



Jefferson County Health Department

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)

www.jeffersoncountywi.gov

Agenda

Jefferson County Board of Health
1541 Annex Road, Jefferson, WI 53549
Health Department *New* Conference Room

March 19, 2014

1 p.m.

Board Members

Ed Morse, Chair; Dick Schultz, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie; Don Williams, MD

1. Call to order
2. Roll Call/Establishment of a Quorum
3. Certification of Compliance with the Open Meetings Law
4. Review of the Agenda
5. Public Comment
6. Approval of January 15, 2014 Board Meeting Minutes (1-3)
7. Communications
8. Financial Report
 - a. End of Year Summary (4)
 - b. Income Statement (5-6)
 - c. Vehicle Usage Report (7)
9. Operational Update of the Environmental Health Program
 - a. Introduction of New Staff – Jeff Larkin & Ted Tulchalski
10. Public Health Preparedness
 - a. Special Needs Population Task Force & Child Care Program Seminar (8)
 - b. Mass Fatality Management Local Committee (9-13)
 - c. Operation Mayhem Virtual Exercise (14)
11. Public Health Program and Review of Statistics (15)
 - a. Communicable Disease Cases Reported (16)
 - b. 140 Review
 - c. Wisconsin Well Woman Program Transition and Letter (17-18)
 - d. Child Death Review Team Legislation and Resolution (19-28)
 - e. Strategic Plan/QI Update (29-30)
12. Personal Care Program and Review of Statistics (31)
13. Director's Report
 - a. Director's Report Included in Packet (32-33)
14. Status of Rock River Free Clinic and Community Dental Clinic
15. Next Meeting Date/Time/Agenda Items: May 21, July 16, September 17, November 19, 2014
16. Adjourn

The Board may discuss and/or take action on any item specifically listed on the agenda.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.

Jefferson County Board of Health
Meeting Minutes – Wednesday, January 15, 2014
Jefferson County Health Department Conference Room
1541 Annex Road, Jefferson, WI. 53549

Call to Order:

E. Morse, Chair, called the meeting to order at 1:00 p.m.

Roll Call/Establishment of Quorum:

Quorum established.

Board Members Present: Ed Morse, Chair; Dick Schultz, Vice-Chair; Don Williams, M.D.

Board Members Excused Prior to Meeting: Marie Wiesmann, RN, BSN, Secretary; John McKenzie

Staff Present: Gail Scott, Director/Health Officer; Marc Schultz, Environmental Specialist;

Sandee Schunk, Clerical/Recorder

Staff Excused Prior to Meeting: Diane Nelson, Public Health Program Manager

Guest: John Molinaro, County Board Chair

Certification of Compliance with the Open Meetings Law:

The meeting was properly noticed.

Review of the Agenda:

No changes requested.

Public Comment: None

Approval of November 20, 2013 Board Meeting Minutes:

Motion by D. Schultz to approve the minutes as written; second by Dr. Williams; motion carried.

Communications: None

Financial Report:

a) Income Statement: G. Scott reviewed the November 2013 "Statement of Revenue and Expenditures"

b) Vehicle Usage Report: G. Scott reviewed the report which reflects a savings of \$15,556.44 in mileage reimbursement since the van was purchased in 2011.

G. Scott reported that she has contacted Ewald Dealership in Oconomowoc which holds the State vehicle contract. She has requested a quote on a Jeep Cherokee with four-wheel drive. The committee suggested other vehicles such as a Ford Escape be compared for fuel use and reliability before a decision is made. The vehicle is budgeted in 2014 for up to a \$30,000 purchase price.

J. Molinaro reported that the County may initiate a master schedule for all Jefferson County vehicles in the future.

Operational Update of the Environmental Health Program:

Marc S. reported that Erin O'Brien has left her position at the Watertown Health Department to work for the Department of Agriculture. Her last day was on 12/31/2013.

Marc S. reported that he has accepted a position in Waukesha County and submitted his resignation to the Watertown Health Department effective 01/31/2014. This position will allow him to work closer to his home. Marc reported that he is continuing to conduct inspections and will allow some training time for his replacement.

G. Scott reported that interviews were held in Watertown on Monday and Tuesday of this week for the two open positions. One of the positions must be filled with a Registered Sanitarian and a decision will be made within a few days. Discussion followed regarding the licensure of two food trucks that operate in the City of Fort Atkinson. Marc S. reported these are inspected and licensed by Jefferson County Health Department.

Public Health Preparedness:

- a) **Special Needs Population Task Force:** G. Scott reviewed the information in the meeting packet regarding a one day seminar to be held on March 29, 2014 at Fort HealthCare Auditorium for training daycare providers on preparation for disasters or emergencies. There is a minimal cost for attending to cover meals and handouts. A special needs population is focused on each year for preparedness planning and training - last year the focus was on Long Term Care facilities.

G. Scott reported that there will be another regional tabletop exercise scheduled in Madison in the future to continue from last years "ice storm" exercise (Operation Mayhem).

G. Scott reported that next week she will attend a Shelter training in Wisconsin Dells with staff from the Jefferson County Emergency Management Department.

G. Scott reported that the updating of the Health Department Emergency Preparedness Plan is ongoing.

Public Health Program and Review of Statistics:

- a) **Communicable Disease Cases Reported:** G. Scott reviewed handout in the meeting packet and discussed that recent Influenza/H1N1 cases are being reported with ages 18 – 49 having the highest incidence. The State will be sending out a press release regarding recent deaths related to Influenza diagnosis. Statewide, approximately 600 people have been hospitalized for Influenza. Dr. Williams reported that Influenza cases are on the rise now and it can quickly turn into Pneumonia which can be fatal. A press release will go out from the Jefferson County Health Department regarding the need for people to get a Flu shot if they have not had one to date.

G. Scott reported that immunizations and Healthcheck physicals continue to decline due to the Affordable Care Act requiring people with insurance to have these services at their healthcare provider. Prenatal Care visits are expected to increase by working with local providers for referrals to the Health Department nursing staff. This will be a Quality Improvement project for the Health Department this year.

G. Scott has been asked to speak about Influenza on the WFAW Fort Atkinson radio talk show this coming Friday.

G. Scott addressed a question regarding the reporting of HIV. Jefferson County does not follow-up on HIV cases as this is done by the State for referral to resources and access to medications. Dr. Williams reported that HIV is now considered a chronic disease.

- b) **Public Health Improvement Grant Award:** G. Scott reported that the \$10,000 grant was awarded to the Health Department to continue work on the department's Strategic Plan with K. Eisenmann from U.W. Extension; update policy and procedures for accreditation and Quality Improvement (QI) projects. The grant money will be applied to salaries and benefits for the Public Health Program Manager and Public Health Nurses.
- c) **2014 Consolidated Contract Grant Funding Update:** G. Scott reported that the Wisconsin Well Woman Program (WWWP) will have upcoming changes on how services are provided and coordinated. The grant funding is

approved for 2014 but will not be available in 2015 for local coordinating agencies. Due to changes with the Affordable Care Act, current local participating providers will lose their contracts with WWWP effective 06/30/2014 and new contracts will be issued to 15 – 20 large health systems. G. Scott reported that letters have been submitted to the State WWWP office by other Health Department Directors voicing their concerns of these upcoming changes. *Motion made by Dr. Williams for G. Scott to write a letter on behalf of the Board of Health regarding the concerns of these program changes; second by D. Schultz; motion carried.*

Personal Care Program and Review of Statistics:

- a) **Care Wisconsin Contract:** G. Scott reported that the Care Wisconsin signed contract came in today's mail. The contract includes negotiated reduced rates per their request and an additional service available to clients called "Self-Directed Supports."
- b) **Update on Staffing Agency Contracts:** G. Scott reported that there have been changes with SourcePoint Staffing, LLC – a Waukesha based staffing agency. This agency requested an 8 – 10% rate increase and threatened to pull out of the current Personal Care contract and work with Care Wisconsin directly, instead of the Health Department. A response was sent back to SourcePoint Staffing with minimal increases offered but these were not acknowledged by the company. SourcePoint informed the Health Department that they cut the Personal Care Worker's wages by 50 cents per hour and took away their mileage reimbursement. Due to these cuts, many Personal Care Workers went to work for TLC Staffing (a new staffing agency based in Waterloo). SourcePoint Staffing started discharging many of the Health Department clients over the holidays. G. Scott and M. Schmidt met with Care Wisconsin to update them on these changes and assure them that their members would continue to receive services. G. Scott will check with Phil Ristow regarding advised follow-up on the pending contract with SourcePoint Staffing.

