



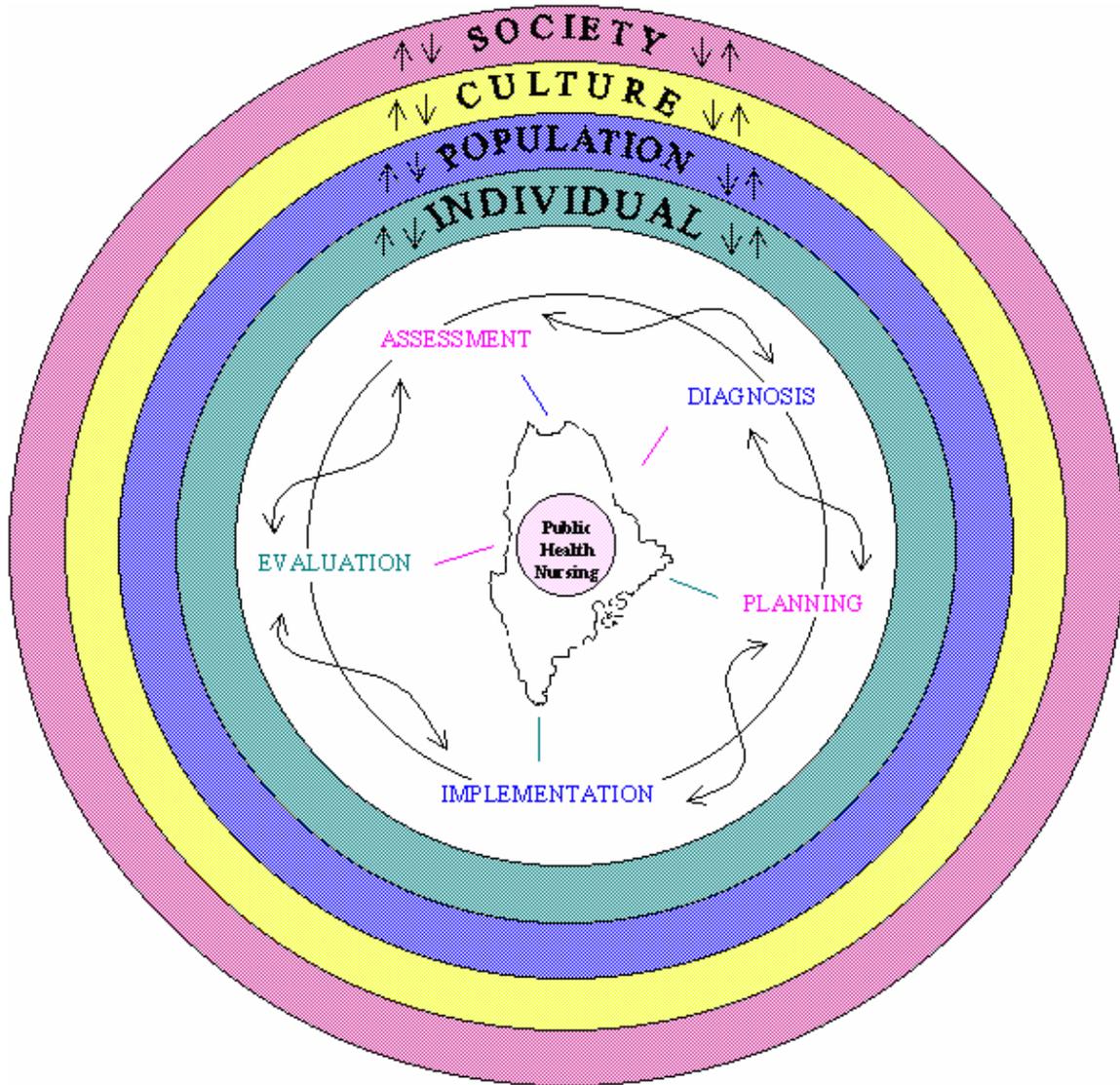
Maine Public Health Nursing Program

Annual Report 2005

State of Maine
Department of Health and Human Services
Maine Center for Disease Control and Prevention

Maine Center for Disease Control and Prevention
Public Health Nursing

Conceptual Model



Public Health Nurses are the centerpieces of a work force that will move health forward in preserving and protecting the health of the public. Using nursing theory, research and practice to assess, diagnose, plan, implement and evaluate, the Public Health Nurse continually interacts within an open system with the individual, the population, the culture and society.

ACKNOWLEDGEMENTS

Maine Center For Disease Control and Prevention

Dora Anne Mills, MD, MPH – Director

Division of Family Health

Valerie J. Ricker, RN - Director

Prepared by:

Janet G. Morrissette, RN, MSN – PHN Director

Pamela J. Correll, RN, BSN – PHN Consultant, Informatics

Dwight Littlefield, RN, MBA – PHN Consultant

We would also like to acknowledge the following changes during 2005

- ❖ Effective September 2005, the Maine Legislature officially changed the name of the Bureau of Health to the Maine Center for Disease Control and Prevention. This change was part of the merger of Human Services and Behavioral Health to form the Department of Health and Human Services.
- ❖ In July 2005, the PHN Director position changed due to the retirement of Beth Patterson, RN. Janet Morrissette, RN, MSN, permanently assumed the Director position in November 2005.

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I. Report Purpose and Data Sources

This report highlights some of the activities of Maine's Public Health Nursing (PHN) program covering the calendar year 2005. It provides information about PHN services, demographic information about the clients the program serves, and outcomes from nursing interventions. It is made available to program staff, DHHS personnel, interested parties and stakeholders.

Data for this report was obtained from CareFacts™, an electronic clinical documentation and information management system. Within this computerized system, all PHN field staff document their PHN service time to 12 customized sub-programs. Other data and information sources for this report include PHN committee/workgroup minutes, and other documents. CareFacts™ data is also used to support ongoing PHN productivity/workload analysis activities. This information demonstrates the program's public accountability.

A standard language for nursing practice is required to meet the needs of the profession and the clients. The research-based and ANA recognized Omaha System classifies nursing diagnoses/client problems, interventions, and client outcomes. The PHN program's use of the Omaha System allows nurses to describe, document, and evaluate their impact on client outcomes.

One way of measuring the results of PHN interaction with the client is to measure improvements in client knowledge, behavior, and status (KBS), related to a nursing diagnosis/client problem. In 2005, every one of the primary problems that were measured showed improvement in KBS after PHN intervention. Using a scale of 1 – 5, client admission ratings were compared to discharge ratings. Improvements in knowledge averaged 17.1%, behavior 12.1%, and status 10.9%. Overall, improvements averaged 13.4%. This compares to 13.99% improvement in 2004 and 12.5% improvement in 2003.

II. Public Health Nursing in Maine

Functions and Responsibilities

Public Health Nursing (PHN) operates as part of the Maine Department of Health and Human Services, within the Maine Center for Disease Control and Prevention (MECDC), Division of Family Health. Over the past 85 years PHN has been a vital component of the Department of Health and Human Services.

PHN in Maine has defined its role as: “assessing health status, defining health options, developing policies, and assuring access to services for individuals, families, and communities”. Services have been and continue to be population-focused, with a goal of disease prevention and health promotion. Public Health Nursing services in Maine are provided in homes, clinics, schools, community, and other settings. Public Health Nurses promote, support, and collaborate with other Maine Center for Disease Control and Prevention programs. The current PHN program, with 15 offices, provides services to the residents of the entire state of Maine. The program is in a continual process of defining and redefining these services. All PHN staff, other than clerical support, are registered professional nurses.

Guiding Principles

In order to maintain the highest level of excellence and continuity among all of its employees and offices, the practices of PHN must be based upon guiding principles and standards. These principles and standards are nationally and internationally recognized as the appropriate foundation for nursing practice.

