



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

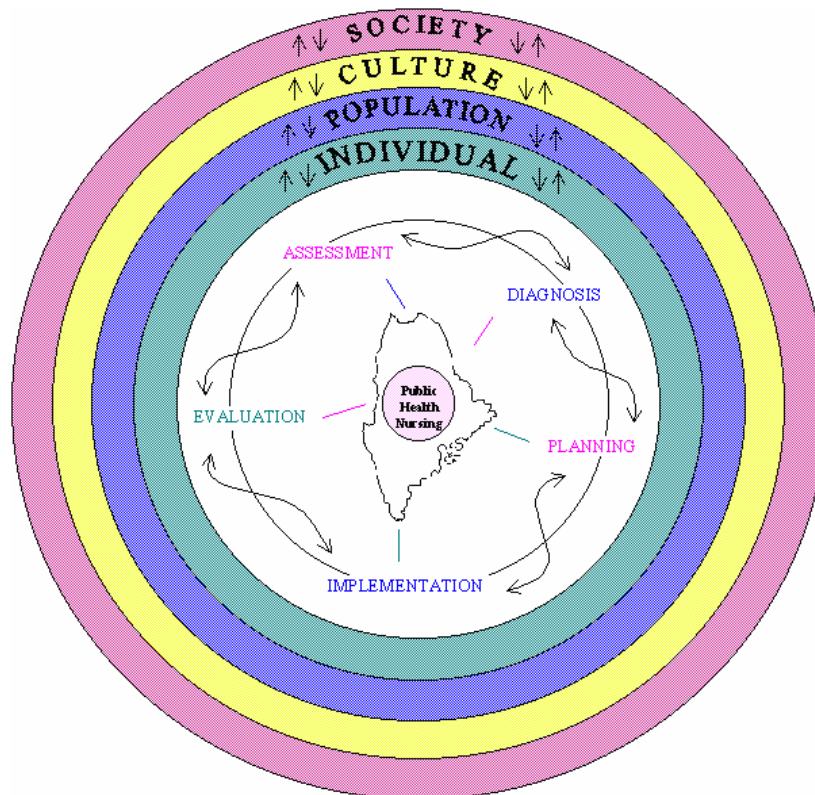
Public Health Nursing (PHN) in Maine has been in operation since 1920. Over the past 86 years PHN has been a vital component of what is now the Department of Health and Human Services. The current PHN program, with 14 offices, provides services to the residents of the entire state of Maine. The program 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, an ANA-recognized and standardized nursing language, is used for documentation and is central to PHN services. Omaha System revisions were anticipated during 2005 and are slated to be operationalized by the program starting July 1, 2006. These changes make a July 1st 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.

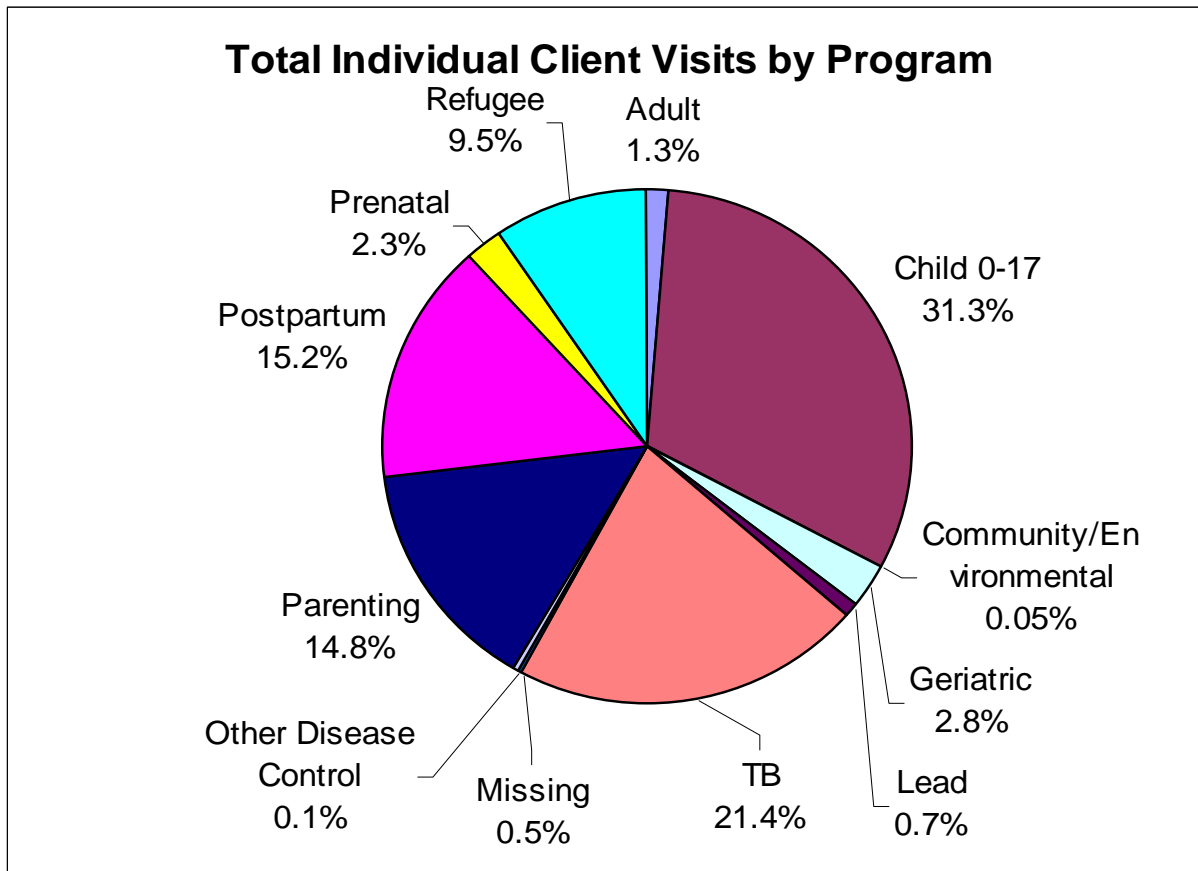
The practice of Maine Public Health Nursing is based upon this Conceptual Model:



