until a major outbreak occurs.
That is when our staff shines.

Dear Reader,

I am pleased to present the Public Health Services 2014-2015 Annual Report of Major Accomplishments document. PHS is dedicated to community health, wellness and protection of residents in San Diego County. The Division works to: 1) prevent epidemics and the spread of disease; 2) prevent injuries, promote and encourage healthy behaviors; 3) protect against environmental hazards; 4) respond to disasters and assist communities in recovery; and 5) assure the quality and accessibility of health services throughout the county.

While managing approximately 485 employees with a budget of over $106.4 million, and 200 contacts, several significant achievements were accomplished during fiscal year 2014-2015:

- Submitted required documentation to begin the application process for required public health accreditation.
- Completed the framework for a Five-Year Binational Border Health Improvement Strategic Plan, which will identify regional health priorities and define joint health improvement initiatives to improve the health of communities along the border.
- Ensured 96 percent (210 of 217) of tuberculosis (TB) cases were reported within one working day from start of treatment to prevent further transmissions.
- Ensured preparedness for disaster or public health threat by activating the public health emergency response system five times annually.
- Ensured that preventive health examinations were performed to identify and correct health issues for 91 percent (2,302 of 2,516) of children in out-of-home placement.
- Linked 100 percent (976) of individuals newly enrolling into Medical Case Management to HIV primary care, with a verified medical visit, within 90 days, increasing access to health care and reducing transmission of HIV.
- Investigated 98 percent (220 of 223) of reported selected communicable disease cases within 24 hours to reduce the spread of disease.
- Improved procedures for reporting availability and usage, of approximately 60,000 doses of flu vaccine to help community partners and public health centers meet the demand for vaccines and minimize waste.
- Expedited and improved the accuracy of 66 percent (27,868 of 42,224) of referrals for California Children’s Services by processing them through eQuest, a web referral system for children with certain physical limitations, chronic health conditions and diseases.

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

Sincerely,

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
Director, Public Health Services
According to the San Diego History Center website, San Diego’s Board of Health was first established by the Common Council of the City of San Diego in 1850, under authority of the first City Charter. There is no record of regular meetings of that board.

The Board of Trustees again established a Board of Health in 1869, in an attempt "to prevent the spread of smallpox and other contagious diseases in the City of San Diego." It does not appear that this Board remained active, and there is no record of its reappearance until the San Diego Union carried news of the "first regular meeting" of the Board of Health on June 12, 1876, when it was created by a charter ordinance. The "unhealthy condition of the water that was being delivered to the citizens of this city by the San Diego Water Company" was the first public health issue to be discussed by this new Board of Health. At that time, the City Board consisted of the City Trustees and an appointed Health Officer.

According to the Online Archive of California, in the early 1920’s, the City formed a Health Department. A County Department of Public Health was organized in 1933. In 1953, the City and County departments were consolidated into one, and as such, it has remained. Now the County Health Department, Public Health Services, is a division of the Health and Human Services Agency, which was formed in 1998.
The accomplishments listed in this report support Live Well San Diego, which began in 2010, when the County Board of Supervisors adopted the 10-year plan to advance the health, safety and well-being of the region’s more than three million residents. Based upon a foundation of community involvement, Live Well San Diego includes three components—Building Better Health, Living Safely, and Thriving. Live Well San Diego is built on four strategic approaches:

1. **Building a Better Service Delivery System**
   Improve the quality and efficiency of County government and its partners in the delivery of services to residents, contributing to better outcomes for clients and results for communities.

2. **Supporting Positive Choices**
   Provide information and resources to inspire county residents to take action and responsibility for their health, safety, and well-being.

3. **Pursing Policy and Environmental Changes**
   Create environments and adopt policies that make it easier for everyone to live well, and encourage individuals to get involved in improving their communities.

4. **Improving the Culture Within**
   Increase understanding among County employees and providers about what it means to live well and the role that all employees play in helping county residents live well.

**Progress Through Partnerships**

Live Well San Diego involves everyone. Only through collective effort can meaningful change be realized in a region as large and diverse as San Diego County. The County’s partners include cities and tribal governments; diverse businesses, including healthcare and technology; military and veterans organizations; schools; and community and faith-based organizations. Most importantly, Live Well San Diego is about empowering residents to take positive actions for their own health, safety and well-being.

Every County department is committed to playing an active role and coordinating efforts to make the biggest impact. Annual reports, such as this one, highlight success stories of local communities, organizations and recognized partners who are making positive changes. These reports can be accessed on the Live Well San Diego website at LiveWellSD.org/about/live-well-sandiego-materials/. This website also includes resources for getting involved; best practice tools for organizations and recognized partners in every sector; and information about the Live Well San Diego Indicators, which measure our region’s collective progress.

**Regional Leadership Teams**

Teams of community leaders and stakeholders are active in each of the Health and Human Services Agency (HHSA) service regions. These teams have been involved in community improvement planning and are working to address priority needs over the next few years to realize the Live Well San Diego vision.

**Results**

How will progress be measured? The Top Ten Live Well Indicators have been identified to capture the overall well-being of residents in the county. These indicators are part of a framework that allows the County to connect a wide array of programs and activities to measurable improvements in the health, safety and well-being of every resident.
Our Vision and Mission
Vision
Healthy people in healthy communities.

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.
Public Health Services Organizational Chart, Administration, and Branches
Public Health Services Organizational Chart
Public Health Services

Public Health Administration Branch

Dr. Wilma J. Wooten
Public Health Officer

Dr. Eric McDonald
Deputy Public Health Officer

Dan O’Shea
Public Health Services Administrator

Saman Yaghmaee
Deputy Director

Location of Public Health Services Administration

Facts and Figures

Public Health Services Facts

Budget: $106.4 million\(^1\)
No. of Employees: 485\(^1\)
Population Served: 3,263,431\(^2\)

\(^1\)County of San Diego Operational Plan
\(^2\)U.S. Census Population Quick Facts

About Public Health Services Administration

Public Health Services (PHS) Administration is located at the Health Services Complex, 3851 Rosecrans Street, in San Diego. PHS Administration program areas are the Executive Office, Office of Border Health, Medi-Cal Administrative Activities and Targeted Case Management, Budget and Fiscal, Contract Services, and Performance Management and Improvement.
Emergency Medical Services Branch
Ensures quality emergency medical services, is involved in community education, prevention activities and research, and provides planning and medical response activities for bioterrorism, natural and man-made disasters.

Epidemiology and Immunization Services Branch
Identifies, prevents and controls communicable diseases and conducts surveillance for various conditions. Works to reduce vaccine-preventable diseases by improving immunization coverage rates via case investigation, education, community collaboration, immunization record assessment, and an immunization registry.

HIV, STD, and Hepatitis Branch
Helps to assure the development and delivery of quality HIV prevention and treatment services. Controls the spread of STDs by treatment and partner services, screening and prevention, disease surveillance, and reporting. Viral hepatitis preventive services include screening of at-risk persons and protective vaccination.

Maternal, Child, and Family Health Services Branch
Works to promote health and to protect and support pregnant women, children, families, and communities. To prevent chronic diseases and obesity, the Chronic Disease and Health Equity Unit pursues policy, systems, and environmental change strategies that create healthy places, improve health equity, and make the healthy choice the easy choice. The California Children’s Services program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with chronic medical conditions.

Public Health Nursing Administration Branch
Provides administrative support to Public Health Nurses who promote and preserve the community’s health via education, outreach and collaborative activities. Also provides clinic and nursing quality assurance monitoring.

Tuberculosis Control and Refugee Health Branch
Detects, controls, and prevents the spread of tuberculosis through treatment, case management, and contact investigation. Provides basic health screening and referral services for refugees during their first few months in San Diego County.
Administration, Public Health Services

Executive Office
- Convened first Public Health Ethics Committee (April 27, 2015).
- Finalized the Public Health Ethics Policy and Procedure (May 2015).
- Finalized the Board of Supervisors Public Health Orientation Policy and Procedures (June 2015).
- Established the Office of Health Equity in (March 2015) and hired a Health Equity Coordinator.

Border Health
- As part of a project supported by the National Leadership Academy for the Public’s Health, OBH, in partnership with the Office of Emergency Services and other key partners (California Department of Public Health Office (CDPH) of Binational Border Health, Health Initiative of the Americas, Project Concern International) planned quarterly Latino Emergency Preparedness trainings for FY 2015-2016. The first training (July 15, 2014) had the participation of over 30 agencies.
- Organized and convened, In partnership with the State Office of Binational Border Health, two binational symposiums on HIV (October 2, 2014—as part of the United States Conference on HIV/AIDS) and Obesity (June 29, 2015—as part of the 8th Biennial Childhood Obesity Conference). The purpose of both symposiums was to present an overview of issues in the California-Baja California Border region with a look at successful projects, partnerships and promising practices. Several presenters from the U.S. and Mexico shared data, strategies and engaged conference participants in a discussion around possible solutions and opportunities for binational collaboration.
- As part of Public Health Services’ Audacious Goal of developing a Five-Year Binational Strategic Plan, the Office of Border Health (OBH) completed 19 key informant interviews (February 10 to July 7, 2015), with Branch Chiefs, Regional Managers, and key government partners (from both California and Baja California) to collect input on specific goals and projects to be included in the plan.
- Successfully planned the 30th annual blood drive (April 2015). There were a total of 411 donors, including 73 first time donors.
- In partnership with the State Office of Binational Border Health, OBH planned and carried out six bimonthly Border Health Consortium of the Californias meetings in San Diego and one binational meeting in Tecate, Mexico (May 7, 2015). Sixty-eight individuals attended the meeting.

Budget and Fiscal
- Provided two financial literacy trainings (July 2014 and April 2015): Budget 101 and Trust Funds.
- Completed a Board Letter tracking document in order to provide status of any board letter submitted for approval (October 2014).
- Provided cost summary of Public Health Center services: Immunizations, Sexually Transmitted Disease Control, and Tuberculosis Control (December 2014).
- Completed federal funding and the County Health Executives Association of California (CHEAC) survey (June 2015).

