

AGENCY REVIEW

LINCOLN COUNTY
HEALTH & HUMAN SERVICES

February 3-21, 2014
Prepared by
Oregon Health Authority
Public Health Division

Tom Engle, RN
Public Health Consultant

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIME
LINE FOR
CHANGE**

OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR

COMMUNITY LIAISON

ADMINISTRATION

- The LPHA must assure that fees for public health services are reasonably calculated not to exceed the cost of the services performed. 7/1/14
- Assure that fees are set by the LPHA. 7/1/14
- Assure that all pharmacy and medical procedures are reviewed and signed annually (county policy) by the Health Officer, or if applicable, a qualified provider. (e.g. dispensing, CD, TB) 7/1/14
- Include in pharmacy policies a policy that covers periodic inventory. 7/1/14
- Develop policy for maintenance and calibration of clinical and safety equipment. 7/1/14
- Assure that policies and procedures are organized and kept in media that all staff are aware. 7/1/14

For more detailed information, please see the completed program review tool in section 2.

REVIEWER: Tom Engle

RESPONDENT: Rebecca Austen

LINCOLN COUNTY HEALTH & HUMAN SERVICES
February 19th, 2014

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

PERINATAL & BABIES FIRST! & NFP

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tools in sections 3, 12, 13.

REVIEWER: Fran Goodrich, State MCH Nurse Consultant and Cynthia Ikata, State NFP Nurse Consultant

RESPONDENTS: Shelley Paeth, MCH Programs Manager and MCH Staff Team members

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIME
LINE FOR
CHANGE**

OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR

COMMUNITY LIAISON

CIVIL RIGHTS

The LPHA must assure civil rights compliance responsibilities are met.

- Provide documentation that the Civil Rights Self Assessment has been reviewed by the LPHA.
- Provide documentation that there is a plan to improve any deficient areas identified by the Civil Rights Self Assessment.

5/1/2014

For more detailed information, please see the completed program review tool in section 4.

REVIEWER: Tom Engle

RESPONDENT: Rebecca Austen, Sheahan Griffiths, Janet Harrison, Kari Hall, Niesa Chastain

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PUBLIC HEALTH PRACTICE

ACUTE AND COMMUNICABLE DISEASE PROGRAM

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 5.

REVIEWER: Melissa Powell

RESPONDENT: Rebecca Austen

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR HEALTH PROTECTION

DRINKING WATER

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed review tool in section 6.

REVIEWER: Tony Fields

RESPONDENT: Amy Chapman

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIME
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OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR

FISCAL

The LPHA must follow 2 CFR 225_Attachment B.8 (formerly A-87) Support of Salaries and Wages. This includes at a minimum:

6/15/2014

- Salaries and wages of employees working solely on a single federal award (WIC) should be supported by periodic certifications which should be prepared at least semi-annually and signed by the employee or supervisor

The LPHA must maintain internal controls consistent with OMB A-133§_300; 45 CFR 92.20; 45 CFR 74.21. This includes at a minimum:

6/15/2014

- Must update policy and procedure on health department's cash payments and receipting cash deposit reconciliation.
- Must update health department accounting policies and procedures to include accounts payable policy and procedures.
- Ensure that the aging of accounts receivable be reviewed, authorized and signed off by the medical billing supervisor before writing off accounts as bad debts.
- Ensure that the periodic inventory counts performed by staff are signed and dated when count is performed.

6/15/2014

6/15/2014

6/15/2014

The LPHA must base Family Planning/Title X charges on a schedule of discounts consistent with Guidelines: 42 CFR 59.5_Section 6. This includes at a minimum:

- Submit completed cost analysis study. Federal auditor recommends updating the cost analysis every 2 years.

6/15/2014

REVIEWER: Marivic Tupaz

RESPONDENT: Kari Hall

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR HEALTH PROTECTION

FOOD, POOL, AND LODGING HEALTH & SAFETY

The LPHA must conduct a recheck inspection within 14 days for priority/priority foundation violations that were not corrected during the inspection. [OAR 333-012-0055\(3\)\(e\)](#)

5/30/14

For more detailed information, please see the completed program review tool in section 8.

