



CITY OF WAUWATOSA HEALTH DEPARTMENT  
7725 WEST NORTH AVENUE WAUWATOSA, WI 53213  
Telephone: (414) 479-8936 Fax: (414) 471-8483  
<http://www.wauwatosa.net/health>



## Board of Health Meeting Minutes Tuesday, February 17, 2015 Wauwatosa Health Department Conference Room

Present: Nancy Kreuser, Cheryl Davies, John Dunn, Chris Shaw, Lori Nielsen, Lisa Simonds

Excused: Leslie Martin, Bobby Pantuso, James Beix

Recorder: Lisa Simonds

1. Call to Order – The meeting was called to order at 8:05 AM by Chairperson John Dunn.
  2. Approval of agenda: Motion to approve the agenda with the following additions: WHD Cultural Competency Plan (accreditation); Mark Meske's retirement and next steps
    - Motion: John Dunn
    - Second: Cheryl Davies
    - Motion carried unanimously.
  3. Approval of 11/18/14 Meeting Minutes: <http://www.wauwatosa.net/index.aspx?NID=199>
    - Motion: John Dunn
    - Second: Chris Shaw
    - Motion carried unanimously.
  4. Comments from the public - none
  5. Comments from the Board of Health - none
  6. New Business: Wauwatosa Health Department Reports - none
- Administration:** Dr. Nancy Kreuser, Health Officer
- Financial updates:
    - 2015 Budget: Passed 11/18/14. Our budget is \$1,485,071. We submitted a personnel requisition for a registered sanitarian based on a workload analysis given Mark Meske's retirement on 2/13/15.
    - Hart Park Adult Health Center CDBG Grant Reports – We will receive programmatic reports in March from Hart Park to provide a point person for the City. Finance will address purchasing and audits. Janet McMahon is the director of Interfaith/Hart Park. The transition from the YMCA to Interfaith contract is going smoothly and begins in January.
  - Accreditation Update:
    - Domain evidence under internal review. We are starting to load electronic evidence and hope to have this completed by 2/28/15 or the first week of March.
    - Several formal plans, policies and procedures were required by PHAB: The following plans were finalized:
      - WHD Routine Communications Plan completed; staff training 2/12/15 – Presented an overview of the Communication plan. Nancy to email the electronic copy to the BOH members.
      - WHD Cultural Competency Plan completed and a staff training was conducted 2/12/15. Culture is defined by many different factors, some of which are more visible than others. The plan addresses how programs and services are appropriately offered to many different groups.

- WHD HIPAA policies and procedures were formally reviewed/ revised by Nancy with legal department 1/9/2015; staff training occurred on 2/12/15. Eileen Miller Carter, Assistant City Attorney, routinely checks the HIPAACOW website and advises of any document changes to update our plans and identify areas of need.
- WHD Policy and Procedure and Plans Policy: WHD will conduct a systematic and comprehensive review every 3 years.
- Board of Health 2013-2014 Action Tracking document update and review (see tracking document). The BOH reviewed various topics and actions over the past year including: Tracking the Youth Risk Behavior Survey (YRBS), urban farming (chickens), PHN vacancy, Mayor/Health Officer Community Health Improvement Partner Forum (2/17/15), accreditation process, medication collection and permanent site (with Police Department and Neighborhood Watch); Briggs & Stratton Memorandum of Understanding for a point of dispensing site; DHS 140 review audit and successful completion, 2013 WHD annual report (2014 Report in process); e-cigarette devices and ordinance (final council vote tonight), and WHD strategic plan creation.

**Public Health Nursing:** Lori Nielsen, Nursing Supervisor

- WHD Strategic Plan progress reviewed by Board of Health members <http://www.wauwatosa.net/DocumentCenter/View/2858> – 5 key elements include: WHD Quality Improvement Plan, the structure of which was adapted by City administration for the City's Strategic Plan and workgroups; WHD Workforce Development Plan which combines public health, leadership, and preparedness competencies and outlines orientation process of new hires, and an annual assessment of competency and capacity in process and retention and succession on staff; community partnerships is a big focus and need to continue to engage more partners through a formal partnership forum this afternoon; community services and programs will be discussed more at the next meeting upon completion of the 2014 WHD Annual Report. Public health advocacy and visibility is completed through board of health tracking actions (i.e. e-cigarette ordinance advocacy; resolutions) and WHD Marketing Plan and recent customer satisfaction survey conducted at Tosa Night Out (n=180 respondents) in which 97% of respondents were satisfied (agree or strongly agree). An interesting finding was some didn't know they used public health services even though they visited the website or used the Information and Referral Nurse Line. Discussion ensued how best to address the education of the public and community partners as to "What is public health" by use of videos and methods (i.e. newsletters, email blast, postcards, TosaNow—your stories--, website). WHD press releases are not generally printed. Discussion ensued about the paper newsletter versus electronic and the notion of a mailed reminder on where to find the newsletter when it is published; email blasts of the newsletter; what other health departments are doing (Wood, Polk, Kenosha) This will be a formal item for discussion at the next Board of Health meeting and will incorporate evaluation and feedback from this afternoon's forum meeting.
- Mayor and Health Officer will host a forum this afternoon entitled the City of Wauwatosa Partner Meeting to provide an overview of public health, the 2014-2017 City of Wauwatosa Community Health Improvement Plan (CHIP) and formally review CHIP objectives, progress to date, future plans, barriers to progress; identify opportunities for the future and next steps moving forward with community partners (n=40+). An evaluation will be done and a formal report of findings will follow and will be discussed at the next Board of Health meeting. <http://www.wauwatosa.net/DocumentCenter/View/2697>
- Program updates – Wisconsin International Academy reviewing their enrollment process and making policy changes to ensure new and existing students are immunized according to law. Courtney Day conducted a formal presentation on proper Handwashing for students. A question arose as to if the WHD offered flu clinics. WHD did set up an onsite clinic which was attended by 4 of 100+ students—not a good use of resources. We

also offered to purchase and administer other vaccines for the students who are from middle/upper class families—this was not accepted. The Academy has since contracted with area pharmacies to bring student immunizations up to date. Apparently, the WI Immunization Registry was not being checked by the pharmacy and they were only giving what the student requested. This is being remedied. This situation not only presents a threat to the health of students but to the 7 schools that they attend in other communities and the Wauwatosa Community.

#### **Communicable Disease (CD) Update:**

##### **SENTINEL EVENTS**

***Global Ebola Outbreak #5096:*** In the fall of 2014, the Centers for Disease Control and Prevention (CDC) began issuing guidance for the nation on how to conduct surveillance, treat, and control for suspect and confirmed cases of Ebola. On November 24, 2014, the WHD was notified of a CDC-employed Michigan resident who was under Ebola monitoring for “low but not zero risk” with plans to visit their Wauwatosa family over the Thanksgiving holiday. The State of Michigan provided the daily monitoring, but WHD was on-call should the individual become ill. Proper partners were notified. The case was resolved without incident. On January 12, the WHD was notified of a family returning from a trip from an Ebola-affected country. Initial screening revealed both individuals to be asymptomatic and categorized as “low but not zero risk” per CDC protocol. Orders were issued to for the individuals to participate in twice daily symptom monitoring and daily monitoring by the WHD for 21 days. A WHD PHN monitored the family daily. EMS and local healthcare facilities were notified of the monitoring situation. Communications and interventions were modified due to cultural influences and low literacy level. The monitoring ceased when the situation was resolved on February 2 without incident. In addition, WHD staff participated in a statewide Ebola tabletop exercise on January 28.

***School Pertussis Outbreak #5098:*** On November 5, the WHD was notified of a pertussis exposure at a school beginning on October 22. On November 10, the WHD declared an outbreak when more children connected with the school were diagnosed with Pertussis; exposures may have started with a sports team. Letters informing staff and parents of the exposure were distributed to the 9<sup>th</sup> grade and 2 sports teams on November 13. More cases were identified, therefore the letters informing parents of the exposure were distributed throughout the school. Last known case exposure was December 16. After 2 incubation periods (21 days per incubation period or 42 days total) of no new cases, the investigation was resolved on January 28, 2015. A total of 15 cases were linked to the outbreak.

***School Pertussis Outbreak #5100:*** On November 12, the WHD was notified of a pertussis exposure at an elementary school. Letters informing staff and parents of the exposure were distributed to the 4<sup>th</sup> grade. On November 17, the WHD declared an outbreak when 3 more children connected with the school were diagnosed with Pertussis. Letters informing parents of the exposure were distributed throughout the entire school. After 2 incubation periods of no new cases, the investigation was resolved on December 26.

