

Program: STD Epidemiology

Division: Disease Prevention and Response

Goal: Reduce the incidence of Sexually Transmitted Infections (STIs) and other communicable diseases in Benton-Franklin Counties.

PROCESS→

← **OUTCOMES** →

Resources	Activities	Outputs	Outcomes(short, intermediate, long-term)	Measurement
<p>Staff, funding, computers/software, *PHIMS, *PHRED, *SECURE, reporting tools, Laboratories/PHRED, Medical professional schools, general public, hospitals, infectious disease workgroup, news media, fax/blast fax, “Red Book”, DOH “Guidelines for reporting and Surveillance” manual, State DOH, State Laboratory. (Repeat on all pages).</p>	<p><u>Community Support:</u> 1. Provide educational materials to providers via handouts, brochures, presentations through CD RN. 2. Provide provider trainings at the BFHD. 3. Assist medical providers in complying with federal and state regulations relating to STIs/Communicable disease reporting through CD RN or other means 4. Work with medical providers to increase awareness of appropriate screening and treatment practices relating to STDs/other communicable conditions through the CD RN</p>	<p># of educational materials distributed # of collaborative efforts by providers with CD RN # of provider contacts # of providers attending trainings/workshops # of PHIMS reports conducted # of calls received # of times 24/7 calls reached a ‘live body’ # of trends identified # of opportunities for interventions identified # of hours spent on analysis (assessment)</p>	<p><u>Process outcome</u> 1 & 2: CD RN or provider needs or specific requests were met in a timely manner (based on request type) 3 & 4: Information provided to the CD RN for distribution was current, accurate, relevant and proofed by another staff 5: 24/7 calls reached a ‘live body’ 6: Analysis contributes to program development. Assesment. <u>Impact Outcome</u> 1 & 2: Increased knowledge among physicians resulted in an increase in CD implementation (compliance with reporting of notifiable conditions) 3: Medical community support lead to increased reporting</p>	<p>1&2: Annually conduct an informal evaluation of collaboration with the CD RN at Annual Review. 3: Annually assess the % (increase) of providers reporting through CD RN survey and data analysis. 4: Assess the % (increase) of providers in compliance utilizing the STD survey (biannually)- (provider survey reporting) and data analysis (annually). 5: Discuss 24/7 system at Annual Review. Status of the HELP line. 6: Biannually conduct</p>

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<u>Resources</u>	<u>Educate on STD/CD Issues</u>	<u>Outputs</u>	<u>Process Outcome</u>	<u>Measurement</u>
<p>Staff, funding, computers/software, *PHIMS, *PHRED, *SECURE, reporting tools, Laboratories/PHRED, Medical professional schools, general public, hospitals, infectious disease workgroup, news media, fax/blast fax, “Red Book”, DOH “Guidelines for reporting and Surveillance” manual, State DOH, State Laboratory. (Repeat on all pages).</p>	<ol style="list-style-type: none"> Identify, provide or coordinate community education on STIs/other communicable conditions Proactively/retroactively work with the PIO to get information related to communicable disease issues out to the community (?) Provide technical assistance for requests and make referrals to other divisions as appropriate Work with other BFHD divisions and staff to develop and distribute educational materials. 	<p># of events coordinated</p> <p># of presentations given</p> <p># of participants</p> <p># of communications with or articles submitted to PIO (?)</p> <p># of calls requests</p> <p># of referrals</p> <p># of materials created</p> <p># of distribution venues</p>	<p>1&2: Educations provided based on community needs, was in cue with program goals/objectives and met a level of satisfaction</p> <p>3: Technical assistance was timely (based on request)</p> <p>4: Materials met agency standards and were deemed accurate and met workplan timeline</p> <p><u>Impact Outcome</u> Due to education on STI/CD issues impacts were made (health issues/gaps identified, changes in program/policy/procedures).</p> <p><u>Population Outcome</u> Decrease the incidence and prevalence of sexually transmitted and other communicable diseases n the Benton-Franklin Counties population.</p>	<ol style="list-style-type: none"> Implement presentation survey (or informal evaluation as appropriate) to assess objectives were met. Document lessons learned at Annual Review. Discuss PIO collaboration at Annual Review to assess value and impact (?) Quarterly audit Magic Staff Log to assess consultations projects, time spent and related outcomes (?) Annually conduct an informal evaluation of materials to assess value, accuracy, and timeliness. Note and make improvements.

