



**Maine Center for Disease
Control and Prevention**
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

MAINE PUBLIC HEALTH NURSING



ANNUAL REPORT FY2010

July 1, 2009 – June 30, 2010

Ninety Years of Caring

1920-2010



State of Maine
Department of Health and Human Services
Maine Center for Disease Control and Prevention



Message from the Director

Dear Reader,

Thank you for your interest in Maine Public Health Nursing (PHN). This Annual Report covers PHN operations July 1, 2009 to June 30, 2010 (Fiscal Year 2010).

Fiscal year 2010 (FY2010) was a very important time for PHN. Three major events occurred illustrating the history, breadth of capacity, and excellence of PHN:

- ❖ PHN celebrated our 90th year as a premier health resource for the residents of Maine.
- ❖ PHN fully responded, as an entire Program, to the tasks required during the H1N1 influenza immunization campaign.
- ❖ PHN was granted full accreditation by meeting national standards of excellence as put forth by the Community Health Accreditation Program (CHAP), a nationally recognized accrediting body.

Through all of this effort PHN continued to serve the residents of Maine by providing quality public health nursing care, both population-based as well as care of the individual client. We look forward to continuing our efforts as we move into the second decade of this century.

If there are any questions and/or concerns, please access our website at: www.mainepublichealth.gov or contact me at: janet.j.morrisette@maine.gov.

Sincerely,

Janet G. Morrissette, MSN, RN
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Robert Wood Johnson Executive Nurse Fellow
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"I am sure we have no greater agents in the state, through whom we may extend the health program of the state, than the public health nurses"
Edith L. Soule – 1922, First Director of Public Health Nursing

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Acknowledgements

Maine Center for Disease Control and Prevention

Dora Anne Mills, MD, MPH – Director (During the time of this report)

Division of Family Health

Valerie J. Ricker, MSN, MS – Division Director

Public Health Nursing Program

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Prepared by:

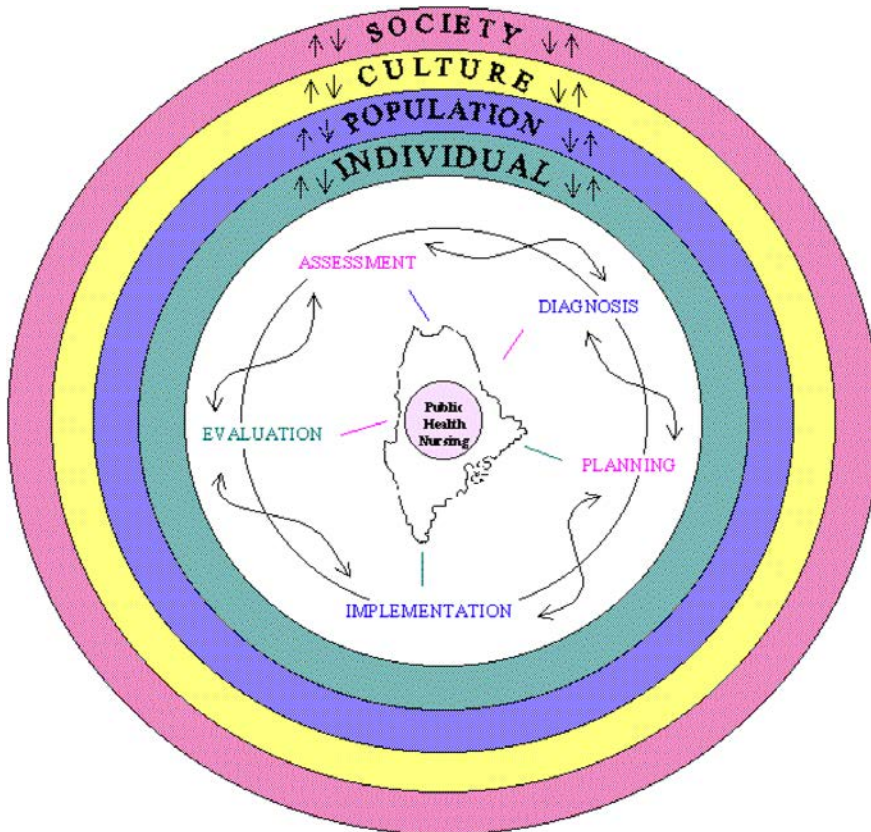
Pamela J. Correll, RN, MS – PHN Consultant, Informatics

Dwight Littlefield, RN, MBA – PHN Consultant

Coline Ludwig – Student Intern

Public Health Nursing Functions and Principles

- The role of Public Health Nursing (PHN) serves to make a positive difference on environments and conditions enabling populations to achieve optimal health and quality of life.
- PHN involves **assessing health status, defining health options, developing policies, and assuring access to services for individuals, families, and communities.**
- PHN uses both science and skill to identify and address health related issues through **prevention, screening and early detection, treatment, and ensuring continuity of care.**
- Public Health Nurses seek to reduce diseases, human hardship, and their economic cost.