***School Pertussis Outbreak #5101:*** On November 12, the WHD was notified of a pertussis exposure at an elementary school. Letters informing parents of the exposure were distributed to the 5<sup>th</sup> grade and an extracurricular group on November 13. On November 17, the WHD declared an outbreak when 2 more children connected with the school were diagnosed with Pertussis. Letters informing parents of the exposure were distributed throughout the entire school. Two additional cases were linked to the school for a total of 5 cases. After 2 incubation periods of no new cases, the investigation was resolved on January 6, 2015.

***Healthcare Facility Respiratory Outbreak #5102:*** On December 12, the WHD was notified of a respiratory outbreak at a healthcare. 4 of 14 residents (28.6%) and 3 of 43 employees (7.0%) were ill with respiratory symptoms. A resident tested positive for influenza. Enhanced infection control measures were implemented at the facility. The investigation was resolved on December 26.

**Group Residential Facility Enteric Outbreak #5103:** On December 10, the WHD was notified of an enteric outbreak at a group residential facility. The first case had symptoms beginning on December 6. 11 residents reported enteric symptoms. Enhanced infection control measures were implemented at the facility. The investigation was resolved on December 17.

**Adult Living Facility Influenza Outbreak #5104:** On December 16, the WHD was notified of an influenza outbreak at an adult skilled nursing living facility. Onset of symptoms ranged from December 12, 2014 through February 2, 2015. Eight residents tested positive for influenza; 4 additional residents were admitted with a flu diagnosis. The investigation continues.

**Adult Living Facility Influenza Outbreak #5105:** On December 19, the WHD was notified of an influenza outbreak at an adult multi-level living facility. Onset of symptoms at the skilled and assisted living units ranged from December 12, 2014 through January 27, 2015; 35 of 193 residents (18.1%) were ill with 15 testing positive for influenza. Over the Christmas holiday, the WHD staff coordinated with and the State for the facility to receive Tamiflu from the state's stockpile. Onset of symptoms at the independent living units ranged from December 14, 2014 through January 11, 2015; 18 were ill with 4 hospitalizations including one death. The facility's adult day care reported influenza-like illnesses among attendees who were subsequently sent home per facility's protocol; number of ill was not tracked. The investigation continues.

**Adult Living Facility Respiratory Outbreak #5106:** On December 22, the WHD was notified of a respiratory outbreak at an adult assisted living facility after a second resident became ill. The index case was symptomatic and hospitalized on December 17. 39 of 461 residents (8.5%) and 27 of 550 employees (4.9%) were ill with respiratory symptoms. Several residents tested positive for influenza; 13 were hospitalized. Enhanced infection control measures were implemented at the facility. The investigation was resolved on January 21, 2015.

**Adult Living Facility Influenza Outbreak #5107:** On December 23, the WHD was notified of a respiratory outbreak at an adult assisted living facility beginning on December 22. 20 of 66 residents (30.3%) and 4 of 17 employees (23.5%) were ill with respiratory symptoms. Three residents tested positive for influenza. Enhanced infection control measures were implemented at the facility. The investigation was resolved on January 16, 2015.

#### **OTHER**

**Tuberculosis After Action Report (AAR) meetings:** On November 24, the WHD met with selected Milwaukee Regional Medical Complex entities to debrief the tuberculosis exposure and discuss ways to better communicate and partner with each other. Plans were finalized. The collaboration will continue with semi-annual meetings.

**Group facility meetings:** The WHD continues to meet with a group facility to discuss adolescent immunizations and sanitation needs. WHD staff spent much time educating the facility's staff on immunization requirements and challenges. The facility organized 3 onsite immunization clinics by local pharmacies to provide catch-up immunizations to the residents. On January 14, 2015, a WHD PHN conducted the "Staying Healthy this Winter" presentation which included information on local health departments' requirements for communicable disease investigation and control, facilities' requirements to report outbreaks, measures to contain outbreaks, and interventions that individuals can do to stay healthy. A video from the television show "Mythbusters" demonstrating the effectiveness of covering your cough with your elbow was shown as part of the presentation. WHD staff met with facility administration to review short term and long term plans regarding health issues for their cares.

**School Vaccine Summary:** As of November 2014, 97.4% of all students attending schools within Wauwatosa have two documented MMR vaccines. A community needs to have at least 95% of the population to be vaccinated/immune to achieve herd immunity. Two schools have a less than required for the MMR vaccine rate (threshold is greater than 95%; schools are at 7.5% and 11%).

**Measles nationwide outbreak:** With the nationwide measles outbreak originating from Disneyland on the news, the WHD monitored a several suspect measles cases within the borders of Wauwatosa. To date, no case of measles was confirmed within Wauwatosa. Wauwatosa has herd immunity with the exception of one private and one WSD school which do not meet

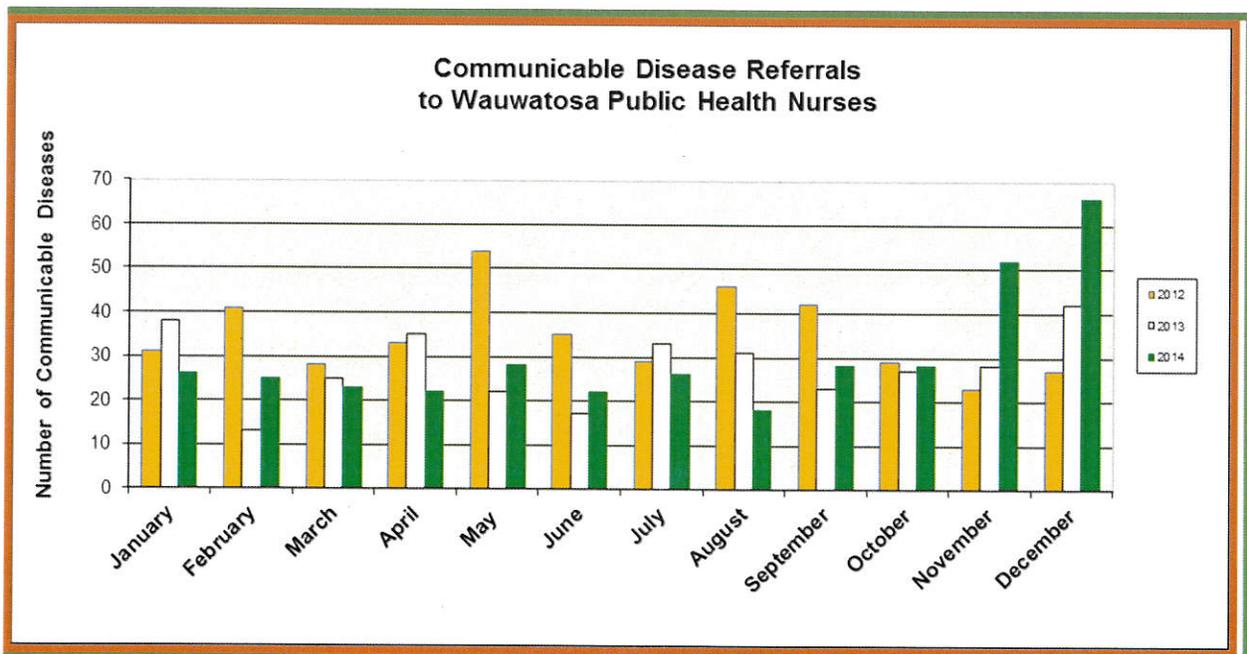
**Communicable Disease Toolkits:** The WHD PHNs offered CD toolkits to all Wauwatosa public and private schools. The toolkits consisted of a cover letter; hand hygiene poster; 'Cover Your Cough' poster; head lice fact sheet from the American Academy of Pediatrics (AAP); a norovirus clean up poster; a 4-page fecal incident pool clean-up instructional from the CDC; and a wall-mounted, laminated listing of reportable diseases.

**Immunization and CD Audits:** In spring 2014, the WHD surveyed all of the Wauwatosa schools on who reviews students' immunizations, what training the reviewer receives, school's process to ensure compliance with the school immunization law, and satisfaction with the health department. The results of the survey are attached. As part of its quality improvement initiatives, the CD QI committee audited a sampling of Pertussis and Chlamydia cases from 2013 for adherence to *EpiNet Manual* protocols. The results from both audits are attached.

**Sexually Transmitted Diseases (STDs):** STDs continue to account for the majority of reported communicable diseases during 2014. PHNs are revised the STD investigation protocols, but more revisions are needed.

**Influenza Vaccine:** WHD ordered 600 private-stock quadrivalent influenza vaccine doses for the next flu season (2015-2016). This is the same amount as this current flu season, which we have less than 10 doses (one vial) remaining.

**Trends:** More Pertussis cases in November and more hospitalized influenza cases in December. See graph below for trends.



