



Memorandum

Date: April 13, 2009

To: Southern Nevada District Board of Health

From: Bonnie Sorenson, R.N., B.S.N., *Director of Clinic & Nursing Services* *BS*
 Lawrence K. Sands, D.O., M.P.H., *Chief Health Officer* *LKS*

Subject: Nursing Monthly Report – March 2009

DIVISION OF NURSING DIRECTOR REPORT

I. Immunization Program:

A. Immunization Clinics:	March	YTD 2009	YTD 2008
Total Clients	5,407	16,164	21,619
Total Vaccine	13,311	41,144	55,581
Gratis	219	743	767
B. Health Card Clinic:	March	YTD 2009	YTD 2008
Total Client Encounters	8,202	21,857	30,240
Total Hep. A	5,692	15,003	22,254
Total TB Testing	1,228	3,417	4,094
C. Perinatal Hep. B Program:	March	YTD 2009	YTD 2008
Total Active Cases	144	148 average	151 average
# of Expectant Women	25	81	87
New Cases	2	11	20
Closed Cases	0	53	26
Total Cases	292		
Hospitals Visited	12	38	39
D. Vaccines for Children Program:	March	YTD 2009	YTD 2008
Average provider rate(4:3:1:3:3:1)	59.6%	59.6%	55.8%
Average provider rate(4:3:1:3:3:4)	47.8%	47.8%	N/A
# of Drop Outs from Program	2	10	N/A
# of New Enrollments*	4	5	N/A
# of Fed. Qualified Health Ctr. with delegated authority	96	96	N/A
# of Tribal Health Clinics	2	2	2
# of Other Public Health Ctr.	6	6	6

Total number of VFC Providers to date is 145, compared to 163 in January of 2009.

* The number of new enrollments is already added to the total number of providers.

E. Immunization Project:	March	YTD 2009	YTD 2008
Adolescent			
Clinics Public Schools	28	60	20
Clinics Private Schools	1	1	0
Total All Clinics	29	61	20
Total Clients Seen	504	1039	894
Total Vaccine	643	1275	1489
F. Child Care:	March	YTD 2009	YTD 2008
Child Care Audits	12	43	New Program
Average Immunization Rate	34.75	34.75	N/A
Feedback	34	39	N/A
Total Clinics	5	12	N/A
Total Clients	63	100	N/A
Total Vaccine	166	264	N/A
G. Adult Program:	March	YTD 2009	YTD 2008
Total Worksites Visited	4	4	14
Total Patient Encounters	86	270	261
Total Contracts	2	159	119
Total Purchase Orders	0	17	16
H. Educational events:	March	YTD 2009	YTD 2008
Total Education Events Held	1	2	1
I. Vaccine Management:			
SNHD Vaccine	March	YTD 2009	YTD 2008
Shortages	0	0	0
Overages	0	0	0
Wasted Doses	4	15	145
Flu Vaccine Given	1162	5580	6977
Flu Vaccine Available		1676	1710
J. Vaccine Management:	March	YTD 2009	YTD 2008
State Vaccine			
Shortages	0	0	0
Overages	0	0	0
Wasted Doses	2	22	266
Flu Vaccine Given	181	2430	0
Flu Vaccine Available		3317	

Total Vaccine given for 2008-2009 Flu Season	YTD 2009	YTD 2008
	26,210	29,179

K. Immunization Exemption Class:	March	YTD 2009	YTD 2008
Total Clients Attending	7	20	34

We are experiencing a shortage of Yellow Fever vaccine. In order to best utilize the multi dose vials of Yellow Fever Vaccine that is available, we are making appointments. Appointments will continue until the supply of vaccine increases.

Six staff members attended the 43rd National Immunization Conference in Dallas put on by the CDC. The Vaccine Education Class for those wanting exemptions was presented at the conference by Jo Alexander. Staff who attended heard about the most recent developments in vaccine science, policy, education, technology and planning issues related to immunizations. Veronica Morata-Nichols attended two NACCHO events at National Immunization Conference in Dallas, TX; one regarding Risk Communication and the other was a work group for States with low immunization rates.

