



PUBLIC HEALTH DIVISION  
Office of the State Public Health Director  
Kate Brown, Governor

Oregon  
**Health**  
Authority

800 NE Oregon St.  
Portland, OR 97232-2195  
Voice: 971-673-1399  
FAX: 971-673-1299

December 10, 2018

Mr. Rick Dyer, Chair  
Jackson County Board of Commissioners  
10 South Oakdale Ave. Room 214  
Medford, OR 97501

Dear Chair Dyer:

The triennial onsite agency review was conducted for Jackson County Health and Human Services (JCHHS) Public Health Division in April 2018. Findings were determined based on compliance with federal and state statutes or rules, the Intergovernmental Agreement for the Financing of Public Health Services and the Intergovernmental Agreement for Environmental Health Services.

A letter listing items that needed correction was sent to you after the review. The Public Health Administrator was provided a document listing the specific items and the time frame for correction.

I am very pleased to write you this letter thanking you and your staff for resolving all the compliance findings.

Sincerely,

Danna Drum  
Strategic Partnerships Lead

Kim La Croix  
Public Health Systems Consultant

cc: Bob Strosser, Commissioner, Jackson County  
Colleen Roberts, Commissioner, Jackson County  
Danny Jordan, Administrator, Jackson County  
Mark Orndoff, Director, Jackson County Health and Human Services; Local PH  
Administrator  
Jackson Baures, Public Health Division Manager, Jackson County Health & Human  
Services



July 2, 2018

Mr. Rick Dyer, Chair  
Jackson County Board of Commissioners  
10 South Oakdale Ave. Room 214  
Medford, OR 97501

Dear Chair Dyer:

The triennial onsite agency review was conducted for Jackson County Health and Human Services (JCHHS) Public Health Division in April 2018. The Oregon Health Authority Public Health Division reviewed 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 items in 20 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration	Immunizations*
Babies First! and Perinatal	Nurse Family Partnership
Civil Rights	Reproductive Health*
Communicable Disease	Sexually Transmitted Infections
Drinking Water Services	Tobacco Prevention & Education
Fiscal*	Tuberculosis
Food, Pool Lodging Health & Safety	Vital Records
Health Officer	Women Infants and Children (WIC)*
Public Health Emergency Preparedness	WIC Farm Direct Nutrition Program
HIV Prevention	WIC Breastfeeding Peer Counseling

An overview report is enclosed which includes a list of the specific compliance findings, descriptions of programs and areas of strength identified throughout the review. We urge you to review the document as it contains important information about your public health programs and their requirements.

Please note that the results of this triennial review are very good. Our team is working closely with Jackson County Health and Human Services Public Health Division Director, Jackson Baures, to resolve all the findings.

A full report will be sent to Mark Orndoff, Local Public Health Administrator, and Jackson Baures. 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.

Our office will contact Mark Orndoff and Jackson Baures to schedule a time to meet with you to go over findings and answer any questions. We leave it to the local Board of Commissioners if this meeting of the Local Public Health Authority occurs with one or more of the commissioners present.


Overall, agency reviewers find Jackson County Health and Human Services to be composed of a committed team of professionals who deliver quality public health services to your community. The citizens of Jackson County are very fortunate to have this agency providing comprehensive public health services.

We thank you for assuring that all compliance findings are resolved and for your support for the strong public health work Jackson County is providing to its community.

Sincerely,



Danna Drum  
Strategic Partnerships Lead



Kim La Croix  
Public Health Systems Consultant

Enclosures

cc: Bob Strosser, Commissioner, Jackson County  
Colleen Roberts, Commissioner, Jackson County  
Danny Jordan, Administrator, Jackson County  
Mark Orndoff, Director, Jackson County Health and Human Services; Local PH  
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Telephone: 971-673-1222  
FAX: 971-673-1299  
TTY: 711  
[healthoregon.org](http://healthoregon.org)

July 2, 2018

## **Jackson County Health and Human Services Triennial Review Report**

This is an overview report of the April 2018 triennial review of the Jackson County Health and Human Services (JCHHS) Public Health Division. This report is a summary of individual reports from participating programs compiled by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Mark Orndoff, Jackson County Local Public Health Administrator and Jackson Baures, Public Health Division Manager. We urge you to review this document as it contains important information about your public health programs and their requirements.

JCHHS received \$1,638,440 Federal Funds including \$1,058,290 for the WIC Program for fiscal year 2017. The Public Health Department also received \$1,051,377 from State General Fund Support and \$336,876 Other Funds for the same period.