Contract Services
- Formed a workgroup to standardize and streamline contract processes (January 2015).
- Implemented Article 14 review and amendment process and coordinated/ provided contractor training (February 11, 2015).
- Developed a new procurement action summary (PAS) form and introduced to Contract Leadership Management Team and Contract Threading (May 2015).
Administration, Public Health Services (continued)

**Health Equity**

- Develop a Health Equity educational curriculum for staff; featured one video, book reviews, etc. Featured a Health Equity video and engaged in health equity related activities with Public Health Leaders (January–February 2015).
- Conducted an Affinity Diagram Exercise with Senior Managers to identify the root cause of “What gets in the way of achieving health equity?” (March 12, 2015).
- Collaborated on a survey of Senior Staff with Maternal, Child, and Family Health Services regarding Climate Change and Public Health, which resulted in the need for education and training (March 2015–April 2016).
- Participated in two trainings as the PHS lead for HHSA’s Trauma-Informed Integration Team (Customer Service and Scan Facilitators) (April 2015) and related interdepartmental meetings (April, May and June 2015).
- Conducted nine scanning sessions (between May 15 and June 24, 2015) and included approximately 220 participants. Input from participants was analyzed and summarized in the Trauma Informed System and Services Action Plan and submitted to the Office of Strategy and Innovation (June 2015).
- Participated in Live Stories training with the goal of communicating with Public Health Leaders and Staff (May–June 2015).
- Finalized the 5-year Health Equity Plan (June 2015).
- Finalized the Health Equity Policy and Procedure (June 2015).
- Published seven articles in the PHS Newsletter on Health Equity (FY 2014-2015).
- Provided Health Equity two trainings through Policy Link to LWSD Ambassadors and policy staff (FY 2014-2015).

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

- Recovered $16 million in federal MAA/TCM revenues to offset local costs (FY 2014-2015).
- Used Kronos for time collection system for MAA/TCM reimbursement, for each pay period (FY 2014-2015).
- Maintained audit readiness for all providers by completing on-going reviews of our MAA and TCM providers’ documentation, in order to ensure they will pass an external audit (FY 2014-2015).

**Performance Management and Improvement**

- Submitted required documentation to begin the application process for required public health accreditation (June 2014).
- Kicked-off the Quality Improvement Knowledge Hour series (September 2, 2014).
- Attended Public Health Accreditation Board (PHAB) Accreditation Coordinator training (January 2015).

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**Identified and developed over a thousand documents and assessed their conformity to the 100 PHAB measures across 12 standards.**

- Identified and developed over a thousand documents and assessed their conformity to the 100 PHAB measures across 12 standards (March-June 2015).
- Assessed documentation with an accreditation consultant to ensure conformity to the PHAB 100 measures (June 2015).
- Completed the Public Health Services Workforce Development Plan, Health Equity Plan, Performance and Quality Improvement Plan, and Communications Plan (June 2015).
Public Health Services Administration

By the Numbers

$16 Million
Total recovered in federal MAA/TCM revenues to offset local costs.

3
Number of submitted, required documents to begin the application process for public health accreditation.

ONE
Health Equity and Climate Change Coordinator hired.

411
Number of donors, including 73 first-time donors, that provided blood at the 30th annual blood drive, coordinated by the Office of Border Health.
Emergency Medical Services Branch
Emergency Medical Services

Administration
Emergency Medical Services (EMS) completed a new Quality Improvement (QI) Plan (May 29, 2015), and submitted it to the State Emergency Medical Services Authority (EMSA) as a major milestone for updating the local EMS Agency’s (LEMSA’s) EMS Plans with the State. The QI Plan highlighted the LEMSA’s ongoing work with community organizations and providers to optimize the quality and timeliness of emergency medical services.

Community Health Statistics
- Redesigned the Community Health Statistics webpage (August 2014) to increase its ease of use and utility to the public.
- Hosted a Live Well San Diego data workshop (February 26, 2015) on the availability of online demographic, economic, health and behavioral data.

Disaster Medical
Participated in an Alternate Care Site (ACS) full scale exercise (March 2015) in which staff set up a mobile field treatment site. This full scale exercise was invaluable to staff should a disaster or Public Health emergency require the County to set up an ACS facility.

Epidemiology and Surveillance
The EMS epidemiology and surveillance unit automated and redesigned the Daily Situational Awareness Tool (DSAT) for Public Health Services daily surveillance allowing relevant information to be directly accessed by email (May-June 2015).

Health Emergency Response and Hospital Preparedness
The Hospital Preparedness Program hospitals (19 hospitals) participated with Public Health Services in a full scale exercise (November 2014) to simulate a local Ebola outbreak. The exercise helped hospital staff, as well as staff within the EMS Department Operations Center, better understand the numerous issues involved in caring for patients with Ebola or other infectious diseases.
Prehospital

- Initiated a project (July 23, 2014) with the Sheriff’s Department to administer the narcotic antidote, Naloxone, to overdose patients prior to paramedic arrival. Within days of implementing this new practice, an overdose patient’s life was saved.
- EMS worked with Emory University to be granted access to the CARES (Cardiac Arrest Registry to Enhance Survival) registry. EMS prehospital staff worked with the County Service Area (CSA) 69 Advisory Committee, El Cajon Fire, Lakeside Fire and Santee Fire in order to begin entering CARES data into the registry (Calendar Year 2015). The CARES registry is considered to be integral to the “future of resuscitation” because of the critically important data captured in the registry.
- Over 3,000 or more emergency medical technicians, paramedics, and mobile intensive care nurses were certified or accredited by Emergency Medical Services (FY 2014-2015).

Specialty Care

Data from FY 2014-15 demonstrated that the stroke system is accomplishing significant improvement in patient stroke care. The County stroke receiving system surpassed the goal of at least 50 percent of ischemic stroke patients receiving the prescribed treatment (IV tPA) within 60 minutes of arrival at a stroke receiving center. Current data show that this goal was met 65.9 percent of the time, compared with 55.9 percent last year (both years were well above the 50 percent goal).
Emergency Medical Services

By the Numbers

600,000

prehospital care record bubble forms were processed and had their data captured in Fiscal Year 2014-2015.

19

Number of Hospital Preparedness Program hospitals that participated with Public Health Services in a full scale exercise coordinated by EMS, to simulate a local Ebola outbreak.

65.9

Percent of ischemic stroke patients receiving the prescribed treatment (IV tPA) within 60 minutes of arrival at a stroke receiving center, easily surpassing the 50 percent goal mark.

1

Number of Live Well San Diego data workshops that Community Health Statistics hosted on the availability of online demographic, economic, health and behavioral data.
Epidemiology and Immunization Services Branch
Epidemiology and Immunization Services Branch

**Epidemiology**
- 1,286 families with children received outreach and education through the provision of print materials and presentations at childcare facilities, Head Starts, community centers, libraries, health fairs, and newsletters as part of the Childhood Lead Prevention Program (FY 2014-2015).
- 90.7 percent of all electronically received diseases cases were processed within 24 hours (FY 2014-2015).
- Investigations were initiated for 98 percent of Hepatitis A, Meningococcal disease, and Shiga toxin-Producing Escherichia Coli (STEC) case reports within 24 hours of receipt of report (FY 2014-2015).
- 92.6 percent of unduplicated newly identified HIV cases were reported with risk within six months of report (FY 2014-2015).
- 8,000 disease investigations conducted, 45,000 disease reports processed and 70,000 specimens requested for communicable diseases testing by the Epidemiology program (Fiscal Year 2014-2015).

**Immunizations**
- 65,120 doses publicly provided influenza vaccine were managed (FY 2014-2015).
- 18 collaborative mass vaccination events were completed with Public Health Centers staff and Bioterrorism Public Health Nurses (FY 2014-2015).
- 100 percent compliance rates among childcare centers, schools with kindergartens, and 7th grades that completed their mandatory CDPH immunization assessments was obtained from 891 preschools and childcare; 667 kindergarten classes, and 452 7th grade classrooms (FY 2014-2015).

**Laboratory**
- 63,924 patient specimens and 2,309 water specimens were processed (FY 2014-2015).

**Vital Records**
- 46,797 birth certificates were registered (Calendar Year 2014).
- 20,762 death certificates were registered (Calendar Year, 2014).
- Received two State Efficiency Awards (Calendar Year 2014), for average registration time for death certificates, 1.76 hours, compared to statewide average of 3.53 hours (May 27, 2015); and for registering 93.5 percent of birth certificates in under 10 days compared to state target of 80 percent (July 9, 2015).
- 623 Medical Marijuana Identification Cards were issued (FY 2014-2015).
Epidemiology and Immunization Services Branch

By the Numbers

2
State Efficiency Awards were received by Vital Records for 1.76 hours average registration time for death certificates, compared to statewide average of 3.53 hours; and for registering 93.5 percent of birth certificates in under 10 days compared to state target of 80 percent.

100
Percent compliance rate obtained among childcare centers, schools with kindergartens, and 7th grades that completed their mandatory CDPH immunization assessments.

63,924
Laboratory specimens processed.

67,554
Number of birth and death certificates registered.

65,120
doses of publicly provided influenza vaccine were managed.
HIV, STD and Hepatitis Branch
AIDS Case Management

- Worked closely with Public Defenders Office to ensure all incarcerated clients who qualified for early release or change of status under Proposition 47 were identified (January-June 2015). Further worked to identify and outreach to formerly incarcerated clients who could qualify to have their felonies reduced to misdemeanors under Proposition 47.
- Placed over 150 clients into Intensive Case Management, a 10-month inpatient substance abuse treatment program. All clients in Intensive Case Management received at least one HIV primary care visit (FY 2014-2015).
- Screened over 300 HIV inmates in County jails through the Jail Case Management program (FY 2014-2015). Of those, 283 received reentry counseling due to their impending release from custody, which included development of a post-release plan with linkage to medical care, access to medications post-release, appointments for Medi-Cal and/or Covered California and medical case management.
- Continued to implement a comprehensive approach to access HIV medications for every inmate released into the county from jail (FY 2014-2015), ensuring over 250 inmates left custody with HIV anti-retroviral medications awaiting them.
- Worked with the Reentry Roundtable project to address obtaining California identification cards and/or birth certificates for individuals recently released from County jails. Roll-out of program began in June 2015, with birth certificate vouchers and will continue into early 2016, with vouchers planned for California identification cards.