II. Community Health Nursing Program:

A. Maternal Child Nursing Program:

The MCH nurses continue to perform the Child Care Facilities surveys for compliance using the *Caring for Our Children* national standards. This is a pilot project done in conjunction with United Way. During the survey the children’s health records are reviewed to determine compliance with immunization requirements, and the frequency of physicals. Usually there is documentation of a physical being performed sometime within the first month of admission to the Child Care facility but no documentation that a yearly physical assessment is done. The facility is also reviewed for safety issues, issues with food storage and preparation, etc., as well as appropriate policies and procedures.

B. Special Project Team and Healthy Kids Team:

The Special Projects team partnered with the Lead Program during March to provide lead and hemoglobin screening to Head Start children. The team covered 13 sites and provided services to 286 children.

The Healthy Kids team is continuing to screen children for Behavioral/Emotional issues. Eighteen children were screened this month and no referrals were necessary.

C. Nurse Family Partnership (NFP):

Our current active caseload is 68 clients. We have now had six births in the unit; four males and two females. All six children were 37 weeks or greater gestation and all six weighed 2500 grams or greater at birth. This means that to date all of the children in the program have met our program goals.

D. Childhood Lead Poisoning Prevention Program (CLPPP):

Lead Screening:

Total number of children screened at community venues -----	286
Total number of children screened at SNHD PHCs-----	18

Of the 286 Lead Screenings - the Total number of children with venous confirmation of Elevated Blood Lead Level (EBLL) this month -----0

Grant total number of children screened----- 304 334 YTD

Case Management activities:

Total number of cases opened ----- 0

Total number of cases closed----- 0

Total number of contacts made by the CLPPP case manager ----- 1 10 YTD

Total number of active cases ----- 8

E. Refugee Health Program:

The Refugee Health Program saw 59 clients during March. Of those 59 clients screened; 5 had initial positives for TB, 2 positives for Hepatitis, 1 for Ova and Parasite, and 1 for an STD.

III. HIV/STD:

Statistics for March 2009

➤Newly identified HIV infections	= 14	YTD = 52
➤Newly identified AIDS cases	= 15	YTD = 53
➤Pediatric HIV infections	= 0	YTD = 0
➤Pediatric AIDS cases	= 0	YTD = 0
➤Perinatally AIDS exposed	= 2	YTD = 5

A. Prevention Services:

Outreach Activities:

1. On 3/10/09, National Women & Girls HIV Awareness Day was observed by testing at UNLV Women's Studies Event from 10 a.m. to 2 p.m.
2. On 3/02/09 and 3/16/09, HIV testing was offered at UNLV Student Health Services from 1 p.m. to 4:30 p.m...
3. On 3/17/09, the office of HIV/AIDS/STD started a new testing site at the North Las Vegas Parks & Recreation Center on Bruce and Owens from 3 p.m. to 7 p.m. This site will be in operation every Tuesday and rapid HIV screening, syphilis serology and urine based GC/CT screening will be available. This center will target African-American, Hispanic and young adults.
4. On 3/21/09, testing was offered in partnership with Goshen Community Development Coalition from 1- a.m. to 2 p.m.
5. On 3/26/09, testing was offered at Charlie's Lounge from 7 p.m. to 12 a.m.
6. On 3/23/09 and 3/25/09, testing was offered at Community Counseling center from 5 p.m. to 8 p.m.
7. Every Monday and Thursday, testing is available at the Gay & Lesbian Center from 1 p.m. to 7:30 p.m. In March, 31 Twinrix vaccinations were administered.
8. Every Wednesday, testing is offered at Cambridge Community Center.
9. Every Friday, from 10 a.m. to 2 p.m., testing services are available at the Fire House in North Las Vegas.
10. HIV testing continues every week at the Juvenile Detention Center and three times a week at County and City jails.

Training for SNHD staff and Community Providers included:

- HIV Fundamentals from 10 a.m. to 3 p.m. on 3/11/09 and 3/27/09.
- ABC's of Hepatitis and STD's from 9 a.m. to 1 p.m. on 3/25/09

B. STD Surveillance:

Total Syphilis, Chlamydia and Gonorrhea reported to STD surveillance in March.