<u>Resources</u>	<u>Community Disease Reporting & Investigation</u>	<u>Outputs</u>	<u>Process Outcome</u>	<u>Measurement</u>
<p>Staff, funding, computers/software, *PHIMS, *PHRED, *SECURE, reporting tools, Laboratories/PHRED, Medical professional schools, general public, hospitals, infectious disease workgroup, news media, fax/blast fax, “Red Book”, DOH “Guidelines for reporting and Surveillance” manual, State DOH, State Laboratory. (Repeat on all pages).</p>	<p>1. Investigate selected notifiable conditions reported to BFHD and provide back up (as needed) to DOH on sexually transmitted disease investigation.</p> <p>2. Respond to referrals received via phone, fax, PHRED that initiate investigative process</p> <p>3. Consult and coordinate with local, state, and national support as needed on sexually transmitted diseases/other communicable conditions.</p> <p>4. Accepts emergency telephone calls after regular business hours and provides coverage for emergency response to epidemiology issues witch may arise.</p> <p>5. Participate in practitioner’s meetings. Workshops, and updates</p>	<p># of notifiable/non-notifiable conditions investigated</p> <p># of incidence that require soliciting outside support (# of DOH contacts (referrals, CDC)</p> <p># of DOH contacts (New CD RN)</p> <p># of notifiable/non-notifiable condition calls logged</p> <p># of meetings attended</p> <p># of workshops</p>	<p>1, 2 & 3: Utilize agency/DOH protocols for investigations, made appropriate referrals and in compliance with HIPAA. Finalize protocol. System (PHIMS) contained complete records with consistent language. PHIMS/PHIMS-STD, TB reporting per DOH TB protocol</p> <p>4: All off hour calls were received by a ‘live body’.</p> <p>5: Meetings were aligned with program goals.</p> <p><u>Impact Outcome</u></p> <p>1, 2 & 3: Decrease individual and community healthcare costs. Reduce costs of treating reportable conditions. Increase medical providers knowledge in testing, treatment, and reporting. Increase the general publics’ knowledge of disease prevention. Decrease time lost from work/school due to preventable illness.</p> <p>4: Lessons learned resulted in staffing or procedure change (when appropriate)</p>	<p>1 & 2: Discuss lessons learned (protocol, HIPAA, complete reporting, investigation depth and language) at Annual Review (Tracking Form). DOH annual reports of local data for notifiable condition incidents rates. DOH timeframe reports of 5930 Performance measures, (every 6 months). PHIMS and PHIMS-STD concurrant with Magic time coding reports.</p> <p>3: Discuss lessons learned at Annual Review (regarding DOH consultation).</p> <p>4: Biannually audit of “After hours answering service” report to assess call routing. Annually audit Magic to assess time spent and reports. Discuss</p>

			<p>5: Increase staff skills & knowledge (?)</p> <p><u>Population Outcome</u> Decrease the incidence and prevalence of notifiable conditions in Benton-Franklin Counties population. Increase the overall health of the community.</p>	<p>lessons at Annual Review.</p> <p>5: Discuss meeting participation at Annual Review (Tracking Log) to assess value/usefulness. Reassign participation.</p>
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<u>Resources</u>	<u>Programs and services are evaluated to document effectiveness</u>	<u>Outputs</u>	<u>Process Outcome</u>	<u>Measurement</u>
<p>Staff, funding, computers/software, *PHIMS, *PHRED, *SECURE, reporting tools, Laboratories/PHRED, Medical professional schools, general public, hospitals, infectious disease workgroup, news media, fax/blast fax, "Red Book", DOH "Guidelines for reporting and Surveillance" manual, State DOH, State Laboratory. (Repeat on all pages).</p>	<p>1. Develop annual plan to address program needs identified the previous year.</p>	<p>Annual plan complete and budget approved by Executive Team</p>	<p>1: Plan contained program changes that met identified program needs</p> <p><u>Impact Outcome</u> 1: Program changed due to annual review</p>	<p>1: Results from annual review of logic model indicators are used for planning next year's programs/projects.</p>