## Healthy Wauwatosa Programs and Initiatives Highlights:

### Accreditation and Quality Improvement (QI) Process:

- PHAB accreditation: Discussed during the Health Officer's Report.
- YRBS: WHD in partnership with the school district and Tosa United is administering the YRBS this month. Preliminary results will be available at the next Board of Health meeting. East high school is completed. West High School to be done next week.
- CHIP forum: Later today, the "Healthy Wauwatosa Forum" on the Community Health Improvement Plan (CHIP) will be conducted by the WHD as hosted by Mayor Ehley. The forum's purpose is for community partners to report their progress to date and discuss their future CHIP initiatives. A report on the forum will be available at the next meeting.
- The WHD is assisting the Senior Commission in conducting an updated Senior Assessment. This is a modified update of the 2002 Adding Life to Years and 2008 Adding Life to Years II senior surveys. UWM was contracted to conduct and analyze the survey. An additional focus group is in the works. The online and paper survey is open until March 15.
- In August 2014, WHD staff administered a customer satisfaction survey at the Tosa Night Out event. The results of the survey are attached.

### **Alcohol, Tobacco, and Other Substances:**

- A tobacco compliance check was conducted on Saturday, December 7. 34 establishments were checked and no establishment sold tobacco products to an under-aged student. WHD secured grant monies to pay for the police overtime and student training for the compliance checks.

### **Injury & Violence Prevention:**

- Home Safety Visits: PHNs continued offering and conducting home safety visits. More Wauwatosa families are requesting home visits this year.

### **Access to Care:**

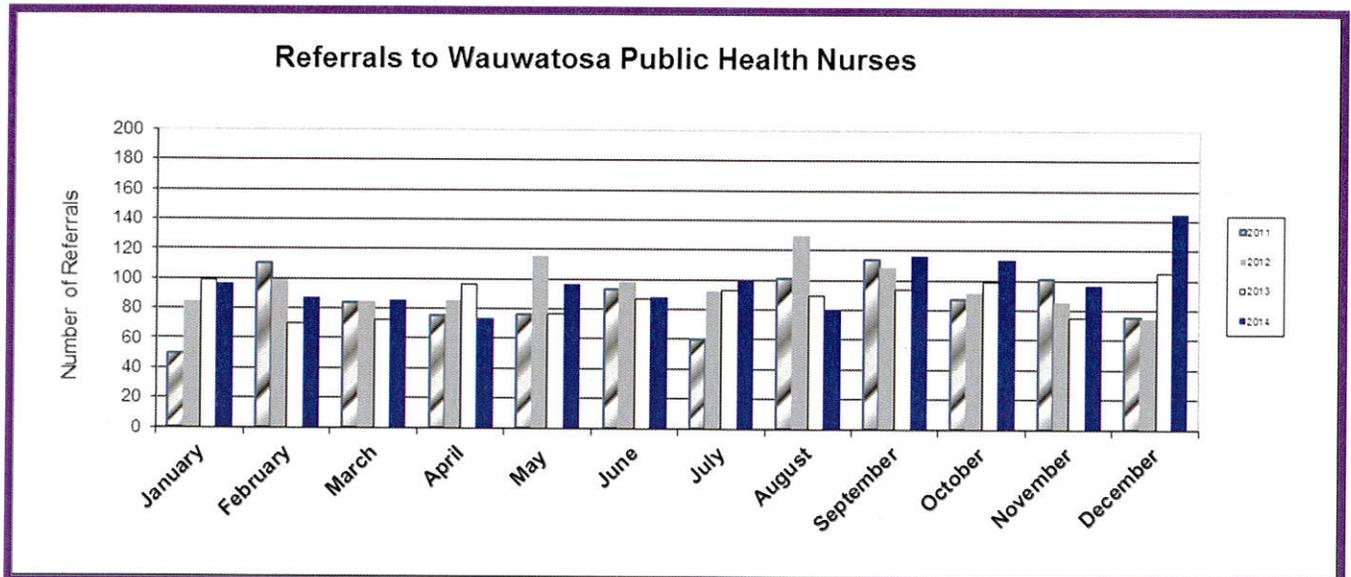
- The WHD continued its partnership with the Tosa Cares program out of Mt. Zion Church to provide access programs and I&R outreach to individuals and families. The October outreach session focused on linking families to community resources. The WHD staff provided 10 flu shots to Tosa Cares participants at the January 17 food pick-up date.
- In partnership with Froedtert & Medical College and the Milwaukee Enrollment Network, the WHD planned an Affordable Care Act (ACA) enrollment event for Thursday, December in the Wauwatosa Library's Firefly Room. 'Marketplace' navigation specialists were onsite to help guide a family to enroll on the healthcare.gov website.

### **Physical Activity and Nutrition:**

- The WHD continue conducting a retrospective 'Infant Feeding Survey' in December. This is a randomized phone survey of mothers who gave birth in 2012.

### **Other:**

- Public Health Database: The Program Tracker database continues in production mode or is "live". However, some program errors occurred after testing the "live" production. WHD is in process to contract IT services to fix the errors.
- Referrals to the public health nurse trended upward in the last quarter of 2014 due to cases of Pertussis and hospitalized influenza. See graph below for trends.



## Environmental Health/Preparedness Division: James Beix, Public Health Manager

### Environmental Health Division

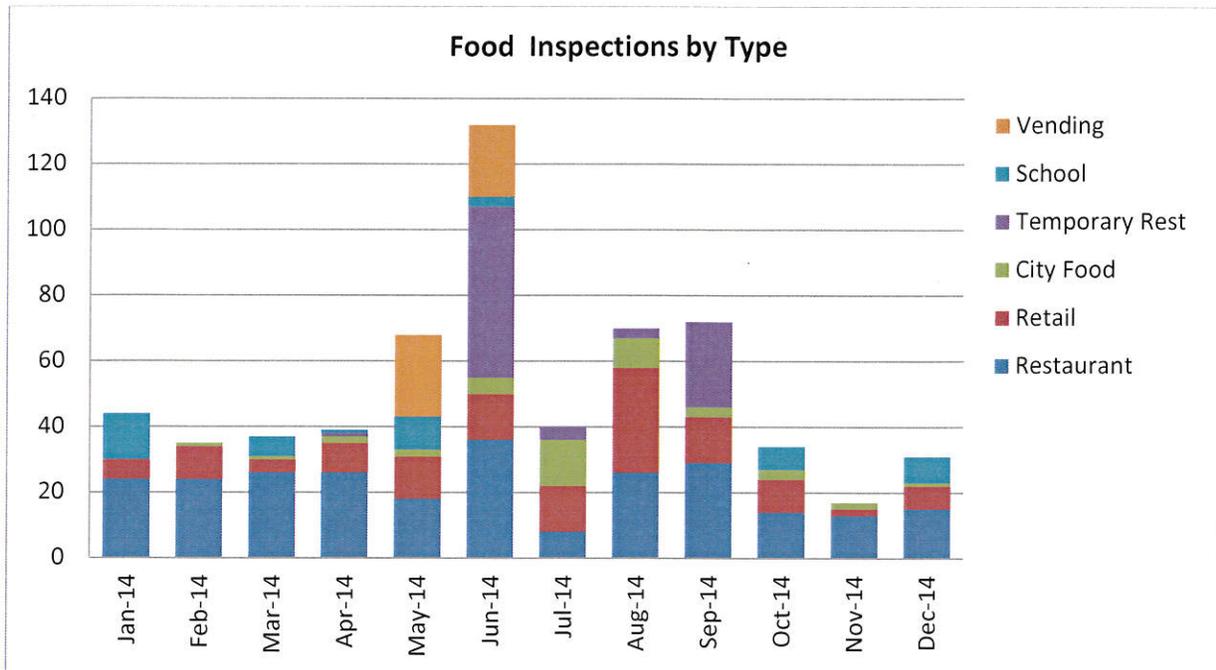
#### Staffing

On February 13<sup>th</sup> 2015, after 39 years of service, Mark Meske retired from the City of Wauwatosa Health Department. WHD has begun the recruiting process to hire a new registered sanitarian. In the meantime, Andy Budde will be the only sanitarian for WHD and workloads will be prioritized accordingly.

#### State Agent Inspection Program

Inspections – All licensed establishments will receive at least one inspection as mandated by the State Agent Contract. WHD staff have completed all outdoor pools and annual temporary events for 2014. Lower complexity establishments such as City Food Licensed establishments are completed except for some seasonal operators. WHD staff is ahead of schedule for pending restaurants and retail food establishment inspections.

Licensing – In preparation for the 2015-16 licensing renewal process WHD staff has been reviewing and updating the Environmental Health Database. Once the new database consultant has been secured, minor adjustments to a query will allow WHD to send a report to the Comptroller's office so the GEMS financial software records can be updated as well.