Primary Syphilis.....	= 3	YTD = 6
Secondary Syphilis.....	= 3	YTD = 15
Early Latent Syphilis.....	= 6	YTD = 23
Late and Late Latent Syphilis	= 0	YTD = 6
Chlamydia	= 812	YTD = 2250
Gonorrhea	= 135	YTD = 437
Congenital Syphilis.....	= 0	YTD = 1

IV. CCHD/SNHD Lab:

March 2, 2009: Lourdes Romans, Medical Technologist, transferred over to Southern Nevada Public Health Lab. Routine RPR testing for syphilis commences.

March 12, 2009: SNPHL Transition Committee was held to discuss the project's milestones and remaining tasks to be completed. For the SNHD staff, the consolidation of CLIA and lab applications with the State Laboratory Division to maximize the district's cost savings is one of the final objectives to be achieved.

Refer to the monthly statistical report.

V. Tuberculosis Program:

March 4, 2009: The Supervisor and Manager participated in the needs assessment for the new public health center.

March 9, 2009: The upgrade was completed successfully for WebTB. As an outcome, IT reports this system is now running on a new SQL 2005 and Crystal Reports XI environment.

March 10, 2009: The Public Health Advisor disseminated the attached article. It is an editorial article emphasizing how correctional health care must be recognized as an integral part of the public health sector. (Attachment)

March 10, 2009: State TB controller communicated "new number" for grant money for TB Elimination. Reduction of grant funding continues to shrink from \$438,394 - \$394,555. The number is expected to remain fluid until the conclusion of the legislative session.

March 20, 2009: Bonnie Sorenson hosted the Nurse Executives meeting and the main subject/topics were the 2008 TB Outbreak recap as well as a presentation by Celestis: QFT and Oxford Immuno Tech: TSpot regarding their diagnostic lab testing procedures for consideration as a tool in health care screening for TB.

March 24, 2009: Commemorates World TB Day and district staff has completed the following: requested a press release, prepared a presentation to the Board of Health, and received a proclamation from the Governor's Office.

March 27, 2009: Kara Bennis, Patricia O'Rourke-Langston and Bonnie Sorenson attended the legislative session concerning SB304. Kara provided testimony and acted as a subject matter expert.

March 29, 2009: The local newspaper printed a summary of the Contact Investigation/Outbreak identified and worked throughout 2008. There has been a total thus far of over 2200 man hours in the field. Subsequently during that week television interviews were done by Channel 3 and Univision. Dr. Jim Christensen was featured during the Channel 3 airing and he complimented the Health District team for their work, and the need to continue to be vigilant for this disease in the community.

Tally for the month of people using the TB website for their questions/concerns: 10
Refer to the monthly statistical report.

VI. STD Clinic:

March 9, 2009: The following changes to Billing related to STD services were scheduled to go into WebIZ Production: the *STD-Results Only* will have a zero charge; the *Misc-Copy of Results Only* will have a \$3 charge (this service type is to be used ONLY for patients wanting an extra copy of the results), and the *STD-Immigration Letter Only* will have a \$35 charge.

March 11, 2009: The UNLV nursing students completed for their school project a pdf document for a Chlamydia website plan. This project was the result of the student's experience in the STD clinic. The student also conducted a time study for the STD clinic for the last week of February 2009.

March 1-31, 2009: Audit of STD encounters specific for Chlamydia was conducted. Results will be shared and discussed at the next Infertility Prevention Project regional meeting.

Tally for the month of people using the STD website for their questions/concerns: 16
Refer to the monthly statistical report.

VII. Nursing Quality Management:

March 25, 2009: Committee members tallied the accreditation responses specific to the provision of nursing services. The section IX was reviewed using SharePoint. This was the first time this QI tool was used by this division. The feedback was positive and was made possible by the prompt support given by IT.

VIII. Public Health Centers (PHC): Total service numbers available via Monthly Activity Report

- A. Spring Valley PHC (SPV): By appointment only facility. SPV PHC is currently staffed by 1 R.N. and 1 clerical person. Family Planning Services have been transferred to the ELV location for all patients requesting Initial or Annual exams. Birth control refill will be provided at this location through June 2009 and clients will be assisted with transfer into an existing Title X facility at SNHD or per delegate agencies. All other services that can be provided by an R.N. are available to the community.