MISSION

Public Health Nursing provides expertise and leadership to improve the health of populations

VISION

Healthy, productive, and safe Maine people and communities

Serving Individual to Society

Public Health Nursing has defined its role as:

“assessing health status, defining health options, developing policies, and assuring access to services **for individuals, families, and communities**”

(Foundation Statement, PHN Policy and Procedure).



Home Visit Services

- Adult Health
- Breast feeding Support
- Children with Special Health Needs
- Communicable Diseases
- Growth and Development
- Lead Poisoning Management
- Newborn/Infant Assessment
- Parenting
- Pregnancy
- Refugee/Migrant Health
- SIDS/Childhood Deaths
- Tuberculosis

Population Services

- Clinics
- Communicable Disease prevention and control
- Environmental health
- School Health
- Special Projects
- Breastfeeding In-Services
- Health Resources
- Smoking Cessation
- TB-TST Trainers

Community Services

- Advisory Boards
- Coalitions
- Collaborations with Groups and Agencies
- Health Forums
- Needs Assessments

PHN: A Short History

The Division of Public Health Nursing and Child Hygiene was created in 1920 as a collaborative effort among the State Department of Health, the American Red Cross, and the Maine Public Health Association. Edith L. Soule was appointed the first Director of the Division of Public Health Nursing and Child Hygiene. As director, her responsibilities included assisting in creating educational and organizational work as well as preparing monthly reports on services rendered by nurses.

In 1920, Edith Soule was the only staff member of the Division of Public Health. Starting in 1922, Ms. Soule corresponded with Governor Baxter to obtain funding so that more nurses would be available to travel to different counties of Maine. The goal was to improve prenatal health and reduce rates of infant mortality. In 1923, the first public health nurse was hired and over the years, the staff grew. Public health nursing played a significant role in advancing public health.

With an increasing need for Public Health Nurses in remote parts of Maine, Edith Soule was able to get two Ford automobiles for the department.

From 1937-1941 the responsibilities of Public Health Nurses included home visits to expectant mothers, infants, preschool children, school children, crippled children, and morbidity cases. In addition, they were responsible for providing immunizations and tests of smallpox, diphtheria, typhoid, and tuberculosis. Over a particular 5-year period, the Public Health Nurses conducted 135,831 home visits. Although the number of Public Health Nurses per county has fluctuated over the years, Public Health Nurses have continually played an important role in perpetuating healthy individuals and healthy communities in Maine.



For 90 years, Public Health Nursing (PHN) has worked to make a positive difference on environments and conditions enabling populations to achieve optimal health and quality of life. Public health nursing involves assessing health status, defining health options, developing policies, and assuring access to services for individuals, families, and communities.

Maine: A Unique Challenge

PHN uses both science and skill to identify and address health related issues through **prevention, screening and early detection, treatment**, and ensuring **continuity of care**.

Public Health Nursing faces unique challenges in providing equitable healthcare services throughout the State of Maine.

Demographic and Geographic Factors in Maine

Uneven population distribution and density

One third of Maine's population lives in the 2 southernmost counties, or 7% of the state's land area