Director's Report:

- a) **Director's Report Included in Packet**

Status of Rock River Free Clinic and Community Dental Clinic:

G. Scott reported that the Rock River Free Clinic is going strong; medication costs have decreased dramatically with the increased enrollments of clients in patient assistance programs; it is unknown how much effect the Affordable Care Act will have on the caseload of clients as enrollment in Medicaid and Marketplace Insurance plans are encouraged.

G. Scott reported that the Community Dental Clinic received HSA (Health Shortages Area) designation. The clinic can hire a dentist to commit to working 3 years in exchange for a portion of their student loans to be forgiven. The clinic is accepting new patients again.

Next Meeting Date/Time/Agenda Items: March 19, May 21, July 16, September 17, November 19, 2014:

Next meeting will be on Wednesday, March 19, 2014 at 1:00 p.m. in the Health Department Conference Room.

Adjourn:

Motion by D. Schultz to adjourn at 1:50 p.m.; second by Dr. D. Williams; motion carried.

Respectfully submitted,
Sande Schunk - Recorder

2013 "Estimated" Carryover Non-Lapsing Funds Updated 02/17/2014 - S. Schunk (per Rev/Exp Rep. 2/19/14 & estimated revenue to collect)	Revenue 2013	Expense 2013	Total 2013
Tax Levy Supported Business Units:			\$ -
Public Health (4501)	\$ 72,200.05	\$ 735,244.50	\$ (663,044.45)
TB Dispensary (4502)	\$ 66.49	\$ 48.14	\$ 18.35
Head Start Nursing (4503)	\$ 3,069.45	\$ 3,070.08	\$ (0.63)
MCH Consol. Contract. (4507)	\$ 24,699.00	\$ 183,773.60	\$ (159,074.60)
Lead Consol. Contract. (4514)	\$ 6,621.00	\$ 6,618.68	\$ 2.32
Immunization Consol. Contract. (4515)	\$ 14,764.00	\$ 22,190.06	\$ (7,426.06)
WWWP Consol. Contract. (4519)	\$ 22,405.00	\$ 28,646.21	\$ (6,241.21)
Environmental Health (4521)	\$ -	\$ 34,999.85	\$ (34,999.85)
Mental Health (4524)	\$ 14,873.08	\$ 14,874.01	\$ (0.93)
Free Clinic Services (4528)	\$ 42,808.06	\$ 42,804.71	\$ 3.35
Public Health Preparedness (4632) (1/01/13 - 06/30/13)	\$ 25,919.00	\$ 40,824.79	\$ (14,905.79)
Public Health Preparedness (4632) (07/01/13 - 06/30/14)	\$ 36,250.00	\$ 22,585.00	\$ 13,665.00
Public Health Preparedness* (4635)		\$ 12,680.02	\$ (12,680.02)
Public Health Infrastr/QI Improv. (4633)	\$ 5,000.00	\$ 5,001.24	\$ (1.24)
Adult Immunization Grant* 09/2012-03/2013 (4639)	\$ 6,620.00	\$ 10,018.59	\$ (3,398.59)
Sub-total Public Health Programs:	\$ 275,295.13	\$ 1,163,379.48	\$ (888,084.35)
2013 Tax Levy	\$ 897,264.00		\$ 897,264.00
2013 Transfer from Contingency Fund	\$ 4,818.75		\$ 4,818.75
Total 2013 Public Health w/Tax Levy Funding:	\$ 1,177,377.88	\$ 1,163,379.48	\$ 13,998.40
Non-Tax Levy Supported Business Units:			
Personal Care - PCW (4301)	\$ 849,559.87	\$ 799,367.99	\$ 50,191.88
**WIC (4406)	\$ 310,037.00	\$ 310,035.96	\$ 1.04
**WIC Fit Family Grant (4406.646) 10/01/13-9/30/14 Pre-pay	\$ 4,938.00	\$ 1,188.11	\$ 3,749.89
WIC PEER Counselors (4456)	\$ 6,257.00	\$ 6,256.97	\$ 0.03
Sub-total Non-Tax Levy Supported Business Units:	\$ 1,170,791.87	\$ 1,116,849.03	\$ 53,942.84
Total 2013 Annual Activity:	\$ 2,348,169.75	\$ 2,280,228.51	\$ 67,941.24
"Restricted" Carryover balances from 2013 into 2014:			
Public Health Restricted Donations - car seats	\$ 284.00		
PH Preparedness (4632) Carryover 7/1/13 - 12/31/13	\$ 13,665.00		
PH Preparedness (4635) Carryover from 2012/2013	\$ 6,195.28		
WIC Fit Family Grant (4406.646) (10/01/13-09/30/14)	\$ 3,749.89		
Total "Restricted" Carryover from 2013 into 2014:	\$ 23,894.17		
2012 "Restricted" carryover applied to 2013	\$ 30,360.24		
"Estimated" Surplus "Non-Restricted" Operational Funds:			\$ 74,407.31

Jefferson County Health Department - Statement of Revenues & Expenditures

01/01/2014 - 01/31/2014	YTD Actual	Prorated Budget	Annual Budget	YTD Variance
REVENUE				
Personal Care Medical Assistance	31,202.88	25,542.00	283,800.00	5,660.88
Personal Care Private Pay	6,323.80	2,970.00	33,000.00	3,353.80
Personal Care - Care WI Private Pay	29,709.17	37,800.00	420,000.00	-8,090.83
Personal Care Human Services	5,252.50	6,103.80	67,820.00	-851.30
Personal Care Other Revenue	0.00	0.00	0.00	0.00
Personal Care Prior Year Revenue	0.00	0.00	0.00	0.00
Personal Care WIMCR Funding	0.00	4,500.00	50,000.00	-4,500.00
Total Personal Care	72,488.35	76,915.80	854,620.00	-4,427.45
Total WIC	25,320.28	30,286.35	336,515.00	-4,966.07
Public Health Fee for Service	5,080.47	12,469.14	138,546.00	-7,388.67
Public Health Grant Income	14,366.48	11,083.41	123,149.00	3,283.07
Total Public Health	19,446.95	23,552.55	261,695.00	-4,105.60
Total Income	117,255.58	130,754.70	1,452,830.00	-13,499.12
EXPENSE				
Personal Care Salary & Benefits	9,476.96	9,248.04	102,756.00	228.92
Personal Care Contracted Services	66,942.63	60,690.60	674,340.00	6,252.03
Personal Care Operating Expense	1,540.76	5,884.65	65,385.00	-4,343.89
Total Personal Care	77,960.35	75,823.29	842,481.00	2,137.06
WIC Salary & Benefits	22,528.49	25,931.25	288,125.00	-3,402.76
WIC Contracted Services	381.78	887.94	9,866.00	-506.16
WIC Operating Expense	2,410.01	3,467.16	38,524.00	-1,057.15
Total WIC	25,320.28	30,286.35	336,515.00	-4,966.07
Public Health Salary & Benefits	88,395.77	87,025.41	966,949.00	1,370.36
Public Health Contractual	55.00	6,021.81	66,909.00	-5,966.81
Public Health Operating Expense	11,406.83	18,172.35	201,915.00	-6,765.52
Capital Equipment	0.00	0.00	0.00	0.00
Total Public Health	99,857.60	111,219.57	1,235,773.00	-11,361.97
Total Expense	203,138.23	217,329.21	2,414,769.00	-14,190.98