- B. Henderson PHC (HEN): The Henderson PHC has maintained a display area which demonstrates what items to have in preparation for a disaster. The display was put together by Ellen Buffington, R.N. staff and has been well received by the community.
- C. East Las Vegas PHC (ELV): ELV's Advanced Nurse Practitioner (A.P.N.) resigned. Family Planning Services are currently being provided by Mary Ann Cole, A.P.N.
- D. North Las Vegas PHC (NLV): NLV continues to serve the greatest number of Hispanic/Latino clients for all outlying PHCs.
- E. Airport: The Airport Clinic continues to serve the illness and injury intervention needs of the Airport staff and passengers. The clinic is no longer providing childhood Immunizations and will focus on the provision of Travel only vaccine.

IX. Family Planning:

- A. **Peer Review Meeting:** Next scheduled meeting - April 9, 2009.
- B. **Family Planning Monthly Audits:** Completed at ELV, SPV, NLV and HEN. Audits reflect input from Senior PHNs for overall completeness of documentation, Supervisor audits for compliance with Best Practice Guidelines and Policy, Nurse Practitioners review for adherence to protocols and standards of practice and MD audits for safe practice. There were no issues identified in the audit process for the month of March.
- C. **Information and Education Committee:** Next meeting scheduled for April 9, 2009. SNHD, HTC, and PPSN will participate in Women's Health Week activities in May 2009, to include, distribution of materials promoting PAP and Breast exam and available services through SNHD and local partners. Materials will be available and activities will be held at East, North, Spring Valley and Henderson Public Health Centers.
- D. **IT Enhancements:** The new Chlamydia client documentation screen has been fully implemented in Family Planning and STD. Data reporting capability has been tested and the system now automates data capture for reporting purposes.
- E. **Infertility Prevention Project (IPP):** No reportable information.
- F. **Professional Education:** One Nurse Practitioner and 1 R.N. attended the Contraceptive Technology Conference held in San Francisco. This is an annual National Conference where professional staff learns the latest updates in Family Planning service delivery, technology and birth control updates as well as recommended diagnostic testing, intervention and overall case management recommendations.
- G. **Advisory Board Presentation:** The Family Planning Advisory Board presentation was held March 24, 2009. All attendees were updated regarding client service numbers for 2008, SNHD and Delegate activities as required by Title X Program guidelines and Special updates.

X. Nursing Development/Community Outreach Educator Program

A. Education:

1. A total of 12 educational opportunities were provided in March 2009.
2. Satellite broadcasts (live and taped) and Live Speakers/Instructors (see attached).
3. More than 31 staff members attended these trainings.
4. CEU's were available for one of these programs.
5. CPR class was cancelled in March due to lack of response.

B. Student Activities:

1. Orientation was conducted for one University of Nevada School of Medicine Pediatric Resident and eleven activities were scheduled in March.
2. Medical students: Five medical students rotated through the STD clinic in March.
3. Coordinated dates for the Spring, Summer and Fall semesters for UNLV (2 semesters), Nevada State College, Touro University and University of Southern Nevada nursing students.
4. Orientation was conducted for one Physician Assistant student from Touro University.
5. Nine UNLV nursing students completed their Spring rotation at SNHD.

C. New Hires: Two new hires in March.

D. Other Activities:

1. Wrote up Unnatural Causes (PBS program) for CEU credit.
2. Worked on Immunization Policy/Procedure manual.
3. Conducted first Immunization Competency class.
4. Coordinated materials to hand out at a Health Fair to be held April 18th.
5. Attended the National Immunization Conference in Dallas Texas March 30th - April 2nd.

BS: mg

Attachments: Monthly Statistical Report – March 2009
In-Service Calendar
Correctional Health Care – Editorial
Letters of Appreciation

NURSING DIVISION MONTHLY REPORT

March 2009

CLINIC SERVICES

Not all services are available at all locations

Client Encounters by Location	Ravenholt	East LV PHC	North LV PHC	Hend PHC	Laughlin	MCH Satellites	Spring Valley PHC	Cambridge	TB Clinic	Airport	Mesquite	Overton	Adoles. Clinics	Childcare Clinics	Other**	TOTAL
Immunizations	2,635	973	666	907	9	27	227			51	15	13	501	55	14	6,093
Children's Exams		0	4	11	2	253	8									278
Family Planning	91	524	556	309	0		177									1,657
HIV/AIDS ***	1,107	22	9	15			4	8								1,784
Other Services*	27	79	89	18			44			89						346
STD Clinic	1,652															1,652
STD Investigations	87															87
TB Treatment/Control									8,204							8,204
Hep. A Desk (Health Card)	3,700	1,496		1,374	128			1,478			26					8,202
TOTAL	9,299	3,094	1,324	2,634	139	280	460	1,486	8,204	140	41	13	501	55	633	28,303

