Harney County Health Department
420 N Fairview Ave
Burns, Oregon 97720

December 5, 2011

Tom Engle
Department of Human Services
800 N.E. Oregon Street, Suite 930
Portland, OR 97232

Dear Tom,

Attached please find Harney County's Public Health Annual Plan for 2012-2013 which is being submitted pursuant to OR 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.374 – 431.416 are preformed. If you have any questions or need further information, please contact us at 541-573-2271.

Respectfully,

Cheryl Keniston, Supervisor
Harney County Health Department

Harney County Health Department
Annual Plan 2012-2013

Executive Summary

Harney County remains large in area, 10,133 square miles. Our population went down by 177 persons in the 2010 census count. That was a decrease of 2.5 %. We still have a high unemployment rate. The major industries are cattle and hay ranching, medical services, and government agencies.

The health department programs are well utilized by the population. We have a transient population in WIC. They come to town then leave when things do not work out. Even with great migration in and out our numbers remain fairly stable.

It was decided to not peruse the School Based Health Center due to the tight budgets of the county, the school district, and the state. Much work had gone into the development of the program. It was with much sadness that we were forced to stop it at this time.

Our staffing of the office has been in flux. One full time RN moved to the Reservation. Our current staff is 2 full time RN's, 1 ½ Office Staff, ½ TPEP and ½ time Supervisor. Everyone is cross trained and very good at finding ways to accommodate all the activities of the Health Department. The next challenge will be to replace the Supervisor who is retiring.

The county values the services that are provided to the county and are very supportive financially and of the programs.

We are partnered with DHS and HHOPE (Harney County Domestic Violence Program) for the Intimate Partner Violence grant. It has been a year that we have participated. Success is slow but it is building with community education and dedicated workers.

Our partnership with Grant County continues with the Environmental Specialist doing our sanitary inspections. John Combs has completed his internship and now is licensed on his own. He continues to provide excellent service to the residence of Harney County.

Harney County Health Department

Annual Plan 2012-2013

Assessment

Harney County is a large county in eastern Oregon. The county population is 7,422 and has an area of 10,133 square miles resulting in a population of 0.7 per square mile. This in itself makes health delivery an issue. The per capita income for the county is $3,000 less than the state. The median household income for HC residents is $34,066 which is $14,000 less than the Oregon average. We are an economic disadvantage county. It is interesting that the community as a whole continues to have a positive attitude toward life in general.

We remain an "old west" culture. Our county is managed by the County Judge who is also the public health administrator. There are also two elected county commissioners. They deal not only with health issues but economic and social issues facing our county. We do embrace the modern way of life but our basic core values remain with our forefathers who were honest hard working individuals who took enjoyment from everyday occurrences.

The southern section of the county is mostly large cattle ranches. Our ranch workers are called buckaroos after the influence that the Spanish had in the south west. With fuel prices high and distance being an issue, the ranch residents come to town possibly once a month for supplies and appointments. We at the health department recognize these challenges and work to provide services when needed. During the fall the Health Department visits the small communities. We set up shop and offer flu, pneumonia, Tdap and other vaccinations needed by the children. We also bring a health related programs for the school children. Our goal is to improve their health education and interest them in careers in the health field.

Chronic disease and heart disease is higher than the state average. One factor that affects both is the rate of tobacco use in the county. We have made inroads into reducing tobacco use but much more work needs to be done. Smokeless tobacco remains high on the list of tobacco products used in Harney County both in the male and female populations.

During the past year Harney District Hospital has offered programs for weight loss that have been very successful. They are also working on activity programs for both adults and children. The CHIP program was instrumental in organizing a community garden and working with the school s to provide more healthy choices. The community as a whole is embracing these efforts.

We are participating with DHS, and Grant County in the IPV (Intimate Partner Violence) Grant. Its focus is on young pregnant women. We are having good response, but again our numbers are small.

The Health Department will have a new Supervisor in January. Staffing has changed the past year. We continue to reevaluate the programs and staffing. We will continue to evaluate positions and the body of work that is needed to be done to effectively bring quality services to the residence of Harney County.