REVIEWERS: Cindy Robinson, Erica Van Ess, Valerie Aliski

RESPONDENT: Amy Chapman

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIME
LINE FOR
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CENTER FOR PUBLIC HEALTH PRACTICE

IMMUNIZATION

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 10.

REVIEWER: Rex Larsen

RESPONDENT: David Glassman

Agency Program Elements (PE 43)

Immunization Coverage and Performance Data (PE 43: 5.a-e.)

	2011	2012	2013	Percentage Point Change
State UTD 4:3:1:3:3:1 (Pop. Based Rate)	72.6	67.1	n/a	n/a
County UTD 4:3:1:3:3:1 (Pop. Based Rate)	76.8	68.7	n/a	n/a
LHD 4th DTaP (AFIX Measure) (PM 5a)*	n/a	59	n/a	n/a
Missed Shots (AFIX Measure) (PM 5b)	n/a	28	n/a	n/a
Late Starts (AFIX Measure)	n/a	25	n/a	n/a
Shots Coded Correctly (PM 5c)	n/a	99	100	+1
Peri Hep B Case Management (PM 5d)	100	50	n/a	n/a
Timely Data Entry (PM 5e)	81	89	95	+14

Performance Measures (PE 43: 5.a-e)	Met	Not Met	Notes
5.a Improve the 4 th DTaP immunization coverage rate by one (1) percentage point each year and/or maintain a rate greater than or equal to 90%. [Compliance suspended 2013-2014]	<input type="checkbox"/>	<input type="checkbox"/>	Performance Measure Suspended
5.b Reduce Missed Shot rate by 1% yearly and/or maintain rate at ≤10% [Compliance suspended 2013-2014]	<input type="checkbox"/>	<input type="checkbox"/>	Performance Measure Suspended
5.c 95% of all state-supplied vaccine coded correctly per age-eligibility guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100% correct eligibility coding
5.d 80% of infants in LPHA's Service Area exposed to perinatal hepatitis B shall be immunized with the 3-dose hepatitis B series by 15 months of age.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%, Parental refusal of 3 rd dose of Hep B documented, immune response confirmed by serologic testing
5.e 80% of vaccine administration data entered within 14 days of administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	95%

1. Are the following Immunization Plans and Agreements submitted and approved? (PE43: 4.d.i.)

	Yes	No	Notes
Annual Public Provider Profile (PE43: 3.i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Annual Public Provider Agreement (PE43:3.i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Annual Subdesignation/Deputization Agreement (PE43: 3.s.v.)	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A, Lincoln Co has an associated FQHC</i>

2. For each Delegate Agency, are the following documents submitted and current? (PE 43: 7.c) N/A

<input type="checkbox"/> N/A	Yes	No	Notes
Delegate Agency Profile & Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Delegate Agency Addendum Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Delegate Agency Review Site Visit Tool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(Citations for Q.3- 7 are covered under PE43: 4.d.i.-iv.)

3. Prior to shots, how are clients screened to identify contraindications?

- Screening form completed by parent, guardian or client
 Provider asks parent, guardian or client the questions in-person
 Other: _____

4. Are Vaccine Administration Records (VARs) or other comparable immunization documentation kept for 10 years?

- Yes No

5. If you are not using the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), has your VAR been approved by OIP?

- Yes No N/A (Using State VAR)

6. Are updated immunization records given after shots?

- Yes No

6a. Describe what type of record is provided for the patient: ALERT IIS

7. Does staff administer vaccine under current, signed Standing Orders approved by OIP?

- Yes No

***Reviewer must review site's standing orders for current version.**

8. How do you forecast for clients? (PE43: 4.g.)

- ALERT IIS Manual Electronic (other than ALERT IIS)

9. How do you recall clients? (PE43: 4.g.)

- ALERT IIS Manual Electronic (other than ALERT IIS)

10. Do you flag clients who are inactive, deceased, or have moved out of your jurisdiction? (PE43: 7.d.)

- Yes No, clinic does not track or record patient status

10a. If yes, how is data submitted to ALERT/IIS?

Shot data is submitted via EHR, patient status is updated via ALERT user interface.

10b. How & where is patient status documented?

ALERT IIS user interface.