The Nursing Process, including assessment, problem identification, planning, implementation, and evaluation is utilized to perform public health services. In addition, nursing practice is based on the scope of practice established in Maine Statute, the ten essential functions of public health, and guidelines as specified in the American Nurses Association's *Scope and Standards of Practice for Public Health Nursing*.

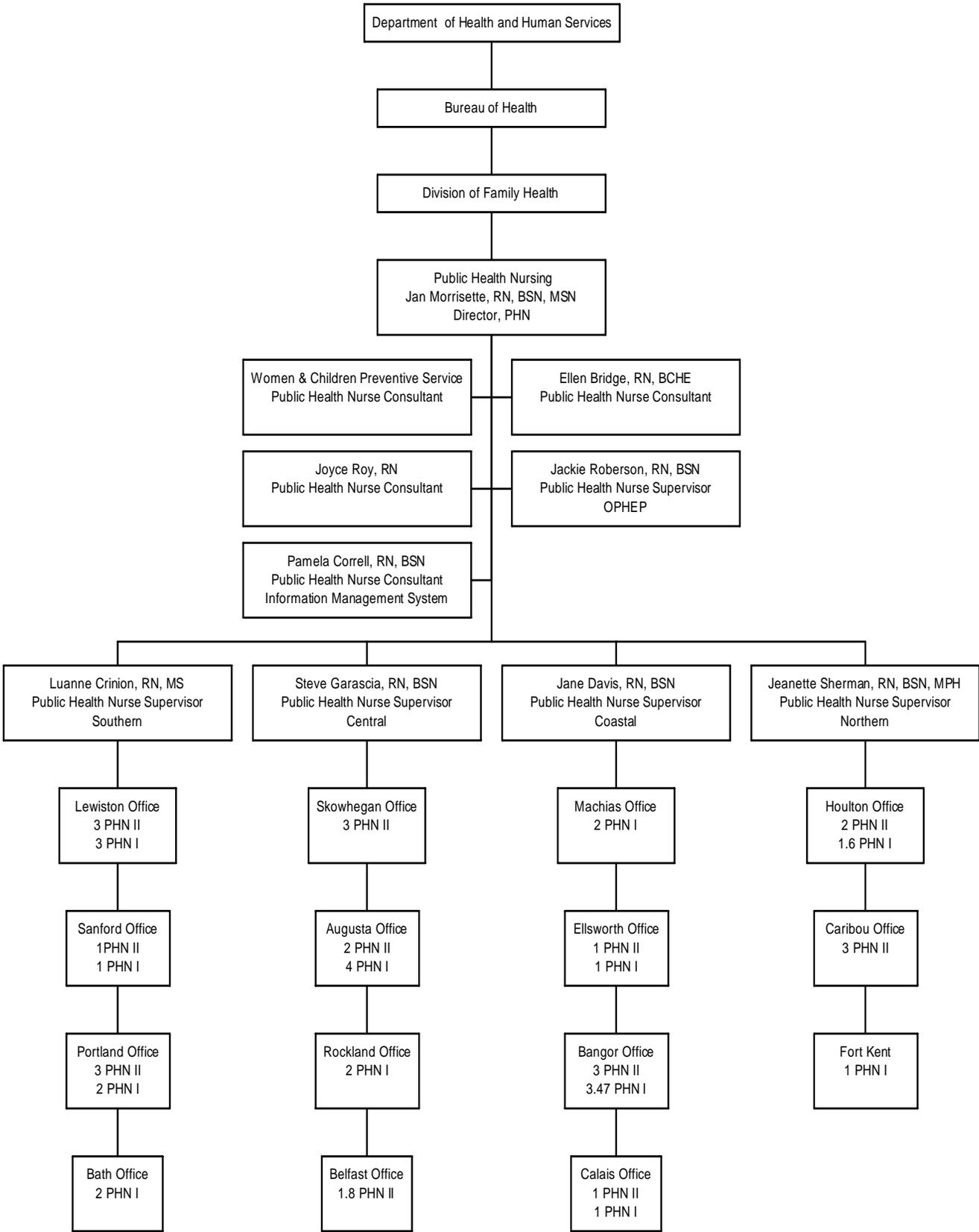
Maine Public Health Nursing Vision:

“Public Health Nursing: Leaders in assuring excellence in health.”

Maine Public Health Nursing Mission:

“Public Health Nursing provides expertise and leadership to improve the health of populations.”

The following is a schematic of the program's organization for 2005.