Regions of large refugee populations

Concentrated in the Portland and Lewiston/Auburn areas

Most of Maine is rural

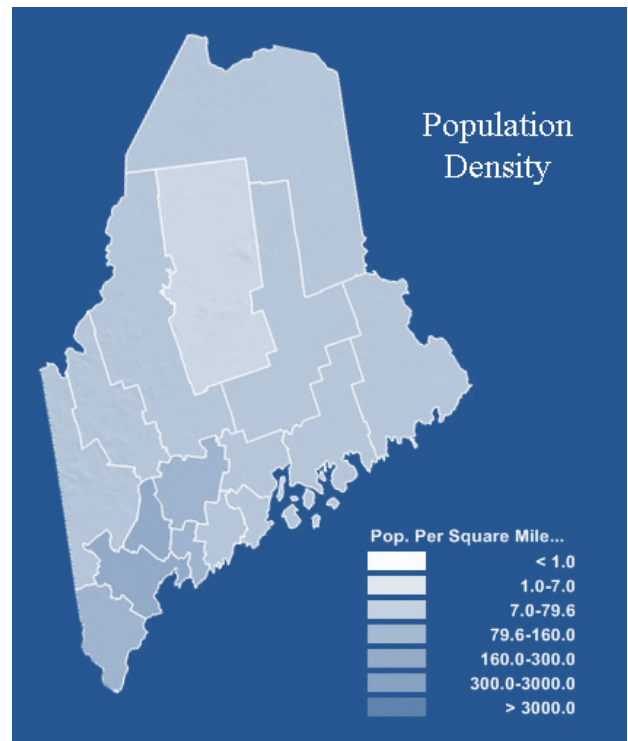
A barrier to accessing health care

The diversity of the population we serve

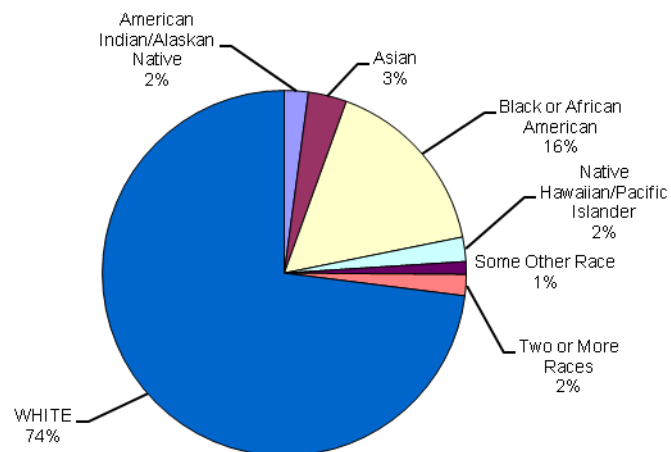
Racial and ethnic minorities experience serious health disparities

Childhood poverty

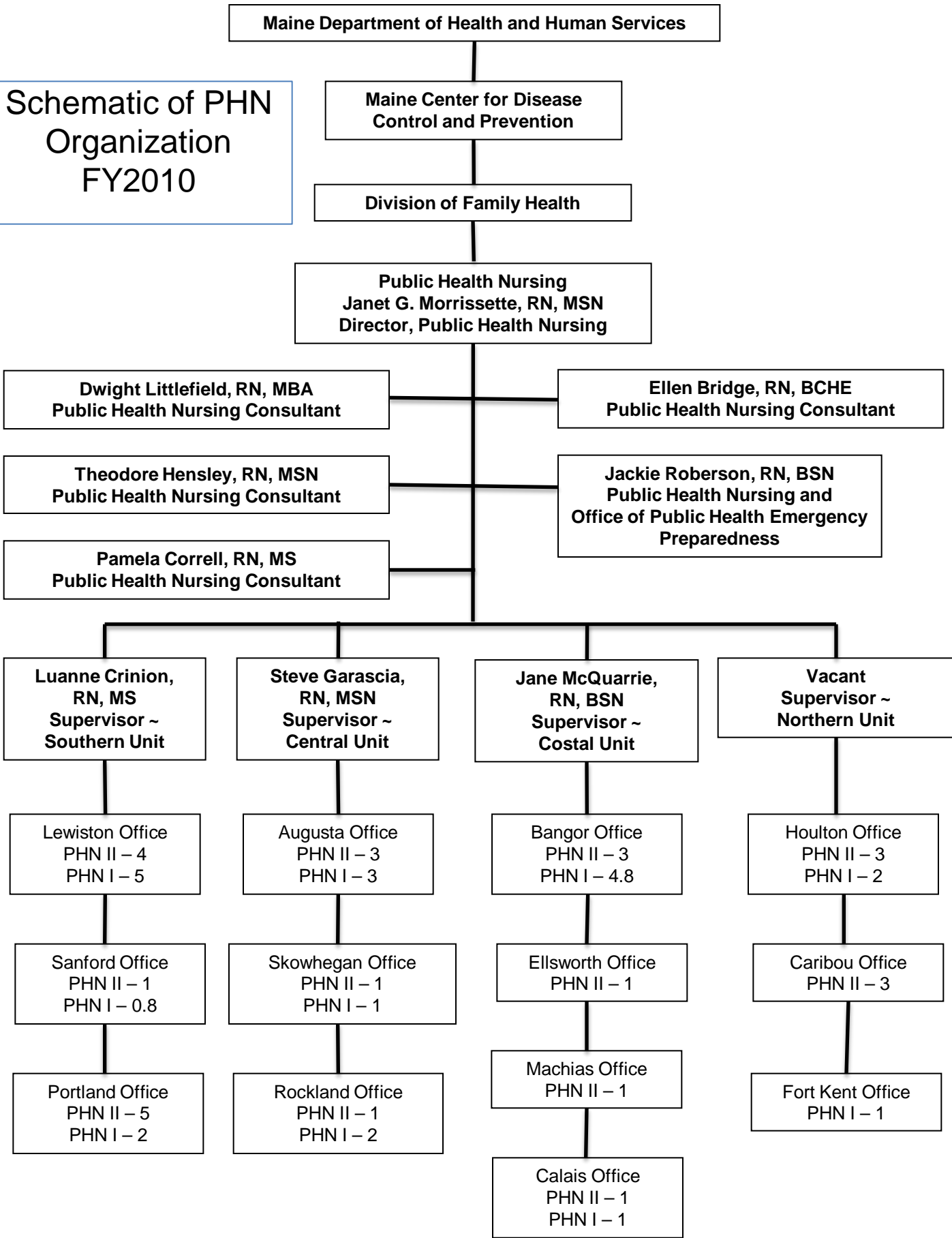
Maine 23.6% vs. National 20.7% (2008 Maine Development Foundation)