Vaccine Accountability (PE43: 7.a)

11. Are Monthly Vaccine Reports (MVRs) submitted to OIP? (PE43: 7.a)

- Yes No

Vaccines Billing

12. Are children ever denied VFC or 317 vaccines due to inability to pay? (PE43: 4.d.iv.F)

- Yes No Travel Vaccine Other _____

13. Are patients charged for any state-supplied vaccine doses received (other than "billable")? (PE43 4.d.iv.D)

- Yes No

14. In the past 12 months, quarterly bills for billable doses equaling \$17,023 dollars have been sent to you.

Have the bills been paid? (PE43: 4.a.ii)

- Yes No N/A

WIC – Immunization Integration (Citation for this section: PE43: 4.h)

15. What immunization records are reviewed when your WIC Program screens 3-24 month old children?

Parent Record ALERT IIS Record IRIS Record Other

15a. How are you doing the screening?

Using the Immunization forecast button in TWIST Using the ALERT IIS forecaster
 Counting DTaPs (Manual Forecasting) Manual Forecasting
 Other

16. How is the LHD Immunization Program supporting the screening and referral efforts of WIC?

Training provided (how often?) Supply patient education materials
 Shot nurse available on WIC appointment days Supply referral info for WIC staff's use

17. Are immunization visits co-scheduled with WIC certification visits?

Yes No

18. Are you satisfied with the coordination between the LHD Immunization and WIC Programs?

Yes No

School Immunization Law (Citation for this section: PE43: 4.n)

19. How many sites did you collect Immunization Primary Review Summary Reports from during the last school immunization review cycle?

- **Section A** (Initial Statistical Report to collected in January from all schools, preschool, Head Starts, and certified child care facilities in the county): 42 of 42 sites
- **Section E** (Follow-up Statistical Report collected February/March from all preschool, Head Start, and certified child care facilities in the county serving children 19 months up to kindergarten age, including religious exemptions by vaccine): 20 of 20 sites
- **Section F** (Follow-up Statistical Report collected in February/March from all sites with kindergarten students in the county, including religious exemptions by vaccine): 8 of 8 sites
- **Section G** (Follow-up Statistical Report collected in February/March from all sites with 7th grade students in the county): 10 of 10 sites

20. How many exclusion orders were issued? The process of issuing exclusion orders includes secondary review of immunization records by the LHD, data entry, printing and mailing letters.

Number of exclusion orders issued: 334

Number of enrolled children counted for immunization review purposes in the county: 6,111

21. How many children were excluded?

Number of children excluded: 61

Number of enrolled children counted for immunization review purposes in the county: 6,111

22. Was data entry timely and accurate?

- Yes No Initial Data entry was completed by 23 days after the third Wednesday in February, as specified by OAR 333-050-0110.
- Yes No Data entry was accurate and the LHD addressed questions and updated data as appropriate after review by the State Immunization Program.

Epidemiology Review: VPDs and Perinatal Hepatitis B Case Management

Outbreak Investigation and Disease Reporting

23. Are there any problems from either agency (OIP or LHD) regarding VPD reporting? (PE 43: 4.k)
- Yes No

Perinatal Hepatitis B Case Management (Citations for this section: PE43:4.f)

Data Reported to Immunization Program – data assigned to year cohort by Infants DOB

	2011	2012	2013
Identification: Number of Mother-Infant Pairs reported	1	2	0
Average estimated number of expected births per CDC			
Prophylaxis: Number (%) of Infants receiving HBIG and 3 Hep B doses by 15 months of age*	1	1	0
Post-Vaccination Serologic Testing: Number (%) of Infants receiving post-vaccination serologic testing	100%	100%	0

[Reviewer: [Share attached detailed case management data.](#)]

Comments: _____

24. What do you routinely do to assure that infants are receiving appropriate follow-up for prophylaxis?
- Phone/mail parent/guardian Phone/mail health care provider
 Home visit Contact Immunization Program for assistance
 Look up infant in ALERT IIS Other:
25. How many attempts do you make to reach parent/guardian before considering a case lost to follow-up?
- One Time Three Times
 Two Times Other: Never

Hepatitis B Screening, Documentation, and Birth Dose (Citations for this section: PE43: 4.m)

[State law now requires routine HBsAg testing during pregnancy unless the woman opts out.]