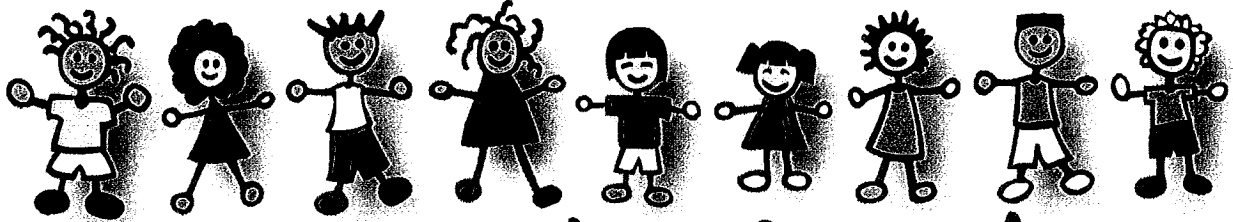
SUMMARY				
Total Income	117,255.58	130,754.70	1,452,830.00	-13,499.12
County Funding Tax Levy & Conting. Transfer	79,855.11	79,855.11	887,279.00	
2013 Restricted Carryover Funds	41.02		23,893.30	
2013 Operating Carryover to reduce tx lvy			44,660.00	
2013 Capital Auto Carryover			30,000.00	
Total Revenue	197,151.71	210,609.81	2,438,662.30	-13,458.10
Total Expenditures	203,138.23	217,329.21	2,414,769.00	-14,190.98
Net Surplus (Deficit)	-5,986.52			732.88

Prior Year Carryover Funds:	23,893.30
BU 4635 - PH Preparedness \$6,195.30	41.02
BU 4406.646 WIC Fit Families \$3,749	
BU 4501 - Car seats \$284.00	
BU 4632 - PH Preparedness \$13,665.00	
= Total Carryover Used:	\$41.02

Year	Public Hlth. 4501 Mileage Pd	Public Hlth. 4501 Fuel Cost	Pers.Care 4301 Mileage Pd	Pers. Care 4301 Fuel Cost	WIC 4406 & Peer 4456 Mileage Pd	WIC 4406 & Peer 4456 Fuel Cost	Total Annual Mileage Pd	Total Annual Fuel Cost	Total Annual Travel Exp.	Routine Maint. 535352	Non- Routine Repairs	Total Annual Costs	Van Mileage Logged	Mileage Expense "Saved"
2008	\$ 14,442.00	\$ -	\$ 11,660.00	\$ -	\$ 2,593.00	\$ -	\$ 28,695.00	\$ -	\$ 28,695.00	\$ -	\$ -	\$ 28,695.00	n/a	n/a
2009	\$ 10,557.00	\$ -	\$ 15,599.00	\$ -	\$ 1,178.00	\$ -	\$ 27,334.00	\$ -	\$ 27,334.00	\$ -	\$ -	\$ 27,334.00	n/a	n/a
2010	\$ 7,065.20	\$ 287.57	\$ 923.50	\$ 61.19	\$ 368.00	\$ 602.60	\$ 8,356.70	\$ 951.36	\$ 9,308.06	\$ -	\$ -	\$ 9,308.06	n/a	n/a
2008: County vehicles not used/Personal Care = large volume visits 2009: County vehicles not used/Personal Care nurses contracted w/Care WI = large volume visits 2010: County vehicles utilized more often when available/Personal Care downsized with Family Care implementation														
VAN	Purchased: 2/15/2011 \$22,105.00													
2011	\$ 5,953.46	\$ 874.65	\$ 329.60	\$ 502.74	\$ 30.93	\$ 609.63	\$ 6,313.99	\$ 1,987.02	\$ 8,301.01	\$ 86.59	\$ -	\$ 8,387.60	9,478	\$ 5,260.29
2012	\$ 6,558.26	\$ 507.54	\$ 280.34	\$ 530.04	\$ 474.46	\$ 729.30	\$ 7,313.06	\$ 1,766.88	\$ 9,079.94	\$ 133.52	\$ 889.50	\$ 10,102.96	10,437	\$ 5,792.54
*2013	\$ 6,533.38	\$ 516.95	\$ 422.31	\$ 246.27	\$ 51.42	\$ 499.84	\$ 7,007.11	\$ 1,263.06	\$ 8,270.17	\$ 138.38	\$ -	\$ 8,408.55	8,447	\$ 4,772.56
**2014	\$ 602.52	\$ -	\$ 56.56	\$ -	\$ 16.80	\$ -	\$ 675.88	\$ -	\$ 675.88	\$ -	\$ -	\$ 675.88	346	\$ 193.76
Totals:	\$ 19,647.62	\$ 1,899.14	\$ 1,088.81	\$ 1,279.05	\$ 573.61	\$ 1,838.77	\$ 21,310.04	\$ 5,016.96	\$ 26,327.00	\$ 358.49	\$ 889.50	\$ 27,574.99	28,708	\$ 16,019.14

*2013 expenses = as of 12/31/2013 (paid @ \$0.565/mile)

**2014 expenses = as of 01/31/2014 (paid @ \$0.50/mile)



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Communication

Shelter in place/evacuation

Emergency/Disaster Preparedness Checklists

Audience

The training program will be open to all childcare providers working with infants, toddlers, preschoolers, and school-aged children.

Two training dates:

March 8th, 2014

8 a.m. – 2 p.m.

Dodge County Administration Bldg

127 E. Oak St. Juneau, WI

Questions: Amy Nehls; ANehls@co.dodge.wi.us

OR

March 29, 2014

8 a.m. – 2 p.m.

Fort HealthCare, 611 Sherman Avenue E, Fort Atkinson, WI

Questions: Donna Haugom; DonnaH@jeffersoncountywi.gov

\$15.00 will be charged to cover meals and handouts



JEFFERSON COUNTY HEALTH DEPARTMENT

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Jefferson County Mass Fatality Planning Meeting

Tuesday, May 6, 2014

1 p.m. – 3 p.m.

Jefferson County Health Department Conference Room

AGENDA

1. Introductions
2. Discuss Team Mission
3. Discuss Roles and Responsibilities
4. Appoint Team Chair
5. Review Proposed Jefferson County Plan
6. Discuss Potential Hazards Resulting in Mass Fatalities
7. Discuss Capacity/Mutual Aid
8. Future Meeting Schedule/Location
9. Team Assignments

Wisconsin Mass Fatality Planning Summary for Budget Periods 2 & 3

Wisconsin Hospital Emergency Preparedness Program (WHEPP)

Public Health Emergency Preparedness (PHEP)

Wisconsin Emergency Management (WEM)

(2013-2015)

Background

Over the next few years, emergency preparedness programs within the Wisconsin Division of Public Health have been tasked with Fatality Management as a topic to be included within their planning efforts. Specifically, WHEPP and PHEP, in coordination with Wisconsin Emergency Management, are required to address this as one of their capabilities. Although each program is charged with slightly different tasks, the overall goal is the same: to improve upon the capability to mitigate, prepare for, respond to, and recover from an incident involving mass fatalities locally, regionally, and statewide based on local and regional Hazard Vulnerability Analyses as well as the statewide Threat and Hazard Identification and Risk Assessment (THIRA).

The Guidance for Public Health

The following are excerpts from the Public Health Preparedness Capabilities: National Standards for State and Local Planning (March 2011), Capability 5¹:

“Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.”

This capability within Public Health Preparedness consists of the ability to perform the following functions:

- Function 1: Determine role for public health in fatality management
- Function 2: Activate public health fatality management operations
- Function 3: Assist in the collection and dissemination of antemortem data
- Function 4: Participate in survivor mental/behavioral health services
- Function 5: Participate in fatality processing and storage operations

The Guidance for Healthcare

The following are excerpts from Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness (January 2012), Capability 5²:

¹ <http://www.cdc.gov/phpr/capabilities/capability5.pdf>

² <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>

“Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

“Note: For the purposes of this document, the State — unless otherwise noted — refers to the organization and its partners that represent the interests of healthcare preparedness or hospital preparedness for healthcare organizations within the State.