Harney County Health Department
Annual Plan 2012-2013
Updates

1. **Epidemiology and control of preventable diseases and disorders;**
   All CD nurses have been enrolled in ORPHEUS
   We have been kept busy with chronic Hep C cases
2. **Parent and child health services, including family planning clinics;**
   We have a new nurse coordinator for Babies 1st and CaCoon.
   We are pleased with the response to Implanon.
   Our teen pregnancy rate has decreased.
   The numbers in Family Planning are stable
3. **Collection and Reporting of health statistics;**
   We have a new deputy registrar to assist with these duties
4. **Health information and referral services;**
   We keep updated information on services and information
5. **Environmental health services;**
   Our environmental specialist trainee is now the specialist
   We have very good working relationship with the establishments
6. **Tuberculosis;**
   We have successfully completed updating our orders and protocols
7. **Tobacco prevention, education and control;**
   We are on our third TPEP Coordinator for the calendar year
   Our plan has been approved and we are poised to move forward
8. **Disaster Preparedness;**
   We are struggling to comply with the program as qualified applicants for this program are in short supply in the county

Appendix C

Harney County Health Department
Family Planning

Time Period: 2012-2013 **GOAL: Keep enrollment up**				
Objectives	**Plan for Methods/ Activities/Practice**	**Outcome Measure(s)**	**Outcome Measure(s) Results**	**Progress Notes**
A. **Keep enrollment up**	Keep program current. Keep all current and new methods available	**Gather numbers using services quarterly.**		
B.				
Time Period: 2012-2013 **GOAL: Adequate Income for Services**				
Objectives	**Plan for Methods/ Activities/Practice**	**Outcome Measure(s)**	**Outcome Measure(s) Results**	**Progress Notes**
A. **Collect appropriate fees and bill all services delivered**	Careful charting by nurses. Careful and timely billing by staff.	**Evaluate income in comparison to expenses quarterly.**		
B				
Time Period: **GOAL:**				
Objectives	**Plan for Methods/ Activities/Practice**	**Outcome Measure(s)**	**Outcome Measure(s) Results**	**Progress Notes**
A.				
B.				

Harney County Health Department
Annual plan 2012-2013

Local Board of Health:

The local Board of Health is the County Judge and Board of Commissioners. The County Judge is the Public Health Administrator. They meet 2 times a month. The budget is reviewed along with pertinent issues in the Public Health domain.

Senate Bill 555:

Harney County Court is the governing body that oversees the local Commission on Children and Families.

Unmet Needs:

Dental health remains a health need for both young and old. Burns Dental Group is the only dental office in town and they are busy.

We also are working with Harney District Hospital to develop county wide efforts in reducing obesity. Finances are issues for operating small group activities and initiating new programs.

We co-sponsor Tai Chi weekly classes at the Senior Center. It is well attended by adults and the special education class at the High School. This is a temporary service due to funding issues.

Budget:

For budget information contact:

Ellen Nellie Franklin
Harney County Treasurer
450 N Buena Vista
Burns, Oregon 97720
541-573-6541

VII. Minimum Standards

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

[illegible]

1. Yes X___ No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.

2. Yes _X__ No ___ The Local Health Authority meets at least annually to address public health concerns.

3. Yes _X__ No ___ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.

4. Yes _X__ No ___ Current local health department policies and procedures exist which are reviewed at least annually.

5. Yes __X_ No ___ Ongoing community assessment is performed to analyze and evaluate community data.

6. Yes _X__ No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.

7. Yes _X__ No ___ Local health officials develop and manage an annual operating budget.

8. Yes _X__ No ___ Generally accepted public accounting practices are used for managing funds.

9. Yes _X__ No ___ All revenues generated from public health services are allocated to public health programs.

10. Yes _X__ No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.

11. Yes _X__ No ___ Personnel policies and procedures are available for all employees.

12. Yes __X_ No ___ All positions have written job descriptions, including minimum qualifications.

13. Yes _X__ No ___ Written performance evaluations are done annually.

14. Yes _X__ No ___ Evidence of staff development activities exists.

15. Yes _X__ No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes _X__ No ___ Records include minimum information required by each program.

17. Yes _X__ No ___ A records manual of all forms used is reviewed annually.

18. Yes __X_ No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.

19. Yes __X_ No ___ Filing and retrieval of health records follow written procedures.

20. Yes _X__ No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.

21. Yes _X__ No ___ Local health department telephone numbers and facilities' addresses are publicized.

22. Yes _X__ No ___ Health information and referral services are available during regular business hours.

23. Yes _X__ No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.

24. Yes _X__ No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.

25. Yes _X__ No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.

26. Yes _X__ No ___ Certified copies of registered birth and death certificates are issued within one working day of request.