II. Six Months in Review – January through June 2006

PHN Individual Client Services

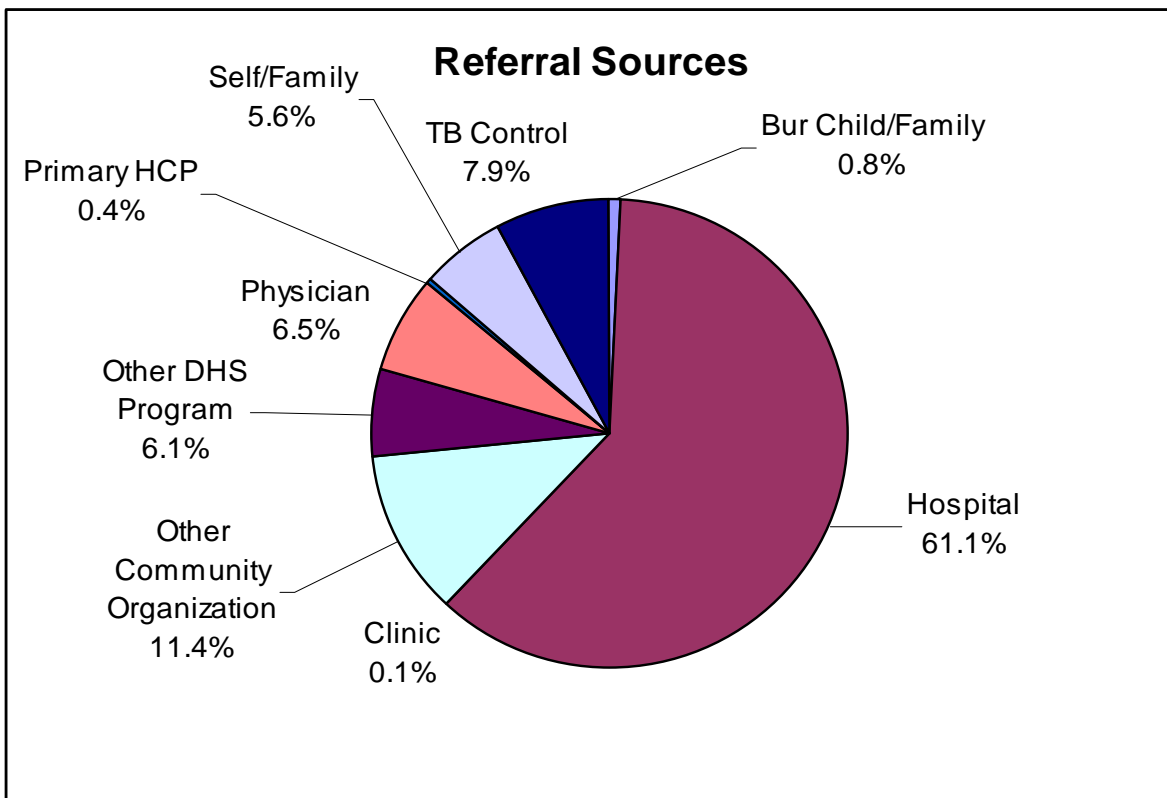
Public Health Nurses made 8602 visits to individual clients, or nearly 1434 visits per month. Services provided at these visits were attributed to the following 12 sub-programs of PHN: Adult, Child 0-17, Community/Environment, Geriatric, Lead, Migrant, Parenting, Post-partum, Pre-natal, Refugee, Tuberculosis,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