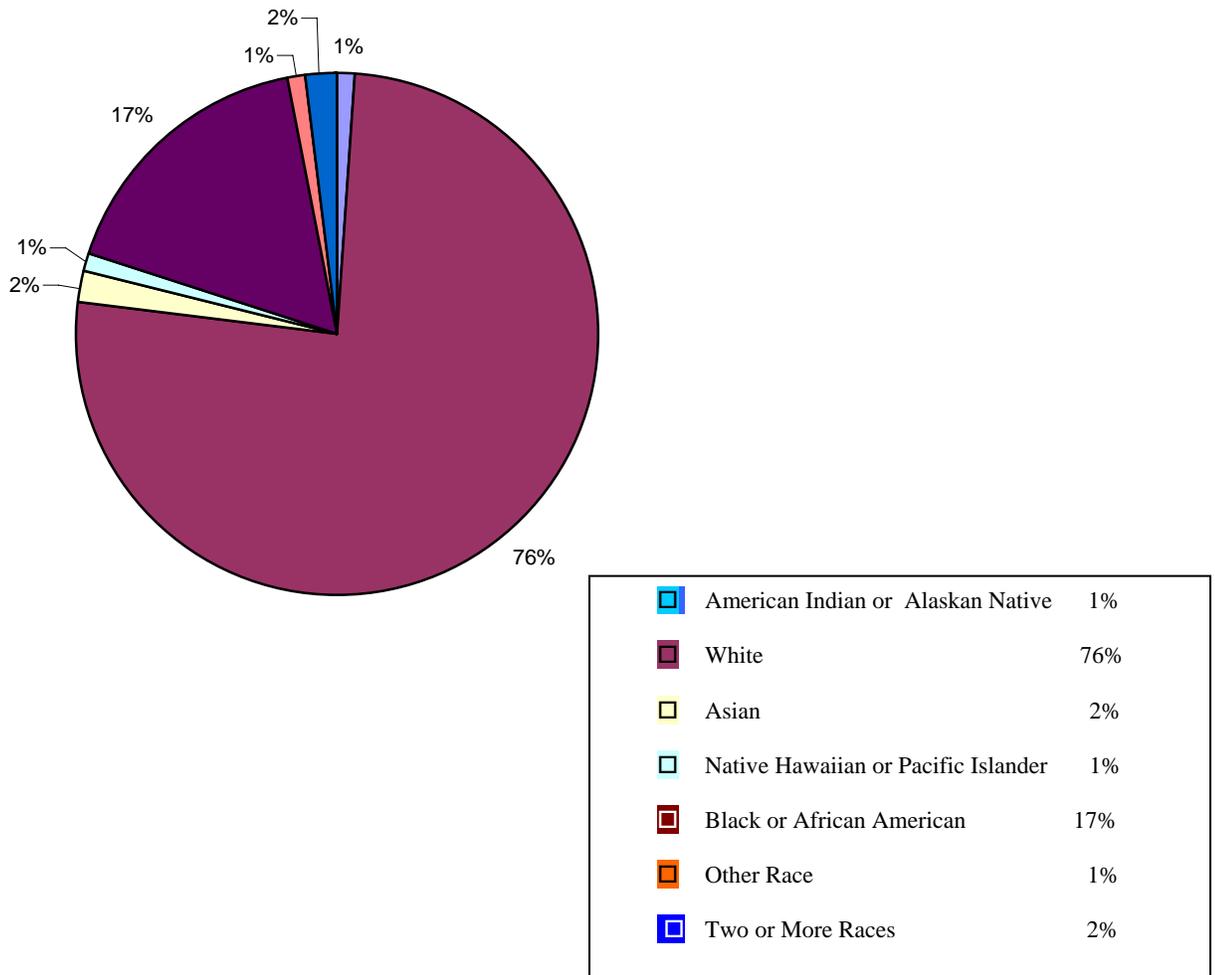
III. Year in Review - 2005

General Statistics

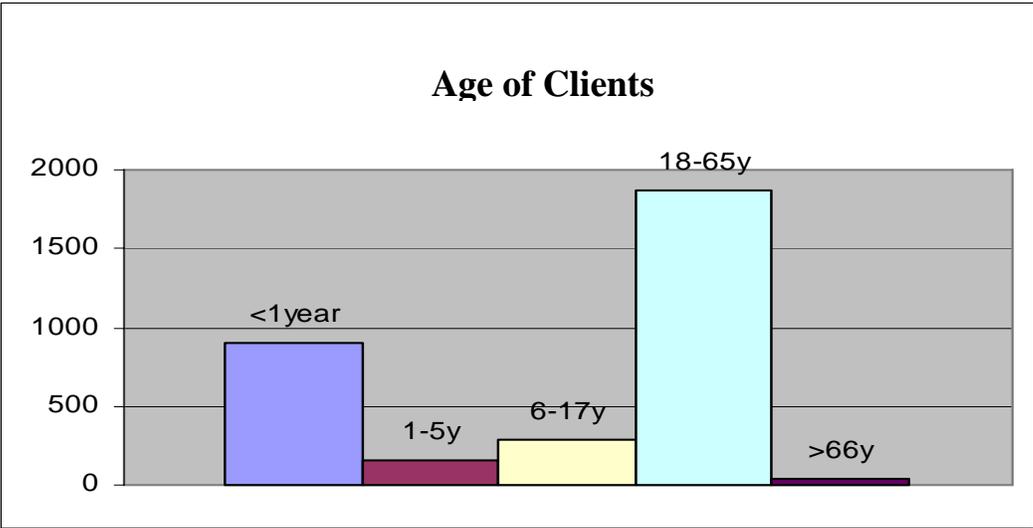
An average of 50 individuals staffed Public Health Nursing during 2005. This number includes Field Staff (41.75), Supervisors (4), Consultants (3.25), and the Director (1). There was an average of 5 Field Staff vacancies and 1 Consultant vacancy during 2005. Collectively, these individuals traveled more than 350,000 miles to provide services for the residents of Maine. The Field Staff made 17,783 visits to individual clients, or nearly 1,500 visits per month. Services provided at these visits include the following 12 sub “programs” of PHN: Adult, Child (0-17), Community/Environment, Geriatric, Lead, Migrant, Parenting, Post-partum, Pre-natal, Refugee, Tuberculosis, and Other Disease Control.

PHN Individual Client Services

A total of 2854 clients were admitted to the PHN caseload during 2005. The following chart indicates their race.

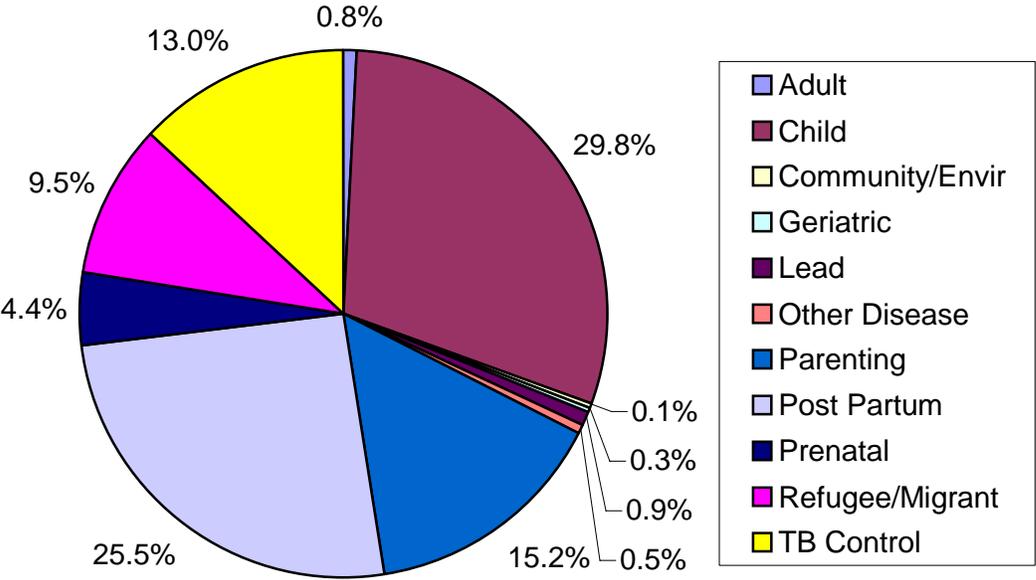


The age groups of PHN clients are depicted in the following graph.



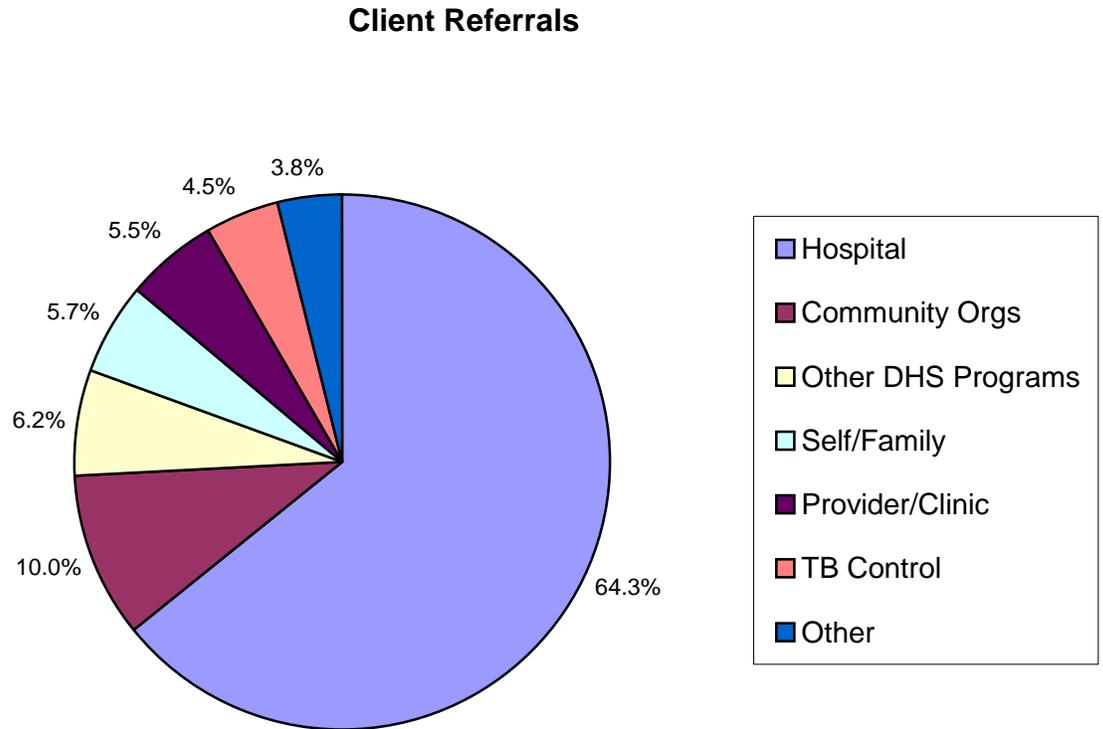
Clients were distributed among the following PHN programs:

Clients by Program



Client Referrals

In 2005, PHN processed 5007 referrals from a variety of sources. The majority of referrals to PHN came through the Program's new statewide Central Referral process. Our largest referent source continues to be hospitals, at 64.3%.