27. Yes _X__ No ___ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.

28. Yes X___ No ___ A system to obtain reports of deaths of public health significance is in place.

29. Yes _X__ No ___ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

30. Yes _X__ No ___ Health department administration and county medical examiner review collaborative efforts at least annually.

31. Yes _X__ No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes _X__ No ___ Written policies and procedures exist to guide staff in responding to an emergency.

33. Yes _X__ No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes _X__ No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

35. Yes _X__ No ___ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes _X__ No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes _X__ No ___ There is a mechanism for reporting communicable disease cases to the health department.

38. Yes __X_ No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes _X__ No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes _X__ No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

41. Yes __X_ No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes _X__ No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes _X__ No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes _X__ No ___ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes _X__ No ___ Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes _X__ No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

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47. Yes __X_ No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes _X__ No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes _X__ No ___ Training in first aid for choking is available for food service workers.

50. Yes __X_ No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes _X__ No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes _X__ No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes _X__ No ___ Compliance assistance is provided to public water systems that violate requirements.

54. Yes _X__ No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes _X__ No ___ A written plan exists for responding to emergencies involving public water systems.

56. Yes _X__ No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes _X__ No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.

58. Yes _X__ No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes _X__ No ___ School and public facilities food service operations are inspected for health and safety risks.

60. Yes _X__ No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes _X__ No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.

62. Yes __X_ No ___ Indoor clean air complaints in licensed facilities are investigated.

63. Yes _X__ No ___ Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes _X__ No ___ The health and safety of the public is being protected through hazardous incidence investigation and response.

65. Yes _X__ No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

66. Yes X___ No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes _X__ No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes _X__ No ___ The health department provides and/or refers to community resources for health education/health promotion.

69. Yes _X__ No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes _X__ No ___ Local health department supports healthy behaviors among employees.

71. Yes _X__ No ___ Local health department supports continued education and training of staff to provide effective health education.

72. Yes _X__ No ___ All health department facilities are smoke free.

Nutrition

73. Yes _X__ No ___ Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:

a. Yes _X__ No ___ WIC
b. Yes _X__ No ___ Family Planning
c. Yes _X__ No ___ Parent and Child Health
d. Yes ___ No _N/A__ Older Adult Health
e. Yes ___ No _X__ Corrections Health

75. Yes __X_ No ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes _X__ No ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes _X__ No ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

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78. Yes _X__ No ___ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes _X__ No ___ A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes _X__ No ___ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes ___ No _X__ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes __X_ No ___ Perinatal care is provided directly or by referral.

83. Yes _X__ No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes _X__ No ___ Comprehensive family planning services are provided directly or by referral.

85. Yes _X__ No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes _X__ No ___ Child abuse prevention and treatment services are provided directly or by referral.

87. Yes _X__ No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes _X__ No ___ There is a system in place for identifying and following up on high risk infants.

89. Yes __X_ No ___ There is a system in place to follow up on all reported SIDS deaths.

90. Yes _X__ No ___ Preventive oral health services are provided directly or by referral.

91. Yes _X__ No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes _X__ No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes _X__ No ___ The local health department identifies barriers to primary health care services.

94. Yes _X__ No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes __X_ No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes _X__ No ___ Primary health care services are provided directly or by referral.

97. Yes _X__ No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes __X_ No ___ The local health department advocates for data collection and analysis for development of population based prevention strategies.

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99. Yes _X__ No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

Yes __X_ No ___ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

100. Yes _X__ No ___ The local health department assures that advisory groups reflect the population to be served.

101. Yes _X__ No ___ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

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Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: _Steven Grasty_____

Does the Administrator have a Bachelor degree? Yes ___ No _X__

Does the Administrator have at least 3 years experience in public health or a related field? Yes __X_ No ___

Has the Administrator taken a graduate level course in biostatistics? Yes ___ No X___

Has the Administrator taken a graduate level course in epidemiology? Yes ___ No __X_

Has the Administrator taken a graduate level course in environmental health? Yes ___ No __X_

Has the Administrator taken a graduate level course Yes ___ No __X_

in health services administration?

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes ___ No ___X

a. **Yes __ No _X__ The local health department Health Administrator meets minimum qualifications:**

If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.

b. Yes __ No _X__ The local health department Supervising Public Health Nurse meets minimum qualifications:

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.

c. Yes _X__ No __ The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.

d. Yes _X__ No____ The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.