Contracts/Fiscal/Administration

- Completed the Year 26 Ryan White Part A application (August-October, 2014), receiving an overall score of 98 out of 100 and a $110,000 increase in funding, for total award of $11.2 million.
- Successfully competed for funding under the Expanded HIV Testing program, procured by CDPH, Office of AIDS (November to December 2014). Awarded $1,867,837 to continue funding routine, opt-out HIV testing in local federally qualified health centers.
- Successfully competed for funding under the HIV Prevention Demonstration Projects, procured by CDPH, Office of AIDS (November to December, 2014). Awarded $1,867,837 over a 24-month period. San Diego was only one of three counties in California awarded under this opportunity and received 66 percent of the total funding available. Funding will expand services to include hepatitis C screening, couples-based HIV testing, and linkage to pre-exposure prophylaxis for HIV-negative individuals at high risk for HIV infection.
- Successfully competed for funding under the STD/HIV Integration Project, procured by the California Department of Public Health (CDPH), STD Control Branch (December 2014). Awarded $100,000/year for four years to enhance disease investigation and partner services, with a focus on individuals co-infected with HIV and gonorrhea.
- Awarded $80,000/year by CDPH, Office of AIDS (January 2015) to support routine, opt-out HIV testing in County jails.
- Executed four new contracts through the Request For Proposal process (FY 2014-2015).
HIV, STD and Hepatitis Branch (continued)

Contract/Fiscal/Administration (continued)

- Completed 61 program site visits and 31 fiscal site visits (Fiscal Year 2014-2015).
- Executed six revenue agreements providing $5,817,111 in revenue (FY 2014-2015).
- Conducted internal reviews on 33 contracts to ensure compliance with Agency Contract Support’s Quality Assurance Review requirements, resulting in no findings through two semi-annual reviews (FY 2014-2015).
- Successfully combined three contract services categories, which reduced HIV, STD and Hepatitis Branch (HSHB) contracts by six (FY 2014-2015).
- Conducted Ryan White Part A fiscal standards presentation to over 20 contracting staff and discussed direct vs. indirect expenses and allowable vs. disallowed costs (FY 2014-2015).

HIV Care, Treatment, Education and Prevention

- Completed gap analyses (Calendar Year 2014) to guide planning and internal allocation decisions.
- Participated on the U.S. Conference on AIDS (October 2, 2014). Abstracts from prevention efforts were accepted to conduct a three-hour seminar (rated 23 out of 200 abstracts), two roundtable discussions and a poster session.
- In support of border health, began meeting with providers and health officials in Baja California to develop systems for binational case coordination for HIV and syphilis (November 2014).
- Coordinated the 26th A. Brad Truax Award ceremony (December 1, 2014). Many community members and HIV service providers were recognized for their exceptional contributions to fighting HIV/AIDS in San Diego County.
- Coordinated, with the HIV Health Services Planning Council, an ad hoc task force which developed recommendations for strengthening the County’s response to the HIV epidemic (December 2014-June 2015).
- Began planning for unification of two separate advisory groups, the HIV Health Services Planning Council and HIV Prevention Group, into a single advisory body responsible for oversight and planning of HIV services provided by the HIV, STD and Hepatitis Branch (March-June 2015).
- Worked with Health and Human Services Regions IX and X to sponsor a day-long summit on informing federal policy on how to address the sexual health needs of gay, bisexual and other men who have sex with men (April 2015).
- Submitted three abstracts to the National HIV Prevention Conference on HIP outcome monitoring, partner services and social media/marketing and evaluation efforts (May 2015).
- Ensured that 100 percent of Ryan White outreach contacts who were HIV-positive and out of care received referrals for HIV primary care (FY Year 2014-2015).
- Ensured that 100 percent of Ryan White outreach contacts who reported being HIV-negative or unaware of their status were referred to HIV counseling and testing (FY 2014-2015). A total of 2,973 were tested (March 2014-February 2015) and 99.8% were informed of their results.
- Ensured that 94 percent of over 5,000 clients were able to sustain engagement in HIV primary care (FY 2014-2015).
- Reached high-risk populations via 96,000 website hits (increase from 3,000 in 2009), 83,000 Facebook reach (increase from 28,500 in 2011), 72 events with approximately 1,400 contacts and a total of 5,214 one-time contacts (FY 2014-2015).
- 269 of 306 HIV positive participants completed multi-session interventions and sustained and/or realized improvements in their engagement in care between start and end of the program (FY 2014-2015):
  - 98 percent reported being engaged in care, 5% improvement (13 participants)
  - 78 percent reported taking HIV meds, 16 percent improvement (43 participants)
  - 76 percent unaware became aware of their viral load (41 participants)
  - 66 percent reported suppressed viral load, 18% improvement (49 participants)
- Of 43 HIV negative participants in multi-session interventions, two new positives (5 percent) were identified (FY 2014-2015).
- Over 2,300 contacts/participants received education about HIV disclosure assistance services (FY 2014-2015).
- Continued to support transition of persons living with HIV/AIDS into comprehensive medical care available through the Affordable Care Act (FY 2014-2015), ultimately reducing the number of individuals relying solely upon Ryan White for primary care by 70 percent.
- Developed, conducted and coordinated trainings for High Impact Prevention providers to deliver Effective Behavioral Interventions (EBIs) and improve service delivery including expanding and enhancing Partner Services (in FY 2014-2015).
HIV, STD and Hepatitis Branch (continued)

STD Prevention and Surveillance

- Exceeded the California Department of Public Health Office of AIDS Key Goals and Objectives for HIV Counseling and Testing as they related to one) informing newly identified HIV-positive individuals of their status (98 percent informed vs. 93 percent goal); 2) linking them into HIV primary care (100 percent linked vs. 74 percent goal); and 3) having patients accept HIV partner services (71 percent accepted vs. 37 percent goal) (Calendar Year 2014).
- Received 15,626 chlamydia lab results entered them into the California Reportable Disease Information Exchange (CalREDIE) (Calendar Year 2014).
- Received 3,391 gonorrhea case reports and/or lab results entered them into CalREDIE (Calendar Year 2014).

STD Clinic, HIV Counseling and Testing, and STD Field Services

- Increased efficiency and accuracy of patient specimen labeling by implementing the use of bar code labels (July 2014).
- Developed and implemented a plan to protect patient privacy (August 2014), that included an environmental scan as well as physical and procedural changes in the Rosecrans and regional clinics to protect the personal and health information of clinic patients.
- Decreased registration time by 67 percent and overall visit time by 32 percent for patients in the Rosecrans STD Clinic by implementing a same-day appointment system (December 2014).
- Provided services to 6 percent, 23 percent and 43 percent of the chlamydia, gonorrhea and primary/secondary syphilis cases respectively reported in the County of San Diego (Calendar Year 2014).
- Implemented new testing algorithm for syphilis in conjunction with the Public Health Laboratory and made available stat treponemal (confirmatory) testing for syphilis in the Rosecrans clinic (March 2015).
- Introduced new medications to the STD clinic, including moxifloxacin, metronidazole gel and levofloxacin, to ensure practice in accordance with the 2015 CDC STD Treatment Guidelines (June 2015).
- Intensified prevention efforts for congenital syphilis by increasing the maximum age for priority investigation of female syphilis cases from 39 to 45 (June 2015).
- Provided 18,753 visits to 12,301 patients in County of San Diego STD Clinics (FY 2014-2015).
- Provided 1,439 doses of hepatitis A and/or hepatitis B vaccines at the Rosecrans and regional STD clinics (FY 2014-2015).

- Provided 634 meningococcal vaccination to at-risk men who have sex with men (MSM) in response to reports of invasive meningococcal disease in this population in several cities (FY 2014-2015).
- Provided influenza vaccination to 280 patients in the Rosecrans STD clinic (FY 2014-2015).
- Conducted 6,810 risk-based HIV tests; 903 tests were conducted in community settings (FY 2014-2015).
- Diagnosed 55 individuals with HIV in HSHB’s HIV Counseling and Testing program (FY 2014-2015); of those who were informed of their results and referred to HIV primary medical care, 52 (95 percent) were verified as having attended their first medical visit.

Conducted 6,810 risk-based HIV tests; 903 tests were conducted in community settings.

- Investigated 667 infectious syphilis cases, provided case management and ensured that appropriate treatment was provided (FY 2014-2015).
- Conducted 78 investigations for individuals exposed to HIV to offer HIV testing and other services, as needed (FY 2014-2015).
- Contributed to the development of the public health work force by providing training to 30 student nurses, 17 student nurse practitioners and 25 physicians (FY 2014-2015).
- Improved the quality of STD care in San Diego County by providing clinical consultation to outside providers treating STDs (FY 2014-2015).
- Conducted quality assurance reviews of 10 percent of all charts of patients served by the STD Clinics, and introduced evaluation criteria for CDIs conducting HCT and triage in the Rosecrans locations (FY 2014-2015).
- In response to increased demand for STD clinical services in the regional public health centers, increased clinician staffing levels in the Central and North Coastal regional STD clinics (FY 2014-2015).
- In alignment with Live Well San Diego, continued annual blood pressure screening for all clients and referrals to primary medical care for all clients with abnormal blood pressure readings (FY 2014-2015).
HIV, STD and Hepatitis Branch

By the Numbers

18,753 visits by 12,301 patients in County of STD Clinics.

Investigated 667 infectious syphilis cases, provided case management and ensured that appropriate treatment was provided.

269 of 306 HIV positive participants completed multi-session interventions and sustained and/or realized improvements in their engagement in care between start and end of the program.

Provided 1,439 doses of hepatitis A and/or hepatitis B vaccines at the Rosecrans and regional STD clinics.