“Capability Alignment: Integration with public health aligns during the planning process. This is done in coordination with Emergency Management and the lead Fatality Management planning agencies and is specifically addressed to manage in-facility death surges and the need for human remains temporary storage space. This capability also addresses surges of concerned citizens and the need for mental/behavioral health support. To integrate this capability, public health and healthcare emergency planners should coordinate planning according to the content in the functions of Capability 5 from the Healthcare Preparedness Capability and cross-referenced to the Public Health Preparedness Capability.”

This capability within Healthcare Preparedness consists of the ability to perform the following functions (and sub-functions):

Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations

Plan 1: Anticipate storage needs for a surge of human remains

Plan 2: Healthcare organization human remain surge plans

Equipment 1: Mortuary storage equipment and supplies

Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance

Plan 1: Procedures for a surge of concerned citizens

Function 3: Mental/behavioral support at the healthcare organization level

Plan 1: Mental/behavioral health support

The Guidance for Wisconsin Emergency Management

Wisconsin Emergency Management bases its planning on the National Response Framework, which includes the following areas: engaged partnerships; tiered response; readiness to act; unity of effort through unified command; and scalable, flexible and adaptable operational capabilities. Fatality management falls within the Core Capabilities for Survivor Needs. Particularly, the charge for WEM is regional planning involving multiple agencies toward the following goal:

Fatality Management Services: Recover, identify, and properly handle 75 fatalities within 48 hours by the Milwaukee County Medical Examiner's Office with assistance from the Milwaukee PD detectives and the FEMA Disaster Mortuary Operational Response Team (DMORT). Provide the capacity to manage 77

fatalities, which can be expanded to 144 with use of refrigerated trailer by Milwaukee County Medical Examiner's Office.

Therefore, the need for each program and jurisdiction to come together to accomplish these tasks is apparent. Over the next three years, WHEPP, WEM and PHEP will join forces to work together to assist locals in creating and exercising mass fatality plans at the local, regional, and state levels.

Proposed Timeline

Budget Period 2

Fall-Winter 2013-2014: Training

Activity	Description	Timeframe
<i>Fatality Management 101</i>	Overview of Capability with explanation of functions/tasks. Identification of largest gaps. Introduction of practical local steps starting with the identification of a local fatality management team (key partners).	September 2013 archived on PCA: http://dhsmedia.wi.gov/main/Play/90eebcadd5264a61aac3a56a0eb33a6e1d
<i>Fatality Management 201</i>	Key focus on priority gaps; how to develop an organizational structure locally for a mass fatality event (both with a Unified Command approach and with medical examiner/coroner as Incident Commander).	October 2013 archived on PCA: https://connect.wisconsin.gov/p4ajrwn1174/?launcher=false&fcsContent=true&pbMode=normal
<i>FEMA G386-Fatality Management</i>	This course prepares local and State response personnel and other responsible agencies and professionals to handle mass fatalities effectively and to work with the survivors. Target Audience: Personnel with a role in a mass fatality incident, such as coroners, medical examiners, funeral directors, justices of the peace, public health, hospital and emergency management coordinators.	Onsite at 4-5 locations in November/December 2013. Save the Date will be distributed by September 30 th via email. Registration will be available in October via the State of WI Training Management System: https://www.trainingwisconsin.org

Winter-Summer 2014: Initial Planning Meetings

Activity	Description	Timeframe
Local public health departments establish mass fatality planning team	Assistance is requested of local public health departments to reach out to those that should be involved in this planning and host/facilitate the first meeting to kick off the two-year planning process.	Initial meeting location determined and participants invited on or by February 28, 2014.
Local meeting(s) of mass fatality planning team	At least one meeting should occur at the local level, where the following will be determined: <ul style="list-style-type: none"> • Team mission 	Initial meeting of the local mass fatality planning team to take place by June 30, 2014.

	<ul style="list-style-type: none"> • Team Chair/members • Mass Fatality Toolkit review • WHEPP/PHEP Mass Fatality Template review • Process to revise or draft current local plan • Future meeting schedule/hosts • Assignments for team members 	
<i>Fatality Management 301</i>	Development of a Family Assistance Center model and education on how to develop one locally/regionally.	January 2014 archived on PCA: http://www.dhs.wisconsin.gov/pca/

Budget Period 3

Summer-Fall 2014: Continued Planning Meetings as Necessary

Activity	Description	Timeframe
Mass Fatality Planning Teams Continue to Meet to Draft/Revise Local Mass Fatality Management Plans	Based on the structure determined in the initial meeting in Budget Period 2, teams will continue to meet as needed to draft or revise the local mass fatality management plan.	A local mass fatality plan will be drafted/revise by September 30, 2014.

Winter-Summer 2014-2015: Exercise Mass Fatality Plans

Activity	Description	Timeframe
Regional/Coalition Plans	Local plans will be reviewed and a process to develop regional plans will be determined	TBD
Exercise	Either regional or local exercises (TBD) will be held to test the newly drafted/revise mass fatality plans.	Exercises will take place by June 30, 2015.

State Expert Panel on Mass Fatality Management

The State Expert Panel on Mass Fatality Management was created in 2012 and has been meeting periodically to revise the statewide template, provide guidance, and assist in creating documents such as this. The panel will continue to meet throughout this process. Currently, the panel is composed of a wide variety of organizations from all across the state that have an interest in mass fatality event management. If you are interested in joining the panel or providing recommendations to the panel, please contact the coordinator, Lori Wallman, Region 5 Manager, at lwallman@grantregional.com or via phone at 608-467-7222. Participation in expert panels and preparedness activities at the state, regional, and local levels is greatly appreciated and crucial to the success of emergency preparedness in Wisconsin.

Southern Region Exercise

April 30, 2014

Background: Last year, 17 counties of southwest and south central Wisconsin participated in an exercise referred to as "Operation Mayhem" at the Alliant Energy Center in Madison. The lessons learned from that exercise have been used to better prepare Wisconsin for emergencies and disasters. In particular, one lesson learned was that individuals involved in such a response wanted more information and training on how their local Emergency Operations Center (EOC) works and coordinates response in a mass casualty incident. Thus, the Wisconsin Hospital Emergency Preparedness Program (WHEPP) and the Public Health Emergency Preparedness Program (PHEP) in collaboration with Wisconsin Emergency Management (WEM) are creating a follow up-exercise that will actually have EOCs activated. The exercise will take place throughout the region from **9am-12:30pm on April 30th.**

Scenario: The exercise will be picking up where Operation Mayhem left off. We will begin a few days into the power outage and ice storm. The goal in this exercise is to have each individual EOC activated with liaisons from each discipline that pertain to this scenario invited. Since we are picking up a few days into the storm, activation of the EOCs will not be a focus. In this functional exercise, a regional SimCell will be communicating with each participating EOC during the exercise.

Objectives:

• Information Sharing	• Public Information and Warning
• EOC Coordination	• Responder Safety and Health
• Mass Fatality Management	• Critical Transport (EMS)

Itinerary:

- 9am-9:30am: Arrive/Register/Introductions
- 9:30am-noon: Exercise Play
- Noon-12:30pm: Hotwash (conducted by a facilitator at each location)

Suggested Participants (1-2 per organization to report to the EOC):

• Hospital/Healthcare Facility	• Coroner/Medical Examiner
• Public Health	• Dispatch
• Emergency Management	• Highway Department
• Fire	• Local Government Representative
• EMS	• Joint Information Center (PIO, Media, etc.) Rep
• Law Enforcement	• Human Services

NOTE: For the disciplines above with multiple agencies/organizations within the county (i.e. EMS, fire, law enforcement, etc.), your county may want to elect 1 or 2 representatives to represent a particular discipline. Those representatives should be familiar with the response protocols of other agencies/organizations within their discipline across the county.