26. For all pregnant women receiving prenatal care or seeking prenatal screening from the public sector, do you:
- Provide HBsAg testing
 Provide referrals for HBsAg screening
- If referrals are provided, to whom do you refer? Would refer to local physicians providing prenatal care.

27. What steps do you take with laboratories and providers to ensure prompt reporting of HBsAg-positive pregnant woman?

- Regular contact with lab and review of reports
- Regular contact with provider and review reports
- Contact medical provider to determine appropriate patient follow up
- We do not receive lab reports
- We do not receive provider reports
- Other _____

28. How do you communicate pending delivery of a suspect HBsAg-positive woman to hospital(s)?

- Contact the hospital's infection control manager
- Contact other hospital staff: (Specify) _____
- No routine contact

29. If a hospital identifies a birth to an HBsAg positive mother, who contacts the LHD?

- The hospital's infection control manager
- Other hospital staff (Specify) LHD staff are contacted through the central lab
- Physician
- They don't

According to the Electronic Birth Certificate (EBC) data:

Number of Birthing Hospitals in County: 2	2011	2012	2013
Percent of Hospitals with documented screening results for >95% of delivering moms	100%	100%	50%
Maintain birth dose rate at 80%, or improve rate 1% per year	100%	100%	100%

[Reviewer: Share attached data regarding screening and birth dose policies and practices at birthing hospitals.]

30. If one or more hospitals do not test delivering mothers for HBsAg, what steps have you taken with them?

N/A

(PE 43: m,ii-iii) [Reviewer: remind LHD that VFC-eligible newborns receive this vaccine free of charge.]

31. If one or more hospital's screening and/or birth dose rates fall below required percentages (see chart above), what technical assistance do you provide to ensure requirements are met? (PE43 4f.i.(D) and PE43: 4.m.ii)

LHD has not yet reached out to the hospital that isn't meeting the screening guidelines. They are currently less than 1% below the recommendation and the LHD will reach out to the hospital if their rate continues to drop.

[This question relates to the added section in PE43 that LPHAs will provide tech assistance to improve screening in hospitals when the area's rates drop below the 95% and/or rate of Hep B birth dose drops below 80%.]

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIME
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OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR

COMMUNITY LIAISON

LABORATORY

- Need to clarify who the director is – Brown, Long, or Magnuson – and assure policies and procedure are aligned.

For more detailed information, please see the completed program review tool in section 11.

REVIEWER: Tom Engle

RESPONDENT: Rebecca Austen

Lincoln County Health & Human Services

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

REPRODUCTIVE HEALTH: FEBRUARY 19-21, 2014

The LHPA shall comply with all Reproductive Health program requirements by adding the following components:

- Cite and follow National Standards for: pelvic exams, cervical cancer screening, abnormal pap management, clinical breast exams, breast self exams, mammograms, Chlamydia screening. Ensure all hormonal contraceptive method policies are following US MEC and USSPR guidelines. 5/21/14

- Ensure that signs and symptoms of ectopic pregnancy is provided in written material and discussed with patients with a positive pregnancy test. Citation of Title X funding needs to be added to each pregnancy resource sheet. 4/21/14

- Ensure Title X requirements for solicitation of donations is addressed in protocol and followed in practice. 5/21/14

- Ensure that when clinicians write a prescription it includes an end date and number of refills. 3/21/14

For more detailed information, please see the completed program review tool in section 14.

REVIEWER: Linda McCaulley

RESPONDENT: Rebecca McBee-Wilson

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIME
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CENTER FOR PUBLIC HEALTH PRACTICE

SEXUALLY TRANSMITTED INFECTIONS

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 15.

REVIEWER: Larry Hill

RESPONDENT: Cathy Vickers, David Glassman

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

TOBACCO PREVENTION AND EDUCATION PROGRAM

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 16.

REVIEWER: Sabrina Freewynn

RESPONDENT: Rebecca Austen

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PUBLIC HEALTH PRACTICE

TUBERCULOSIS

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 17.

REVIEWER: Heidi Behm

RESPONDENT: Cathy Vickers, David Glassman, Carol Hall, Rebecca Austen

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS

**TIME
LINE FOR
CHANGE**

CENTER FOR PUBLIC HEALTH PRACTICE

VITAL RECORDS

The LPHA is in compliance with all program requirements.