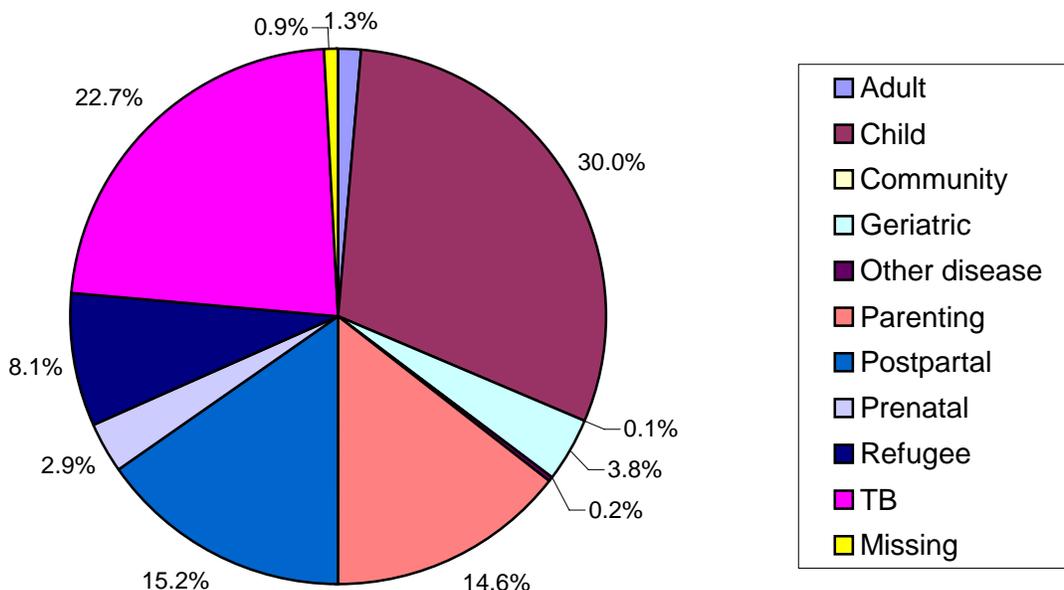
The vision of Central Referral is for all clients to have access to appropriate and timely health care resources. The goals of Central Referral include:

- A unified agency approach to the processing of referrals
- Identification of health needs of referred clients
- Providing support for PHN field staff who respond to referred clients

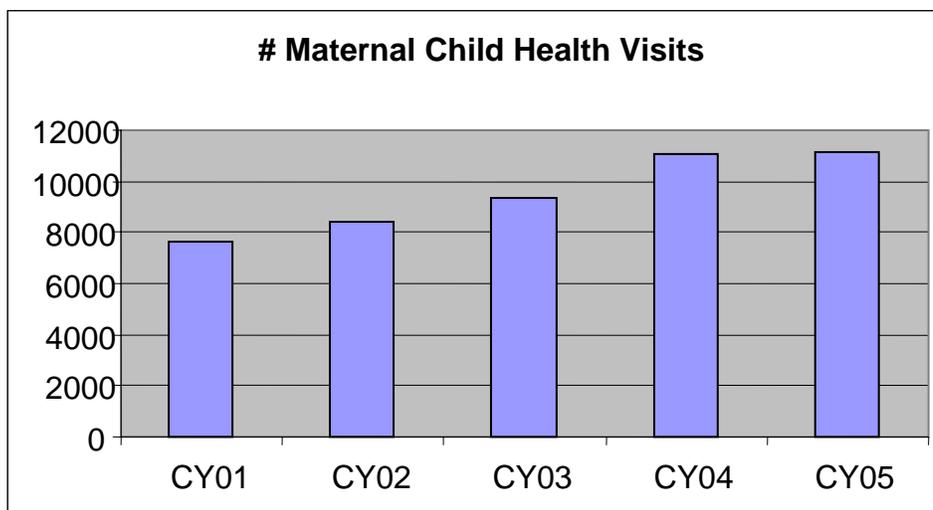
Central Referral nursing staff contact referred clients, discuss how a field PHN visit may address their health needs, and offer to contact the appropriate field PHN to complete the referral. All referred clients, whether they accept or decline services, are offered health promotion information and support at the time of this initial nursing contact.

In 2005, 17,783 visits were made to individual clients admitted to PHN caseload. Each client has his or her own HIPAA-compliant, electronic nursing record. Every client receives a nursing assessment and has an individualized care plan developed with interventions to address client needs. Children 0-17 received the largest percentage of visits from PHN at 30%, with TB following at 22.7%. The other two large categories were parenting at 14.6% and postpartum at 15.2%.

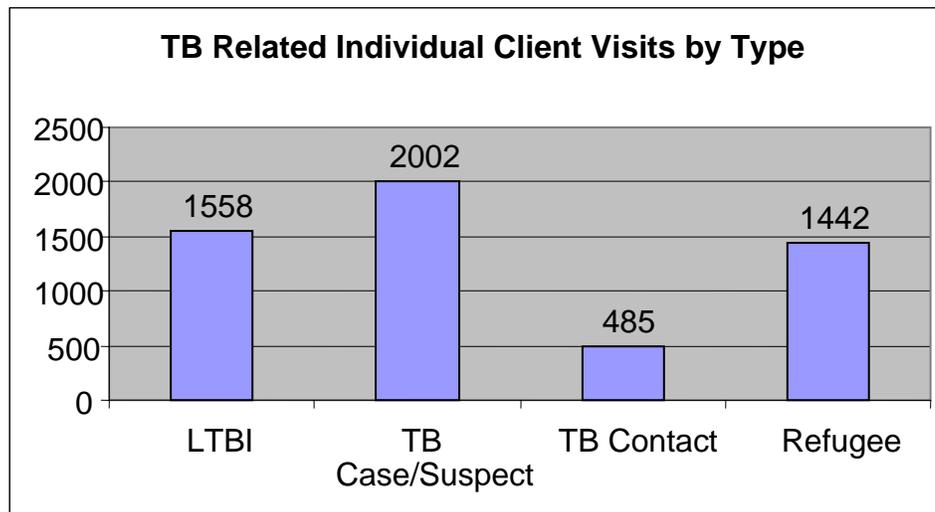
Percentage of Client Visits by Program



Historically, PHN has been identified with strong service to Maine’s Maternal and Child Health (MCH) population. The program continued this precedent through 2005.

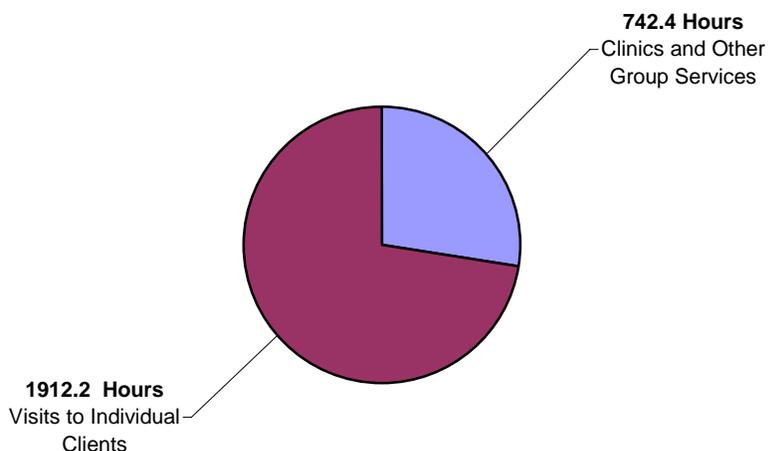


Significant blocks of direct PHN service time were devoted to tuberculosis control activities. A total of 2,654 PHN hours were spent in a variety of both individual and population focused services that focused upon tuberculosis control. PHN health assessment of Refugee Program clients included tuberculosis screening and treatment follow up.