Harney County Health Department
Annual Plan 2012-2013

Plan for Administrator:

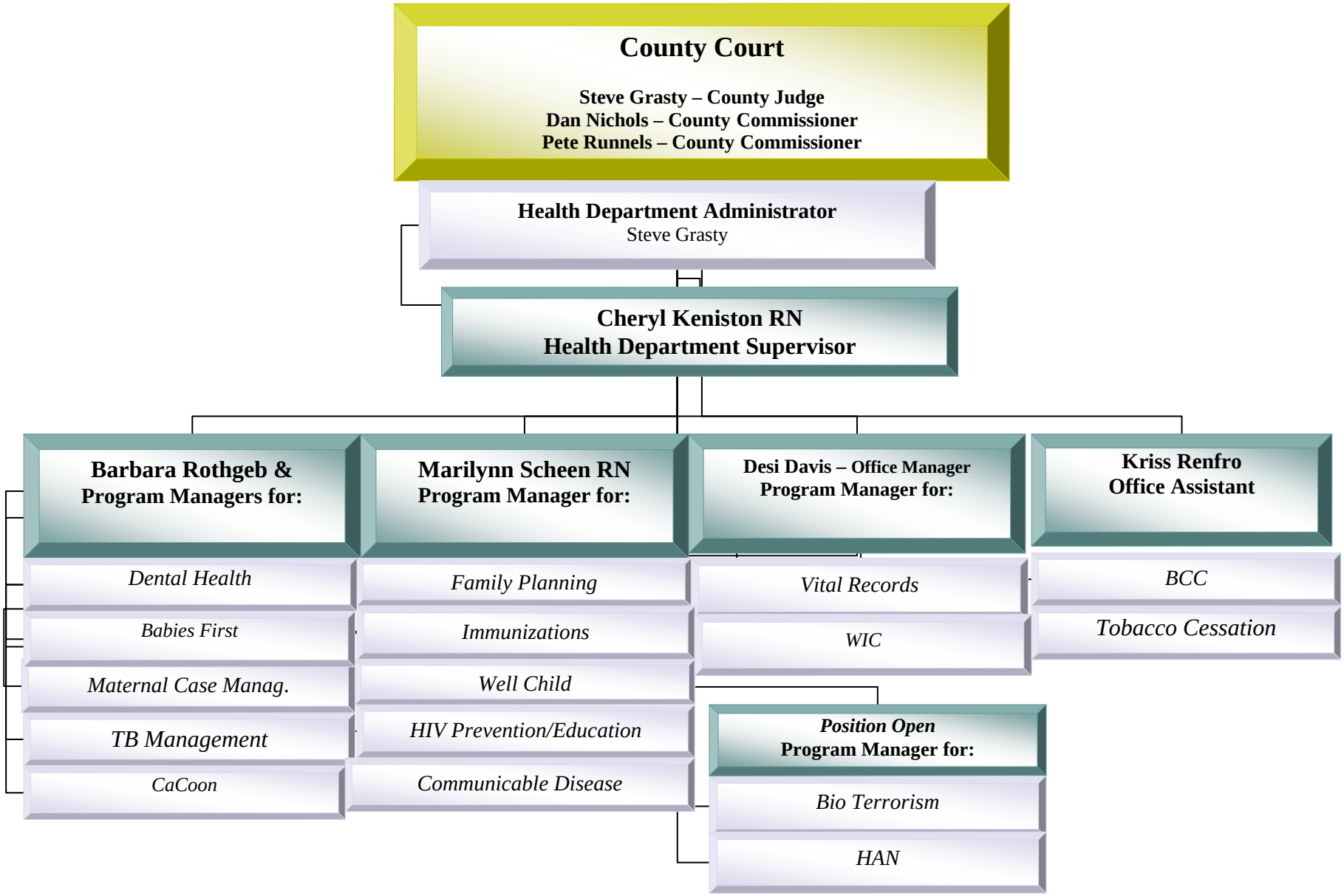
1 – The Administrator is planning on taking the advanced courses offered by the State.

Plan for Nursing Supervisor:

2 – To hire a nurse with the advanced degree and to have them take the advanced courses in public health as offered through the State, as needed.