**Report Prepared by:** Kimberly La Croix, Local Health Department Consultant,  
Office of the State Public Health Director

## **COMPLIANCE FINDINGS SUMMARY**

### **Administration**

OHA piloted revised Administrative and Civil Rights triennial review tools which included a new contracting component as part of this review. Thus findings related to contracting will be considered official compliance administrative findings only if they are not resolved by August 22, 2018 (90 days from the date of the Administrative on-site review).

The LPHA must do the following to comply with all program requirements:

- Provide a written policy and procedure for monitoring Rogue Valley Community Health and La Clinica which are contracted to provide School Based Health Center (SBHC) services to Jackson County residents on behalf

of JCHHS. The policy and procedure may specify that JCHHS staff participate in exit interviews with the subcontractors and the State Program Office for SBHC audits.

COMPLIANCE FINDING IF NOT RESOLVED BY: 8/22/2018.

*(If this becomes an official compliance finding, a new due date to comply will be negotiated with JCHHS.)*

### **Babies First! And Perinatal**

The LPHA is in compliance with all program requirements.

### **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 do the following to comply with all program requirements:

1. Develop a system to monitor the fiscal compliance of Rogue Community Health and La Clinica, subcontractors of OHA-PHD providing School Based Health Center (SBHC) services for Jackson County residents, with contract requirements including all applicable laws, rules and SBHC funding requirements.
2. Provide a written policy and procedure for the fiscal monitoring of Rogue Community Health and La Clinica.
3. Conduct an audit to review the fiscal operations of Rogue Community Health and La Clinica as part of the monitoring process to ensure Rogue Community Health and La Clinica fully complies with contract terms, applicable laws, rules and SBHC funding requirements.

DUE DATE TO COMPLY: 8/25/2018

### **Food, Pool and Lodging Health & Safety**

The LPHA is in compliance with all program requirements.

### **Health Officer**

The LPHA is in compliance with all program requirements.

### **HIV Prevention**

The LPHA is in compliance with all program requirements.

### **Immunizations**

The LPHA must do the following to comply with all program requirements:

1. LPHA must work with birthing hospitals within LPHA's Service Area when administration of the birth dose of hepatitis B vaccine drops below 80%, as reported in the Electronic Birth Registration System.

RESOLVED: 6/5/2018

### **Public Health Emergency Preparedness**

The LPHA must do the following to comply with all program requirements:

1. Action plan for training all JCHHS Public Health staff for emergency response roles.

DUE DATE TO COMPLY: 8/22/2018

2. Identify at least one person to fill the role of Logistics Section Chief, as part of the Incident Command System.

DUE DATE TO COMPLY: 1/30/2019

### **Reproductive Health**

The LPHA must do the following to comply with all program requirements:

1. Ensure compliance with Title X requirement 9.6. For some clinical services (e.g. breast exams and mammograms) providers are following different national standards of care than what is cited in the clinical protocols. Clinical services must follow the national standard of care cited in clinical protocols.

DUE DATE TO COMPLY: 07/31/2018

### **Sexually Transmitted Disease (STD) Prevention**

The LPHA is in compliance with all program requirements.

### **Tobacco Prevention & Education Program**

The LPHA is in compliance with all program requirements.

**Tuberculosis (TB)**

The LPHA is in compliance with all program requirements.

**Vital Records**

The LPHA is in compliance with all program requirements.

**Women Infants & Children (WIC) Program**

The WIC compliance review was separate from the Triennial Review and was conducted in April 2017.

The LPHA must do the following to comply with all program requirements:

1. Ensure that staff receive Civil Rights training annually and that it is documented (Policy 452).
2. Ensure that “eligibility pending” is checked and “No Proof” affidavit is signed if all proofs are not provided (Policy 616).
3. Ensure that all required referrals are made and documented on behalf of the participants (Policies 880 and 885).
4. Ensure that second nutrition education is offered (Policy 820).
5. Ensure that a monthly physical inventory is performed with the actual e-WIC stock on hand (Policy 501).

RESOLVED: April 20, 2017

**WIC Farm Direct Nutrition Program (FDNP)**

The LPHA is in compliance with all program requirements.

**WIC Breastfeeding Peer Counseling Program (BPCP)**

The LPHA is in compliance with all program requirements.