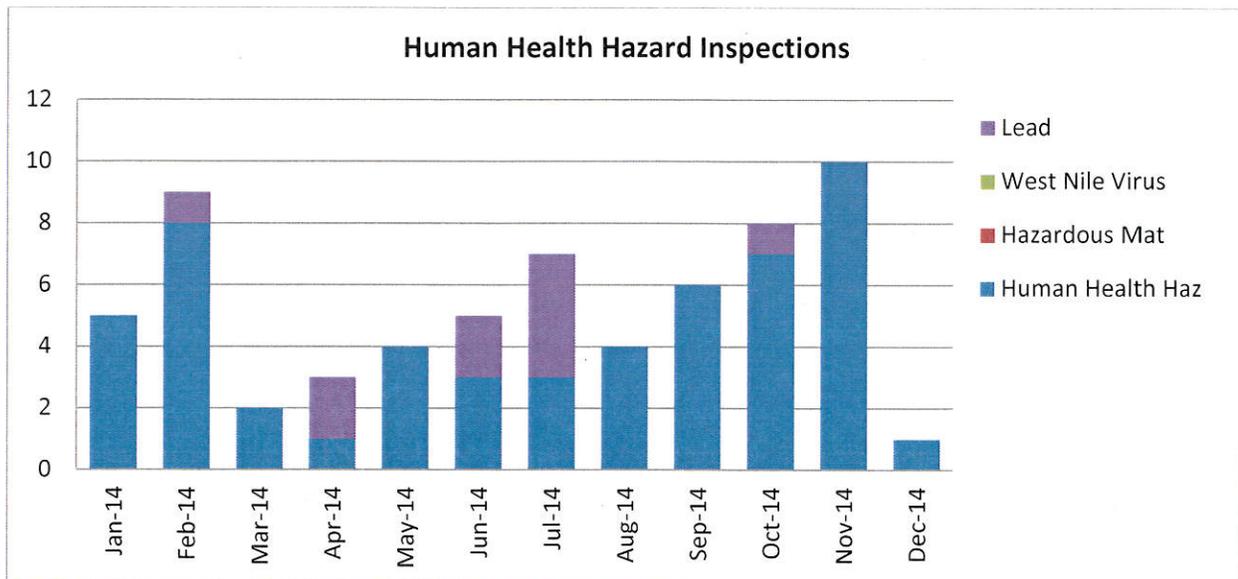


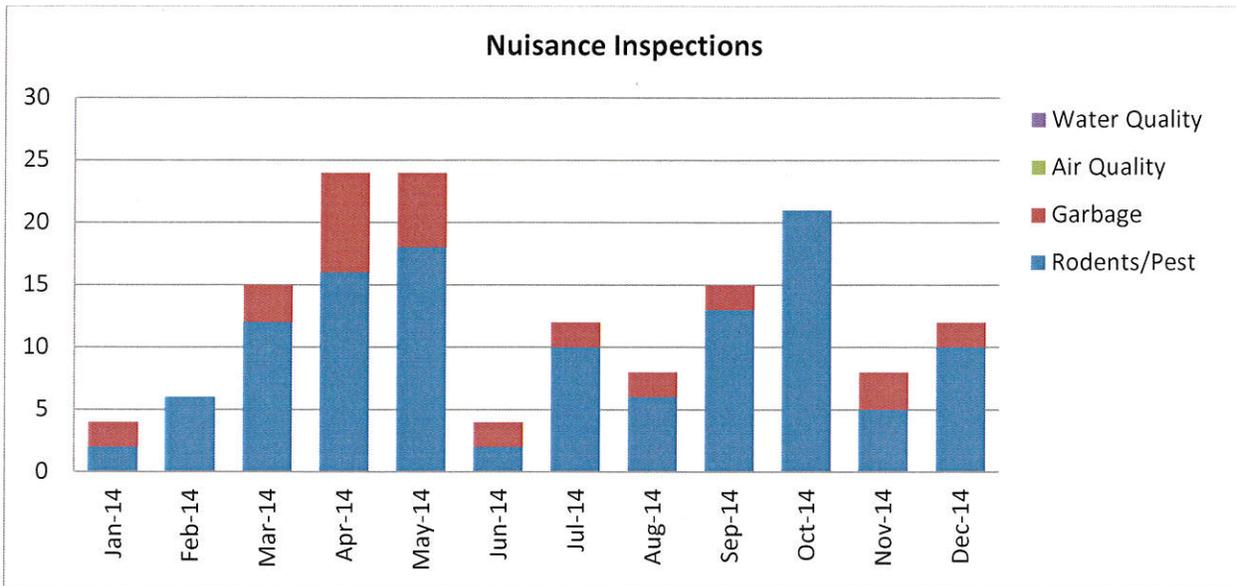
#### Nuisances/Human Health Hazards

Nuisance complaints consist of garbage, rodent and pest complaints. WHD staff will continue to monitor and respond to complaints as they occur.

Three human health hazard complaints focused on lack of heat in a rental property. The property owners abated two of the complaints before or upon notification by the WHD while the third case WHD could not contact the owner in a timely fashion and ordered the repairs conducted by a HVAC repair company.

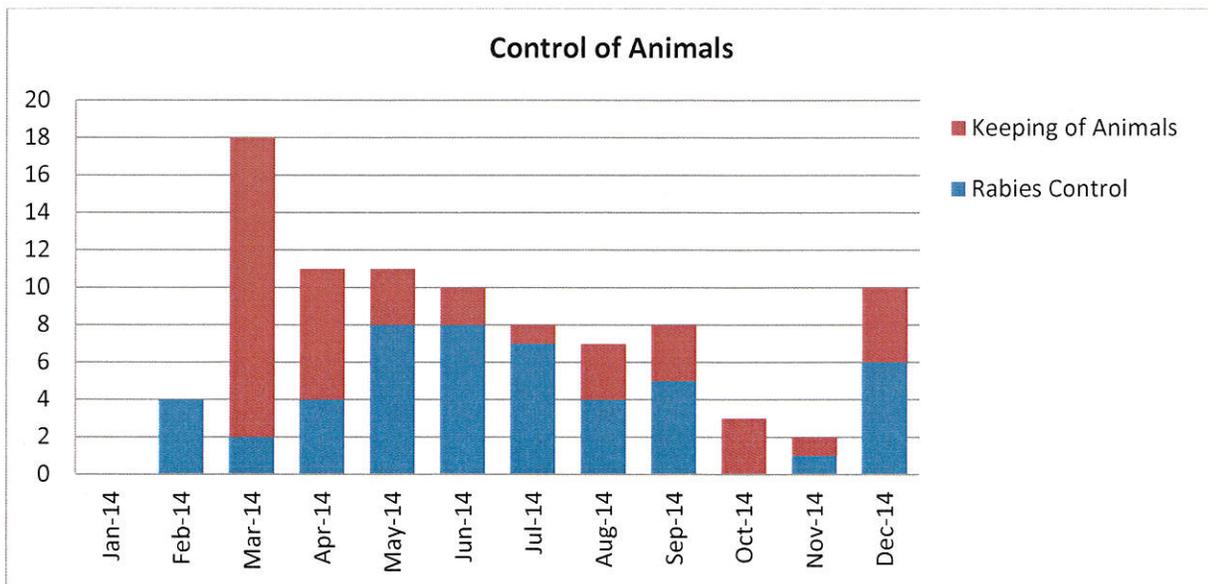
WHD staff conducted a final inspection on a long-term cluttered house case. The house was in livable condition with clear egress routes should first responders need to enter the property to provide assistance.





### Rabies/Animal Control Program

- There have been 43 rabies exposure so far in 2014. Thirty-two dog bites, 6 cats and 5 bat exposure have been reported to WHD.
- 2014 enforcement activities related to keeping of animals
  - 28 Quarantine orders have been issued for rabies observations
  - 8 specimens have been sent for rabies testing – all were negative
  - 4 municipal citations have been issued
- Currently no rabies exposures are under quarantine for rabies observations.
- Two dog was declared vicious and removed from Wauwatosa
- Two dogs were declared dangerous and are awaiting trial to rule on the declaration. Interim control measures are in place until the trial date to ensure public safety



## Preparedness

### Public Health Preparedness Grant (continuation)

The 2014/15 grant year began July 1, 2014. The objectives this year will focus on Community Recovery, Non-Pharmaceutical Interventions and Fatality Management.

- The 2014/15 grant year will be a transition year as the State is consolidating preparedness efforts into Health Care Coalitions. These coalitions will be combining the preparedness efforts of Public Health, Hospitals, Emergency Medical Services and Emergency Management.
- Milwaukee County Local Health Departments are planning meeting with the Milwaukee County Medical Examiner's office and Emergency Management to discuss mass fatality planning. Final adoption of the plan should occur February 26th. After the plan is approved, WHD staff will adapt the public health emergency response plan to reflect this new plan and identify WHD activation protocols.

### Cities Readiness initiative (continuation)

The 2014/15 grant year is a continuation year with similar funding levels and objectives.