Daily visits are made to clients with a diagnosis of TB to monitor the client taking their prescribed medications. Most clients with active TB disease are on medication for 6 months. In addition to seeing clients with active TB disease, PHN also makes monthly visits to clients who have been infected with TB but do not have active disease. These clients are diagnosed as having Latent TB Infection (LTBI) and are at risk for developing TB later in their life if their health fails. People with LTBI may be on medication for 9 months to prevent development of active disease. Clients who are either contacts of TB cases or refugees (as part of their arrival process in the United States) are skin tested for TB infection and referred for further medical evaluation as indicated by the test results.

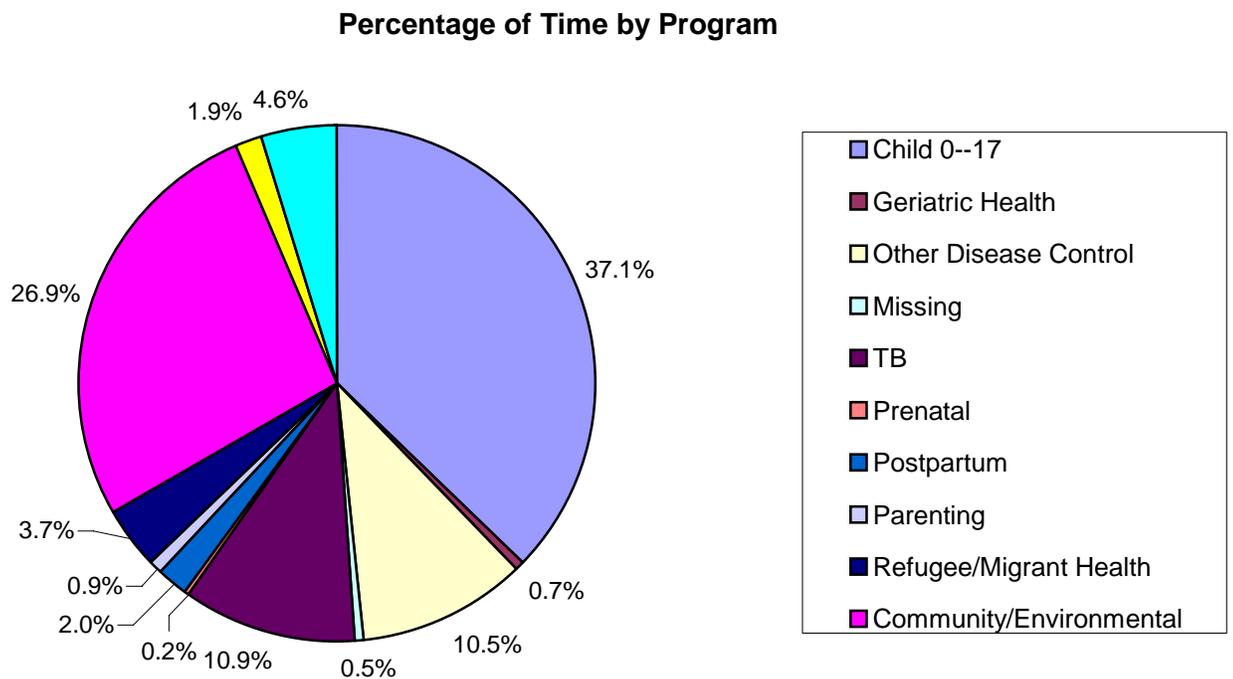
PHN Service Time - TB Control



PHN Population-focused Services

Public Health Nursing provided direct services to a wide variety of population-focused clients including visits at clinics, schools, and community health meetings. In 2005, 25% of total PHN time was spent providing direct population-focused services. Other examples of these services include immunization clinics, emergency preparedness, Early Periodic Screening, Diagnosis and Treatment (EPSDT) follow up, and conducting Clinical Assessment Software Application (CASA) immunization assessments.

The following chart shows the percentage of time spent in these services by program:



A few of our population-focused activities are highlighted below.

Influenza Immunization Clinics

In January 2005, in collaboration with the Maine Bureau of Health, PHN sponsored public influenza immunization clinics for Maine's at-risk population. These clinics were conducted in response to the national influenza vaccine shortage. Seventeen clinics were held with 1345 Maine residents between the ages of 6 – 65 immunized.

In the fall of 2005, in conjunction with Maine Employee Health Benefits, PHN provided influenza immunizations to state employees under an agreement with Anthem Blue Cross and Blue Shield. A total of 76 clinics were held across the state. At these clinics, 4570 individuals were immunized; 43.6% from the Augusta area and 56.4% from outside Augusta. This number is an 18% increase over 2003 immunizations.

CASA Project

Public Health Nursing, under an agreement with the Maine Immunization Program (MIP), continues to audit assigned medical care practices in Maine to assess the 2 year old immunization rates for the state. PHN also assesses and offers education related to the storage of vaccines supplied by the MIP. For 2005, eighty-five (85) medical provider practices received a full CASA audit, which included both a review of records as well as a Vaccine for Children (VFC) assessment. An additional eighty (80) practices received a VFC assessment and education related to the handling of vaccines. A total of 165 medical practices were visited by 1 or more of the 14 PHN staff nurses, 1 supervisor, and 1 Consultant who worked on this project.

EPSDT Outreach Project

Public Health Nursing works in collaboration with the Office of Medical Services and the Maine Immunization Program to provide follow-up services that assist with needed referrals and appointments addressing the child's medical, oral health, and developmental needs. These services are provided to children and families after a well-child visit to a medical care provider. In 2005, PHN made 5,603 contacts via telephone calls and letters accounting for 3,599.5 hours of staff time. This collaborative effort involves 14 PHN staff nurses. Over the past year, the contacts have reflected an increase in the complexity of health issues and family needs addressed by the PHN staff involved with the project. All PHN staff is involved with the EPSDT outreach in the follow-up of referrals for home visiting. This involvement allows for a more in-depth delivery of services.

EPSDT Triage Project

PHN has an agreement with the Office of Medical Services to review and to triage all of the Bright Future Periodicity forms (BF19). These forms are generated from medical provider practices at the time of a periodicity well child visit for all children who are recipients of MaineCare and who are at birth through 21 years of age. Three PHN staff persons are primarily responsible for the daily triage. For 2005, a total of 58,578 BF19 forms were reviewed and sorted into categories for follow-up, no further follow-up, or home visitation services. This accounted for 691.5 hours of PHN staff time.

TST Training

Public health nurses conduct trainings to show other nurses, medical assistants, nurse practitioners, physician assistants and respiratory therapists how to properly place and read the Tuberculin Skin Test (TST). The trainings give an overview of TB disease and infection, reasons for doing focused testing, as well as giving the participant an opportunity to place a skin test and read results. All participants are tested for proficiency.

PHN initiated Omaha System documentation of Tuberculin Skin Test (TST) training classes in order to better articulate nursing contributions to this important public health activity. These Maine PHN efforts were presented at the national 2005 Omaha System User Conference, where the organization's pioneering application of the Omaha System to this population-focused activity was presented.

Through collaboration with the TB Control Program, the Department of Corrections and Public Health Nursing, trained Public Health Nurses taught medical staff at all the State Correctional Facilities how to administer, read/interpret, and document TB skin tests. Classes were held for staff of the 8 facilities listed below with 67 employees attending.