**PROGRAM OVERVIEW AND STRENGTHS**

**Administration and Civil Rights**

JCHHS provides an array of public health services, including WIC, Communicable Disease Prevention and Investigation, Environmental Health, Maternal and Child Health, Reproductive Health, and Tobacco Prevention programs.

Mark Orndoff is the Director of JCHHS and the Local Public Health Administrator. Jackson Baures is the Public Health Division Manager for JCHHS. Jackson manages day to day operations of the Public Health Division. He is active in the Conference of Local Health Officials (CLHO) conference committee and subcommittees. He has led the CLHO Communicable Disease (CD) sub-committee for five years and is stepping down as chair in July 2018. OHA appreciates Jackson's southern Oregon perspective on state-wide public health issues.

Prior to his roles as Public Health Division Manager, Jackson managed Environmental Health Services for Jackson County. Jackson's expertise in communicable disease and environmental health are highly valued as these are public health modernization foundational program priorities. Jackson is passionate about his duty to ensure all people in Jackson County live, work, play and learn in communities that support health and optimal quality of life.

JCHHS excels at developing community partnerships. One example is the regional partnership grant with Klamath County Public Health. JCHHS is the fiscal agent and the grant is focused on communicable disease control and reducing health disparities for residents of Jackson County and Klamath County.

JCHHS strengths identified during this triennial review period (3/2015-3/2018) include:

- Robust community partnership development, especially for the upcoming community health assessment that is being coordinated with community partner organizations;
- [Syringe exchange program](#) that is working to prevent the spread of blood-borne infections such as HIV and hepatitis C;
- Dedicated and seasoned public health staff;
- Strategic coordination of care for pregnant and post-partum women which includes home-visiting programs, family planning and WIC. This continuity of care contributes to greater health outcomes for generations.
- Knowledgeable, credible and trusted health officer in Dr. Shames. He is a state-wide leader and experienced communicator with the media.

With Jackson at the helm, JCHHS is well-positioned to implement a modernized public health system and continue exceptional service to the residents of Jackson County.



### **Babies First! & Perinatal**

JCHHS continues to provide high quality and innovative Perinatal and Babies First! programs. Ann Ackles, Nursing Supervisor is in her fourth year leading the Maternal Child Health (MCH) Home Visiting team members. In January 2014, JCHHS began implementing the Nurse Family Partnership (NFP) program. NFP is an evidence-based home visiting nursing program that provides services to first birth prenatal clients and their children (zero-age two). There is a compatible and productive working relationship between Nursing Supervisor, Ann Ackles and the MCH staff members. The MCH staff is composed of registered nurses and a bilingual health assistant. The MCH staff members demonstrate a thorough knowledge of client families and community resources. Services are integrated and an excellent referral system (internal and external) is in place. The future for JCHHS remains positive because of excellent leadership and experienced professional MCH staff.

Program strengths include:

- Comprehensive and concise program policies.
- Ann Ackles, RN, Nursing Supervisor has been in her position now over four years. She continues to demonstrate exceptional leadership skills and initiative.
- MCH staff team members demonstrate nursing knowledge and expertise in Home Visiting practice.
- Consistent and appropriate for age developmental and perinatal screenings in each client records.
- Multiple samples of community collaboration and shared projects, including the national Safe Sleep project that was initiated in the NFP program and now has grown to a community collaboration with a Safe Sleep Coalition coordinated under JCHHS leadership.
- Ronalie Sweet has been the Oregon Mothers Care, (OMC) Coordinator since OMC was founded in 2000. She knows the program well and is often asked to orient new OMC staff in other counties. In addition, she excels at providing input regarding data measures and quality

### **Communicable Disease**

Communicable Disease (CD) investigations are completed by Al Solochier, Patty

Baptiste and Stacey Gregg. Outbreak investigations are done in conjunction with Environmental Health (EH). In the triennial review period there were 1,727 cases reported and 39 outbreak investigations.

JCHHS has experienced CD and EH staff. CD staff conduct thorough CD case investigations and never hesitate to contact the OHA Acute and Communicable Disease Program (ACDP) with any questions. OHA-ACDP staff are always available when called upon to assist in routine and outbreak investigations.

### **Drinking Water**

The Jackson County Drinking Water Program (DWP) provides services to public water systems that result in reduced health risk and increased compliance with drinking water monitoring and maximum contaminant level requirements. The DWP reduces the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided through the DWP include investigation of occurrences of waterborne illness, drinking water contamination events, response to spills, emergencies, and inspection of water system facilities. DWP reports data to OHA Drinking Water Services for program management and to meet federal Environmental Protection Agency Safe Drinking Water Act program requirements.