- WHD staff is revised the Health Department section of the City Emergency Operations Plan (EOP) in order to incorporate the Milwaukee County news Emergency Support Functions model. This will enhance our plans and become a template for other City departments. WHD staff will now begin reviewing and updating the mass sheltering sections of the City EOP.
- WHD will meet with Briggs and Stratton staff on February 18<sup>th</sup> to review and make revisions to their closed POD plan. Once plans are finalized education of staff and testing of the plan through drills and exercises can commence.

#### **7. Advocacy/Opportunities**

- Electronic nicotine devices/electronic cigarette ordinance draft – Goes to council tonight for final vote.

#### **8. Old Business - none**

**9. Announcements:** Next meeting is May 19<sup>th</sup> at 8:00 am.

#### **10. Motion to adjourn 9:00 am**

- Motion: John Dunn
- Second: Chris Shaw
- Motion Carried unanimously

Recorder: lms



# City of Wauwatosa Health Department

## Cultural Competency Plan

### Table of Contents

Plan Statement .....	2
Purpose .....	2
Roles and Expectations .....	2
Process .....	3
Data and Assessment .....	3
Staff Training .....	3
Education and Program Materials .....	3
Communications with the Public .....	4
Resources .....	4

Approved: 01/27/2015  
Approved by: Dr. Nancy Kreuser, Health Officer

## **I. Plan Statement**

Cultural competence is essential to the provision of effective services and programs for diverse populations. For the City of Wauwatosa Health Department (WHD), cultural competence is procuring awareness and knowledge about individuals and groups of people and translating that knowledge into specific policies, practices and attitudes leading to an increase in the quality of services. The WHD defines culture broadly, including factors such as:

- geography;
- race;
- ethnicity;
- language;
- gender;
- age;
- spirituality/religion/faith beliefs;
- disability;
- immigrant or refugee status;
- educational and literacy levels;
- health literacy levels;
- sexual orientation and gender identity and expression;
- socioeconomic status or class; or
- affiliation or service in the U.S. military.

## **II. Purpose**

The purpose of the WHD Cultural Competency Plan is to ensure a systematic process of incorporating cultural and linguistic awareness into all WHD policies, programs and services.

The WHD Cultural Competency Plan will:

1. Define roles and expectations
2. Establish a timeline for reviewing data related to the cultural needs of the population
3. Outline a training schedule to ensure a culturally competent staff
4. Establish a routine evaluation of staff competencies and needs regarding culture and diversity
5. Establish a process for incorporating cultural awareness in WHD materials and programs
6. Provide additional resources for learning about cultural competency

## **III. Roles and Expectations**

- Management Team - The management team is comprised of the Health Officer, Nursing Supervisor and Public Health Manager. The role of the Management team is to enforce the WHD Cultural Competency Plan, orient new staff to culture and diversity in Wauwatosa, assess and evaluate staff competencies, review city data for emerging diversity priorities, and identify and plan trainings.
- Health Improvement Committee (HIC) – The HIC is comprised of the Management Team and the three chairpersons of the Quality Improvement committees. The role of the HIC is to advise and provide input to the Management Team regarding staff training schedule and content and to bring to the attention of the Management team any emerging culture or diversity issues encountered during WHD programs or clinical services.
- Staff members – Staff members are responsible for maintaining and improving cultural competencies, attending trainings scheduled by their supervisor/manager, actively

communicating training needs and bringing training ideas forward to their direct supervisor/manager for consideration.

#### **IV. Process for ensuring culturally and linguistically appropriate programs and services**

The WHD will ensure culturally and linguistically appropriate programming by keeping up to date on relevant data and diversity trends in the community, by offering training based on data and needs of the staff, by developing WHD materials and programs that take the culture and diversity of the community into consideration, and by communicating to the public in a culturally and linguistically sensitive manner.

##### ***Data and Assessment***

The WHD Management Team will review the following data to identify cultural trends or emerging issues:

- Annual data sources
  - Language Line usage
  - Immunization information sheets (VIS) distributed in languages other than English
  - Public Health Nurse (PHN) Case Manager Database (tracks ethnicity, other language and low-English proficiency)
- Periodic data sources
  - American Community Survey (every 5 years)
  - Community Health Assessment / Aurora survey (every 3 years)
  - City of Wauwatosa Community Health Assessment (every 5 years)
  - Youth Risk Behavior Survey (every 2 years)
  - Community partner surveys and data sources (when available)
  - Stakeholder interviews, focus groups or forums on related topics (when available)
  - Staff self-assessment - Georgetown University National Center of Cultural Competence self-assessment or similar (completed every 3 years)

##### ***Staff Training***

The WHD will offer routine training at hire and at least every 3 years thereafter. The WHD Management Team will determine additional training based on the periodic completion of staff self-assessments or based on input of the staff.

- Orientation upon hire
  - City of Wauwatosa demographics
  - Cultural Competency Trainings such as Understanding Employee Differences offered by Cities and Villages Mutual Insurance Company (CVMIC)
  - AT&T Language Line usage
  - Job expectations – cultural competency skills; based on the Council on Linkages between Academia and Public Health Practice (June 2014)
- WHD staff training based on staff self-assessment results, release of data on a specific population (YRBS, Senior Survey) or staff identified needs (Wisconsin International Academy, refugees, etc.)

##### ***Education and Program Materials***

The WHD will select, develop or collaborate in a partnership to develop program materials that are written at the appropriate linguistic level and are targeted to the language and cultural norms of specific audiences. When feasible, the WHD will solicit input and feedback on the materials

from the target audience or other culturally-appropriate experts or organizations. The WHD Management Team or HIC will review and approve subject matter, use of images, language and wording before materials are used by WHD staff. Materials include, but are not limited to:

- Screening tools
- Evaluation tools
- Brochures, Fact Sheets and Posters
- Display Boards
- Newborn letters and 3-year old health education mailing packets
- Health promotion, prevention and/or wellness materials

### ***Communications with the Public***

The WHD will utilize services and technology to make all public communications culturally and linguistically appropriate for their intended audiences.

- AT&T Language Line – the WHD utilizes the AT&T Language Line translation services to communicate with non-English speaking residents.
- TTY or 711 – the WHD utilizes the City of Wauwatosa’s TTY line or 711 to communicate with hearing impaired
- Literacy and readability guidelines – the WHD refers to the WHD Communications Plan for literacy and readability guidelines when developing written communications such as email, letters and information sheets.
- Refer to the WHD Communications Plan for Routine Daily Operations for guidelines on communicating with the public
- Refer to the Public Health Emergency Response Plan (PHERP) when communicating during public health emergencies

### **V. Resources**

US Department of Health and Human Services, Health Resources and Services Administration

Culture, Language and Health Literacy

[www.hrsa.gov/culturalcompetence](http://www.hrsa.gov/culturalcompetence)

National Center for Cultural Competence, Georgetown University

[www.nccc.georgetown.edu](http://www.nccc.georgetown.edu)

CITY OF WAUWATOSA HEALTH DEPARTMENT

MEDICAL AND HEALTH CARE PRIVACY

FEBRUARY 11, 2015

EILEEN MILLER CARTER, ASSISTANT CITY ATTORNEY

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Privacy and confidentiality of a patient or client's health is the critical concern. Under HIPAA, the term used is "individual".

Privacy extends to documents, the existence of documents, the content of documents, verbal conversations, phone calls, fax, text messages and electronic mail when the topic/content relates to a patient's or client's health care. Privacy is electronic. Electronic storage, transmission and communication place confidential information more at risk. It is more vulnerable. Privacy is protected at your workspace when following established protocol and proper management of your workstation and files. Privacy is breached when disclosure is inadvertent or intentional.

Why: the health department is a covered entity. It provides health care and maintains records of such. The public who receive this care are legally entitled to privacy of their health care records and a breach of their confidentiality can result in assessment of fines and discipline. Federal regulations were created to address the increase in electronic record keeping and billing and the portability of health care documents in order to ensure the integrity and privacy of the records.

Public and clients have to be able to place trust in the health department.

Any information that takes on electronic form is vulnerable to disclosure. Once it is portable, it's at risk for disclosure through loss, theft, interception, and hacking, intentional or inadvertent disclosure. If an email or file is kept electronically and transmitted to your cell phone, I pad, tablet or to another person via electronic means, it is in electronic form and is more challenging to keep confidential.

It should be safeguarded with the same effort and concern that your social security and financial information is protected.

Clients and patients have rights under the federal law concerning authorizing release, disclosure and having an accounting of the disclosures of their health information. If information is redacted where personally identifiable information is removed so that the record cannot be connected to the patient, it can be released. This requires certain procedures and protocols.

**Notice of Privacy Practices and Procedures.** HIPAA requires that each patient receive this notice from the health care provider and that receipt of such is documented. It accounts for the health department's policies and procedures in not disclosing confidential health information. It verifies that the client is receiving treatment or care and the health department's records of such are stored as confidential.

When is disclosure appropriate?

-When the patient authorizes such in writing.