Number of HIV inmates screened in County jails through the Jail Case Management program. Of those, 283 received reentry counseling due to their impending release from custody, which included development of a post-release plan with linkage to medical care, access to medications post-release, appointments for Medi-Cal and/or Covered California and medical case.
Maternal, Child, and Family Health Services Branch
Maternal, Child, and Family Health Services

California Children Services
- Conducted four “California Children Services (CCS) 101 Overview” presentations to various groups, including San Diego Regional Center, Rady Children’s Hospital, and Aging and Independence Services (AIS) In-Home Supportive Services staff (September 2014-June 2015).
- Contributed to surge capacity to assist the Immunization Branch during the response to the 2015 measles outbreak (January 2015).
- Supported the public health workforce pipeline by mentoring a social worker student (February 27-April 30, 2015) and participating in a career resource class (March 15, 2015) at the Alta Vista High School to encourage students to pursue social worker and therapist positions as career opportunities with the county.
- Raised over $1800 for and participated in the March of Dimes/March for Babies Walk (April 25, 2015).
- Over 13,000 chronically ill, severely, and physically disabled children were enabled to obtain medical evaluations, treatment, and case management services through the California Children’s Services program (FY 2014-2015).
- Conducted three trainings to 35 Pharmacy providers to encourage greater use of the eQuest web referral application (FY 2014-2015).

CCS Medical Therapy Program
- Promoted Health Equity by conducting an Open House, at the El Cajon MTU with the purpose of educating CCS families on changing policies, CCS conditions, soliciting direct input (May 27, 2015).
- Promoted Live Well San Diego and Health Equity through participation in 8 community health events, including the San Diego “AccessAbility” Fair (March 29, 2015), the Chula Vista Elementary School District Resource Fair (May 13, 2015), hosting an afternoon MTU Open House in El Cajon (May 27, 2015) with the purpose creating positive relationships and resource sharing between families of clients, and partnering with Northgate Market (June 26, 2015), providing a presentation on healthy lifestyle choices (e.g., healthy eating, good food choices, reading labels), directed at the approximately 1,600 clients of the CCS Medical Therapy Program and their families.
- Supported the public health workforce pipeline by receiving 30 therapy student interns from nine educational institutions and mentoring 16 volunteer students requiring therapy setting experience for acceptance to therapy schools (FY 2014-2015).
Maternal, Child, and Family Health Services (continued)

Chronic Disease and Health Equity

- Received a four-year grant (Prevention Initiative), totaling $14 million, from the Centers for Disease Control and Prevention (CDC) focused on diabetes, heart disease and stroke prevention (FY 2014-2015).
- Received a two-year grant (Sodium Reduction Initiative), totaling $500,000, from the CDC focused on sodium reduction in County food service operations (FY 2014-2015).
- Highlighted by the United States Department of Agriculture as having the highest number (eight) of “noteworthy initiatives” under the Nutrition Education and Obesity Prevention (NEOP) program and for being a model program (FY 2014-2015).
- Advanced Live Well San Diego goals and Health in All Policies by working collaboratively with the Land Use and Environment Group to establish a Healthy Food Systems Task Force which created an action plan and is successfully moving key objectives forward (FY 2014-2015).
- Received another year of California Building Resilience Against Climate Effects (CalBRACE ) funding from the California Department of Public Health. Helped coordinate input from key stakeholders and completed the first draft of the CalBRACE San Diego County Climate and Health Vulnerability Assessment for the region (FY 2014-2015).
- Worked closely with the Land Use and Environment Group, Board of Supervisors, and Unified Port of San Diego to establish an open air seafood market that provides residents with access to locally-caught fresh seafood. This innovative approach contributes to the local economy in addition to providing a unique experience for residents visiting the waterfront (FY 2014-2015).
- Advanced the County of San Diego policy restricting the use of electronic smoking devices where conventional cigarettes are already prohibited in all County facilities and workplaces, County parks and trails, as well as indoor facilities located in the unincorporated area (FY 2014-2015).
- Advanced the La Mesa policy to prohibit the use of e-cigarettes where smoking is already prohibited (FY 2014-2015).
- Advanced the Oceanside Smoke-free Outdoor Dining and Public Spaces policy making all outdoor dining patios in Oceanside restaurants smoke-free (FY 2014-2015). The policy was subsequently expanded to include the Oceanside Amphitheater, Pier Plaza Area and adjacent stairways.
- Developed the Live Well@Work Worksite Wellness Toolkit as a resource for small to mid-sized businesses to support healthier working environments in collaboration with the San Diego Regional Chamber of Commerce, the North San Diego Business Chamber, and University of California at San Diego Center for Community Health (FY 2014-2015).
- Engaged over 30 local businesses through the Live Well@Work program in implementing policies and environmental changes that increased access to physical activities opportunities and increased access to healthy food and beverage options for more than 4,000 employees (FY 2014-2015).
- As part of the Nutrition Education and Obesity Prevention (NEOP) program, the Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3) projects in Central, North Central, and North Inland HHSA Regions partnered with their local cities to make environmental changes that improved active transportation. This included installing sidewalks, crosswalks, a parklet, and a mural at various locations that benefitted low-income communities. Gardens were also installed or expanded in all of the HHSA regions, including four schools and three community centers.
Maternal, Child, and Family Health Services (continued)

Child Health and Disability Prevention

- 81,621 child health screenings were facilitated through the Child Health and Disability Prevention (CHDP) Program (FY 2014-2015).
- 15,169 referrals to health resources and programs, including Medi-Cal, CHDP, WIC, Family PACT, and Text for Baby, were facilitated through the Assessment and Case Management Services (ACMS) Unit (FY 2014-2015).
- Coordinated with community clinics and other organizations to conduct a six site county-wide Sealant/Varnish Event: 345 children were screened, 156 children received varnish and 185 children received sealants for a total value of $44,000 (February 28, 2015).
- Developed Learning Management System (LMS) Training for the County's Family Resource Centers as a means to create efficiencies and streamline processes to ensure Human Services Specialists are informed and trained on the Child Health and Disability Prevention Program (CHDP) Federal mandate and to increase referrals to the CHDP program to ensure children receive preventive health services (FY 2014-2015).
- Ensured 91.5 percent of children in out-of-home placement received health exams according to CHDP periodicity (FY 2014-2015). The goal was 85 percent.
- Ensured 75 percent of children in out-of-home placement received dental exams according to CHDP periodicity (FY 2014-2015). The goal was 65 percent.
- Performed care coordination and helped resolve at least 3,368 identified medical needs (seizure disorders, heart problems, etc.,) for foster youth (FY 2014-2015).
- Provided trainings to 839 individuals about the health care needs of youth in foster care (FY 2014-2015).

Health Care Program for Children in Foster Care worked with Child Welfare Services and Regional Public Health Nursing to provide health care coordination activities on behalf of approximately 3,100 youth in out of home placement (FY 2014-2015).

Maternal Child and Adolescent Health

- Received the Outstanding Poster Award for the Maternal Child and Adolescent Health (MCAH) Adolescent Health Awareness Project at the 2014 CityMatCH Leadership and Maternal Child Health Epidemiology Conference (September 17-19, 2014).
- Presented the MCAH Adolescent Health Project at the 2014 American Public Health Association (APHA) Conference (November 2014).
- Ensured 90 percent (64 of 74) infants were born of normal birth weight (FY 2014-2015). The goal was 88 percent.
- No infant deaths occurred in the BIack Infant Health program (FY 2014-2015).
- Ensured 96 percent (53 of 55) of infants completed well child visits at six months, 90 percent (27 of 30) of infants completed well child visits at 12 months, and 94 percent (17 of 18) of infants completed well child visits at 18 months (FY 2014-2015). The goal was 80 percent.
- Developed the MCAH Needs Assessment Five-Year Action Plan, which laid the groundwork for MCAH priorities (FY 2014-2015).
- 15,169 referrals to health resources and programs, including Medi-Cal, CHDP, WIC, Family PACT, and Text for Baby, were facilitated through the Assessment and Case Management Services (ACMS) Unit (FY 2014-2015).
- Coordinated with volunteer dentists to provide pro bono services to children with an oral health emergency who had no other source of care; over $32,000 worth of treatment was provided (FY 2014-2015).

Approximately 81,621 child health screenings were facilitated through the Child Health and Disability Prevention (CHDP) Program.
MCAH ensured:

- 96 percent (53 of 55) of infants completed well child visits at six months
- 90 percent (27 of 30) of infants completed well child visits at 12 months
- 94 percent (17 of 18) of infants completed well child visits at 18 months.

Over 13,000 chronically ill, severely, and physically disabled children were enabled to obtain medical evaluations, treatment, and case management services through the California Children’s Services program.

Total raised by CCS staff in the March of Dimes/March for Babies Walk: $1,800

CHDP Program staff performed care coordination and helped resolve at least 3,368 identified medical needs (seizure disorders, heart problems, etc.,) for foster youth.

Percent of children in out-of-home placement that received health exams according to CHDP periodicity (goal 85 percent): 91.5
Public Health Nursing Administration
Public Health Nursing

- Conducted eight disaster response trainings that included participation from 50 nurses, representing six regional health centers and the Health Services Complex. Trainings were conducted once each month (August 2014-March 2015).
- Approximately 50 nurses attended a Hazardous Materials training that included the basics of chemical, biological, radiological and explosive events (September 2014).
- Approximately 92 percent of Public Health Nurses were up to date with Fit Testing for N95 respirator masks (FY 2014-2015).
- Provided 77,227 vaccines to 29,507 individuals at the Regional Public Health Center clinics in order to protect against vaccine preventable diseases (FY 2014-2015).

Nurse Family Partnership

- 32,070 home visits, serving 4,154 families, were made through the Nurse Family Partnership and Maternal Child Health home visitation program (FY 2014-2015).
- 3,088 vaccinations were administered at 17 mass vaccination events by the Public Health Nursing program (FY 2014-2015).
- Approximately 57 percent of Maternal Child Health (MCH) and Nurse Family Partnership (NFP) clients continued to breastfeed until their infants were six months of age (FY 2014-2015).
- Approximately 50 percent of MCH and NFP clients reduced smoking (FY 2014-2015).
Public Health Nursing Administration

By the Numbers

Fifty Seven

Percent of Maternal Child Health (MCH) and Nurse Family Partnership (NFP) clients that continued to breastfeed until their infants were six months of age.

77,227

Number of vaccines provided to 29,507 individuals at the Regional Public Health Center clinics in order to protect against vaccine preventable diseases.

63

Number of nurses certified in Emergency Oxygen Administration.