The DWP system files were reviewed and found to demonstrate superb documentation of the work performed. Jackson County's DWP is in the hands of a very competent and professional environmental health specialist. It is well organized and operated, and works cooperatively with OHA Drinking Water Services staff to help ensure safe drinking water for the 205 water systems it supervises.

### **Fiscal**

The JCHHS Fiscal Administration Unit (Unit) is charged with the responsibility to ensure Jackson County maximizes the application of its financial resources by obtaining supplementary funding through agreements with other public and private agencies for the provision of public services. The program is responsible for the custody of all public funds under the control of Jackson County and for depositing all amounts paid in such depositories and under such terms and conditions as may be designated by the Board of Commissioners and terms and conditions of funding agreements. The Unit is also charged with: instituting internal controls, financial processing and policies and working with the County treasury in preparation for

the Comprehensive Annual Financial Report, in accordance with generally accepted accounting and financial reporting principles established by the Government Accounting Standards Board.

The Unit has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation appears organized and efficient with commitment to quality, fairness and accuracy.

### **Food, Pool and Lodging Health and Safety**

Environmental Health Licensing Programs consisting of Food, Pool and Lodging facilities.

Jackson County staff are doing an excellent job of providing environmental health services to the community. The inspection rates for licensed facilities are in compliance for all program areas. The licensed facility inspection reports have good documentation, proper follow-up as required, and are well organized.

Chad Petersen and Bonnie Simpson are state standardized and have satisfactorily completed their recertification process. Staff exhibited good communication skills with operators and employees of the food service facilities during the standardization process and field review. Staff are focusing on critical risk factors that are most associated with foodborne illness.

### **Health Officer**

Dr. Jim Shames has been the Health Officer for Jackson County since 2002. He has regular communication with the health administrator, public health manager and commissioner liaison.

Dr. Shames attends the Oregon Epidemiology conference every year. He is a co-sponsor of Conference of Local Health Officials Health Officer Caucus and is very well connected to other health officers across the state.

He is an excellent media spokesperson for public health issues such as opioid misuse and promotion of immunizations. He leads the Oregon Pain Guidance Workgroup and the Naloxone Subcommittee. Dr. Shames is a statewide leader for addressing opioid overdose deaths, which are increasing in Jackson County in 2018.

Jackson County is a pilot site for a project determining the effectiveness of establishing immediate access to appropriate evidence-based treatment for persons who suffer opioid and opiate overdoses as part of HB 4143, which passed during the 2018 Legislative Session. Dr. Shames will be integral in this effort.

### **HIV Prevention**

JCHHS provides HIV prevention services at their downtown site, located at 140 S. Holly Street, in Medford, Oregon. JCHHS provides comprehensive HIV prevention services to Oregon's priority populations, including men who have sex with men, persons who inject drugs, and the partners of persons living with HIV/AIDS.

JCHHS has well informed staff that communicate among programs in an efficient and productive manner. Persons who are diagnosed onsite with HIV are personally assisted to HIV care services in the same facility by JCHHS staff supporting the "warm hand off" office policy.

### **Immunizations**

JCHHS provides essential immunization services to Jackson County residents within the clinic and through numerous outreach activities across the community. They are committed to running a quality immunization program and are quick to resolve any issue within their immunization practice.

JCHHS staff are knowledgeable and dedicated to providing immunization services to their underserved populations. They are beginning work on innovative immunization improvement projects across the county and are hiring support staff to help with the projects.

The Oregon Immunization Program looks forward to partnering on any improvement projects, including pediatric and adolescent rates.

### **Public Health Emergency Preparedness**

JCHHS is responsible for implementing the Public Health Emergency Preparedness (PHEP) program for Jackson County. Tanya Phillips, the Health Promotion Program Manager, serves as the PHEP coordinator and works with local and state partners to serve Jackson County.

Ms. Phillips works well with local and state partners to prepare for and respond to local emergencies with a commitment to serving everyone who may be affected. The communications developed are well-informed and strive to reach people who need the information most. The communications are also available to be shared and used by other local public health partners that are experiencing similar incidents.

Ms. Phillips develops strong work plans and multi-year training and exercise plans that coordinate with plans of local partners and lead to coordinated exercises to address local and regional needs.