-When disclosure is for purposes of public health.

**HIPAA** is the federal law that governs security, privacy of protected health information. State law is stricter in certain instances. Both laws protect the confidentiality of health information and records.

Health care provider: includes physicians, nurses, pharmacists, social workers, clinics.

**Treatment** means the provision, coordination or management of health care and related services by one or more health care providers, including coordination or management of health care by a health care provider, consultation between providers or referrals.

**Health care** includes but is not limited to 1.) preventative, diagnostic, therapeutic, rehabilitative, maintenance or palliative care and counseling, service, assessment or procedure with respect to the physical or mental condition or functional status of an individual that affects the structure or function of the body. 2.) the sale or dispensing of a drug device, equipment or other item in accordance with a prescription.

**Protected health information** includes any information, regardless of the manner in which it is communicated, maintained, received or recorded (e.g. oral, paper, electronic) by the city relating to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provisions of health care to an individual. PHI includes demographic information, such as address, telephone number, and employer, date of birth, next of kin, and identification numbers. All should remain confidential.

Relationships with other entities may involve the exchange or transmission of private health information such as billing invoices, collecting payment, etc. A **business associate agreement** protects the information from unauthorized disclosure, whether it's intentionally or inadvertently disclosed. A business associate now means all entities that create, receive, maintain or transmit PHI on behalf of a covered entity, including subcontractors who whom a business associate delegates a function, activity or service. Eg. Data storage, billing, etc. Security incidents must be reported to the contracting parties and Office of Civil Rights.

Breach means the acquisition, use or disclosure of protected information in a manner not permitted under the privacy rule which compromises the security or privacy of the PHI. PHI is presumed to be compromised unless the covered entity or business associate documents that there is a low probability that the PHI has been compromised based on a risk assessment of certain factors. Breach excludes any unintentional acquisition or use of PHI by a workforce member or person acting under the authority of a covered entity if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the privacy rule.

HIPAA, which stands for the American Health Insurance Portability and Accountability Act of 1996, is a set of rules to be followed by doctors, hospitals and other health care providers. HIPAA helps ensure that all medical records, medical billing, and patient accounts meet certain consistent standards with regard to documentation, handling and privacy.

HIPAA requires that all patients be able access their own medical records, correct errors or omissions, and be informed how personal information is shared used. Other provisions involve notification of privacy procedures to the patient. HIPAA provisions that have led in many cases to extensive overhauling with regard to medical records and billing systems.

HIPAA Laws and Regulations are divided into five Rules:

- Privacy Rule
- Security Rule
- Transactions Rule
- Identifiers Rule
- Enforcement Rule
- HITECH Act

The HIPAA **Privacy Rule** is located at 45 CFR Part 160 and Part 164. The Privacy Rule establishes national standards to protect individuals' medical records and other personal health information. The Privacy Rule applies to health plans, health care clearinghouses, and health care providers that conduct health care transactions electronically.

The HIPAA Privacy Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization.

The Privacy Rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

The following HIPAA forms are associated with the Privacy Rule:

- Notice of Privacy Practices (NPP) Form
- Request for Access to Protected Health Information (PHI) Form
- Request for Restriction of Patient Health Care Information Form
- Request for Accounting Disclosures Form
- Authorization for Use or Disclosure Form
- Privacy Complaint Form

The HIPAA **Security Rule** addresses the privacy protection of electronic protected health information (PHI). Similar to the Privacy Rule, the Security Rule also deals with identifiable health information as defined by 18 HIPAA identifiers. The Security Rule defines standards, procedures and methods for protecting electronic PHI with attention to how PHI is stored, accessed, transmitted, and audited.

The HIPAA Security Rule addresses three aspects of security:

- Administrative Safeguards** - Assignment of a HIPAA security compliance team.
- Physical Safeguards** - Protection of electronic systems, equipment and data.
- Technical Safeguards** - Authentication & encryption used to control data access.

Covered entities need to perform a Risk Analysis and utilize Risk Management methodologies so vulnerabilities and possible risks can be reduced. Organizations should assign a security analyst or officer who is responsible for maintaining and enforcing the HIPAA standards within the organization.

Hardware, Software and Transmission Security

Organizations should have a hardware firewall in place. Transmission of personal information should

be encrypted and comply with HIPAA rulings. Operating Systems should be hardened and up to date. Policies should cover the updating of hardware, firmware, operating systems and applications.

**Transaction and Code Sets Rules:** Per HIPAA regulations, a Code Set is any set of codes used for encoding data elements, such as medical terms, medical concepts, medical diagnosis codes, and medical procedure codes. Code sets for medical data are required for administrative transactions under HIPAA for diagnoses, procedures, and drugs.

Medical data code sets used in the health care industry under HIPAA include coding systems for health-related problems and their manifestations; causes of injury, disease or impairment; actions taken to prevent, diagnose, treat, or manage diseases, injuries, and impairments; and any substances, equipment, supplies, or other items used to perform these actions.

Specifically, the following code sets are used in HIPAA transactions:

<input type="checkbox"/> ICD-9-CM	codes
<input type="checkbox"/> ICD-10-CM	codes
<input type="checkbox"/> HCPCS	Codes
<input type="checkbox"/> CPT-3	Codes
<input type="checkbox"/> CPT-4	Codes
<input type="checkbox"/> NDC codes	

**Unique Identifiers Rule:** As part of the HIPAA Administrative Simplification regulation, there are currently three unique identifiers used for covered entities in HIPAA administrative and financial transactions. The use of these unique identifiers will promote standardization, efficiency and consistency.

The unique identifiers under HIPAA regulations are:

**Standard Unique Employer Identifier**

The same as the Employer Identification Number (EIN) used on an organization's federal IRS Form W-2. This identifies an employer entity in HIPAA transactions.

### **National Provider Identifier (NPI)**

NPI is a unique 10-digit number used for covered health-care providers in all HIPAA administrative and financial transactions.

### **National Health Plan Identifier (NHI)**

The NHI is a Centers for Medicare & Medicaid Services (CMS) proposed identifier to identify health plans and payers.

The HIPAA **Enforcement Rule** stems directly from the ARRA HITECH Act provisions that distinguish between violations occurring before, and on or after the compliance date of Feb. 18, 2015 "with respect to the potential amount of civil money penalty and the affirmative defense available to covered entities," according to the rule.

ARRA describes "improvements" to existing HIPAA law, covered entities, business associates and others will be subject to more rigorous standards when it comes to protected health information (PHI). The HITECH Act expands the scope of the HIPAA Privacy and Security Rules and increases the penalties for HIPAA violations.

### **Specifically, the HITECH Act addresses five main areas of the HIPAA regulations:**

- Applies the same HIPAA privacy and security requirements (and penalties) for covered entities to business associates
- Establishes mandatory federal privacy and security breach reporting requirements for HIPAA covered entities and business associates
- Creates new privacy requirements for HIPAA covered entities and business associates, including new accounting disclosure requirements and restrictions on sales and marketing
- Establishes new criminal and civil penalties for HIPAA non-compliance and new enforcement methods
- Mandates that the new security requirements must be incorporated into all Business Associate contracts

The American Recovery and Reinvestment Act of 2015 includes the Health Information Technology for Economic and Clinical Health (HITECH) Act.

The **HITECH Act** provides Medicare and Medicaid monetary incentives for hospitals and physicians to adopt electronic health records (EHRs) and also provides grants for the development of a health information exchange (HIE). These incentives and grants were created to stimulate health care providers to adopt technology necessary to improve the efficiency of patient healthcare.

HITECH Act provides over \$30 billion for healthcare infrastructure and the adoption of electronic health records (EHR). According to the Act, physicians are eligible to receive up to \$44,000 per physician from Medicare for "meaningful use" of a certified EHR system starting in 2015.

ARRA describes "improvements" to existing HIPAA law, covered entities, business associates and others will be subject to more rigorous standards when it comes to protected health information (PHI) The HITECH Act expands the scope of the HIPAA Privacy and Security Rules and increases the penalties for HIPAA violations.