Race of PHN Clients



**Schematic of PHN Organization
FY2010**



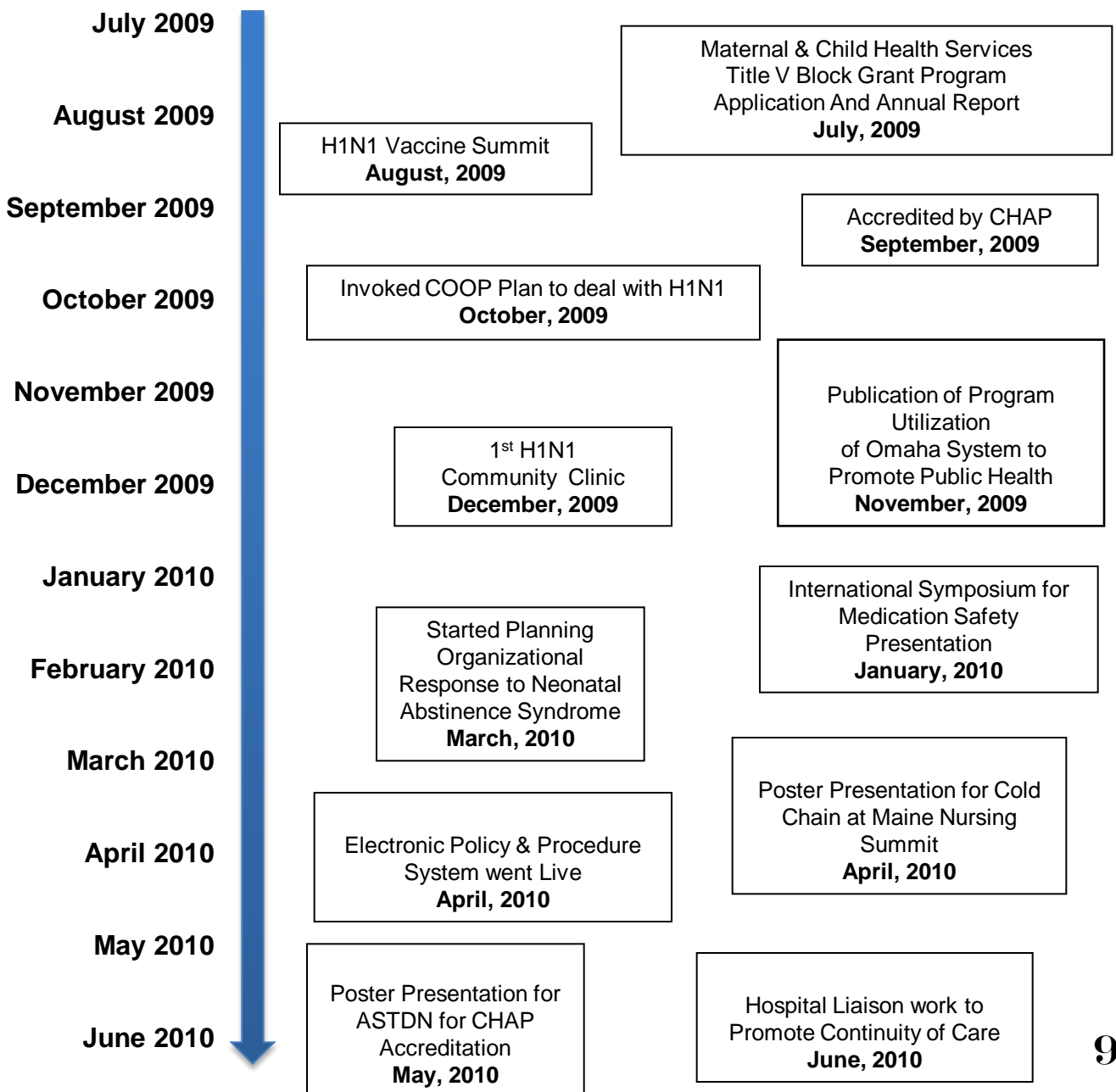
Not all staff positions were continuously filled during this time period.