For more detailed information, please see the completed program review tool in section 18.

REVIEWER: Judy Shioishi

RESPONDENT: Cheryl Connell, Nancy Hale

LINCOLN COUNTY HEALTH & HUMAN SERVICES

COMPLIANCE FINDINGS – 2013

**TIMELINE
FOR
CHANGE**

CENTER FOR PREVENTION AND HEALTH PROMOTION

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR
WOMEN, INFANTS AND CHILDREN (WIC)**

- Assure that WIC services are delivered within defined processing standards for all participant categories. (Policy 605) Resolved June 2013
- Assure that nutrition education provided during second nutrition education contacts is documented in the participant record. (Policy 830) Resolved March 2013
- Assure that all high risk participants are offered a referral to the nutritionist. (Policy 661) *This is a repeat finding from 2010* Resolved September 2013
- Assure that breast pump issuance forms are completed with each breast pump distribution. (Policy 712) Resolved August 2013
- Assure that the status of hospital grade breast pumps is consistently tracked. (Policy 712) Resolved October, 2013

REVIEWER: Vernita Reyna

RESPONDENT: Amanda Claxton

April 4, 2014

The Honorable Terry Thompson, Chair
Lincoln County Board of Commissioners
225 W. Olive Street
Newport, OR 97365

Dear Commissioner Thompson:

The triennial onsite agency review of Lincoln County Health and Human Services was conducted between February 3 and 21, 2014. The Oregon Health Authority Public Health Division evaluated county public health programs for compliance with state and federal public health laws and compliance with the Financial Assistance Agreement. The review included the appraisal of approximately 1,104 separate items in 17 program areas. While there are some areas that need attention, keep in mind the vast majority of findings were positive.

A full report, including the specific timelines for correction, has been sent to Cheryl Connell, Public Health Administrator. Staff in the Office of Community Liaison will work with her to document resolution of the findings.

We think the report will be of assistance to your public health staff in their continuing efforts to provide quality public health services to your community. Please send a written response within ten days affirming that you will meet the timelines for correcting the compliance findings. Once all the required elements are successfully completed, we will write you a letter to confirm that and close the file for this review.

Our office will contact Cheryl and your office to arrange an exit interview to go over the findings and answer any questions. We leave it to the local Board to decide if this meeting of the Local Public Health Authority (LPHA) and the Health Administrator is attended by one or more of the commissioners.

Programs included in the compliance review

Administration	Laboratory
Babies First!	Nurse Family Partnership
Civil Rights	Perinatal
Communicable Disease	Reproductive Health
Drinking Water	Sexually Transmitted Infections
Fiscal	Tobacco Prevention & Education
Food, Pool & Lodging	Tuberculosis
Health and Safety	Vital Records
Health Officer	WIC
Immunizations	

Commendations

Several program reviewers submitted commendations to Community Liaison as follow:

Lincoln County is doing an excellent job providing environmental health services to the community. The overall inspection rate for licensed facilities is excellent with all program areas in compliance. During the field review, staff met all of the required elements of a thorough inspection. Staff exhibited good communication skills with operators and employees of the food service facilities. Staff is focusing on critical risk factors that are most associated with foodborne illness.

The Tobacco Prevention and Education Program (TPEP) has successfully promoted policy change for smokefree and tobacco-free environments in a variety of settings, including county campuses and low-income public housing. Lincoln County has established itself as a leader in the state by being one of the first counties to prohibit smoking an all county campuses.

TPEP has effectively developed and maintained community partnerships to achieve program goals. Examples of community partners include the local alcohol, tobacco and other drugs prevention coalitions; chambers of commerce; and the Lincoln County Coordinated Health Care Advisory Committee.

Lincoln County has a history of strong partnerships between TPEP and self-management programs such as Living Well with Chronic Conditions. TPEP has effectively used communication channels including radio and print media to promote the Oregon Tobacco Quit Line.

TPEP has been preparing for a greater focus on strategies to address tobacco promotion and access in the retail setting, with efforts completed including a GIS tobacco mapping project. Plans are being developed to conduct an assessment of issues related to tobacco at the point of sale, to help inform strategies for related policy work.