Version 05092014  
Revised 01052015

City of Wauwatosa Board of Health Actions Taken  
2013 Through December 2014

Board of Health Meeting Date

Subject

Issue Discussed

Actions Taken

Policies Set

Status 2/2015

2013

19-Feb-13

Personnel

Public health nursing vacancies

PHN hired/oriented

To be monitored

Filled

Grants

Public Health Infrastructure  
\$10,000 to help with community improvement plan

Use for accreditation fees/time  
Accept

Funded

Health Department Remodel

Move back May 2014; continuity of operations

Pending

Sentinel events: disease related

9 reported

to be watched

Monitor

Youth Risk Behavioral Survey

Completed for East and West High Schools in October;

Analysis pending

Report next meeting

Completed  
2015 conduct YRBS

Youth tobacco compliance checks

Conducted by police October 2012 in partnership with health; 1 of 33 sold

Publish findings

Continue checks

Completed 2014  
Continue 2015

Childhood lead level changes

CDC lowered level from ≤10ug/dl to ≤5ug /dl

Will see an increase in cases

Monitor

Case management  
Monitor

Weight of Nation

Community Program conducted 11/29  
74 attendees

Addressed physical activity issues

Completed

Urban Farming

Chickens and coops on residential property

Submitted health perspective

Ordinance draft by  
Community Development

Ordinance passed

City Emergency Operations Center Drill

Coming in April

Sharing information

Completed April Tabletop

Access: Free Clinics

Columbia St. Many Family Health Center  
Saturday am open; 23 free clinics in Milwaukee

Refer as needed

Monitor ACA

Personnel

Public health nursing vacancy  
Public health specialist vacancy filled-introduction

Filled

2014 Budget

Personnel schedule this month due  
Carlson Detmann Wage study repeat

Discuss of budget gap for City

Process budget request

Passed Council November 2014  
2014 Implemented Salary Structure

Accreditation

PHAB Readiness Checklist and prerequisites

Discussion of accreditation process  
and requirements  
Updates and status

Move forward with accreditation  
Investigation continues

May 2014 Fees Paid with Application

Sentinel events: Disease

5 reported

Updates and status

Investigation continues

Alcohol Strategies

Alcohol density status in Wauwatosa  
See Powerpoint summary

Discussion of how to proceed  
CHIP component; Mayor attended

CHIP

Mayor Forum 2/17/15  
Monitor

Vicious Dog Declaration

April issued vicious dog order; legal review

Update

Court proceedings

Completed

16-Jul-13

Budget 2014

Nancy to scan and send when budget complete

Explained budget; no changes

Accreditation fees requested

Completed

Grants	Children's Hospital Immunization Clinic Pilot July 2012-August 1 2013 Weatherization grant (CDBG)	Not funded beyond pilot 0.5 FTE clerk from WHD One household completed	Clerk returns to other grant funds Samples cleared after abatement	Not funded 2014
Health Department Remodel	Moved back to new space end of May	Updated, remodeled space New lighting, HVAC, other		Completed
Accreditation update	2011 Community Health Assessment complete 2013 Community Health Improvement Plan In process of completion To review 2010 Strategic Plan; Revise 2014 Board of Health (governing entity roles, responsibilities, actions tracked)	PHAB pre-requisite #1 PHAB pre-requisite #2 PHAB pre-requisite #3 Discussion ensued	Apply for accreditation 2014 Increase frequency of Board of Health meetings from quarterly to every other month beginning 2013	May-14 Completed Completed Completed
Sentinel events	PHAB domain 11 and 12 overview and measures 4 reported October 2012 implementation Overview and discussion	Discussion ensued Decrease in clinic attendance Income/insurance eligibility	To be watched	Finalizing Monitor Monitor
Breastfeeding survey	Replicate 2010 survey			Completed
Youth tobacco compliance checks	May 3rd; 3 of 35 sold to minors	Continue compliance checks Publish results	Monitor	Completed
Restaurant closure	Closed for 5 days due to rodent infestation	Follow up inspections Pest management services	Citations; Reopened when resolve Monitor	Resolved
Restaurant	Out of control; unsanitary conditions Legal review of citation authority upheld	Municipal court trial Reinspect; Risk list	GUILTY 2 of 3 citations Monitor	Resolved Completed
17-Sep-13				
2014 Budget	Discussion. Budget neutral submitted. Executive review completed without change.	Accreditation fees included Levy/grant split	Budget & Finance Committee Scheduled this week	Completed
Policies and Procedures	Growth and development screening Excessive heat conditions Alcohol and Tobacco compliance Rabies control	Discussed Discussed Discussed Discussed	Motion passed/resolution Motion passed/resolution Motion passed/resolution Motion passed/resolution	Completed Completed Completed Completed
Accreditation	2014 timeline; strategy	PHAB Readiness Checklist Review Statement of Intent Submission Discussed Accreditation Fees	Motion passed Motion passed Motion passed/resolution	Completed Completed Completed
Sentinel events	3 reported	status update Discussion ensued	Monitor Monitor	Completed Monitor Monitor
School Immunization Compliance Rates	Discussed WHD role and enforcement			
Medication Collection Day	September 28-8-1	Staffed		Completed
Restaurant citation	3 citations and court hearing 2/2014	2 citations issued; legal input		Permanent Site Completed
Human health hazard	Abandoned pool	Orders and notice Repeat of 2011 orders	Notice and abatement pending	Completed

	Briggs & Straton		MOU draft for closed point of distribution		Emergency use only for medications Legal input	Draft pending	MOU signed 2014	
	Friends of WHD		Advocacy discussion lead by Dr. Martin		Discussion: how to best use volunteers City initiative for volunteerism should be linked	Continue discussion	Continue	
	5-K Run		Hart Park		Physical activity announcement		Participated	
19-Nov-13								
	Accreditation		Medical College of WI student presentation Domain 12 gap analysis		gap is tracking actions See powerpoint and handout	Tracking of Board Action	Completed	
			Statement of Intent Submitted 9/17/13		Progress	Start of PHAB process		
			Community Health Improvement Plan draft		Conceptual approval	Motion passed	Completed	
			Strategic Plan draft review 2014-2017 draft		Board of Health goals	Motion passed	Completed	
	Grants		Applied for MACCHO Accreditation Support grant		Defer to 1/14/14 meeting for more time	To leverage accreditation fees	Not funded	
			Applied for DHS Public Health Accreditation grant		\$32,172	To leverage accreditation fees	Funded	
			Consolidated grants		\$10,000			
			3 reported		\$29,087 amount decreasing status update	Monitor	Monitor	
	Open Records Request		JS Online requesting entire electronic health inspection database and reports		Database not ready for ad hoc reports Legal involvement and review	Monitor and respond to request		
	Human Health Hazard		Pool update		Orders issued to abate; legal review	To be abated 11/19/13 by contractor	Completed	
	Briggs & Straton		MOU Closed POD		Vacant house	Monitor	Completed	
	Advocacy		Friends of the Health Department		Still pending; City legal review	Increased communication		
					Discussion continued			
					Coordinate with City initiatives			
2014								
Jan-14	Personnel		Public Health Specialist resignation		Vacancy; temporary fill through May with other person due to DHS 140 and PHAB needs	Monitor shortages	Resolved	
	Accreditation		Review of 2010 Strategic Plan progress		Updated Strategic Plan for PHAB	2014-2017 Plan	Completed	
			Board of Health goals add		Communication, advocacy, community involvement; friends/volunteerism	Discuss more next meeting	Completed	
			Board of Health role in accreditation process		DHS 140 ewiev participation			
					Preparation			
			WHD staff domain assignments		QI subcommittee and oversight committee structure will be used		Completed	
	Statutory Requirements		DHS 140 Required Services of Local Health Departments scheduled for mid February		Staff prepare evidence Board of Health support with site review	Participate	Completed	
							Participated	
18-Mar-14	Personnel		Public health specialist vacancy		Reconfigure to 0.5 FTE PHN from 0.8 FTE PHS; budget neutral; 3 people in PHS position in the past 4 years; no	Monitor Advertise PHN position 0.5 FTE	Completed	







## City of Wauwatosa Health Department Audit of 2013 Pertussis Cases

Finalized: February 10, 2015

### **Background**

In 2013, the Wauwatosa Health Department (WHD) investigated 64 cases of Pertussis, the second highest communicable disease (CD) incidence in Wauwatosa. Pertussis, or whooping cough, is a vaccine-preventable disease, usually given as part of the diphtheria-tetanus-pertussis (DTaP and Tdap) vaccine in childhood. Pertussis is a highly contagious disease that is spread through the air by cough. It begins with cold symptoms and a cough which may become worse over time. There is generally no fever. People with pertussis may have a series of coughs followed by vomiting, turning blue, or difficulty catching their breath. Many cases report only mild cold symptoms. Pertussis immunity begins to decrease in mid-grade school through adolescence and adulthood.

### **Methodology**

In December 2014, the WHD conducted an audit on its adherence to consistently investigate, control, and enforce cases of Pertussis. Public health nurses (PHNs) are responsible for investigating, containing and enforcing CDs in Wauwatosa. Throughout the year, WHD staff enters all communicable disease notifications that occur within Wauwatosa into a designated 'Referral' Excel spreadsheet. The Referral Excel spreadsheet for 2013 was filtered down to the 64 Pertussis cases, and then the cases were randomized onto a list. A minimum of 10% of the cases were reviewed for the audit. Out of the 64 Pertussis referrals, 12 cases were peer reviewed by a retired former Wauwatosa PHN for the audit. The *EpiNet Manual*, the Wisconsin Division of Public Health manual for CD investigations, was used to determine the protocol steps for auditing. Each step needed to be documented in the client's paper chart in order for the WHD to receive credit for completing the step. The steps for Pertussis investigations included the following:

1. Date WHD was notified of the case
2. Date a WHD staff made an initial contact to begin the investigation (initial contact must be made within 3 days of notification to the WHD per WHD protocol)
3. Diagnosis was verified with the health care provider
4. Treatment was verified with the health care provider
5. Signs and symptoms of Pertussis
6. Pertussis immunization history was checked
7. Inquired if individual had contact with others who were symptomatic
8. Identified contact with high-risk settings
9. Identified close contacts
10. Close contacts were notified of exposure.