### **Reproductive Health**

JCHHS provides reproductive health services to all individuals who want to determine when they begin their family. Data from the calendar year 2016 shows JCHHS served 1,434 clients and 74% were below 100% of the Federal Poverty Level. A broad range of contraceptive methods are available, which helps to avert unintended births. Counseling, education and health information is provided to assist individuals in achieving a healthy lifestyle.

JCHHS staff are very knowledgeable about family planning and strive to assure their clients are provided with the health care they are requesting and need. They prioritize counseling for adolescents in relationship safety, family involvement and the discussion of abstinence. They are respectful to their client's cultural needs by providing educational materials and language translation as needed.

### **Sexually Transmitted Disease (STD) Prevention**

JCHHS offers Sexually Transmitted Disease (STD) services out of its location in Medford. The county has experienced a gonorrhea outbreak for the past several years with their rate of gonorrhea increasing from 15.02/100,000 in 2012 to 100.22/100,000 in 2017. Over the same time period their number of syphilis cases also grew substantially from 1.94/100,000 in 2012 to 17.55/100,000 in 2017. These increases in syphilis and gonorrhea involve a great deal of local public health authority resources for case follow-up, interviewing, as well as testing and treatment of their sexual partners.

The STD program demonstrates strength in many areas, including the commitment of staff, integrated nature of services, and STD quality assurance activities. Staff are taking innovative approaches in addressing their gonorrhea outbreak including efforts to promote STD awareness and screenings in settings such as syringe

exchange programs and among community partners such as homeless shelters. The STD program engaged in a successful and well-thought out local adaptation of a Center for Disease Control (CDC) social marketing campaign for STD prevention in 2017. They also work to enhance regional collaboration through frequent communication and work around STD prevention and control with neighboring counties.

### **Tobacco Prevention & Education Program (TPEP)**

Jackson County TPEP works with substance abuse prevention coalitions, government agencies, youth and community groups, the Regional Health Equity Coalition, and the regional Coordinated Care Organization to address the health impacts of tobacco. The program offers information and technical assistance to create tobacco-free environments, promote treatment for tobacco addiction among adults and youth, and reduce the burden of tobacco-related chronic disease. Jackson County also fulfills all local duties and activities related to enforcing the Oregon Indoor Clean Air Act.

Jackson TPEP has developed interesting partnerships with community groups, dental clinics, and prevention coalitions, and has done extensive outreach to communicate with local and municipal officials. The program has worked with these partners to support tobacco-free and smokefree policies in public and private areas, including on county properties.

The program works to reduce the negative economic and health impacts of tobacco on the community. Jackson TPEP continues offering information to policymakers about evidence-based options, such as tobacco retail licensing, to reduce the burden of tobacco. As appropriate, program staff provide technical assistance, such as supporting the City of Ashland around outdoor smoke free events. They also consider retailers as partners and have joined efforts to educate retailers around illegal sales of tobacco products to minors and now under 21.

Jackson TPEP works with health systems partners to promote the Quit Line and improve screening and referral systems for tobacco addiction and treatment at county and private clinics. Significantly, the program has developed a dental toolkit while working in conjunction with the Southern Oral Health Coalition, and works with a specific dental clinic to develop policies and protocols around tobacco education and cessation.

### **Tuberculosis (TB)**

Jackson County has approximately one case of TB disease per year. Jackson County receives 4-5 B waiver immigrants for evaluation each year.

All the required documentation was in place during the review and policies to protect workers such as fit testing and baseline TB screening are implemented and documented. The program has very strong links with the jail, hospitals and other facilities/organizations in the community. JCHHS staff have done excellent work coordinating care for a recent case.

### **Vital Records**

Jackson County was the registered place of death for 2,651 individuals and 2,440 births last year. The Jackson County Office of Vital Records serves their community by offering a local office where certified copies of birth and death records are available to order by authorized individuals. The county is limited to providing this service for the first six months after the event, whether birth or death. Orders placed in this office are typically completed within one day.

The Jackson County Office of Vital Records consistently provides excellent customer service to their customers and partners throughout the community.

The lead deputy registrar, Madeline Bell, works diligently to ensure all areas of the vital records office run smoothly and securely. The Office of Vital Records provides a positive linkage between the community and the state vital records office.

Records and reports are handled with careful attention to maintaining security and confidentiality. Local partners and state staff report excellent relationships with this office. Funeral directors respect and appreciate the responsiveness and dedication of the staff.

