

Memorandum

Date: March 8, 2018

To: Southern Nevada District Board of Health

From: Fermin Leguen, MD, MPH, Chief Medical Officer & Director of Clinical Services

Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer

6-77

RE: DIVISION OF CLINICAL SERVICES DIRECTOR REPORT

I. Immunization Program

A. Immunization Program Activities

- 1. The Immunization Reminder program provided 450 successful reminder calls for adults 65 years and older via telephonic calls and postcards for individuals with no doses of Prevnar, Pneumovax, shingles and/or Td/Tdap vaccines on February 15, 2018. There were 148 successful reminder calls for children 19-35 months who are not up to date with their immunizations.
- 2. A presentation on Travel Vaccines was offered at Touro University for faculty and students on February 16, 2018.

B. Immunization Outreach Activities

- 1. Mobile Unit Clinic at Windmill Library on February 7, 2018 and February 21, 2018 provided 23 vaccines to 7 clients.
- 2. Mobile Unit Clinic at Skyview YMCA on February 12, 2018 and February 16, 2018 provided 16 vaccines to 5 clients.
- 3. Hepatitis A Campaign collaboration with Aids Health Foundation at multiple homeless/tunnel areas on February 15, 2018 provided 16 vaccines to 9 clients.
- 4. Hepatitis A Campaign clinic for homeless held at the G & L Center on February 20, 2018, provided 28 vaccines to 24 clients.
- 5. Health Fair at Bells Elementary School in partnership with Immunize Nevada on February 22, 2018, provided 35 vaccines for 23 clients.
- 6. Adult Clinic for uninsured clients at the Mexican Consulate on February 26, 2017, provided 99 vaccines to 49 clients.

II. Community Health Nursing

A. Maternal Child Health

- 1. There was one new childhood lead poisoning case reported during the month of February.
- 2. There were three referrals from the Newborn Screening Program requiring follow-up by the field nurse.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District's Nurse-Family Partnership (NFP) has 161 active clients. Fifty-five are participating through the Maternal, Infant and Early Childhood Home Visiting

(MIECHV) Program made available through the Nevada Division of Public and Behavioral Health.

The MIECHV program has been re-authorized for five more years by the Federal government. This program holds states accountable for achieving successful outcomes over time with families enrolled in the following benchmark areas: improved maternal and newborn health; reduced child injuries, child abuse, neglect or maltreatment and emergency department visits; improved school readiness and achievement; reduced crime and domestic violence; improved family economic self-sufficiency; and improved coordination and referrals for community resources. A 2015 report showed that, nationally, Nurse-Family Partnership met all of the federally-required benchmarks for the MIECHV program.

C. <u>Healthy Start Initiative (HSI)</u>

The Southern Nevada Health District's Healthy Start program has enrolled 596 at risk participants since March 2015, when enrollment began. 157 infants have been born into the program since March 2015. At present, four case managers and team lead are serving 277 participants total.

The SNHD's Healthy Start Initiative (HSI) team has continued ongoing activities to support families in meeting project goals to improve women's health, increase access to quality services, strengthen families' resilience, achieve collective impact and monitor performance/outcomes. Outreach this month included: Immunize Nevada, Nevada Partners Outreach Programming, Volunteers in Medicine of Southern Nevada, Office of Suicide Prevention, and WIC Sunrise Children's Foundation.

III. HIV/Ryan White Care Programs

- A. The HIV Case Management (MCM) program received referrals on two pregnant women in February. There were no babies with perinatal HIV exposure referred to the Ryan White (RW) program this month.
- B. HIV/Ryan White Care Services workforce members attended a mandatory case management training provided by the Ryan White Part A Grant Recipient, Clark County Social Services. The training centered on case management concepts, trauma informed care and motivational interviewing as a way to improve quality of services to clients served.
- C. Nurse Case Management (NCM) continues to collaborate with the UNLV Maternal Child Wellness program to provide case management and care coordination for perinatally exposed newborns and children living with HIV.
- D. The program hired a new NCM into the program, with another NCM position still on recruitment process.
- E. The new Community Health Worker (CHW) program has served a total of 43 clients since it started enrolling patients on October 2017. The CHW program is a cooperative enterprise between SNHD and Boston University School of Public Health Center for Advancing Policy and Practice. SNHD is one of ten demonstration sites that "seeks to build healthier communities, achieve health equity among racial and ethnic minority populations and ultimately improve health outcomes for people living with HIV". This research study looks into improving linkage and

retention to care by using and integrating CHW's into a health care team. The grant is augmented by the Nevada State Office of HIV/AIDS.