The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Local Public Health Authority	Harney County	Dec 5, 2011 Date


County Court
Steve Grasty – County Judge
Dan Nichols – County Commissioner
Pete Runnels – County Commissioner
Health Department Administrator
Steve Grasty
Cheryl Keniston RN
Health Department Supervisor
Barbara Rothgeb &
Program Managers for:
Dental Health
Babies First
Maternal Case Manag.
TB Management
CaCoon
Marilynn Scheen RN
Program Manager for:
Family Planning
Immunizations
Well Child
HIV Prevention/Education
Communicable Disease
Desi Davis – Office Manager
Program Manager for:
Vital Records
WIC
Position Open
Program Manager for:
Bio Terrorism
HAN
Kriss Renfro
Office Assistant
BCC
Tobacco Cessation

Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
Harney County Health Department

LHD staff completing this checklist: Desiree Davis

State-Supplied Vaccine/IG

☒ 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP

☒ 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts

☒ 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

☒ 4. Has an assigned immunization program coordinator

☒ 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management

☒ 6. Uses and maintains OIP-acceptable refrigeration equipment

☒ 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer

☒ 8. Has an OIP-approved vaccine emergency plan

☒ 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

☐ 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site ☒ N/A

☐ 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines ☒ N/A

Vaccine Administration

☒ 12. Has submitted annual Public Provider Agreement & Provider Profile

☒ 13. Provides all patients, their parents or guardians with documentation of immunizations received

☒ 14. Complies with state & federal immunization-related document retention schedules

☒ 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses

☒ 16. Does not impose a charge of more than $15.19 per dose for VFC/317 vaccine

☒ 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

☒ 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

☒ 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs

☒ 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women

☒ 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care

☐ 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah ☐ N/A

☒ 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) ☐ N/A

☒ 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown

☐ 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening

☒ 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus

☐ 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women

☒ 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

☒ 29. Forecasts shots due for children eligible for immunization services using ALERT IIS

☒ 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

☒ 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

☒ 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered

☒ 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration

☒ 34. Makes VIS available in other languages

Outreach & education

☒ 35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

Go to the 'outlying' school districts and give vaccinations, including flu and any childhood vaccines needed. We contact the schools before hand, and they let us know of any vaccine we need to bring with us. The forms are sent to the schools, and the parents have them filled out for the child when we get there. This is done once a year.

Prepare a presentation for "Parents Night" at our local Head Start. We will give a presentation on what vaccine a child needs for school, and the importance of these vaccines. We will have Head Start pull the vaccine records for each student, and go over them with the parents. Answering any questions they might have.

Surveillance of Vaccine-Preventable Diseases

☒ 36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

☒ 37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP

☒ 38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP

☒ 39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

☒ 40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)

- ☒ a. Conducts secondary review of school & children's facility immunization records
- ☒ b. Issues exclusion orders as necessary
- ☒ c. Makes immunizations available in convenient areas and at convenient times

☒ 41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline

☒ 42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

☒ 43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011**.

Report submitted? ☒ Yes ☐ No

Performance Measures

☒ 44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]

☐ Yes ☒ No: 4th DTaP rate of ≥90%, or improves the prior year's rate by 1% or more

☐ Yes ☒ No: Missed Shot rate of ≤10%, or reduces the prior year's rate by 1% or more

☒ Yes ☐ No: Correctly codes ≥95% of state-supplied vaccines per guidelines in ALERT IIS

☒ Yes ☐ No: Completes the 3-dose hepatitis B series to ≥80% of HBsAg-exposed infants by 15 months of age

☒ Yes ☐ No: Enters ≥80% of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

☒ 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required

☒ 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)

☒ 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

☒ 48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):

☒ Monthly Vaccine Reports (with every vaccine order)

☒ Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)

☒ Vaccine inventory via ALERT IIS

☒ Immunization Status Report

☒ Annual Progress Report

☒ Corrective Action Plans for any unsatisfactory responses during triennial review site visits ☐ N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a “Yes”. Be sure to insert the corresponding statement number for each response.

Q. 44 We will meet with High Desert Medical Clinic and discuss ways to increase immunizations. We will also screen vaccination records at all WIC appointments, and give all shots due, unless truly contraindicated.
Q. 44 Staff will review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots. We will also fully screen each patient for immunizations at every visit and immunize as needed. This includes WIC and Family Planning appointments, as well.
Q.
Q.
Q.
Q.
Q.
Q.
Q.
Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: Oregon.VFC@state.or.us