Conducted 8 disaster response trainings that included participation from 50 nurses, representing 6 regional health centers and the Health Services Complex.
Tuberculosis Control and Refugee Health Branch

Tuberculosis Control and Refugee Health Branch

**Tuberculosis Control**
- Met Year Three enrollment goals for the Centers for Disease Control and Prevention TB Epidemiologic Study Consortium (October 2014-September 2015).
- Rolled out data tracking system for patients beginning TB treatment for latent TB infection in South and Central Regions (November-December 2014).
- Provided QuantiFERON testing for over 70 percent of contacts to active cases (Calendar Year 2014).
- 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 (90 percent) (Calendar Year 2014).
- Over 200 active tuberculosis (TB) cases and over 1,000 related contact investigations were managed by the Tuberculosis Control Program (FY 2014-2015).
- Partnered with University of California, San Diego (UCSD) Medical School on three initiatives to enhance patient-centered care; video Directly Observed Therapy (DOT) for patients with latent TB infection, wireless DOT for patients with active TB disease, and XPrize for advanced diagnostics (FY 2014-2015).
- With the International Community Foundation, Imperial County and Mexican partners, signed a Memorandum of Agreement for binational collaboration for TB control efforts (FY 2014-2015).

**CureTB**
- Had one publication in peer reviewed journals and presented three posters at national meetings (FY 2014-2015).
- Offered over 75 TB presentations to community groups, reaching 1,900 individuals (FY 2014-2015).

**Refugee Health**
- Provided over 75 TB presentations to community groups, reaching 1,900 individuals (FY 2014-2015).
- Performed over 300 U.S.-Mexico referrals, with a success rate of over 80 percent, for continuity of tuberculosis care through the CureTB program (FY 2014-2015).
- Provided over 2,500 refugee health assessments (FY 2014-2015).
Tuberculosis Control and Refugee Health Branch

By the Numbers

2,500

Number of refugee health assessments provided.

By the Numbers

U.S.-Mexico referrals were performed, with a success rate of over 80 percent, for continuity of tuberculosis care through the CureTB program.

Offered over 75 TB presentations to community groups, reaching 1,900 individuals.

Provided QuantiFERON testing for over 70 percent contacts to active cases.
Public Health Services Branch
Quality Improvement Projects
Emergency Medical Services Branch

STORYBOARD

<table>
<thead>
<tr>
<th>BRANCH NAME</th>
<th>Emergency Medical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>6255 Mission Gorge Rd, San Diego, CA 92120</td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td>619-285-6429</td>
</tr>
</tbody>
</table>

Population served:
County population of 3.2 mil. EMTs work throughout the county in the 22 ambulance zones.
Approximately 4,000 currently certified EMTs.
Annual number of new applicants: 1,400 (EMT, paramedic and Mobile Intensive Care Nurses).

Project Title:
Investigator Pilot - Use of professional investigator to improve process.

PLAN
Identify an Opportunity and Plan for Improvement

1. Getting Started
Change in law (CHT 2010) created new investigative and administrative law responsibilities for County EMS. Investigations soon became so numerous that BPS staff diverted attention from assigned programs to the new activities mandated by CHT 2010. Staff satisfaction: How is your Pain Today?

2. Assemble the Team
The team consisted of six EMS QA Specialists and one EMS Specialist. All completed the required training to become Council on Licensure, Enforcement and Regulation (CLEAR) certified in a best effort to ensure the necessary skills and to keep up with demand.

3. Examine the Current Approach
Steps of the investigative process - interviews, obtaining court or other pertinent documents. Time constraints and varied interview methods created challenges.

4. Identify Potential Solutions
The use of a seasoned law enforcement professional investigator to conduct interviews, obtain necessary court documents and organize necessary documentation.

5. Develop an Improvement Theory
Reduction in time between opening of investigation and resolution. Standardization of files (interview documents, official court documents, notes, etc.). Optimizing the use of EMS staff and management time.

DO
Test the Theory for Improvement

6. Test the Theory
Through data analysis, determine whether the use of a seasoned law enforcement professional improves the time from opening a case to resolution.
- Conducting effective interviews
- Quickly obtaining necessary court and/or police documents
- Organizing and standardizing necessary documentation

ACT
Standardize the Improvement and Establish Future Plans

7. Check the Results
Reduction in time from opening of a case to resolution from 24 months to 12 months for currently certified EMT. Reduction in time from 12 months to 4 months for new applicant with conviction history.

8. Standardize the Improvement or Develop New Theory
Reduction of EMS staff time spent on subsequent arrest investigations. Staff able to focus on additional areas of responsibility.
- Prescheduled "Interview Dates"
- Bi-monthly investigator meetings
- Monitor process

9. Establish Future Plans
Continue current use of seasoned law enforcement professional.
Develop a sophisticated database to more efficiently monitor, process and analyze investigative documentation.
Epidemiology and Immunization Services Branch

STATE FLU VACCINE INVENTORY QUALITY IMPROVEMENT PROJECT

LOCAL HEALTH DEPARTMENT NAME: Epidemiology and Immunizations Services Branch (EISSB)
ADDRESS: 3851 Rosecrans Street, San Diego, CA 92110
PHONE NUMBER: 619-542-4051
SIZE: 
POPULATION SERVED: 
PROJECT TITLE: State Flu Vaccine Inventory Quality Improvement Project

PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started
Inconsistent reporting of State-purchased influenza vaccine by providers created challenges to accurately assess current and future ordering estimates. During the 2013-14 flu season, San Diego County had 4,270 (6.2%) unaccounted influenza vaccine doses.

AIM Statement: To improve flu vaccine usage reporting from community partners who receive State flu vaccine.

2. Assemble the Team
PHS EISSB:
- Heidi Ueno/State flu vaccine distribution
- Karen Waters-Montigia/Lead
- Masha Oshiro/flu vaccine distribution
- Melissa Thun/PHN Lead
- Rob Wester/SDOR management

UCSD Contracts:
- Carol Quinn/SDOR Information Services
- Heidi DeGuzman/QA supervision
- Nancy Reckner/Monthly report tracking and training
- Wendy Wang/Evaluation and QA

3. Examine the Current Approach
A fishbone diagram illustrated pitfalls in four areas: (1) multiple flu products available; (2) different funding sources of flu vaccine was confusing and difficult to account for separately; (3) reporting was inconsistent and infrequent; and (4) some providers were not using the San Diego Immunization Registry (SDIR).

4. Identify Potential Solutions
- Revise SDIR menus to improve data entry and reporting
- Clarify requirements in written agreements with community partners
- Increase communication and reporting frequency with providers
- Conduct trainings on how to report vaccine usage
- Expand number of staff available to support monitoring and data collection

5. Develop an Improvement Theory
Improvements in the reporting process and increased training and support for providers will result in a decrease in the percentage of unaccounted doses of State-purchased flu vaccine.

DO
Test the Theory for Improvement

6. Test the Theory
Between September and October 2014, the potential solutions described were developed and implemented. QA occurred in December 2014, which showed the need to include additional staff for more intensive efforts to reconcile doses reported.

CHECK
Use Data to Study Results of the Test

7. Check the Results
EISSB staff compared reconciled numbers between flu vaccine distribution inventory, weekly flu administration reports from community providers, and SDIR data entry. The State mid-year report showed an 83% reduction in unaccounted flu vaccine within the first 6 months of implementation.

Factors Influencing Flu Accountability

8. Lessons Learned
- Clarify expectations to providers
- Conduct trainings
- Follow-up early and frequently with all discrepancies in reporting
- Enhance functionality in inventory reporting systems
- Improve internal communications in formal planning

ACT
Standardize the Improvement and Establish Future Plans

9. Standardize the Improvement or Develop New Theory
- Create a multidisciplinary team to manage flu reporting, to include a flu inventory coordinator and evaluation specialists
  - Modify provider reporting forms to reflect improved tracking systems
  - Modify database used to collect and report enhanced metrics

10. Establish Future Plans
- Determine if new reporting mechanisms have useful application with other vaccines
- Develop plans and timeline for 2015-16 flu season
- Conduct ongoing QA of new internal team and processes
Factors Influencing Flu Accountability

**Flu Products**
- Many choices for 2013-14 season
- Changes in products during year
- Multiple expiration dates
- SDIR inventory list confusing
- Unpredictable usage based on demand/publicity/product problems
- Ordering based on previous order vs. usage
- Multiple deliveries from State

**Reporting**
- Only two CDPH reports per year
- Lack of staff resources
- SDIR grouping structure
- Inaccurate reporting from providers
- Deferring inventory accountability system at provider level
- Insufficient internal reporting mechanism
- Providers not turning in reports

**Providers**
- Insufficient communication
- Staff turnaround
- Not utilizing SDIR accurately
- Poor internal reconciliation process
- Not enough Immunization
- Branch trainings
- Provider Redistribution

**Other**
- State vs. State. Vs. Private funding sources
- Lack of knowledge regarding storage and handling, usage reports, and reconciliation

**FLU INVENTORY DISCREPANCIES**
HIV, STD and Hepatitis Branch

1. Describe the Problem

In January 2013, the Alternative Test Site (ATS) was merged with the STD Clinic. The role of the ATS was to provide rapid HIV testing, both anonymous and confidential, to persons who were seeking testing. Prior to the merger, rapid HIV testing and STD testing and treatment occurred in separate clinics, creating inefficiency for patients who would have to visit both clinics. Patient wait times were identified as a major, ongoing concern, so the team looked for ways to decrease patient wait times. During the merger process, the issue of triage was addressed, and it was hypothesized that moving triage from the front desk check-in area, which offered little privacy, to a meeting with Communicable Disease Investigators (CDIs), would improve patient wait time by reducing the amount of work required at registration. It was also hypothesized that it would decrease the wait time between registration and first contact with a clinical staff member (the CDI). That improvement did not work, other than to improve the efficiency of the registration process itself. Total patient visit times remained unchanged, and there was still the problem of patients having to wait several hours to receive services.

2. Assemble the Team

There is representation from several units within HSHB, including STD clinical staff, STD clerical staff, HIV testing and field services staff, and HSHB administration.

3. Examine the Current Approach

The current approach for working with patients was to offer walk-in services. The STD Clinic would accept new patients up to the point where clinic capacity was reached for the day. There are no hard formulas for determining clinic capacity, other than to assess the types of visits being sought and comparing that with the number of patients waiting to be seen. In general, the STD Clinic would reach capacity within a few hours of opening, leading the clinic to turn away patients who were seeking services later in the day. On average, the STD clinic would turn away 10 patients per day.