Lincoln County Health and Human Services MCH Nurse Home Visiting programs demonstrate an expert caliber of home visiting delivery and activity. Lincoln County continues to be a model county for implementing and maintaining collaborative relationships with other local service agencies with a goal of providing services and programs that best serve the families of Lincoln County.

With strong leadership and vision provided by the MCH Home Visiting Nursing Manager, Shelley Paeth, with support and guidance from Administrators, Cheryl Connell and Rebecca Austen, the agency is continually working to develop effective ways to support Maternal Child Health program participants. The following is a summary of commendations and strengths.

Since the 2011 triennial review, Lincoln County Health and Human Services (LCH&HS), MCH section has expanded its Home Visiting service model in the following ways.

- June 2011 – Development, training and implementation of an Electronic Medical Records (EMR) system to support the MCH Home Visiting programs which included MCM, Babies First! and CaCoon.
- Late 2011 – MCH programs section was awarded a federal Maternal, Infant and Early Childhood Home Visiting grant for implementation of the Nurse Family Partnership Home Visiting model.
- February 2012 – Initial implementation of Nurse Family Partnership program.
- MCH Nurse Home Visiting staff has increased from three nurses to six, and a second office assistant position has been added for program support.

September 2013 – LCH&HS MCH program section was awarded a federal MIECHV Expansion Grant for their Healthy Families Oregon (HFO) program. This grant will expand services to HFO enrolled families experiencing births of children beyond first birth.

Strengths

- High level of nursing expertise regarding program implementation. Staff is cross trained in all programs.
- Excellent community collaboration and partnerships established and ongoing for program referral for OMC. Nurse Family Partnerships, MCM, Babies First! and CaCoon programs.

- Agency has consistent record of data collection and submission to State for Babies First! and Perinatal health data.
 - Excellent rapport and collaboration noted between Nurse Program Manager and nurse staff. Good Communication noted as well regarding multiple job roles that each person has responsibility for providing.
 - Oregon MothersCare program is well-known in the community and among community OB providers.
1. The Lincoln County WIC staff provide outstanding customer service at two permanent clinic sites. Effective utilization of participant centered counseling skills support excellent rapport with participants and result in consistently positive interactions. Strong teamwork is enhanced by cross training which allows staff to move efficiently between program responsibilities. Cultural proficiency is demonstrated through service delivery to diverse populations by WIC staff who are 75% bilingual. Spanish
 2. Collaboration between WIC and other health department programs is exceptional. Public health nurses and Healthy Start workers frequently attend WIC continuing education in-services. The majority of WIC prenatal enrollments are completed by Maternity Case Management nurses in partnership with WIC certifiers. The WIC dietitian consultant on high risk cases for multiple health department programs. This level of integration demonstrates a commitment to public health that results in benefits for each program, their participants and the communities being served.

Compliance Findings Summary

Administration

- The LPHA must assure that fees for public health services are reasonably calculated not to exceed the cost of the services performed.
- Assure that fees are set by the LPHA.
- Assure that all pharmacy and medical procedures are reviewed and signed annually (county policy) by the Health Officer, or if applicable, a qualified provider (e.g., dispensing, CD, TB).
- Include in pharmacy policies that covers periodic inventory.
- Develop policy for maintenance and calibration of clinical and safety equipment.
- Assure that policies and procedures are organized and kept in media that all staff are aware.

Babies First!

The LPHA is in compliance with all program requirements.

Civil Rights

The LPHA must assure civil rights compliance responsibilities are met.

- Provide documentation that the Civil Rights Self Assessment (CRSA) has been reviewed by the LPHA.
- Provide documentation that there is a plan to improve deficient areas identified by the CRSA.

Communicable Disease

The LPHA is in compliance with all program requirements.

Drinking Water

The LPHA is in compliance with all program requirements.

Fiscal

The LPHA must follow 2 CFR 225_Attachment B.8 (formerly A-87) Support of Salaries and Wages. This includes at a minimum:

- Salaries and wages of employees working solely on a single federal award (WIC) should be supported by periodic certification which should be prepared at least semi-annually and signed by the employee or supervisor.

The LPHA must maintain internal controls consistent with OMB A-133§_300; 45 CFR 74.21. This includes at a minimum:

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- Ensure that aging of accounts receivable be reviewed, authorized and signed off by the medical billing supervisor before writing off accounts as bad debts.
- Ensure that the periodic inventory counts performed by staff are signed and dated when count is performed.