Maine Correctional Center	Windham
Maine State Prison	Warren
Bolduc Correctional Facility	Warren
Longcreek Youth Development Center	So Portland
Charleston Correctional Center	Charleston
Mountain View Youth Development Center	Charleston
Central Maine Pre-release Center	Hallowell

During the 2005 period, a total of 280 people were trained in 34 TST workshops.

Committee Initiatives

Quality Improvement Committee (QI)

As part of QI efforts, PHN has been sending a Client Satisfaction Survey to all of our English proficient clients, upon discharge, for the past 5 years.

During the 2005 fiscal year:

- 938 surveys were sent out
- 309 were returned
- 58 were “undeliverable”
- 35% return rate was obtained

Of the individuals who returned the survey:

- 97% of the individuals who returned the survey were either satisfied or very satisfied with the visits that they received from their PHN, a 3% increase compared to 2004
- 88% stated that they would use the services of PHN again
- 92% stated that they would recommend this service to others

PHN uses the results of this survey in program planning and policy development. In the event that trends are identified which are of concern, the QI Committee charters a QI Team to research the issue and develop plans to improve our practice.

As an example, one of the PHN Unit QI Projects was to review the documentation required for "Foreign Born" clients and to make recommendations for streamlining the process. The Portland PHN Staff collaborated with the Informatics Consultant to review the current "Foreign Born Pathway". As a result, an improved pathway is now used for children and adults.

Other completed QI efforts: The Northern Unit looked at how clients are discharged if or if not meeting face-to-face. No difference was found. The Coastal Unit did a QI project to see if acceptance of visits by clients and timeliness of visits improves with the use of Central Intake. Improvement was noted. Another project addressed re-doing the Respiratory, Latex, Blood-borne Pathogen Training – self study module – with annual training on the staff person's birthday. This module has now been adopted and is part of policy and procedure.

Two new QI work groups were formed to begin work on "Discharge Criteria" and "Retraining of Staff in KBS, Modifiers, and Customizing/managing Careplans". Both efforts are ongoing.

Supervisors presented regularly scheduled Unit Reviews to assure quality measures are maintained:

- ❖ Focused Record Review
- ❖ Periodic Record Review
- ❖ Admission Record Review
- ❖ Discharge Record Review

Community Assessment

Systematic community assessment by public health nurses represents a core Public Health Nursing practice standard. In 2005, PHN initiated electronic community assessment, using electronic forms. This computerized method of documentation has enabled improved access to valuable, current community resource data by PHN staff. This information can be given to other community partners engaged in community health service, planning, and policy development.

Documentation Committee

Documentation Committee initiatives included preparing staff for implementation of 2005 Omaha System revisions, to ensure a smooth 2006 transition in clinical documentation and nursing data generation. Through representation on the Public Health Virtual User Group and Advisory Committee, PHN staff submitted to the vendor various enhancement suggestions that have improved the efficiency and consistency of electronic clinical documentation.

Other Accomplishments

- ❖ Statewide implementation of Central Referral
- ❖ Recognition of Maine PHN contributions to 2005 Omaha System revisions in the publication:

Martin, K.S. (2005), The Omaha System: A Key To Practice, Documentation, and Information Management (2nd ed), Elsevier Saunders. St. Louis: Missouri.
- ❖ Development of a volunteer nurse (RN) registry for response in case of an emergency. Over 320 participants joined this registry. This was a collaboration among PHN, Office of Public Health Emergency Preparedness and the Maine State Board of Nursing.
- ❖ Collaboration with the Maine Farm Bureau and University of Maine Cooperative Extension to provide education materials on noise-induced hearing loss to adolescents
- ❖ Provision of an educational program to all PHN staff on perinatal substance abuse, including the use of methadone
- ❖ Collaboration with Division of Disease Control to provide education to county correctional facilities on MRSA and methods to control outbreaks
- ❖ Development of an interactive self-assessment program for PHN staff on blood borne pathogens and latex safety

IV. Looking Forward – 2006

Focus Areas

Public Health Nursing remains focused in the central roles of assessment, surveillance, policy development and leadership, disease and injury prevention, and health promotion. In a health care system that is evolving, redefining, and changing, Public Health Nursing in Maine is prepared to be a vital organization now and in the future. It shall continue to work toward finding the most efficient and cost effective ways to organize and to deliver services in a geographically large rural state. Maine's Public Health Nursing program is committed to ensuring that nurses shall be leaders whose skills encompass a wide range of necessary characteristics. Flexibility and preparedness for expanded capacity shall ensure the delivery of services. In addition to these principles of Public Health Nursing, PHN will continue to contribute to the nursing profession through utilization of the Omaha System in the course of its daily nursing practice.

PHN remains committed to be competitive in attracting qualified staff in a climate of mounting workforce shortages and budget restraints. The residents of Maine will continue to be served by a PHN staff that shows excellence in public health practices, maintains effective communication, and supports efficient public health structures.

New Initiatives

- ❖ Prepare for CHAP accreditation
- ❖ Revise Client Satisfaction surveys
- ❖ Position PHN for increased involvement in department and state IT initiatives towards public health surveillance and the Maine Public Health Information Network

Emerging Issues

- ❖ Meeting the needs of our expanding refugee and secondary migrant population
- ❖ Supporting new families challenged by the health risks of opiate addiction
- ❖ Providing the training and drilling in Emergency Preparedness and Response
- ❖ Alignment of Maine Public Health Nursing and the Maine State Health Plan

V. Summary

The Maine Public Health Nursing Program remained strong and viable in 2005. The ever-evolving population we serve became more diverse and complex. As such, their needs became more diverse and complex. By utilizing a standard language to document our work and implementing improved methods of data collection, we can see that during 2005 levels of client care and satisfaction improved. We have a well-trained professional staff, dedicated to the ideals of nursing process and the essential components of public health. We also have processes and tools in place that allow us, as an organization, to adapt and adjust to new requirements and challenges. By working together with our partners in public health, we will be able to successfully address our focus areas, take on new initiatives, and be prepared to respond to the emerging issues that confront us.



Maine Public Health Nursing Program

Annual Report - Addendum January-June 2006

State of Maine
Department of Health and Human Services
Maine Center for Disease Control and Prevention

I. Report Purpose and Data Sources

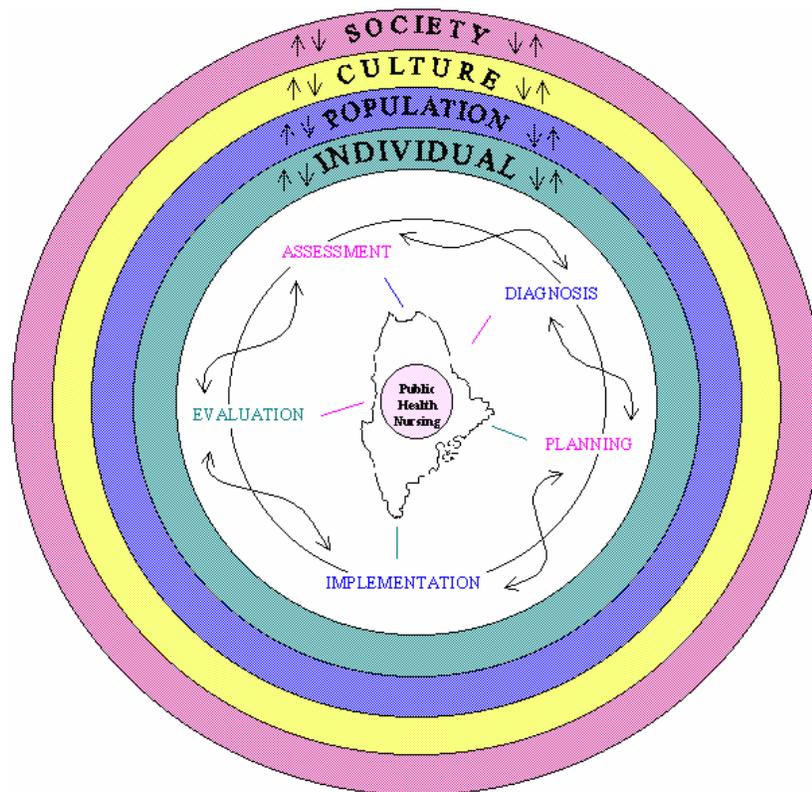
Public Health Nursing (PHN) in Maine has been in operation since 1920. Over the past 86 years PHN has been a vital component of what is now the Department of Health and Human Services. The current PHN program, with 14 offices, provides services to the residents of the entire state of Maine. The program is in a continual process of defining and redefining these services. All PHN staff, other than clerical support, are registered professional nurses.