Public Health Program Statistics 2014

Public Health Statistics	2013	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2014
Blood Lead Level Screenings	611	50	35											85
Blood Lead Level ($\geq 10\mu\text{g/dL}$)	10	1	2											3
Car Safety Seat Inspections	96	29												29
Communicable Disease Cases	278	42	23											65
County Jail Client Visits	3631	328	321											649
EH Dept. of Ag Agent Inspections	265													
EH Dept. of Health Agent Inspections	896													
Nuisance Complaints	43													
Fluoride Clients	84	13	13											26
Fluoride Varnish Contacts	51	3	0											3
Health Education Attendees	874	23	7											30
Health Education Sessions	40	6	4											10
Hearing / Vision Screening Sch (H-403, V-715)	769	0	0											0
Immunizations Given	2677	131	75											206
Immunization Clients	1805	89	50											139
Mental Health CSP Visits	669	43	48											91
Office Clients Blood Pressures	54	2	0											2
Office Clients Mental Health Meds	75	5	7											12
Office Clients TB Skin Tests	144	27	24											51
Paternity Tests	175	0	1											1
PHN Well Water Samples	63	1	6											7
Pregnancy Tests	73	4	3											7
Public Health Contacts	3567	398	276											674
Well Child/HealthCheck Clinic	183	9	5											14
WI Well Woman Program Clients	129	9	12											21
WIC Monthly Caseload Average	1449	1377	1308											2685
WIC Breastfeeding Peer Support Visits*	560	70	54											124

*Program started in Aug 2010

Monthly Disease Incident Counts by Resolution Status

Jefferson County, January- February 2014

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2014-02, 2014-01 AND Jurisdiction equal to Jefferson County

Resolution Status		Incident Count				Total
		Confirmed	Probable	Suspect	Not A Case	
Disease Category	Disease Subcategory					
Category I	Pertussis (Whooping Cough)	1	0	0	10	11
	Campylobacteriosis (Campylobacter Infection)	3	0	0	0	3
	Chlamydia Trachomatis Infection	20	0	1	0	21
	E-COLI, SHIGA TOXIN-PRODUCING (STEC)	1	0	0	1	2
	Gonorrhea	2	0	1	0	3
	Hepatitis B	0	1	1	0	2
	Hepatitis C	2	0	4	0	6
Category II	Influenza	13	6	0	4	23
	Lyme Disease	0	0	2	1	3
	Mycobacterial Disease (Nontuberculous)	1	0	0	0	1
	Pelvic Inflammatory Disease	1	0	0	0	1
	Streptococcus Pneumoniae Invasive Disease	1	0	0	0	1
	Syphilis	0	0	0	1	1
	Varicella (Chickenpox)	0	0	0	1	1
	AFB Smear Positive	0	0	1	0	1
	Norovirus Infection (Norwalk/Norwalk-Like)	10	0	0	0	10
Not Reportable	Streptococcal Infection, Other Invasive	3	0	0	0	3
	Tuberculosis, Latent Infection (LTBI)	0	0	0	2	2
Total		58	7	10	20	95

Data last refreshed on Wednesday, March 12, 2014 3:46:16 PM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.



Jefferson County Health Department

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)

www.jeffersoncountywi.gov

March 4, 2014

Gale D. Johnson, Director
Wisconsin Well Woman Program
1 West Wilson Street - Room 233
Madison, WI. 53703

Dear Ms. Johnson;

The Jefferson County Board of Health would like to express their concerns regarding the upcoming changes to the Wisconsin Well Woman Program (WWWP).

The Jefferson County Health Department has been a "Local Coordinating Agency" (LCA) since the program's inception in 1994 serving over 850 women. Over this twenty year timespan, there has been an ongoing effort to build a county-wide listing of WWWP participating medical providers; a strong rapport has been built with provider staff and a strong effort made to enroll and re-enroll as many program eligible women as possible for their breast and cervical cancer screenings. The coordinator for this program has taken pride in supporting the women from their first contact through screenings and sometimes cancer diagnosis. She is a dedicated and valued employee and has done an excellent job in guiding women through the process and assisting them with billing issues and referrals for care.

In December 2013, the WWWP coordinators were informed that effective June 30, 2014 all participating provider contracts would be terminated. The coordinators were given the responsibility of notifying their medical providers of this massive change. The coordinators were given very basic information to report to their providers that have generously delivered breast and cervical screenings to WWWP members. The providers were to be informed that they would be decreased from over 1,000 statewide to a mere 15 – 20 large health systems. They were also told to complete all of their billing by September 30, 2014 in order to collect payments for the services they have provided. Not only were providers told of their contracts terminating, the strong network of local coordinators were told their services would no longer be needed as of December 31, 2014. As the Board of Health responsible for access to care for those in need, we are concerned that all these changes will jeopardize quality and accessible care for Jefferson County women.

We understand that the Affordable Care Act will have an impact on the number of women that will need WWWP services in the future due to enrollment in BadgerCare or Marketplace Insurance Plans. However, there is no data available to support the impact of that decrease. It seems that a stable plan should be developed and implemented before contracts are ended with providers and longstanding dedicated coordinators are pushed to the side. It is our understanding that the process to select new participating providers has not begun yet and that it will be a competitive process announced in the

near future. It has also been discussed that County Health Departments may be asked to compete to become regional coordinators (6 – 12 positions statewide) to continue with enrollments and re-enrollments of eligible women. We are concerned that our local providers may not choose to enter into this competitive process which will mean women will have to travel longer distances to get screened and that there will not be enough regional coordinators to serve Jefferson County women – especially if the coordinators are located in large cities that demand more of their time. We have seen the loss of local services with other programs such as Children with Special Health Care Needs and the dissolution of the local Tobacco Free coalitions.

We realize that changes need to be made to WWWP in response to the upcoming changes in the national health care delivery system. However, we urge you to slow down and take time to plan these changes over the course of 2014 with final changes in place by the end of 2015. The current proposed changes to take place by June 30th and December 31, 2014 seem to be in haste. These changes will not only affect providers and coordinators statewide, but more importantly have a devastating effect on the Wisconsin women who need these services.

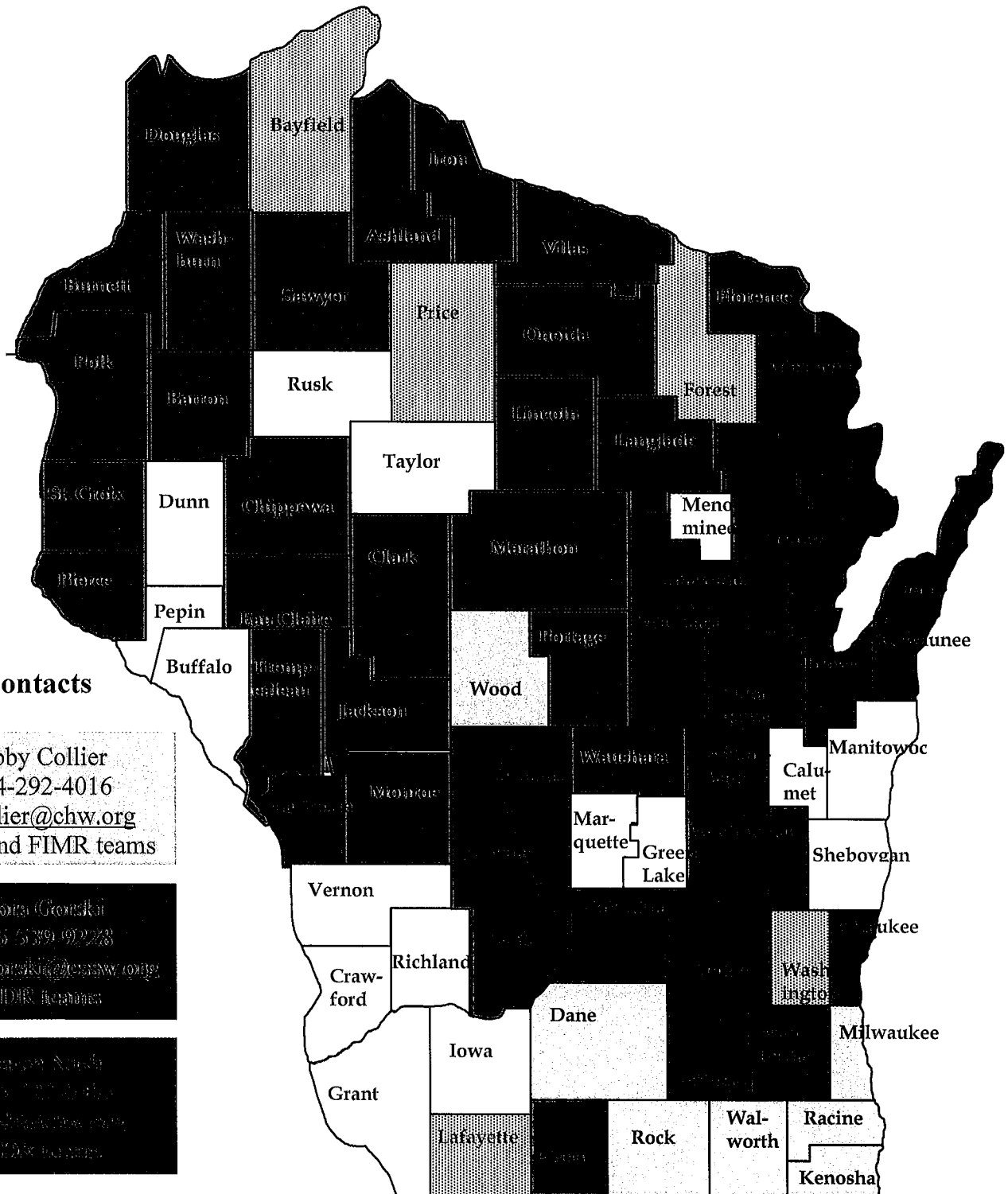
Thank you for your consideration.