The LPHA must base Family Planning/Title X charges on a schedule of discounts consistent with Guidelines: 42 CFR 59.5_Section 6. This includes at a minimum:

- Submit completed cost analysis study. Federal auditor recommends updating the cost analysis every 2 years.

Food, Pool and Lodging Health & Safety

The LPHA must conduct a recheck inspection within 14 days for priority/priority foundation violations that were not corrected during the inspection. OAR 333-012-0055(3)(e)

Immunizations

The LPHA is in compliance with all program requirements.

Laboratory

- Need to clarify who the director is – Brown, Long, or Magnuson – and assure policies and procedures are aligned.

Nurse Family Partnership

The LPHA is in compliance with all program requirements.

Perinatal

The LPHA is in compliance with all program requirements.

Reproductive Health

The LPHA shall comply with all Reproductive Health program requirements by adding the following components:

- Cite and follow National Standards for: pelvic exams, cervical cancer screening, abnormal pap management, clinical breast exams, self breast exams, mammograms, and Chlamydia screening. Ensure all hormonal contraceptive method policies are following US MEC and USSPR guidelines.
- Ensure that signs and symptoms of ectopic pregnancy is provided in written material and discussed with patients with a positive pregnancy test. Citation of Title X funding needs to be added to each pregnancy resource sheet.
- Ensure Title X requirements for solicitation of donations is addressed in protocol and followed in practice.
- Ensure that when clinicians write a prescription it includes an end date and number of refills.

Sexually Transmitted Infections

The LPHA is in compliance with all program requirements.

Tobacco Prevention & Education Program

The LPHA is in compliance with all program requirements.

Tuberculosis

The LPHA is in compliance with all program requirements.

Vital Records

The LPHA is in compliance with all program requirements.

Other

Fiscal

Lincoln County Health & Human Services received federal funds for several programs totaling \$455,625, including \$232,056 for the WIC Program, during fiscal year 2013. State General and Other Funds were a source of \$257,252 for that period as well. The review indicated a well-run fiscal operation with satisfactory accounting controls, purchasing procedures and attention to detail. The operation is well organized and efficient with a commitment to quality, fairness and accuracy.

Health Officer

David Long, MD, is the health officer.

Laboratory

Lincoln County Health Department Laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as a Provider Performed Microscopy Laboratory. The laboratory director listed for CLIA is David C. Long, MD. The laboratory's CLIA number is 38D0626245, and their certificate is valid through December 31, 2015. The laboratory's CLIA certificate covers testing at 36 SW Nye Street in Newport. Only hemoglobins by Hemocue are being performed. The laboratory will drop to waived at the next CLIA renewal.

Lincoln Community Health Center Laboratory is certified under CLIA as a Provider Performed Microscopy Laboratory. The director listed for CLIA is Edward Brown, MD. The CLIA number is 38D1083157, and the certificate is valid through April 27, 2014. The CLIA certificate covers testing at 8 locations. Four appear to be FQHCs located in Lincoln City, Newport and South Beach and four school based health centers located in Newport, Toledo, Waldport and Lincoln City. The home address for CLIA is 36 SW Nye Street, Newport. The following tests are being performed at the combined sites: Occult Blood, Hemoglobin, Whole Blood Glucose, Whole Blood Protine (INR), Urine Drug Screen, Urine Pregnancy Test, Urine Dipstick and Group A Streptococcus. No complaints or issues about these sites have been reported to CLIA in the past three years.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

This biennial review was conducted in February 2012. The report from that review is included in the compliance findings summary. All findings have been resolved.

Summary

Overall, agency reviewers believe Lincoln County Health and Human Services is composed of a committed team of health care professionals who deliver quality public health services to the community. We thank you for both your attention to correcting these few compliance findings and for the strong public health work you do for the community.

Sincerely,

A handwritten signature in black ink, appearing to read 'JK', is written over a light blue horizontal line.

Jan Kaplan, MSW, Manager
Community Liaison

cc: Rebecca Austen, Public Health Division Director
Cheryl S. Connell, Health and Human Services Director
Bill Hall, Lincoln County Commissioner
Doug Hunt, Lincoln County Commissioner