The WHD Nursing Supervisor analyzed the audit data. The audit results were presented at a January 2015 PHN meeting for further analysis and insight.

## **Results**

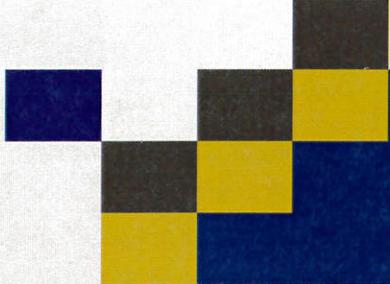
The rate of adherence to each protocol step is listed in the table below:

<b>Protocol Step</b>	<b>Rate of Adherence</b>
Initial contact made within 3 days	100%
Diagnosis was verified with the health care provider	75%
Treatment was verified with the health care provider	75%
Signs and symptoms of Pertussis	100%
Pertussis immunization history was checked	100%
Inquired if individual had contact with others who were symptomatic	100%
Identified contact with high-risk settings	100%
Identified close contacts	100%
Close contacts were notified of exposure	100%

## **Conclusions and Recommendations**

The WHD staff was satisfied with most of the audit results. The WHD staff focused their concerns on the verification of the individuals' diagnoses and treatment plans with their respective health care provider. Three theories were proposed as to the reasons for the inconsistencies. One was that the audit process did not review the case documentation in the Wisconsin Electronic Disease Surveillance System (WEDSS) – a secure, web-based system designed to facilitate reporting, investigation, and surveillance of CDs in Wisconsin. Another theory was that some cases may have been epi-linked only and never sought care or consultation from a health care provider. Lastly, the PHNs did not know the significance in documenting the healthcare provider's verification of the diagnosis and treatment. After deliberations, the recommendations included the following:

1. Revise the audit process when reviewing 2014 Pertussis cases to include reviewing WEDSS case data and ascertaining differential criteria for epi-linked cases as indicated in the *EpiNet Manual*.
2. Establish documentation standards of the diagnosis and treatment verification with the health care provider through the Data and Documentation Quality Improvement Committee by March 2015.
3. Train WHD PHNs on the documentation standards and to verify protocol steps.
4. Review and update paper copy of *EpiNet Manual* annually.



# City of Wauwatosa Health Department 2014 CUSTOMER SURVEY

## Methodology

One of the City of Wauwatosa's strategic goals is to be an "organization defined by excellence", including an objective to implement "customer service best practices". To assess its customer service practices, the Wauwatosa Health Department (WHD) developed a survey tool to evaluate the community's satisfaction with the services and feedback on the interactions provided by the WHD. The paper survey asked individuals' if they had ever received services from WHD, what services were received, when did they receive the services, level of satisfaction of the services, use of the WHD website for information, and an open-ended comment section about WHD. The convenience survey was administered on August 5, 2014, during the community's annual Tosa Night Out event. Individuals needed to be aged 18 years or older and be a Wauwatosa resident to complete the survey. Participants were incentivized with a insulated reusable grocery bag for completing the survey. A total of 180 individuals completed the survey.



WHD staff coded, computed, and analyzed the survey data. The survey data and analysis was reviewed by the internal WHD's quality improvement committee.

## Conclusions

Individuals who responded to the survey were more likely to be engaged in the community. Overwhelmingly, individuals who received WHD services were satisfied with their encounters. However, many individuals listed using specific services provided by WHD, such as using the website and calling for information or reporting a restaurant complaint, but did not realize that this is considered a service provided by the WHD. This validated the need for the strategic initiative to educate the public about what a local health department does for their community.

## Results

- 67.2% of the respondents received WHD services in the past
- 32.4% have used the WHD website for health information
- 63.9% who received WHD services obtained immunizations/shots
- 13.3% reported on an environmental or restaurant issue
- 21.7% received information via phone call
- 25.3% received WHD services in the past year; 57.8% in the past 5 years
- 97.9% strongly agreed or agreed with the statement that they satisfied with the services received through the WHD; 2.1% were not sure

Many respondents indicated that they had never received services by the WHD but indicated that they had used the WHD website, called to receive information, had immunizations administered by WHD, or called about a restaurant or environmental issue.



Healthy Community  
Value to You

❖  
Wauwatosa Health Department





## City of Wauwatosa Health Department Audit of 2013 Chlamydia Cases

Finalized: February 10, 2015

### **Background**

In 2013, the Wauwatosa Health Department (WHD) investigated 103 cases of Chlamydia, the highest communicable disease (CD) incidence in Wauwatosa. Chlamydia is a sexually transmitted disease (STD) and may lead to infertility if left untreated. Many individuals who have Chlamydia do not have symptoms. Symptoms may appear several weeks or months after having sex with an infected partner. Symptoms include vaginal or penile discharge or a burning sensation when urinating.

### **Methodology**

In December 2014, the WHD conducted an audit on its adherence to consistently investigate, control, and enforce cases of Chlamydia. Public health nurses (PHNs) are responsible for investigating, containing and enforcing CDs in Wauwatosa. Throughout the year, WHD staff enters all communicable disease notifications that occur within Wauwatosa into a designated 'Referral' Excel spreadsheet. The Referral Excel spreadsheet for 2013 was filtered down to the 103 Chlamydia cases, and then the cases were randomized onto a list. A minimum of 10% of the cases were reviewed for the audit. Out of the 103 Chlamydia referrals, 18 cases were peer reviewed by a retired former Wauwatosa PHN for the audit. The *EpiNet Manual*, the Wisconsin Division of Public Health manual for CD investigations, was used to determine the protocol steps for auditing. Each step needed to be documented in the client's paper chart in order for the WHD to receive credit for completing the step. The steps for Chlamydia investigations included the following:

1. Date WHD was notified of the case
2. Date a WHD staff made an initial contact to begin the investigation (initial contact must be made within 10 days of notification to the WHD per WHD protocol)
3. Diagnosis was verified with the health care provider
4. Treatment was verified with the health care provider
5. Counseled on HIV/STD risk and condom use
6. Counseled on avoiding sex for 7 days after treatment
7. Counseled on importance of testing and treating partner(s)
8. Attempted to identify partner(s) 60 days prior to symptoms or positive Chlamydia test if asymptomatic.

The WHD Nursing Supervisor analyzed the audit data. The audit results were presented at a January 2015 PHN meeting for further analysis and insight.

## **Results**

The rate of adherence to each protocol step is listed in the table below:

<b>Protocol Step</b>	<b>Rate of Adherence</b>
Initial contact made within 10 days	100%
Diagnosis was verified with the health care provider	100%
Treatment was verified with the health care provider	88.9%
Counseled on HIV/STD risk and condom use	27.8%
Counseled on avoiding sex for 7 days after treatment	44.4%
Counseled on importance of testing and treating partner(s)	38.9%
Attempted to identify partner(s) 60 days prior to symptoms or positive Chlamydia test if asymptomatic.	44.4%

## **Conclusions and Recommendations**

The WHD staff was concerned with the audit results and focused their concerns on the documentation of the counseling provisions. Two themes emerged as to the reasons for the inconsistencies. One was that the audit process did not review the case documentation in the Wisconsin Electronic Disease Surveillance System (WEDSS) – a secure, web-based system designed to facilitate reporting, investigation, and surveillance of CDs in Wisconsin. Another theme centered on the difficulties in obtaining a return call from the client and also from the health care providers. Many Wauwatosans do not seek STD diagnosis and treatment at their regular health care provider but at an urgent care clinic or STD clinic. Several of the clinics' business hours do not coincide with the WHD's business hours, thereby making direct communications between the health care provider and the PHN more complicated with the exchange of voicemail messages. Discussion ensued to identify a different or additional communication strategy. After deliberations, the recommendations included the following:

1. Revise the audit process when reviewing 2014 Chlamydia cases to include reviewing WEDSS case data.
2. Establish documentation standards of the counseling provisions through the Data and Documentation Quality Improvement Committee by March 2015.
3. Train WHD PHNs on the documentation standards.
4. Revise the Chlamydia policy through the Communicable Disease Quality Improvement Committee focusing on communication strategies; consider the following steps
  - contact client by phone three times
  - if no response, then send a standard, detailed letter explaining their condition, need for treatment, and to contact the WHD for more information.