### **Women Infants & Children (WIC)**

WIC's mission is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Delivering high quality nutrition services is essential in not only carrying out this mission, but also ensuring that WIC continues to be the premiere national public health nutrition program.

The most recent fact sheet for the Jackson County WIC agency can be found on the Oregon WIC website:

<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/annual.aspx>

**Program strengths include:**

1. JCHHS has demonstrated their commitment to improving health and delivering quality public health services to their community by achieving public health accreditation. The WIC program worked hard on submitting various activities for their program as part of the accreditation process.
2. The Jackson County WIC program is a key contributor to the planning of the Southern Oregon Lactation Association Annual Conference. This conference brings in high quality speakers each year and makes it available to both WIC staff and community partners.
3. The program offers a wide variety of nutrition education options for participants. This makes it possible for each participant to choose what works best for them.
4. Participants in Jackson County WIC now have the option to email the program when they have completed an online class and to send in missing proofs.
5. Jackson County WIC is meeting the needs of their community by opening a new clinic in White City. The caseload in this clinic has grown to over 300 participants in just about 6 months.
6. Jackson County WIC consistently works to build community support for nutrition education by securing written agreements with non-WIC programs.

**WIC Farm Direct Nutrition Program (FDNP)**

The Oregon Farm Direct Nutrition Program (Farm Direct) provides WIC families with FDNP checks once a year to purchase fresh, locally-grown fruits, vegetables and cut herbs directly from local farmers.

The Jackson County WIC program offers FDNP checks and nutrition education in both groups and for individuals.

**WIC Breastfeeding Peer Counseling Program (BFPC)**

WIC breastfeeding peer counselors are women in the community with personal breastfeeding experience who provide information and support to WIC mothers.

**Program strengths include:**



1. The BFPC Coordinator recently updated their local policy that will be used as an example for other agencies. The policy includes great detail on specific peer counseling tasks for each day of the month and an excellent list of sample questions and topics based on the month of pregnancy or postpartum.
2. Notes entered in TWIST under BF Contacts provide good detail so that staff can keep track of contacts and attempted contacts, enhancing communication between staff.

## **QUALITY ASSURANCE RECOMMENDATIONS**

### **Communicable Disease**

- Enter a completion date when most of an investigation is complete. Use the keep active box to in Orpheus to flag cases when there is a follow up call or lab required.
- Interview hepatitis B cases in a timelier manner.
- Interview 80% of cases that require an investigation.
- Answer all risk and exposure questions in Orpheus.
- Timelier notification to ACDP of suspected outbreaks.
- Collect an adequate number of specimens during an outbreak investigation to confirm an etiologic agent.
- Complete and attach epidemic curves to outbreaks.
- Complete and attach control measures report to norovirus outbreaks in long-term care facilities.
- Timelier completion of outbreak reports.

### **Maternal Child Health**

The medical record review identified an opportunity for improvement in the universal application of standardized parent child assessments through implementation of the Dyadic Assessment of Naturalistic caregiver-child Experiences (DANCE) tool. While there was evidence of application of this tool in some dyadic records it was not present in several records reviewed. The use of standardized tools to identify strengths and opportunities is an essential component of assuring positive attachments for our clients. The reviewer recommends that the team integrate the DANCE tool into routine case conferences and 1:1 supervisor reflection.

The medical record review also identified an opportunity to improve on the

application of the one nationally required medical record form, the Home Visit Form. The NFP Home Visit Form includes feedback about previous activities and information on the plan for the next visit with “nurse agrees, and client agrees” content. In addition, this tool assures communication of client affirmations. This form is an essential required component of NFP practice. It is a tool that assures that all of the underlying theories of the model are integrated into practice. The reviewer recommends that the supervisor and the reviewer discuss improvement opportunities and how this opportunity fits with other program priorities anticipated by the end of the calendar year.

### **Sexually Transmitted Disease**

- Increase the percentage of gonorrhea cases containing gender of sex partners and HIV status or date of most recent HIV test.
- Implement system of periodic STD customer satisfaction surveys.

### **Tuberculosis**

- Ensure Orpheus is updated with contact information.
- Use incentives and the shorter regimens for latent tuberculosis may be helpful for ensuring contacts finish treatment.
- Document when an interpreter is used in patient communication.
- Ensure monthly nursing visits are documented.

### **WIC**

- Recommend that returning participants are asked if they have any shopping questions or problems.