Priorities & Key Initiatives

Following are highlights of FY2010 public health priorities and key initiatives:

- Accreditation through CHAP
- Pandemic Health Emergency (H1N1)
- Complete revision of PHN Policy Manual

Fiscal Year 2010 in Review

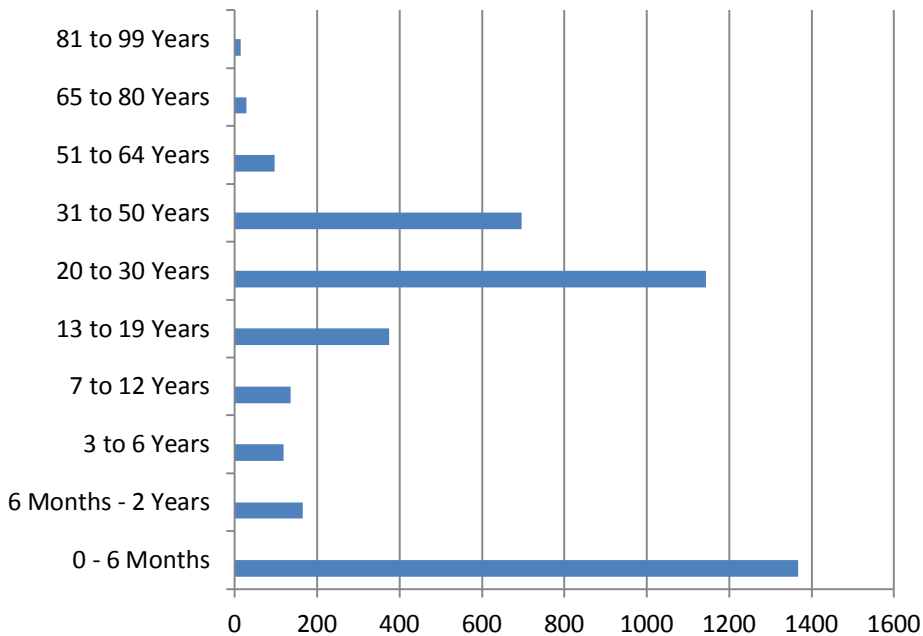


Demographics and Statistics

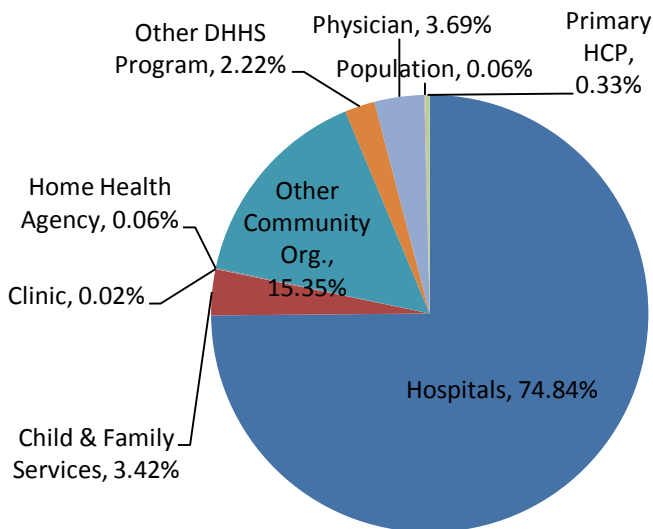
Public Health Nurses serve clients in multiple ways. Clients can be visited individually, as population-based services, or by non-visit case management.