This transitional report is an addendum to the 2005 Annual Report. This report highlights some of the activities of Maine's Public Health Nursing (PHN) program that occurred between January 1st and June 30th, 2006. PHN has shifted from a calendar year to a state fiscal year data collection and reporting period. A fiscal year orientation is expected to support organizational decision-making in areas of service planning and management.

As in the 2005 Annual Report, data for this report was obtained from Carefacts™, the electronic clinical documentation and information management system used by the PHN program. The Omaha System, a standardized nursing language recognized by the American Nurses Association, is used for documentation and is central to PHN services. Revisions to the Omaha System will be put in place by the program starting July 1, 2006. These changes make a July 1st (fiscal year) reporting start date advantageous, from the perspective of data integrity.

This transitional report is abbreviated. Full data report generation, including Omaha System data, will be reflected in the FY 2007 annual report covering the fiscal year July 1st 2006 to June 30th 2007.

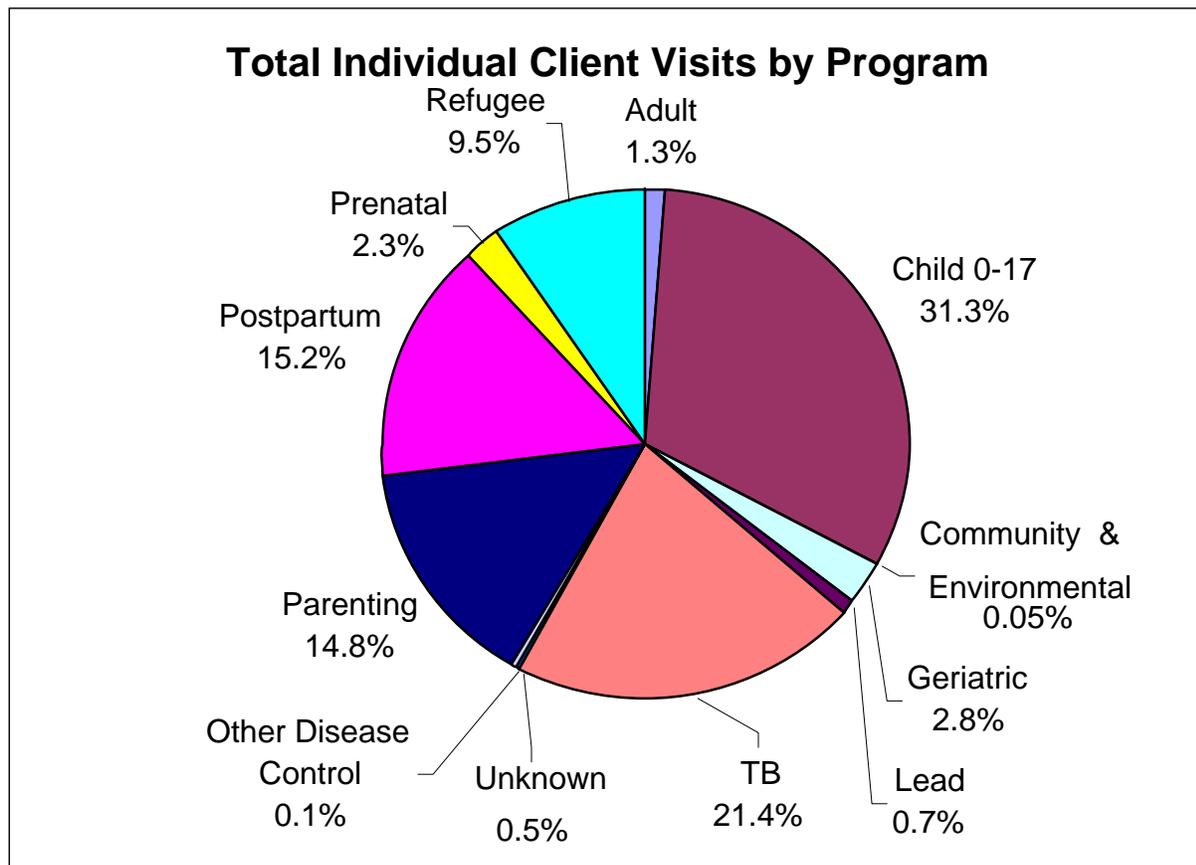
The practice of Maine Public Health Nursing is based upon this Conceptual Model:



II. Six Months in Review – January through June 2006

PHN Individual Client Services

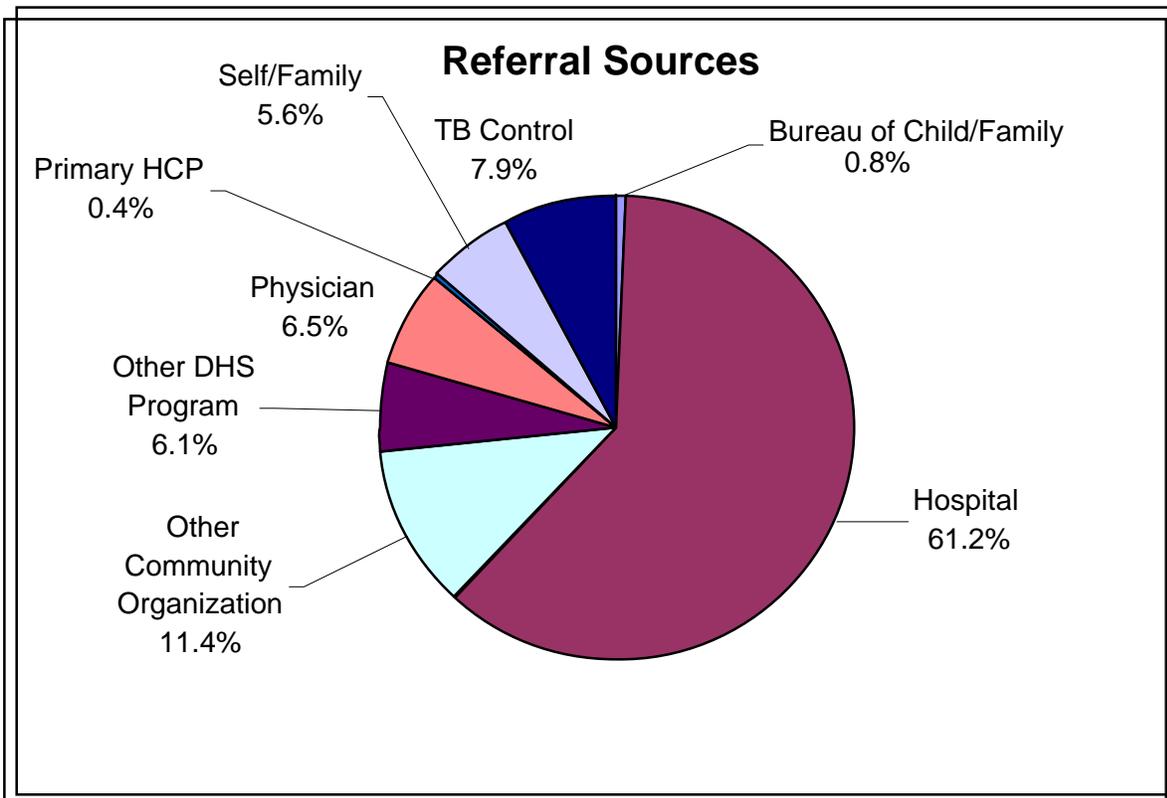
Public Health Nurses made 8602 visits to individual clients, or nearly 1434 visits per month. Services provided at these visits were attributed to the following 12 sub-programs of PHN: Adult, Child 0-17, Community/Environment, Geriatric, Lead, Migrant, Parenting, Post-partum, Pre-natal, Refugee, Tuberculosis, and Other Disease Control.