IV. Sexual Health Clinic (STD Care Services)

- A. Direct clinical services were provided to 1171 clients at this clinic. A new Physician Assistant started in February 2018.
- B. The clinical team is pilot testing a patient scheduling process to increase efficiencies in the clinic flow. Both walk-ins and appointments are being processed at present.

V. Tuberculosis Clinic/Refugee Health Program

- A. One new active adult TB case, and no new pediatric cases were reported by the TB Clinic.
- B. The Refugee Health Program served 25 clients (16 Adult and 9 Pediatric). 81% of adult (13 of 16) clients required communicable disease follow-up.

VI. Teen Pregnancy Prevention (TPP)

- A. The TPP program and grant partners continue full program and grant activities at the Juvenile Justice System, Department of Family Services, and other community based organizations in the community.
- B. Special Projects, Reports/Events: During December the TPP program conducted outreach activities at Western High School and Cheyenne High School. TPP provided information and resources to 210 individuals.
- C. During February, through the TPP program's social media campaign the THNKnevada Facebook page achieved a total of 21 new likes and 5,558 individuals were engaged in it. The twitter account reached 703 followers and had 886 impressions. The THNK website had 74 unique users, 47 new users and 6 returning users and the Instagram page reached 675 followers and 146 youth were engaged.

VII. Family Planning (FP)

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served a total of 539 clients; 518 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 307 clients (297 unduplicated clients).
- C. The Decatur family planning clinic served 232 clients (221 unduplicated clients).

VIII. Family Health Clinic

A. Initiated Family Health Clinic on December 1, 2017. This clinic is offering school, college, university, employment physicals and children preventive health services every Friday from 8:00am to 3:30 pm. There were 13 clients seen during the month of February.

IV. Pharmacy Services

- A. Dispensed 209 prescriptions for 134 clients.
- B. Assessed/counseled 29 clients in the Ryan White-Sexual Health Clinic.
- C. Assessed /counseled 32 clients in the Tuberculosis Clinic.
- D. Assisted 12 clients to obtain medication financial assistance.
- E. Assisted 4 clients with insurance approvals.

X. Clinical Services Administration

- A. Chamberlain, Nevada State College, Roseman University and Touro University and University of Nevada School of Medicine had scheduled SNHD Clinical Services rotations.
- B. Clinical Services Division continues to retain Nevada State Board of Nursing approval to provide Continuing Education credits for SNHD Nursing staff. There were 181 CEU's offered in February.

FL: ms

Attachments: February 2018 Statistical Report

CLINICAL SERVICES DIVISION MONTHLY REPORT

February 2018

Clinical Services Client Encounters by Locations

	DECATUR	ELV	HDN	Mesquite	SHC	TB	Refugee		Targeted	
Location	PHC	PHC	PHC	PHC		Clinic	Clinic	Laughlin	Populations	TOTAL
Immunizations	1,748	709	161	46	AND SAFEA		12		121	2,797
Family Health Clinic	13									13
Family Planning	232	307								539
Newborn Metabolic Screening	4	1								5
Sexual Health Clinic					1,171					1,171
TB Treatment & Control						1,189				1,189
Refugee Health Screening							25			25
SAPTA Services									21	21
Ryan White Care Services	879								arcardo a trada	879
Pharmacy Clients	134	4,								134
TOTAL	3,010	1,017	161	46	1,171	1,189	37	0	142	6,773

Clinical Services Client Encounters by Program

	Feb	Feb				
Program	2017	2018		FY 16-17	FY 17-18	
Immunizations	3,174	2,797	+	36,867	33,224	4
Family Health Clinic	*	13		*	38	4
Family Planning	587	539	4	5,092	5,179	1
Newborn Met. Screening	3	5	个	39	49	1
Sexual Health Clinic*	1,158	1,171	1	8,507	8,236	4
TB Treatment & Control	4,217	1,189	4	25,702	18,345	4
Refugee Health	72	25	4	460	226	4
SAPTA Services	27	21	4	1,424	170	4
Ryan White Care Services	*	879		*	5,511	\downarrow
TOTAL	9,238	6,639	4	78,091	70,978	4

stHIV Stats used to be reported in the Sexual Health Clinic are now reported separately