During FY2010, PHN admitted 4,133 unduplicated clients, providing a total of 21,581 hours of service. This included 10,382 hours for individuals; 4,503 in population based services; and 6,696 in non visit case management.

Ages of PHN Individual Clients

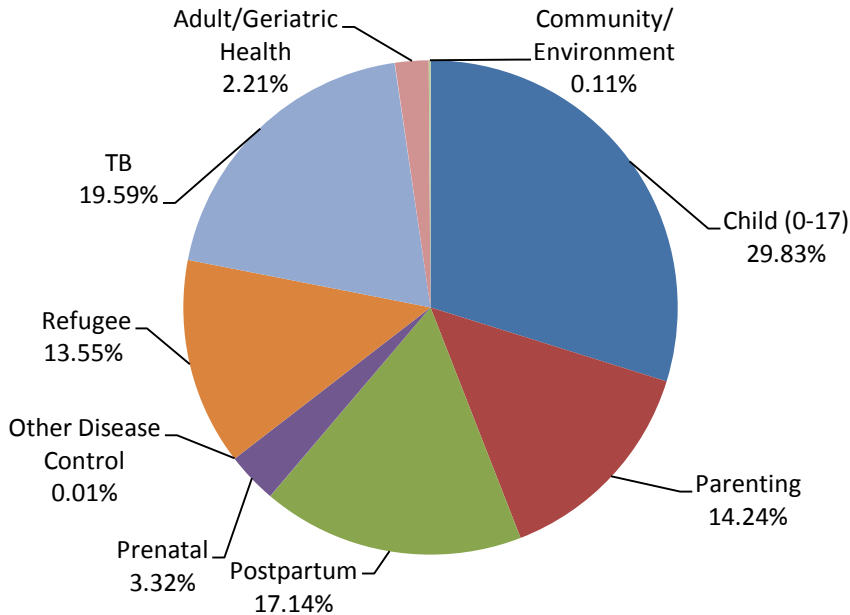


PHN Client Referral Sources

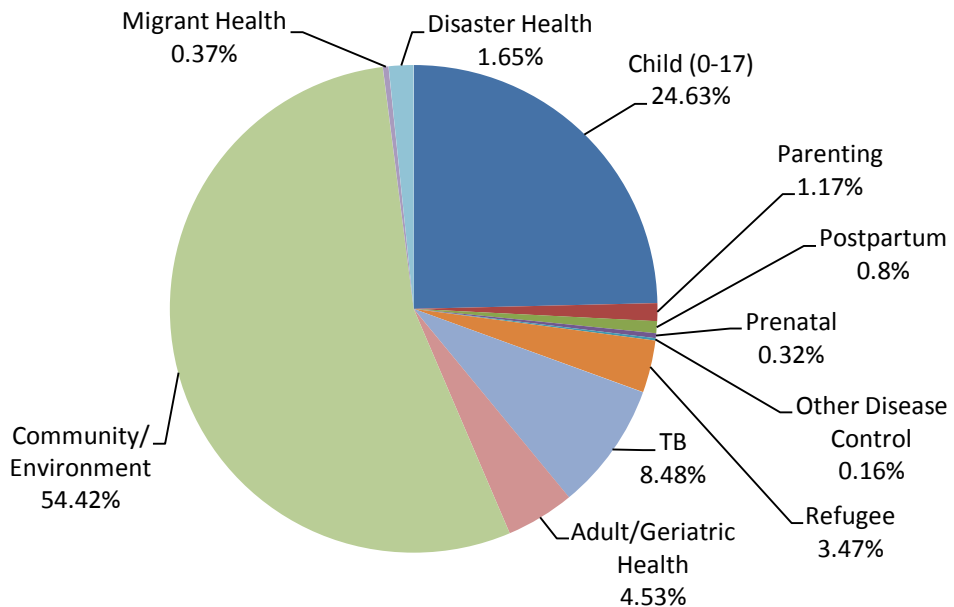


Demographics and Statistics

Percentage of Individual Client Visits Per Program



Percentage of Population-Based Client Visits Per Program



How Are We Doing?

