Quality Initiatives in Public Health

Arlene Stephenson

Acting Deputy Secretary Public Health Services

Maryland Health Care Workers Influenza Institute

- Purpose – to increase HCWs' influenza vaccination rate (target 80%)
- Registered partners receive:

  - free ½ day training for those who administer vaccines or set program policy

  - written materials on developing campaigns

  - eligibility for $1,000 grants
- 1st year – 150 providers trained

  -- 13,000 HCWs and volunteers immunized

MARYLAND
DEPARTMENT OF HEALTH & MENTAL HYGIENE

Infection Control Education and Consultation

- Provided to all acute hospitals and LTC facilities
- Provide curriculum content on basic infection control courses for RNs, OHCQ surveyors and communicable disease staff in LHDs through Infection Control Institute
- Collect HAI data from ICPs on Central Line Associated Bloodstream Infections; to be published in Winter 2009
- Finding – residents of LTC facilities with trained ICPs are less likely to get an infection during a disease outbreak

Community-based Quality Initiatives for Individuals with Developmental Disabilities

- Medication administration and understanding consumers health care conditions
- DDA staff train RNs who work for community based providers on how to oversee unlicensed personnel and CMTs
- Specific areas include:

  - care coordination - medication administration

  - health issues and disease status

  - immunizations, screenings, ulcer risk, ….

Community-based Quality Initiatives for Individuals with Developmental Disabilities

- Resource/Care Coordination

  - coordinator assigned to assist families and disabled individuals with locating and obtaining services, plan development, budget

  - responsible to see that services in plan of care are provided and for the outcomes

  - measure outcomes:

    - scheduled and unscheduled visits
    - interviews with staff, families, individuals
    - assessing consumer satisfaction

Dysphagia Management in DDA Facilities

- Purpose: reduce risk of choking, aspiration, dehydration, poor nutrition and poor medication absorption
- 65% of MR/DD population has this diagnosis
- Annually – evaluate resident and train staff
- Policies/procedures:

  - choke policy for immediate intervention

  - saliva control monitoring guidelines

  - dysphagia policy for reassessment

Dysphagia Management in DDA Facilities

- guidelines on safe level of supervision at mealtime
- solid/liquid food consistency prescription
- positioning
- adaptive equipment

Outcomes:

- stable weight
- progression in gaining mealtime independence
- staff compliance with procedures
- staff knowledge regarding mealtime issues

Healthy Lifestyles for People with Disabilities

- Holistic wellness workshops followed by support groups
- Purpose:
  1. evaluate current lifestyle situations
  2. identify areas to improve
  3. make positive changes
- 5 areas evaluated – emotional, social, physical health, spiritual/values, meaningful activities
- Session 1 – meaning of healthy lifestyle
- Session 2 – define and identify personal values
- Session 3 – learn about 5 areas in depth
- Session 4 – develop goals and activities for change