4. Identify Potential Solutions

The QI team decided that implementing an appointment system would reduce the overall visit time for patients, since time studies indicated that the over half of patients’ total visit time was comprised of waiting to receive services. The team did not want to completely eliminate walk-in capacity, and they were also concerned about the impact of no-shows on productivity for clinic staff. As a compromise, the team continued walk-in services for clients who arrived at the clinic at opening, and implemented a same-day appointment system, such that clients could call the appointment line in the morning and make an appointment for that day.

5. Develop an Improvement Theory

It was hypothesized that implementation of a same-day appointment system would improve patient wait times. Specifically:

1. There would be decreases in the time required for each step in the clinic flow; and
2. There would be a decrease in the overall visit time.

6. Test the Theory

An initial, pre-appointment system time study was conducted in June 2014, using a one-week period to measure the time required for all steps in clinic flow for all patients served. The number of patients turned away due to reaching capacity limitations was also recorded.

Between June and December, the team developed the operational plan for the appointment system, including development of the phone line system, development of a triage script to be used by CDIs to assess the amount of time each patient required for an appointment, and training for the staff on the appointment system.

In December 2014, the appointment system went live.
7. Check the Results

A post-appointment system time study was conducted in June 2015, again using a one-week period to assess the amount of time required for patients to complete each step of the clinic flow, including total visit time. Again, the number of patients turned away due to the clinic’s reaching capacity limitation was also recorded. The times for each of these steps were compared to the pre-appointment system time study.

The improvement theory was supported by the results. The time required for each step in the clinic flow process, including patient wait times, improved dramatically as a result of the appointment system.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Time to Reg</td>
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<tr>
<td></td>
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<td></td>
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<td>(17.338)</td>
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The table above represents the mean time for each step in the clinic flow, along with the range of times for all clients during each time study. Mean times were compared with median times, and no significant difference was discovered.

Another significant improvement was in the number of patients who were turned away without being seen due to the clinic’s having reached capacity. In the pre-appointment system time study, 57 patients were turned away due to capacity being reached. In the post-appointment system time study, only 11 patients were turned away.

8. Standardize the Improvement and Establish Future Plans

The appointment system will be continued, as it has dramatically decreased wait times and overall visit times for patients seeking services at the Rosecrans STD Clinic.

9. Establish Future Plans

Because of the appointment system, the STD Clinic is now providing about 9% fewer patient visits than before the system was implemented. This is due to the fact that patients have to be scheduled in advance for certain amount of time with each clinician, which creates some inefficiency when the patient doesn’t require the full amount of time that has been scheduled.

In FY 15-16, the QI team will explore ways to increase the efficiency of the appointment system.
Maternal, Child, and Family Health Services Branch

APPENDIX A: STORYBOARD

Local Health Department Name: Public Health Services (PHS), Maternal, Child, and Family Health Services (MCFHS): Health Care Program for Children in Foster Care (HCPFC)

Address: 3851 Rosecrans St., Ste. 622

Phone Number: (619) 592-8489

Size: Approximately 3,000

Population Served:

Project Title: Improving communication and coordination between foster care team members

1. Getting Started

Building from the fiscal year 2013-2014 quality improvement project (QIP) data, this year’s project interventions have changed focus from medical providers to Social Workers (SWs) and Substitute Care Providers (SCPs).

The goal is to develop and implement an effective system of communication between the foster care team members (SWs, HCPFC Public Health Nurses [PHNs], 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 youth in the foster care system.

2. Assemble the Team

The QIP team includes PHS, MCFHS, HCPFC Administration, FC PHNs, and Child Welfare Services (CWS) staff. The team members were selected for their strengths, expertise, and roles related to HCPFC: Ani Saor, PHN Supervisor; Claire Lynch-Dwyer, PHN; Leala Joseph, PHN; Maria Eisenmann, PHN; Jackie Worth, Performance Management & Measurement; Melinda Botto, CWS Policy Analyst; Rentita Hall, Supervising Human Services Specialist (HSSS); Rhonda Freeman, Child Health and Disability Prevention (CHDP) Program Coordinator; and Dr. Thomas Coit, MCFHS Chief.

AIM Statement:

By 10/30/15, increase from baseline (64.3%) by 10% to achieve 74.3% of Social Workers (SWs) who prompt SCPs to return Health Visit Report Forms or provide sufficient visit summaries from each medical visit to FC PHNs to ensure Health and Education Passports (HEPs) are up to date for youth in foster care.

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 (USPS). It frequently takes several contact attempts before applicable information is obtained. The majority of SWs reminded SCPs to return health information to the PHNs (see graph below). However, 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 information, pertinent data necessary for effective medical care coordination, and documentation of the youth’s health status.

4. Identify Potential Solutions

Potential solutions are based on process flow charts, root cause analysis, SCP and SW surveys, and key informant interviews. Solutions identified include: 1) conduct training pertaining to health related requirements for youth in foster care and information sharing for all new incoming County of San Diego SWs and foster parents; 2) provide training relating to health care needs of youth in foster care at each regional CWS office; 3) identify new opportunities and methods of communication using technology that maintains confidentiality; and 4) coordinate all initial placements and ongoing placements changes of youth in foster care with Placement Unit SWs and FC PHNs to enhance preparation and communication of health requirements and information to SCPs.

5. Develop an Improvement Theory

If health information and requirement instructions are provided directly to the caregiver, when receiving a foster youth, rather than by USPS, the results will be: 1) improved communication between foster care team members; 2) prompt receipt of medical documentation from caregivers; 3) improved care coordination among foster care team; 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) percent of SWs who remind SCPs to return health visit info; 2) rate of compliance with required outcomes; and 3) satisfaction with HEPP and support provided to SCPs.

6. Test the Theory

The QIP lead met with East Region staff to plan the intervention. The intervention chosen to address the above challenges included arranging daily coordination between the FC PHN and Placement Unit SWs for all initial and placement changes. Activities accomplished to date:

1. FC PHNs met with Placement Unit Supervisor
2. Established plan
3. Intervention implemented

7. Check the Results

Met with East Region Assistant Deputy Director, CWS Manager, and PHN Supervisor to review implementation of plan (September 8, 2015). Plan amended to include two scheduled meetings twice daily between Placement Unit and FC PHN. Program will reassess effectiveness of strategy through a survey of the Placement Unit by October 30, 2015.

8. Standardize the Improvement

Data from surveys will be collected and analyzed. Decisions to continue with current interventions or to develop new strategies will be based upon results.

9. Establish Future Plans

Future plan develops systems for effective communication and obtain access to electronic medical information to improve care coordination of youth in foster care.
Maternal, Child, and Family Health Services Branch

California Children’s Services

From the time study results, a baseline was established to be used to compare against the new business process and determine whether the solution would become permanent.

4. Identify Potential Solutions
The team determined the existing eligibility system, CMS, could be used to document parts of the renewal process that were currently hand-written in the case folder. A shared Excel spreadsheet and CMS Webmail could be used in lieu of the “hand-off” of the physical folder to track the progress of the renewal and facilitate communication while ensuring mandated timeframes were met.

5. Develop an Improvement Theory
Based upon early analysis it was anticipated the time reduction could potentially be extensive. To that end the team set a stretch goal of 50%.

AIM Statement
Decrease the time it takes to process Annual Renewals by 50% by incorporating electronic processes.

DO
Test the Theory for Improvement

6. Test the Theory
The team determined establishing test groups documenting time frames and compliance with program mandates for both processes would be the most effective way to test the validity of the proposed model.

Overall processing time reduced by 43%
8. Standardize the Improvement or Develop New Theory

Based upon the data results an action plan was initiated:

- Workgroups formed to develop Desk Aids
- Training material created and all staff trained
- Procedure implemented office-wide
- Survey Monkey used 4 months later requesting staff feedback

Survey Questions and Response Results:

Do you feel the goals to increase efficiency and productivity were met?

- 90% of respondents answered Yes

Has the online process decreased the time it takes to process annual renewals?

- 76% of respondents answered Yes

Do you feel the new electronic process has helped you to manage your case load more efficiently?

- 89% of respondents answered Yes

Do you have concerns things will be missed if the chart is not pulled? And if so what do you do to insure nothing is missed during the annual process?

Do you feel the process is as efficient as possible? Moving forward how could we further streamline the current electronic process?

9. Establish Future Plans

Based upon staff feedback from the survey and suggestions made, CCS will continue to improve the process and seek staff feedback.

Overall both the staff and management agree this project has been a great success and directly led to greatly increased time efficiency. The success of this project will help pave the way for other areas in which electronic processes can be implemented and paper dependency decreased.
APPENDIX A: STORYBOARD TEMPLATE

LOCAL HEALTH DEPARTMENT NAME: Public Health Nursing Administration (PHNA)
ADDRESS: 3851 Rosecrans Street, San Diego, CA 92110
PHONE NUMBER: 619-542-4192
SIZE: 500 Public Health Services (PHS) Employees
POPULATION SERVED: Policy Tech: CQM P&Ps Reporting Process of Staff Readability
PROJECT TITLE: Public Health Nursing Administration (PHNA)

PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started
In 2014, PHN Admin began implementation of Policy Tech across the PHS Branches, Regional Public Health Centers (RPHCs) and Aging and Independence Services (AIS). The implementation of this centralized policy management software system, creates the opportunity for the PHNA to assess and improve the ability to report on the “readership” of policies across PHS branches, RPHCs and other HHSA departments to ensure accountability among staff.

In 2014, PHN Admin began deploying and assigning “readership” to several Clinical Quality Management (CQM) policies and procedures to various staff (i.e. PHNs, LYNs, RNs, OAs, SSNs, etc.).

2. Assemble the Team
Team consists of the following staff from PHNA: Senior PHN (Team Leader), Interim Chief Nursing Officer (Program Oversight), PHN Manager, Senior PHN, Admin Sec II and Office Support Specialist (Document Oversight and Reporting Capabilities).

3. Examine the Current Approach
Prior to Policy Tech, PHNA asked that each Branch and RPHC distribute the CQM P&Ps and track “readership” via an excel spreadsheet. It was the responsibility of the Managers/Supervisors to monitor this process and report back to PHNA.