Clinical Services Immunization Program

	Feb	Feb				
Immunizations	2017	2018		FY 16-17	FY 17-18	
Flu Vaccine Given	921	954	1	8,805	7,975	4
Gratis	122	131	个	1,940	1,864	\forall

	Feb	Feb				
Vaccines for Children (VFC)	2017	2018		FY 16-17	FY 17-18	
Number of VFC Compliance Visits	10	9	+	46	43	4
Number of AFIX Visits	0	0	→	45	49	个
Number of Follow Up Contacts	102	72	+	940	591	4
Number of Annual Provider Training	9	15	1	64	72	个
Number of State Requested Visits	13	22	1	54	216	1

	Feb	Feb				
Perinatal Hepatitis B	2017	2018		FY 16-17	FY 17-18	
# of Expectant Women	30	24	4	36	22	4
# of Infants	156	134	4	120	140	1
Total # of Infants Delivered	11	4	4	7	5	V
New Cases	3	8	1	56	47	\forall
Closed Cases	6	7	1	34	56	1

	Feb	Feb				
Childcare Program	2017	2018		FY 16-17	FY 17-18	
Childcare Audits	14	7	4	171	48	4
Baseline Immunization Rate	85%	79%	4	83%	72%	¥
# of Re-Audits	20	5	4	128	47	V
Re-Audit Immunization Rate	97%	96%	4	95%	96%	1
# of Nurse Visits	23	17	4	244	106	4
# of Records Reviewed	181	1073	1	4,495	4,145	\downarrow

Clinical Services Community Health Program

	Feb	Feb				
Nursing Field Services	2017	2018		FY 16-17	FY 17-18	
MCH Team Home Visits	24	23	4	299	160	Ψ
# Children referred to						
Growth/Developmental Specialist	0	0	\rightarrow	0	0	7

	Feb	Feb				
NFP	2017	2018		FY 16-17	FY 17-18	
Referrals*	. 22	42	1	139	213	个
Enrolled*	6	9	1	51	85	1
Active	120	161	个			

^{*}Aug 2016 and FY 16-17 Referrals and Enrolled have been adjusted to reflect corrections to July numbers

	Feb	Feb				
мсн	2017	2018		FY 16-17	FY 17-18	
# of Referrals Received	10	7	Ψ	50	71	1
# from NICU	0	0	\rightarrow	0	0	→
# from CPS	1	3	个	4	24	1
# of Lead Referrals	1	0	4	5	9	1
# of Total Admissions	3	2	4	27	25	¥

Healthy Start Statistical Data	Feb 2017	Feb 2018		FY 16-17	FV 17 10	
Referrals	40	2018	4	173	288	1
Enrolled	21	6	V	80	165	<u></u>
Active	113	277	个			

Clinical Services Tuberculosis Program

	Feb	Feb				
Tuberculosis	2017	2018		FY 16-17	FY 17-18	
Number of Case Management Activities	247	331	1	3,211	2,999	4
Number of Monthly Pulmonary Specialist Clinic			-			4
Clients Seen	40	33	¥	331	277	Ψ
Number of Monthly Electronic Disease						
Notifications Clinic Clients (Class B)	18	26	1	155	207	1
Outreach Activities during the Month -						
Presentations, Physician Visits, Correctional Visits,			1			1
etc.	0	2		15	16	
Directly Observed Therapy (DOT) Field,						
clinic and televideo encounters	653	797	Υ	5,204	6,450	1

	Feb	Feb				
Refugee Health Program	2017	2018		FY 16-17	FY 17-18	
Clients Seen	72	16	4	461	466	1
Clients Requiring Medical Follow-up for						
Communicable Diseases	20	13	4	243	196	Ψ
Referrals for TB Issues	9	5	4	119	122	个
Referrals for Possible Chronic Hep B	2	4	个	18	31	个
Referrals for OVA & Parasites	10	4	+	132	150	个
Referrals for STD	3	0	+	19	17	Ψ
Pediatric Refugee Exams	*	9	+	*	45	4

