Nursing Monthly Report

July 2013

1. **Accreditation of the Galion City Health Department:**
	1. Sandy attended OSU School of Public Health 7/13&14/2013 Epi Info 7. This is a program that has Templates for food borne illness outbreaks and can be used to develop custom Templates for other data collection. I am working on a custom template to analyze immunization up to date rates of Galion City School’s kindergarten students. Report ready for October 2013 BOH meeting
	2. Committee (Sandy, Stephanie, and Dr. Novack) continued discussions – Develop templates and attend Avita Systems Crawford Wellness meetings to develop Community Health Improvement Plan (CHIP).
2. **Rationalize nursing functions.**
	1. This month –MAC reimbursement for 4th quarter 2013 (April-June) was $4,648.83.

Graph for reimbursement since implementing the program 2012

Reimbursement is variable as relates to:

 Number of staff completing time study

 Week of time study (Week is chosen by DJFS and notifies ODH) such as clinic week

 Reimbursable codes and tasks completed by staff during time study.

* 1. Additional immunization clinic on East side of Galion was suggested – this clinic at this time would be costly to the Health Department. A special portable freezer unit would need to be purchased (cost $3,200.00) for Varicella vaccine alone. Large cooler and large tote would be needed to transport the refrigerated vaccine and tote for administration supplies and records. Staffing cost for nurse would be $165.00 for 4 hours time, includes prep time, teardown, and record completion. Data entry into ImPact SiiS, statewide vaccine registry would be additional. Advertising would be additional cost. Families on Medicaid can request help with transportation via DJFS. Families without Medicaid and without a vehicle can contact Crawford Council on Aging for transportation to our office and Council on aging will invoice GCHD for $2.50 each way ($5.00) for families inside of Galion City limits. Parent and up to 2 children can ride for the above cost.

Communicable Diseases/Reportable—I S 3701-36-04-01

Chlamydia 2 Year to date 18

Hepatitis C, Chronic- 1 Year to date 16