4. Identify Potential Solutions
The implementation of the centralized document management software system, Policy Tech, creates the opportunity for the PHN Administration (PHNA) to assess and improve the ability to report on the readership of policies across PHS branches, RPHCs and other HHSA departments to ensure accountability among staff.

5. Develop an Improvement Theory
If a standardized process is developed for assigning policy and procedures within Policy Tech, PHS Branches can ensure employee readership compliance.

6. Test the Theory
By 9/30/14, PHN Admin will select 5 CQM policies to track staff readership in Policy Tech. Starting 11/1/14, PHNA Document Control Administrators (DCA) and Document Owner (DO) will run reports each month to assess staff readership of assigned CQM policies.

By 1/1/15, PHNA will analyze report results and use those results to develop a process for the purpose of monitoring and tracking readership.

By 6/30/15, PHNA will develop the final process for monitoring and tracking readership.

CHECK
Use Data to Study Results of the Test

7. Check the Results
At the end of each month, PHN Admin Branch DCAs ran the Reader Task Report to review % of staff who read their assigned policies within 30 days (see graph below for results).

PHN Admin obtained anecdotal feedback from PHS Branches, RPHCs and AEP regarding report preference. Management preferred receiving the report which showcased both incomplete and complete reader tasks by staff.

CUMULATIVE PERCENTAGES OF POLICY READERSHIP PER TASK
The implementation of the centralized document management software system, Policy Tech, creates the opportunity for the Public Health Nursing Administration staff to assess and improve the ability to report on the readership of policies across Public Health Services branches, Regional Public Health Centers and other Health and Human Services Agency departments to ensure accountability among staff.
Tuberculosis Control and Refugee Health Branch

TB CONTROL BRANCH STORYBOARD

.LOCAL HEALTH DEPARTMENT NAME: Tuberculosis Control and Refugee Health Branch
ADDRESS: 3851 Rosecrans St. San Diego, CA 92110
PHONE NUMBER: (619) 692-5521
POPULATION SERVED: 3.2 Million
PROJECT TITLE: Develop System to Track Key Indicators in HHSA LTBI Clinics.

PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started
Among contacts to pulmonary Tuberculosis (TB) cases reported in 2012 by San Diego County, 57% (95/168) of persons found to have latent tuberculosis infection (LTBI) were started on treatment. However, currently there is not a system to track all clients who start LTBI therapy at Health and Human Services Agency (HHSA) clinics. Based on national and state goals and performance among contacts, our target goal is that at least 70% of clients who test positive for LTBI at an HHSA clinic, and who are eligible for treatment, should start LTBI therapy, and at least 60% of those who started treatment, will complete therapy.

2. Assemble the Team
There is representation from TB Control Branch Public Health Nursing, Public Health Information System (PHIS/TI) staff, and regional Public Health Center staff. The selection of cross-departmental members promotes partnership to support the development and maintenance of successful interventions.

3. Examine the Current Approach
Currently, there is no routine and standardized data collection on LTBI treatment across all HHSA TB clinic sites. Information on contacts to active cases is collected by TB Control through paper-based systems.

4. Identify Potential Solutions
- Engage the County’s regional Public Health Centers (PHCs) in identifying standardized data collection elements on all patients starting LTBI therapy.
- Develop a standard data collection tool and procedures for decentralized collection.
- Provide technical assistance to analyze information and communicate results.

5. Develop an Improvement Theory
The team completed items 1-5.
1. Evaluated potential of PHIS (Public Health Information System) and SDIR (San Diego Immunization Registry) compared with less formal information system developed from Microsoft Office to serve as data collection system.
2. Selected Microsoft Access database for TB Control Program.
3. Identified data collection elements.
5. Developed training materials and finalized database.

CHECK
Use Data to Study Results of the Test

7. Check the Results
- Conducted pilot review meeting with each site to discuss feedback and preliminary report, based on data collected through March 2015.
- Identified areas for system and process improvement, including training.

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
- Completed system updates and training material revision.
- Completed training for 2 additional public health centers, to initiate system use for August 2015 clinics.

9. Establish Future Plans
1. Generate preliminary treatment outcome report for clients on short course regimen.
2. Conduct training for final health centers and initiate system use.
3. Expand system to main TB clinic.
4. Continue data management and reporting, to establish baseline treatment initiation and completion rates for all sites.
5. Use data system to track success after implementation of quality improvement measures in LTBI clinics.

DO
Test the Theory for Improvement

6. Test the Theory
- Trained the two pilot sites, South and Central Region Public Health Centers.
- Data entry initiated for clinics occurring as of November 2014.
- Conducted quality assurance checks and requested issue review and/or updates from pilot sites.
Public Health Services
Publications and Presentations
By Branch
Public Health Services
Publications and Presentations
Branch

Administration of Public Health Services


Kozo, J. Emergency Risk Communication—Targeted Outreach to Diverse Language Communities. National Association of County and City Health Officials (NACCHO) Public Health Preparedness Summit, April 2015. ABSTRACT.

Emergency Medical Services

Abedin, S., Ray, L. Estimating the Potential and Likely Number and Cost of the Uninsured Post-Affordable Care Act Enactment from a Local Health Department Perspective. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Corcos, I., Ray, L. Linking Social Marketing Data to Health Outcomes at the Community Level. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

De Vera, K. Pediatric Shopping Cart Injuries as Determined by an EMS Surveillance System. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

De Vera, K. Projecting the Local Burden of Alzheimer's Disease: A Population-Based Model. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Kenner-Brininger, A. Linking Stroke Patient Hospital Data to EMS Records: Potential for Using Prehospital Indicators to Improve Stroke Diagnosis and Treatment. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.


Smith, J. Thirty Years of Trauma: The Evolution of the Trauma Patient in the San Diego County Trauma System. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.
Public Health Services
Publications and Presentations
(continued)

Emergency Medical Services (continued)
Smith, J. Wear a Helmet! Traumatic Brain Injury and Helmet Use in San Diego County. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Stepanski, B., Kenner-Brininger, A. A Time Analysis of Cardiovascular STEMI Events in a Large Metropolitan County. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Epidemiology and Immunization Services Branch
Adam, J., Kao, A., Varan, A., McDonald, E., Waterman, S. Fatal Influenza Outbreak Aboard a Sport Fishing Vessel in San Diego, California. ScienceDirect, December 2014. PUBLICATION.


HIV, STD and Hepatitis Branch


Jones, L. Social Media and New Technologies to Effectively Reach, Engage and Recruit High Impact Prevention Participants, Along the HIV Continuum of Care. U.S. Conference on AIDS, October 2014. ABSTRACT


Jones, L. Implementation of High Impact Prevention Services and Strategies to Deploy, Target and Evaluate Services with Consideration of Replication for Other Health Jurisdictions. U.S. Conference on AIDS, October 2014. ABSTRACT
Public Health Services
Publications and Presentations
(continued)

Maternal, Child, and Family Health Services
McDermid, L., Billups, N., Mei, A., Bragado, N. Seeding Our Cities with Healthy Food System Policies to Fight Childhood Obesity. 8th biennial Childhood Obesity Conference, June-July 2015. ABSTRACT-PRESENTATION.

Public Health Nursing Administration
(None).

Tuberculosis Control and Refugee Health
Public Health Services
Research Projects
By Branch
Each Public Health Services Branch is involved in research projects in collaboration with community partners. A brief description of each of the 28 projects is listed.

### Emergency Medical Services

<table>
<thead>
<tr>
<th>Title and Purpose of Study</th>
<th>Sponsor and Principal Investigator</th>
<th>Study Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Emergency Medical Services (EMS) Response to Disaster (Surveillance study of non-disaster related chief complaints during community involved disasters)</td>
<td>Emergency Medical Services (EMS) staff</td>
<td>January 2006–present</td>
</tr>
<tr>
<td>Emergency Department Overcrowding: Community Determinants and Patient Outcomes</td>
<td>Dr. Benjamin Sun, University of California, Los Angeles (UCLA)/Dr. Bruce Haynes, EMS</td>
<td>May 2015</td>
</tr>
<tr>
<td>Surveillance tool study (Evaluation of surveillance methodology)</td>
<td>EMS staff</td>
<td>Nov. 2003–present</td>
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</table>

### Epidemiology and Immunization Services Branch

<table>
<thead>
<tr>
<th>Title and Purpose of Study</th>
<th>Sponsor and Principal Investigator</th>
<th>Study Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Health Impacts of Wildfire Particulate Emissions under Climate Change Scenarios. To model the impact the wildfire and air quality had on populations health.</td>
<td>Epidemiology and Immunization Services Branch (EISB)</td>
<td>December 15, 2009–present</td>
</tr>
<tr>
<td>Mortality Case Outcomes and Matching for Previous Elderly Traumatic Brain Injury Patients</td>
<td>Scripps HealthCare System, EISB</td>
<td>March 1, 2013–present</td>
</tr>
<tr>
<td>The Burden of Mental Illness: Impact on a Level I Trauma Center</td>
<td>Beth Sise, Scripps Mercy Hospital</td>
<td>February 11, 2014–present</td>
</tr>
<tr>
<td>Expanded Kindergarten Retrospective Survey/Disparities (Evaluation of levels of Immunization disparities in children)</td>
<td>Sponsor: CDPH Immunization Branch. Principal Investigator: Dr. Wilma Wooten</td>
<td>April 5, 2007–present</td>
</tr>
<tr>
<td>Year-round Influenza Surveillance (Monitor flu-like illness at emergency departments)</td>
<td>Dr. Wilma Wooten</td>
<td>November 1, 1994–present</td>
</tr>
<tr>
<td>Title and Purpose of Study</td>
<td>Sponsor and Principal Investigator</td>
<td>Study Period</td>
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<td>------------------------------------------------------------------------------------------</td>
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<td>--------------------------</td>
</tr>
<tr>
<td>Quality Assurance/SDIRegistry (Program effectiveness; Data accuracy)</td>
<td>Sponsor: CDPH Immunization Branch. Principal Investigator: Dr. Wilma Wooten</td>
<td>October 1, 2004-present</td>
</tr>
<tr>
<td>OTIS HPV Vaccine and Pregnancy Study</td>
<td>Dr. Christina Chambers, University of California, San Diego (UCSD)</td>
<td>June 2011-April 2015</td>
</tr>
<tr>
<td>Random Digit Dial Immunization Coverage Survey (Determine community immunization coverage levels, Program effectiveness/efficiency-future direction)</td>
<td>Dr. Wilma Wooten</td>
<td>July 1, 2006-present</td>
</tr>
<tr>
<td>Registry-based Outreach Component Evaluation (Program effectiveness/efficiency-future direction)</td>
<td>Sponsor: CDPH Immunization Branch. Principal Investigator: Dr. Wilma Wooten</td>
<td>July 1, 2002-2015</td>
</tr>
<tr>
<td>Vaccine Coverage and Timing Among US-Born Somali Children and Vaccine Knowledge, Attitudes, and Perceptions Among Somali Parents in Columbus, Ohio and San Diego, California</td>
<td>Clelia Pezzi, Public Health Advisor, Centers for Disease Control and Prevention (CDC)</td>
<td>June 6, 2012-Present</td>
</tr>
<tr>
<td>Evaluation of vaccination coverage, knowledge, and attitudes among Indigenous Mexican - Born Residents in San Diego County</td>
<td>Bonnie Bade, California State University San Marcos and Alfonso Rodriguez-Lainz, CDC</td>
<td>August 16, 2013-Present</td>
</tr>
<tr>
<td>Memorandum of Agreement for Dr. Karen Dobkins, UCSD, Vision and Research Studies (Use of Birth and Death Data)</td>
<td>Dr. Karen Dobkins, UCSD</td>
<td>June 1, 2012-Present</td>
</tr>
<tr>
<td>License Agreement, use of BSL3 in Public Health Lab for Dr. Antonino Catanzaro</td>
<td>Dr. Antonino Catanzaro, UCSD</td>
<td>To Be Determined</td>
</tr>
</tbody>
</table>
## HIV, STD and Hepatitis Branch