Sincerely,

Ed Morse, Chair
Dick Schultz, Vice-Chair
Marie Weismann, RN, Secretary,
John McKenzie
Don Williams, MD

Jefferson County Health Department
Board of Health

Death Review Teams



Contacts

Abby Collier
 414-292-4016
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 CDR and FIMR teams

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 CDR teams

Karen Nishi
 262-722-2215
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 CDR teams

Jefferson County Child Death Review Team

Active Participants

- ➔ Jefferson County Health Department
(Chairs and coordinates the meetings, data entry & evaluation, coordinates community systems change)
 - ➔ Director/Health Officer
 - ➔ Public Health Program Manager
 - ➔ Public Health Nurses
 - ➔ Students
- ➔ Watertown Department of Public Health
- ➔ Jefferson County Coroner
- ➔ Jefferson County Sheriff's Department
- ➔ Watertown Police Department
- ➔ Jefferson Police Department
- ➔ Lake Mills Police Department
- ➔ Fort Atkinson Police Department
- ➔ Jefferson County Human Services
 - ➔ Child Protective Services
 - ➔ Mental Health
- ➔ District Attorney's Office
- ➔ Pediatrician
- ➔ Fort HealthCare
 - ➔ OB Nurse Supervisor
- ➔ UW Health Partners Watertown Regional Medical Center
 - ➔ ER and OB Managers
- ➔ Local EMS when involved in a case
- ➔ People Against Domestic Abuse (PADA)
- ➔ School District Representatives
 - ➔ Counselors, Psychologists, Police Liaison Officers
- ➔ WIC (Women, Infants and Children nutrition program)

Keeping Kids Alive in Wisconsin Prevention Recommendations

Review Date	Cause of Death	Recommendations	Follow Up Actions	Follow Up Completed	Notes
2012	4 unsafe sleep related deaths	Form short term safe sleep subcommittee; consistent message from all contacts; DV folks thought they could incorporate safe sleep questions into their assessment; Hosp will include in prenatal fair; educate PD/ Law Enforcement to incorporate home safety into home visits with handouts.	Pediatricians to give more consistent and longer message about safe sleep. DV folks thought they could incorporate safe sleep questions into their assessment. Hospitla will include safe sleep in prenatal fair. Educate LE on what a safe sleep environment looks like look at ways to incorporate home safety into home visits with handouts.		
		HD and Hospitals to look into Cribs for Kids program	January 2013 HD started a C\$K program and has distributed 30 cribs to date.	1/1/2014	
		Inservice/ educate JC inmates on safe practices for children	Get into jail inservice rotation to present safe sleep, car seats, shaken baby topics	1/1/2014	
		Safe sleep re-inactments at PD inservices			
	Data shows MVC leading cause of children's deaths	Though no MVC have been reviewed a lack of knowledge regarding community resources exists with partners in the room.	Research carseat inspector sites and contacts information with distribution of county wide resources for Law Enforcement	10/10/2013	Flyer done. Edu planned.
		Schools/ PTAs provide loanable booster seats for unexpected transportation of children.			
		Informational table on car seats at kindergarten round up.			
		Update Health Dept website for sites where car seat inspections are performed.	Webmaster updated site	1/1/2013	
		Possible have UW WW Health Communications students do short inservice videos for LE to use.			

Keeping Kids Alive in Wisconsin Prevention Recommendations

1/10/2013	Asphyxia by umbilical cord		Internal review by hospital per policy and procedure to investigate root cause analysis	9/30/2013	
2013	5 deaths reviewed with mixed drug and alcohol intoxication	Reduce barriers to adequate mental health and substance care. Cost, access- evidence based inpt vs outpt	Task Force of key people and organizations being put together to strategize and develop public policy to reduce the prevalence and use of heroin and prescription drugs in the county with anticipation of writing for a Drug Free Community grant. RFP- Jan 2014		
		Work with all JC schools to do county wide youth risk behavior surveys (YRBS)	In process. Oct 4th spoke to Sch Superintendents		
		County wide messaging promoting "Clean Sweep"/ drug drop off programs of unused prescription drugs			

Keeping Kids Alive in Wisconsin

Cause for concern

- Each year more than 400 Wisconsin children ages 1 month to 17 years die from reasons other than terminal illness. Additionally, more than 350 infants die before they reach one month of age.
- Approximately 50 percent of these deaths are preventable.
- Wisconsin is one of 7 states without comprehensive death review legislation.

Child Death Review (CDR)

CDR teams seek to understand the risk factors and circumstances surrounding the death of the child. Through multidisciplinary team membership, a comprehensive understanding of the incident is gained. Common team members include coroner/medical examiner, human services, health department, law enforcement, health care professionals and other agencies.

CDR teams review all child deaths from birth through age 18. However, local CDR teams can adjust the age range to best meet the needs of their community. Wisconsin has 53 active CDR teams.

The death of a child is a community tragedy. CDR teams seek to learn from the tragedy in order to prevent it from happening again. Reviewing all child deaths allows local communities to track trends and catalyze local prevention.

Fetal Infant Mortality Review (FIMR)

FIMR teams are action-oriented groups that seek to identify risk factors and circumstances surrounding a fetal or infant death. FIMR teams are multidisciplinary groups who represent the communities they serve.

FIMR teams review all fetal and infant deaths from 20 weeks or 350 grams through the first birthday. A maternal interview and thorough case review are key components. Wisconsin currently has four active FIMR teams.

Our role

- Collaborate with each county to build and implement a CDR/FIMR team.
- Increase statewide participation in the National Center for Child Death Review Case Reporting System.
- Collaborate with the Department of Health Services and Department of Justice to build a statewide comprehensive death review system.
- Partner with the Injury Research Center-Medical College of Wisconsin to gather CDR data and recommend prevention strategies to local CDR teams.
- Develop CDR policy for legislative action at the state and local level.

(Over)

Importance of local death review teams

- Increase understanding of how and why children are dying to ensure policies and programs related to child health, safety and protection can be evaluated and changed if necessary.
- Share information to ensure all contributing factors of a child's death can be identified and discussed.
- Provide residents with best practice information related to child health, safety and protection.
- Demonstrate local commitment for keeping kids alive.