Client Referrals

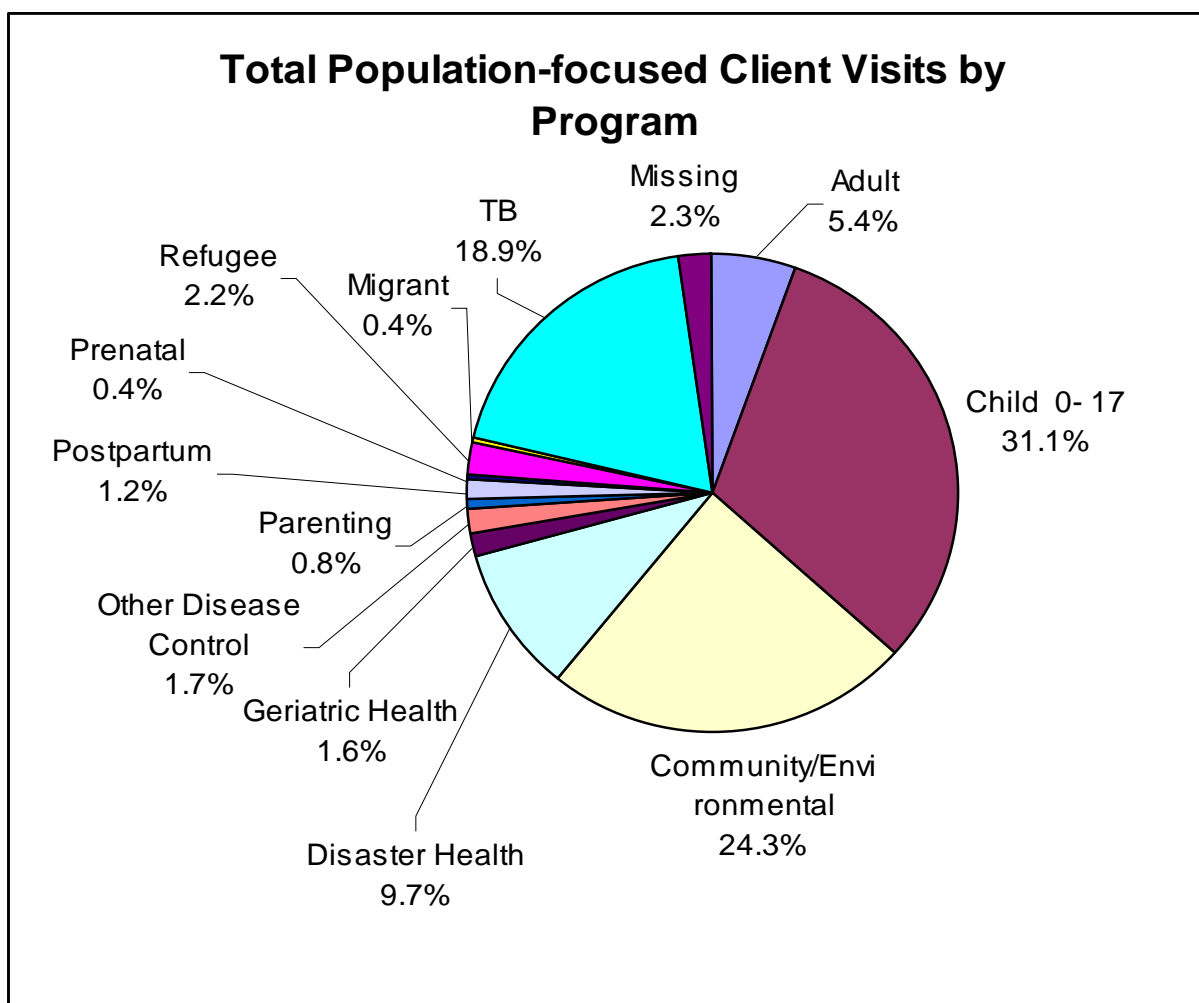
During the six month period, PHN processed 2466 new referrals. As of June 30th 1311 new clients were admitted to the PHN caseload or, nearly 53.2% accepted offered services. This compares to 57% for calendar year 2005.

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.
- ❖ The organization standardized PHN 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