<table>
<thead>
<tr>
<th>Title and Purpose of Study</th>
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<th>Study Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Isolate Surveillance Project (GISP) Laboratory and Epidemiologic Investigation of Gonorrhea Isolates with High Levels of Azithromycin Resistance</td>
<td>CDC, CDPH STD Branch, HIV, STD and Hepatitis Branch (HSHB), Patrick Loose</td>
<td>1987-present</td>
</tr>
</tbody>
</table>

## Maternal, Child, and Family Health Services

No research studies reported for this time period.

## Public Health Nursing Administration

<table>
<thead>
<tr>
<th>Title and Purpose of Study</th>
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<th>Study Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Child Health PHN Home Visiting</td>
<td>Mother and Infant Home Visiting Program Evaluation-California Home Visiting Program</td>
<td>July 26, 2013-Present</td>
</tr>
</tbody>
</table>

## Tuberculosis Control and Refugee Health

<table>
<thead>
<tr>
<th>Title and Purpose of Study</th>
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<th>Study Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Epi Consortium (Improvement of San Diego County Public Health System)</td>
<td>CDC, CDPH, Tuberculosis Control and Refugee Health</td>
<td>January 1, 2005-present</td>
</tr>
<tr>
<td>Effect of Drug Resistance on Transmissibility and Pathogenicity of M tuberculosis</td>
<td>Philip Hopewell, University of California, San Francisco (UCSF)</td>
<td>September 2012-September, 2014</td>
</tr>
<tr>
<td>Wireless Observation of Therapy</td>
<td>Sara Browne, UCSD</td>
<td>October 2012-October 2015</td>
</tr>
</tbody>
</table>
### Tuberculosis Control and Refugee Health (continued)

<table>
<thead>
<tr>
<th>Title and Purpose of Study</th>
<th>Sponsor and Principal Investigator</th>
<th>Study Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone Video Directly Observed Therapy to Monitor Short-Course Latent Tuberculosis Infection Treatment</td>
<td>Richard Garfein, UCSD</td>
<td>October 2012-October 2015</td>
</tr>
<tr>
<td>Performance Evaluation of the GeneXpert Mycobacterium Tuberculosis/Rifampin Assay in the Diagnosis of Pulmonary Tuberculosis and Rifampin Resistance in a Low-Prevalence Setting</td>
<td>Jason Rice, UCSF</td>
<td>September 2012-Present</td>
</tr>
</tbody>
</table>
Public Health Services
Staff Awards and Recognition/Development
Public Health Services Staff Awards and Recognition/Development

Awards

Public Health Media

In August 2014, the County Communications Office was awarded silver and bronze awards from the National Public Health Information Coalition for two news releases issued in 2014. The silver award was in the breaking news category for the County News Center (CNC) story “Henry High School Student Dies of Suspected Meningococcal Infection,” published on February 14, 2014. Epidemiology and Immunization Services (EISB) staff were involved in the write up and investigations for this article. The news story was written by Dr. Eric McDonald, with input from Jennifer Nelson and Jackie Hopkins. Whitney Pinto and Dr. McDonald participated in the mass prophylaxis of cheerleaders as a result of this case. The bronze award received was in the general news release category for CNC story “Foster Parents Help Heal Invisible Scars” issued on May 30, 2014. It was the County’s first year entering this national competition.

Outstanding Poster for Program and Policy

Rhonda Freeman, Sutida “Nid” Jariangprasert, and Cindy Tso of Maternal, Child, and Family Health Services (MCFHS) won the Outstanding Poster Award for Program and Policy at the annual national 2014 CityMatCH Leadership and Maternal Child Health Epidemiology Conference, which took place on September 17–19, 2014, in Phoenix, Arizona. The award was for the presentation “One Life, One Body, One You: Engaging and Empowering Girls to Make Positive Choices Throughout their Lifespan.” Rhonda was also a CityLeaders mentor from September 2014 –April 2015.

Birth and Death Certificate Timeliness Awards

Heidi Lowe, Elizabeth Virgen-Santos, Michael Alaysa, Lisa Castro, Patricia Novoa, Anabel Armenta Class and Hilda Lopez of EISB Vital Records received the Death Certificate Timeliness Award from the California Department of Public Health (CDPH) in June 2015. San Diego County won a large county award for registering 20,000 deaths with an average turnaround time of 1.76 hours. The state average is 3.53 hours.

Heidi Lowe, Tahaiti Tinsley, Sandra Cesena, Alicia Cante and Yvette Mauberis of EISB Vital Records received the Birth Certificate Timeliness Award from CDPH in June 2015. Awards were given out to counties that registered at least 80 percent of their certificates within 10 days of the birth. San Diego County was among the 29 counties that made the 80 percent target, ranking 11th in the state, registering 93.46 percent of over 46,000 births within 10 days.

Dan O’Shea Day

On June 23, 2015, Public Health Services Assistant Director Dan O’Shea was presented a proclamation issued by the County Board of Supervisors, recognizing his achievements and proclaiming it “Dan O’Shea Day” throughout San Diego County. The proclamation was presented in honor of his service with the County, as well as his advocacy work with community-based organizations providing HIV/AIDS services.
Staff Recognitions/Development

Finance Academy
Lisa Han and Rodrigo Ibanez Diaz de Sandi of EISB, graduated from the Finance Academy (July 2014).

Advanced Competencies for the Administrative Professional of the 21st Century Program
Anabel Armenta Class (July 2014), Alicia Cante (November 2014)
Eleanor Gatdula (November 2014), and Aline Diab (May 29, 2015), of EISB, graduated from the Administrative Support Academy and Advanced Competencies for the Administrative Professional of the 21st Century program. The seven-week ACAP21 program provides skills in customer service, professionalism, communication, teamwork, management, organization, flexibility, and technology.

The Exchange – Strategies for Managing Conflict in the Workplace
Marlene Goldstein of EMS completed The Exchange – Strategies for Managing Conflict in the Workplace (November 2014). This training specializes in promoting collaboration and effective communication practices for managers and supervisors. The training teaches participants how to help people feel understood, respected, included, and appreciated, and in return, will build trust with co-workers.

Great Leadership Academy
Dr. Winston Tilghman of HSHB graduated from the Great Leadership Academy (November 2014).
Kristina Pinto of EISB completed the Health and Human Services Agency (HHSA) Financial Support Services Division Fiscal Unit Clerical Academy (April 27, 2015).

Emergency Medical Services (EMS), completed the Department of Human Resources Professional Enrichment Seminars, 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.

National Leadership Academy for the Public’s Health
Justine Kozo graduated from the National Leadership Academy for the Public’s Health training program (January-December 2015). Justine was provided training to advance her leadership skills and achieve health equity.

U.S.-Mexico Border Health Commission’s Leaders Across Borders
Patrick Loose completed the U.S.-Mexico Border Health Commission’s Leaders Across Borders advanced leadership development program (March-October 2015), aimed at building the binational leadership capacity of public health, health care, and other community-sector leaders working to improve the community health in the U.S.-México border region.

Administrative Support Academy
Rodrigo Ibanez Diaz de Sandi of EISB graduated from the Administrative Support Academy (April 2015). The Academy is designed to prepare the County’s administrative support staff for the important role they play in the organization’s future. The program allows support staff to enhance skills in communication, business writing, customer service, time management, team dynamics, and professionalism.

County Mentor Partnership Program
Grace Anggrainy of MCFHS participated as a mentee and graduated from the County Mentor Partnership Program (April 9, 2015). The Mentor Partnership Program is designed to help coach and inspire employees participating in the program to pursue their chosen career-oriented goals within County government.
Staff Recognitions/Development (continued)

Essentials of Supervision Program

Marlene Goldstein of EMS (May 2015) and John Milios (May 2015) of the HIV, STD, and Hepatitis Branch (HSHB), Leticia Arellanes (June 2015), and Amy Applebaum (June 2015) of HSHB graduated from the Essentials of Supervision Program. This program provides skills needed for growth and development as a supervisor.
County of San Diego Board of Supervisors
   District 1—Greg Cox
   District 2—Dianne Jacob
   District 3—Dave Roberts
   District 4—Ron Roberts
   District 5—Bill Horn
Chief Administrative Officer
   Helen Robbins-Meyer
Director, Health and Human Services Agency
   Nick Macchione, MS, MPH, FACHE
Public Health Officer & Director, Public Health Services
   Wilma J. Wooten, MD, MPH

County of San Diego
Health and Human Services Agency
Public Health Services
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San Diego, CA 92186-5222