Preventing future deaths

Death review teams are intended to catalyze community action to prevent future deaths. While these teams are not expected to implement prevention, individual agencies or team members can assume responsibility to work with existing or new prevention coalitions to enact change.

Resources

1. **Technical assistance:** Children's Health Alliance of Wisconsin provides technical support and guidance to local death review teams. Support includes meeting facilitation, presentation of training materials, coordination of team trainings, and guidance ensuring successful teams.
2. **Data entry and analysis:** Staff from the Injury Research Center at MCW provide technical assistance to local teams on entering data into the National CDR Case Reporting System. Assistance is available to analyze local team data to provide guidance on prevention programs and policy efforts.

For more information on injury prevention and death review, contact Abby Collier
(414) 292-4016
ajcollier@chw.org
<http://www.chawisconsin.org/preventinjury.htm>



Talking points SB-436/AB-554

Legislative talking points

- Children's Health Alliance of Wisconsin (Alliance), the Injury Research Center at the Medical College of Wisconsin (IRC) and the Wisconsin Department of Health Services (DHS) are working to introduce and pass enabling child death review (CDR) legislation.
- Wisconsin is one of seven states without comprehensive CDR legislation.
- The legislation will affirm the already existing CDR system.
- Wisconsin currently has 53 CDR teams, covering 55 counties. This accounts for roughly 90 percent of the population.
- In 2010, the Alliance and IRC met with more than 28 key stakeholder organizations (e.g., Wisconsin Public Health Association, Wisconsin Chapter of the American Academy of Pediatrics, Badger Sheriff's Association, and Wisconsin Chapter of the National Association of Social Workers).

Legislation is needed to:

- Establish a recognized CDR program for Wisconsin that **promotes prevention**.
- Affirm the current *ad hoc state* CDR Council to provide advisory oversight and guidance.
- Resolve barriers confronting local CDR teams.
- Protect the process and information shared at CDR team meetings.

Key components of the legislation will address the following:

- Access to information.
- Confidentiality.
- Immunity from discovery.
- Public records and open meetings.
- Local CDR team recognition.

Access to information

- Allows local CDR teams to request, and be provided with relevant records to conduct child death reviews:
 - Medical, dental and mental health.
 - Child welfare.
 - Law enforcement, with exceptions noted for special circumstances, such as pending investigations.
 - Other records as relevant, such as school records.

Confidentiality

- Confirms all CDR information and records are confidential.
- Confirms information from CDR meetings is not subject to subpoena or discovery.

- Creates a penalty for confidentiality breaches, similar to chapter 48.

Immunity from liability

- Provides immunity from civil and criminal liability.

Open records/meetings

- Exempts local CDR teams from open meetings and public record compliance obligations when reviewing cases to ensure confidentiality.
- Maintains that the state CDR Council will be subject to open meetings and public record compliance unless reviewing a case.

HIPAA regulations and compliance

- Clarifies permitted disclosures related to public health for the purpose of preventing or controlling disease, injury, or disability and reporting vital events, such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions.

CDR team recognition

- Recognizes local CDR teams through recommendation by state CDR Council and approval by DHS.
- Recognized teams will have access to the protections of the legislation and assistance from the state CDR Council.
- Local CDR teams will renew recognition every three years.

Keeping Kids Alive in Wisconsin talking points

- CDR is a professional process aimed at understanding the risk factors and circumstances surrounding the death of a child.
- CDR is not an opportunity to second guess agency policies or critique individual performance.
- These multidisciplinary teams collect data and use their findings to recommend prevention strategies.
- At a minimum, local CDR teams review deaths of children younger than age 18 that occur within their county.
- The Alliance provides ongoing technical assistance to all CDR teams.



Celebrating 20 years as Wisconsin's voice for children's health.

The following organizations and associations have signed on to support AB-554/SB-436, which is legislation recognizing the Wisconsin child death review system.

- American Family Children's Hospital
- Children's Health Alliance of Wisconsin
- Children's Hospital of Wisconsin
- Children's Trust Fund
- Columbia St. Mary's Hospital
- Medical College of Wisconsin
- Medical Society of Wisconsin
- Mental Health America-Wisconsin Chapter
- Ministry Healthcare
- Ministry St. Joseph's Children's Hospital
- National Association of Social Workers-Wisconsin Chapter
- ThedaCare
- University of Wisconsin Hospitals and Health System
- Wisconsin Association of Local Health Departments and Boards
- Wisconsin Chapter of the American Academy of Pediatrics
- Wisconsin Coroner and Medical Examiner Association
- Wisconsin Counties Association
- Wisconsin Department of Health Services
- Wisconsin Department of Justice
- Wisconsin Public Health Association

For additional information please contact Abby Collier at 414-292-4016 ajcollier@chw.org or Karen Ordians at 414-292-4004 or kordinans@chw.org.

Resolution to Support Child Death Review Legislation

WHEREAS, many Wisconsin children die each year from preventable deaths; and

WHEREAS, for every one child that dies significantly more are treated in emergency rooms and hospitalized for serious injuries; and

WHEREAS, local child death review teams provide the opportunity to review the circumstances and risk factors surrounding the death of a child, to identify trends and assist in prevention strategies to decrease the chances of further deaths or serious injuries; and

WHEREAS, local child death review teams allow each county to review deaths in a timely manner through an established system involving local agencies and community members who are familiar with the circumstances surrounding the death; and

WHEREAS, local child death review teams are encouraged to use the National Center for Child Death Review's guidelines and review process to ensure consistency and continuity of information gathering; and

WHEREAS, Wisconsin has 49 teams, covering 51 counties; and

WHEREAS, Jefferson County has a child death review team that would benefit from comprehensive legislation; and

WHEREAS, Wisconsin is one of seven states without comprehensive child death review legislation; and

WHEREAS, enabling legislation will affirm the existing child death review practices, ensure the sharing of relevant information and provide for formal recognition of each local death review team;

NOW, THEREFORE, BE IT RESOLVED that Jefferson County Board of Health hereby supports Senate bill _____ and urges passage by the Wisconsin State Legislature.

Jefferson County Health Department

2014 Quality Improvement Projects

To fulfill the requirements/ deliverables of the Health Improvement Grant and to develop an ongoing culture of performance management and quality improvement the Health Department has embarked on 4 QI projects in 2014. The following is a short summary of the 4 planned projects.

1. Prenatal Care Coordination (PNCC) QI:

Aim to address the issues surrounding few prenatal referrals in the 1st trimester. How do we increase 1st trimester PNCC referrals to the Health Department? How do we enlarge our pool of referral sources?

Barriers discussed:

- Changes in referral sources, such as at Watertown Hospital
- PNCC clients don't get a pregnancy test in the 1st trimester
- Invisibility of the Health Department and PNCC services
- Lack of self-referral
- Too complicated and too many steps to accomplish enrollment
- Client doesn't realize the importance of PNCC services
- Perception of PNCC as only for poor people and drug users

Possible Solutions:

- Formal outreach to MD offices/Work Force Development (WFD)/WIC: Do agencies know what PNCC is? What are the criteria for enrollment?
- Distribution of updated PNCC and Health Department flyers – places where pregnancy tests are purchased (pharmacies, dollar store), where people pay utilities, daycares, to grandparents, school nurses/social workers, Mexican grocery stores, the internet, Head Start, DHS/CPS

Phase 1:

- Update flyers –UW Whitewater Marketing Student Done
- Collect talking points from PHNs Done
- Gather benchmark data – Electronic Charting System (ECS) and WIC Done
- Gather questions that people/providers would ask about PNCC
 - What would MDs want to know?
 - Provision of case management for HMOs for PNCC?
 - Talk to WFD – referral when applying for MA?
 - When do clients come in for prenatal care in the 1st trimester?

2. Well Child Clinics (WCC) QI:

Aim to address the issue of decreasing/ poor attendance the last couple of years at the monthly Well Child/ HealthCheck clinics. Has the demand/ need for the clinics diminished? Are clients being served by primary providers? Are we duplicating services? Baseline 164 physicals done on 145 clients in 30 scheduled clinics in 2013.