*First Aid, BP, PKUs

***Total Incl. Immuniz.

**Health Fairs

☐ =not applicable







**** Numbers not available at this time

CLIENT ENCOUNTERS BY PROGRAM

	YTD 2009	YTD 2008
Immunizations	17,567	23,191
Children's Exams	722	741
Family Planning	4,656	4,042
HIV/AIDS	5,786	3,573
Other Services	1,651	2,472
STD	4,751	5,008
STD Investigations	280	311
* TB Treatment & Control	23,123	13,748
Hep. A Desk (Health Card)	22,170	30,240
TOTAL	80,706	83,326

*Numbers are being audited for verification.

Approved by:

 Bonnie Sorenson
 Alice Costello
 Mary Ellen Harrell
 Veronica Morata-Nichols
 Patricia O'Rourke-Langston
 Owen Osburn

NURSING DIVISION MONTHLY REPORT

March 2009
FIELD SERVICES

COMMUNITY HEALTH Nursing Field Services (Home Visits)	Mar-09	YTD 2009	YTD 2008
MCH Team	180	564	783

NARRATIVE: Out of the 124 referrals received in the Community Health Nursing Program, 53 were in Neonatal Intensive Care Units, and 22 were for Child Protective Services.

COMMUNITY HEALTH MCH Healthy Kid's Team Statistical Data	Mar-09	YTD 2009	YTD 2008
Clients Seen for Immunizations	355	1454	
Exams	153	442	
Fluoride Varnish	31	298	

*started reporting this December 2008

COMMUNITY HEALTH NFP Statistical Data	Mar-09	YTD 2009	YTD 2008
Referrals	37	87	
Enrolled	15	32	
Active	65		

* started reporting this December 2008

COMMUNITY HEALTH Refugee Health Program	Mar-09	YTD 2009	YTD 2008
Clients Seen	59	176	
Clients Requiring Follow-up for Communicable Disease	9	30	

*started reporting this February 2009

Perinatal Hep. B	Mar-09	Mar-08
Total active cases	222	248
# of expectant women	25	28
New cases	2	6

Vaccines for Children	Mar-09	YTD 2009	Mar-08
Number of Participating Providers	159		171
Number of VFC Site Visits	7	11	6
Number of AFIX (Quality Assurance) Visits	6	8	1
Number of Feedback/Follow-Up Visits	7	38	7
Number of State Requested Visits	7	16	

Workplace Vaccinations	Mar-09	YTD 2009	YTD 2008
Patient Encounters	100	273	609
Worksites Visited	4	8	13

NURSING DIVISION MONTHLY REPORT

March 2009

FIELD SERVICES

TB Treatment & Control	Mar-09	YTD 2009	YTD 2008
New Cases	6	14	30
Patients on Prophylaxis	2,613	7,474	5,148
Contact investigations	6	15	35
Encounters	8,204	23,123	13,748

HIV/AIDS Testing by Location	Mar 2009	YTD 2009	Mar 2008	YTD 2008	Positives	
					YTD 2009	YTD 2008
SNHD-HIV, Outreach	1,459	4,045	559	2,975	59(19)	36
BADA *	79	276	70	259	0	1
MISC.(incl.J Jail)	198	580	93	154	5(3)	0
TOTAL	1,736	4,901	722	3,388	64(22)	37

*Includes Immunizations

**Parenthesis value represents those that were self-reported previous positive (screening for self-reported previous positives began in 2009)

Case Management Client Contacts	Mar 2009	YTD 2009	YTD 2008
Adults - HIV/AIDS	360	1169	1583
Women & Children - HIV/AIDS	265	1057	1031
TOTAL	625	2226	2614


NURSING DIVISION MONTHLY REPORT

March 2009

SUPPORT SERVICES

Volunteers	Number:	YTD 2009	YTD 2008	Hours:	YTD 2009	YTD 2008
Hope Worldwide Nevada	7	19	49	21	39	73.5