Substance Abuse Prevention & Treatment Agency	Feb	Feb				
(SAPTA)	2017	2018		FY 16-17	FY 17-18	
# of Site Visits	4	4	→	114	33	4
# of Clients Screened	27	21	4	1,719	170	4
# of TB Tests	24	18	+	1,045	149	4

Clinical Services Teen Pregnancy Prevention Program

â	Feb	Feb				
Teen Pregnancy Prevention Activities*	2017	2018		FY 16-17	FY 17-18	
Classes Conducted	7	13	1	86	100	1
Teen Class Participants	42	53	个	452	482	个
Parent Class Participants	2	31	+	35	122	\downarrow
Youth Outreach Participants	644	210	个	10,010	3,389	1
Teens Referred to Services	6	17	+	215	150	\downarrow

Clinical Services Care - Ryan White Care Services

* New data FY 17-18. Not tracked for previous FY BOH report.

	Feb	Feb			
Medical Case Management	2017	2018	FY 16-17	FY 17-18	
Unduplicated # patients served	*	30	*	607	To a
Total Referrals	*	13	*	134	
Admissions	*	7	*	96	
Pregnant Women -NEW referrals	*	2	*	19	124
Infants/Children/Youth <18 - NEW referrals	*	0	*	24	

	Feb	Feb		
Eligibility and Enrollment	2017	2018	FY 16-17	FY 17-18
Unduplicated # patients served	*	110	*	1,010
Total # of patients who were screened for Ryan White Eligibility**	*	189	*	540

^{**} Includes 30-day and 6 month (complete) RW Eligibility

EIS / Linkage	Feb 2017	Jan 2018	FY 16-17	FY 17-18
Unduplicated # patients served	*	94	*	773
# Patients who had baseline HIV labs drawn	*	27	*	296
# Patients who completed an initial visit with SNHD provider	*	30	*	251
# Patients placed with outside provider	*	21	*	139

	Feb	Feb		
Outpatient / Ambulatory Health Services (OAHS)	2017	2018	FY 16-17	FY 17-18
Unduplicated # patients served	*	57	*	399
# Provider visits/duplicated patient count	*	60	*	568

Clinical Services Sexual Health Clinic Program

	Feb	Feb				
STD Services	2017	2018		FY 16-17	FY 17-18	
STD treatment/screening/exam	1,008	1,162	个	8,448	8,038	4
Special Pay	37	9	$\overline{\Psi}$	59	198	1
Total	1,045	1,171	个	8,507	8,236	4

Beginning July 1, 2017 HIV Clinic numbers are now reported under Ryan White OAMC

Multiple changes have occurred in the SHC/HIV program since 2015, therefore in the reporting of numbers Changes have been previously noted on BOH reports individually. An additional change is occurring July 2017 and is noted Current service numbers are correct

Comparison numbers from prior year/month however may not be accurate comparisons

Clinical Services Family Planning Program

	Feb	Feb				
Unduplicated Patients	2017	2018		FY 16-17	FY 17-18	
Number of Pt: East LV PHC	346	297	Ψ	2,183	1,908	4
Number of Pt: Decatur PHC	222	221	V	1,136	1,389	1
Duplicated Pts						•
Number of Pt: East LV PHC	363	307	4	3,330	2,940	4
Number of Pt: Decatur PHC	233	232	Ψ.	1,783	2,239	1
New Patients						
Number of Pt: East LV	104	65	Ψ	698	749	1
Number of Pt: Decatur PHC	80	65	4	671	678	1
APRN Visits						
Number of Pt: East LV	222	151	4	1,689	1,595	4
Number of Pt: Decatur PHC	151	130	4	1,171	1,357	1

Clinical Services Pharmacy Services

	Feb	Feb				
Pharmacy Services	2017	2018		FY 16-17	FY 17-18	
Clients seen (Pharmacy)	*	134	4	*	500	4
Prescriptions Filled	*	209	Ψ	*	737	Ψ
Clients seen (Pharmacist-SHC)	*	29	4	*	120	Ψ
Clients seen (Pharmacist-TB)	*	32	4	*	53	Ψ.
Financial Assistance Provided	*	12	4	*	63	
Insurance Assistance Provided	*	4	4	*	10	Ψ.
Referrals to Community Partners	*	0	4	*	5	Ψ

^{*}Pharmacy reporting initiated November 1, 2017