Client Referrals

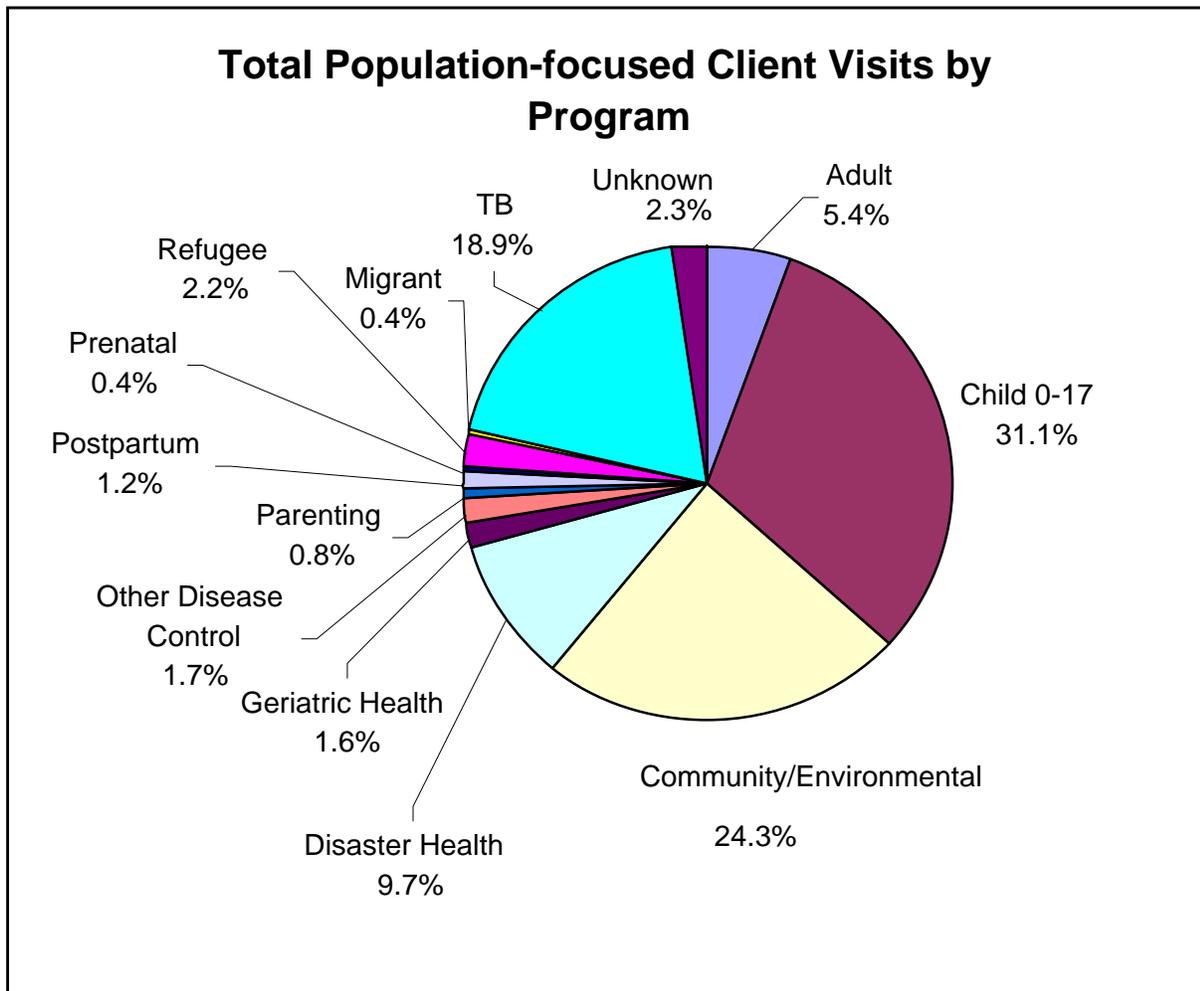
During the six month period, PHN processed 2466 new referrals. As of June 30th 1311 new clients were admitted to the PHN caseload or, nearly 53.2% accepted offered services. This compares to 57% for calendar year 2005.

The majority of referrals to PHN came through PHN’s statewide Central Referral process, from a variety of community sources.



PHN Population-focused Services

PHN provided 1006 nursing visits to a wide variety of population-focused clients at clinics, schools, and other community sites. Examples include CASA audits, immunization clinics, Tuberculin Skin Test training sessions, TB and pediatric clinics, Emergency Management coalitions, and a wide variety of other community-based health initiatives. This number represents 11.7% of total PHN client visits for this time period. The following chart shows the percentage of time spent in these direct services by program. For example, visits for the Community/Environmental Program comprised 24.3% of population-focused client visits, or 2.84% of PHN's total client visits.



Some Committee Initiatives

Quality Improvement (QI) Committee

Discharged clients were surveyed regarding their satisfaction with PHN services. Survey results were used in program planning and policy development. QI Teams were chartered to research related practice issues and develop plans for improvement.

Knowledge, Behavior, and Status (KBS) trainings were held for PHN staff during the spring. KBS is documentation of improvement that occurs as a result of PHN intervention with the client.

A standardized home safety assessment/intervention packet for use with families after the newborn period was developed to enhance safety assessment and teaching practices. Data from American Academy of Pediatrics and “Bright Futures” was used so that a standard message for all the agency staff is delivered to clients. Bright Futures is a set of expert health supervision guidelines for children birth through adolescence, published by the Health Resources and Services Administration (HRSA), United States Department of Health and Human Services.

Documentation Committee

2006 Charting Guidelines were updated to reflect organizational service priorities and to promote the levels of documentation quality necessary to support these priorities. Staff training and record review activities focused on optimal Omaha System utilization.

Safety Risk Management

A pilot project was undertaken to study the nursing practice issues related to ergonomic safety promotion. Committee recommendations were made and implemented.

Other Accomplishments

- ❖ Central Referral staff performed direct outreach activities with statewide referents, to ensure optimal resident access to PHN services.
- ❖ PHN representatives presented 2 posters at the 2006 Maine Nursing Summit, representing: the organization’s pilot project to promote workplace ergonomic safety; and the organization’s utilization of nursing informatics tools to communicate the vitality of public health nursing practice.

- ❖ Public Health Nursing standardized nursing workload analysis tools to support program accountability.

III. Looking Forward – Fiscal Year 2007

New Initiatives

- ❖ Continue preparations for CHAP accreditation
- ❖ Update PHN staff orientation process
- ❖ Creation of a Public Health Nursing Program zero-based budget.

Emerging Issues

- ❖ Prepare multiple new staff to assume vital PHN roles
- ❖ Readiness to respond and contribute to evolving Public Health Information Network initiatives