Laboratory Testing	Mar-09	YTD 2009	YTD 2008
Total Clients	409	3,233	5,228
Total Tests	903	5,493	16,383

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<h1>March 2009</h1>						
<h2>In-Service Education</h2>						
1  Good Luck!	2	3	4	5 BBP Class 9:30-11:30 HR TR 2	6 CPR: Renewal 8:00 PCR RSVP Sherry	7
8	9	10	11 HIV Fundamentals 10:00-3:00 400 Shadow Lane Cherie 759-0726	12 A Safe Home Environment: What Is That Smell? 9:00-11:00 MCC	13	14
15	16	17 Sexual Violence/Statutory Rape Andrea Sunbrough Coalition Against Sexual Violence 9:00-11:00 Clemens RSVP Sherry	18 Student Pharmacist Presentation (Topic to be announced) 8:30 & 2:00 MCC	19 Student Pharmacist Presentation (Topic to be announced) 8:30 & 2:30 MCC	20 BBP Class 9:30-11:30 HR TR 2	21
22	23	24	25 ABC's of Hepatitis & STD's 9:00-1:00 400 Shadow Lane Cherie 759-0726	26 Three to Five Saves Lives: Widening the Gap Between Birth Intervals 9:00-11:00 MCC	27 IZ Competency 8:30-12:30 MCC RSVP Sherry HIV Fundamentals 10:00-3:00 400 Shadow Lane Cherie 759-0726	28
29	30 NIC	31 NIC				

Editorial

Correctional Health Care Must be Recognized as an Integral Part of the Public Health Sector

JOE GOLDENSON, MD,* AND MICHAEL HENNESSEY,†

*From the *Department of Public Health, Jail Health Services, San Francisco, California and †Sheriff's Office, City and County of San Francisco, California*

THERE HAS BEEN A TREMENDOUS increase in the correctional population over the last 25 years. Today, more than 2 million individuals are incarcerated in our nation's jails and prisons, as compared to 500,000 in 1980.¹ Much of this growth can be attributed to changes in sentencing law and policy, resulting in a dramatic increase in the number of inmates convicted of drug offenses and in lengthier sentences. In addition, as public health and social service programs are being reduced, more and more homeless individuals and those with mental health problems are ending up in correctional facilities.² A disproportionate number of the incarcerated are poor³ and come from racial and ethnic minority groups.⁴ Their lifestyles often include drug and/or alcohol abuse,⁵ poverty,⁶ homelessness,⁷ under education,⁷ unemployment,⁸ and unsafe sex.⁹ Given these factors, it is not surprising that the inmate population is 1 in which problems such as tuberculosis, HIV, hepatitis, STD's, and the consequences of violence and trauma are much more prevalent than in the general population.¹⁰⁻¹⁴ Many of these illnesses can affect not only the individuals themselves, but also other inmates, staff, and the community at large. Overcrowding, the frequent movement of inmates both between and within correctional facilities, and the short length of time some of these individuals spend in a facility often make it difficult to identify, treat, and prevent the spread of these diseases.

Despite the high prevalence of these problems in the prisoner population, the majority of prisoners have been medically underserved before their incarceration. This is due to a number of factors, including limited access to medical care in the community, lack of insurance, distrust of the medical establishment, competing priorities, and unpredictable lifestyles. Thus, for the majority of those who pass through correctional facilities each year, the jail medical staff functions as their primary provider, and is often the first contact with the health care system. For those inmates who suffer from chronic illnesses, drug or alcohol dependencies, communicable diseases, mental illnesses, or the various other ravages of poverty and violence, this contact with the public health care system is central to

their health, the health of their families, and the health of the overall community. The opportunity to provide health care services in correctional facilities makes it possible to not only manage the treatment and prevent the spread of disease, but also to draw many inmates and their families into the public health care system.