Plan

- Look at data from all 2013 HealthCheck charts.
- Come up with a marketing strategy. What has been done in the past? What has worked or not worked? Create a simple eye catching poster.
- Educate staff answering phone to do more “interviewing “on the phone as to last MD appointment and need for immunizations.
- Carry out a customer satisfaction survey. What do clients want?

Note - 2013 data from the chart audit revealed a surprising number of very high Body Mass Indexes (BMI) - 24% of the 2013 clients had BMIs over the 95th percentile, 38% had BMIs over the 85 percentile. We will place this concern on hold to address next year possibly with Head Start.

3. Immunization rates (HPV) QI:

While most of the immunization rates of children under 2 years of age have greatly improved with intentional targeting and follow up, the compliance rates of adolescent immunizations is poor. HPV completion rate in (all) Jefferson County was 18% in 2013. The issue being addressed is how to improve the completion rates (three dose series) of Human Papillomavirus (HPV)?

Plan

- With assistance from the state immunization registry gather data on current rates and list of clients who started but didn't complete the series of 3 HPV immunizations. Done
- Letter written and sent to pediatric and family practice providers that HD is working on this QI project to increase HPV completion rates and encourage the providers to be intentional about completing the series on their clients. With recent CDC research discussing the positive findings so far observed from the vaccine. Done
- Development of a letter for parents/ clients reminding them to finish the series. Done
- Mail out letters to parents. In process. Being sent out on a priority basis with the oldest children being targeted first to complete series. Letters are only being sent out to clients who received 1 HPV vaccine at the HD.

Note- Several clients have come with letter in hand since the reminder mailing to receive HPV vaccine.

4. Parenting program QI:

While the formal process has not begun, questions arose in 2013 regarding our parenting program. Staff are wanting to address the concern of standardization with a specific evidenced based developmental model, improved parenting handouts based on that model and improved documentation in the Electronic Charting System (ECS).

Plan

- Form an internal small workgroup to investigate evidence based developmental parenting models.
- Standardize handouts and literature used on home visits.
- Improve parenting documentation in ECS.

Jefferson County Health Department 2013 Personal Care Program Statistics

	2012	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2013
Admissions	56	3	1	3	3	3	2	2	5	3	3	6	6	40
Discharges	60	7	5	8	1	5	4	1	2	1	3	2	6	45
RN Visits	182	11	13	11	14	12	7	10	14	6	14	10	15	137
St. Coletta Hours	10,818	988	903	919	953	999	948	925	1,012	993	1,005	935	838	11,418
St. Coletta Clients	15	15	15	15	16	16	15	15	16	16	15	15	14	15
MA Card Hours	8,410	656	612	577	328	149	323	385	430	531	776	811	769	6,347
MA Card Clients	9	9	9	8	5	5	8	8	9	9	11	10	9	8
Elderly Service Hours	2,687	221	193	207	197	178	165	187	185	166	232	232	286	2,449
Elderly Service Clients	30	32	29	28	26	23	25	24	25	25	29	30	34	28
Private Pay Hours	2,135	227	219	225	222	233	274	279	281	261	280	253	238	2,992
Private Pay Clients	16	13	13	12	11	11	12	12	13	10	9	8	9	11
COP Hours	402	58	62	58	58	56	58	54	47	46	35	9	14	555
COP Clients	5	6	7	7	6	6	6	5	5	5	4	2	2	5
Care WI Hours	28,716	1,940	1,521	1,685	1,811	1,718	1,454	1,393	1,595	1529	1565	1616	1620	19,447
Care WI Clients	74	66	63	67	72	72	66	62	65	65	65	67	68	67
Total Hours	53,168	4,090	3,510	3,671	3,569	3,333	3,222	3,223	3,550	3,526	3,893	3,856	3,765	43,208

**Jefferson County Health Department
Director's Report**

January 2014

Meetings	<ul style="list-style-type: none"> ❖ WALHDAB/Preparedness ❖ Board of Health ❖ Community Dental Clinic Board ❖ Child Death Review Team ❖ Rock River Free Clinic Board ❖ Public Health Nurse Staff
Personnel/Administration	<ul style="list-style-type: none"> ❖ PCW Program administration ❖ Environmental Health Sanitarian interviews ❖ Immunization Policy review ❖ Mentor for 2 students (UW Oshkosh & Green Bay) ❖ Coordination and communication with State regarding cold issues and warming shelters
Strategic Plan/QI	<ul style="list-style-type: none"> ❖ Jail Strategic Plan meeting ❖ Public Health Improvement Grant QI work ❖ Discussions with D. Nelson on QI projects
Reports	<ul style="list-style-type: none"> ❖ Civil Rights Compliance Data ❖ Community Dental Clinic Annual Report ❖ Rock River Free Clinic Annual Report ❖ CDC Board meeting minutes ❖ Child Death Review Team meeting minutes ❖ Development of 2013 Annual Report
Projects/Grants	<ul style="list-style-type: none"> ❖ Car Seat Grant administration, data entry and amendment ❖ MCH Webcast on data and MCH Community Assessment, outcomes and QI ❖ Public Health Improvement Grant objectives entered into Grants and Contracts (GAC) ❖ Wrote State of Wisconsin Oral Health Grant for Community Dental Clinic & for kits for PHNs
Preparedness	<ul style="list-style-type: none"> ❖ Special Task Force on Child Care Programs ❖ Prep for Seminar for Child Care providers ❖ Tyson Foods Tabletop Exercise ❖ Work on Mass Clinic PODS including Jefferson County Fair Park ❖ End of year financial report & objective work
Trainings	<ul style="list-style-type: none"> ❖ 140 Review ❖ American Red Cross Mass Community Sheltering Conference
Media	<ul style="list-style-type: none"> ❖ Flu shot press release ❖ Radon Press Release ❖ Updating Website

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Meetings	<ul style="list-style-type: none"> ❖ WALHDAB/Preparedness ❖ Rock River Free Clinic Board ❖ Dodge Jefferson Healthier Community Partnership (DJHCP) ❖ County Board ❖ Jefferson County Interagency Collaboration Council
Personnel/Administration	<ul style="list-style-type: none"> ❖ PCW Program administration ❖ Mentor for 2 students (UW Oshkosh & Green Bay) ❖ Coordination and communication with State regarding cold issues and warming shelters ❖ Measles follow-up ❖ Work on end of year budget & monitoring of 2014 budget ❖ Facilitating purchase of new car for Health Department including getting quotes and negotiations
Strategic Plan/QI	<ul style="list-style-type: none"> ❖ Jail Strategic Plan meeting ❖ Discussions with D. Nelson on QI projects
Reports	<ul style="list-style-type: none"> ❖ Community Dental Clinic Annual Report ❖ Rock River Free Clinic Annual Report ❖ Development of 2013 Annual Report ❖ DJHCP Board meeting minutes ❖ PNCC Brochure revisions
Projects/Grants	<ul style="list-style-type: none"> ❖ Car Seat Grant administration, data entry & amendment ❖ Wrote State of Wisconsin Oral Health Grant for Community Dental Clinic & for kits for PHNs ❖ Meetings regarding WWWP program & budget ❖ Prep for Jefferson County Interagency Council meeting regarding Child Death Review Team
Preparedness	<ul style="list-style-type: none"> ❖ Special Task Force on Child Care Programs ❖ Prep for Seminar for Child Care providers ❖ Work on Mass Clinic PODS including Jefferson County Fair Park ❖ Grant objective work ❖ Meeting with EM Director D. Haugom, D. Nelson & J. Behm about local Mass Fatality Plan and development of Local Mass Fatality Team ❖ LEPC meeting ❖ PHEP budget prep with S. Schunk ❖ Revised MOU for Mass Clinic sites
Trainings	<ul style="list-style-type: none"> ❖
Media	<ul style="list-style-type: none"> ❖ Updating Website