Many people think of jail or prison as a life time sentence. In reality, the overwhelming number of incarcerated individuals will be returning to their communities. The average length of stay in a jail is approximately 2 to 3 months,¹⁵ whereas for prison, it is approximately 3 years.¹⁶ This means that efforts of correctional health care staff aimed at identification, treatment, continuity of care, and prevention of health problems are critical not only in reducing the incidence and prevalence of disease in correctional facilities, but also in the community at large. In its landmark 2002 report to Congress on The Health Status of Soon-to-be-Released Inmates, the National Commission on Correctional Health Care¹⁷ found that the failure to treat these problems is likely to have significant adverse effects on society. The report noted that released inmates who are not treated for communicable diseases may transmit these diseases to members of the general community and that many inmates who are released with untreated communicable or chronic diseases, or with mental illness, are likely to become a much greater financial burden on their local health care system than if they had been treated while still incarcerated and in an earlier stage of their disease. The report concluded that: by providing comprehensive prevention, screening, and treatment services in prisons and jails, communities can take advantage of a tremendous opportunity to improve public health by reducing the problems associated with untreated inmates returning to the community.

Many correctional systems do not have the necessary knowledge, skills, or resources to adequately address these problems. Collaborations between public health programs and correctional systems are an effective means of filling this gap. Public health departments have the staff, expertise, and other resources to assist correctional medical programs in developing and implementing necessary screening, surveillance, prevention, education, and transitional services. There are a variety of methods by which this can

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Gamage, Midge

From: Morata-Nichols, Veronica
Sent: Monday, April 06, 2009 11:09 AM
To: Gamage, Midge
Cc: Sorenson, Bonnie; Alexander, Jo
Subject: FW: Compliment from health card client

Hi Midge,
Please put in the next BOH report .

*Veronica Morata-Nichols RN
CHN Manager/Immunization
Southern Nevada Health District
P.O. Box 3902
Las Vegas, NV. 89127
Office #: (702) 759-0892
Fax #: (702) 383-1446
E-mail: morata@snhdmail.org*

From: Alexander, Jo
Sent: Wednesday, April 01, 2009 9:54 PM
To: O'Malley, Erin; Chong-Dao, Mee Kee
Cc: Benjamin, Stephanie; Chua, Ray; Morata-Nichols, Veronica
Subject: RE: Compliment from health card client

Thank you Erin!

-----Original Message-----

From: O'Malley, Erin
Sent: Wed 4/1/2009 12:48 PM
To: Chong-Dao, Mee Kee; Alexander, Jo
Cc: Benjamin, Stephanie; Chua, Ray
Subject: Compliment from health card client

Mee Kee and Jo,

I just wanted to let you know that one of our Health Card clients, Irene Lopez, was very complimentary to Stephanie Benjamin today when she left. Apparently, she was very nervous about the shot and felt Stephanie was one of the most compassionate people she had ever come across. She fell ill after the shot and stated that Stephanie took extremely good care of her. Irene just wanted Stephanie's supervisors to know what a wonderful job she did and I said I would pass it along. Great job, Stephanie!

Thanks.
Erin O'Malley
Health Records Assistant



United Blood Services

**Donor Recruitment Department
2451 S. Buffalo Drive, Suite 140 / Las Vegas, NV 89117
(702) 228-8400 / FAX (702) 228-0041**

March 6, 2009

**Ms. Gwen Osburn, Community Health Nurse Manager
Southern Nevada Health District
625 Shadow Lane
Las Vegas, NV 89127**

Dear Ms. Osburn:

On behalf of United Blood Services and the patients we serve, thank you for hosting a blood drive at Southern Nevada Health District! Your generosity is appreciated by all of us at United Blood Services, and by the patients we serve.

I really appreciate the dedication of Sherry Henninger to recruit donors and following through to assure the drive's success! During the drive, 57 units of blood were collected. These donations have already been tested, processed and separated into various components for use by hospitals in our service area.

Thanks again for your assistance and effort. Through your support of the community blood program, many lives have been saved. You are our hero. I look forward to our next blood drive together, which is scheduled for 07/15/09!

Sincerely,

**Janice Dunnington
Sr. Donor Recruiter
United Blood Services
Find the hero in you. Give blood 3 times a year.**

CC: Sherry Henninger

JD/ch

FOR THOSE WHO CARE
FOR OTHERS

I THANK YOU ALL
FROM THE BOTTOM
OF MY HEART FOR
ALL YOUR HELP
FOR SAVING MY
LIFE.

I AM VERY HAPPY
ONCE AGAIN BEING
HEALTHY.

LOVE
[REDACTED]

**SUCCESSFUL
COMPLETION OF
TB DOT 1/09**