KBS Improvement Measures

The Omaha System enables PHNs to assess and address the complex needs of its diverse client populations with the aid of standardized Problems, an Intervention Scheme to address those Problems, and the Problem Rating Scale for Outcomes in terms of **Knowledge (K), Behavior (B), and Status (S)**.

Because nursing documentation of PHN services is automated, the program can report client service outcomes. At 2010 discharge, clients showed an increase in measurement of their knowledge, behavior, and status compared to admission values.

The following table demonstrates the 15 most frequently assessed problems for clients discharged in FY2010:

	Knowledge % Improved	Behavior % Improved	Status % Improved
Communication with Community Resources	76.4	56.2	72.8
Care Taking / Parenting	69.3	51.2	63.8
Growth & Development	68.1	51.8	63.8
Postpartum	73.2	60.1	82.6
Communicable / Infectious Condition	86.8	64.5	74.9
Income	59.1	44.2	47.4
Medication Regimen	84.9	63.7	71.0
Health Care Supervision	83.1	68.7	81.3
Neglect	55.7	51.3	55.1
Family Planning	66.8	61.2	72.1
Residence	60.0	45.2	65.9
Pregnancy	71.7	55.8	67.6
Mental Health	75.9	57.1	59.3
Substance Use	57.9	49.1	58.8
Nutrition	65.5	41.4	50.0
Average Improvement	70.29%	54.77%	65.76%

Accreditation

The Community Health Accreditation Program, Inc. (CHAP) is an independent not-for-profit accrediting program created in 1965 as a joint initiative between the American Public Health Association (APHA) and the National League for Nursing (NLN). In 2001 CHAP became an independent non-profit corporation and is the premier accreditation program for community health organizations. CHAP has regulatory authorization to assess home health agencies.

Over the past three years, Public Health Nursing has completed a five-step process to gain accreditation from CHAP. In order to gain accreditation from CHAP, a particular program must adopt particular standards of excellence that emphasize how an organization is run.



The Accreditation Process:

- Step 1. Application
- Step 2. Submit Self Study
- Step 3. The Site Visit
- Step 4. Board of Review
- Step 5. Accreditation

On September 14, 2009, Public Health Nursing gained accreditation from CHAP. This means that the Maine Public Health Nursing Program “has voluntarily met the highest standards of excellence for home and/or community health” (CHAP iii). In addition, PHN received a commendation, a statement that indicates an organization EXCEEDED the requirements of a specific standard. “Administrative and management personnel promote techniques and team building options that provide for an informed Public Health workforce.” (PHIV.3b)

Core: community-based health care in today’s health care arena

Public Health: public health services at the local municipal, regional, state, and tribal level & leadership during a public health emergency

Organization	City	State	Accreditation Dates	Services
Maine Public Health Nursing Program	Augusta	ME	9/18/2009 - 9/17/2012	Core Public Health

*“To define and advance the highest standards of community based health care”
CHAP Mission*

Response to H1N1: A Novel Virus

In late April 2009, a novel strain of Influenza A (H1N1), also known as 2009 H1N1 Influenza, emerged and was detected in the southern United States (US) and Mexico. Between April 2009 and February 2010, there were an estimated 59 million cases of H1N1 flu in the US. These cases resulted in approximately 265,000 hospitalizations and 12,000 deaths nationwide. About one-third of cases, one-third of hospitalizations, and about 10% of deaths nationwide occurred in children younger than 18 (compared with less than 1% of deaths during an average seasonal influenza year). About 90% of the deaths due to H1N1 were among those younger than 65, while about 90% of the deaths due to seasonal flu are among those 65 and older.



The disease surge in Maine started in late October and lasted about 10 weeks to the end of December, with a peak during the days around Thanksgiving.

Maine Public Health Nursing collaborated with the Maine Immunization Program, other State and Federal Programs, Schools, and Communities to effectively respond to and implement prevention measures during the 2009-2010 flu season.

PHN resources were implemented to:

- ❖ *Provide recommendations, education, and resources to schools and the public;*
- ❖ *Organize and participate in immunization clinics;*
 - 114 State Employee clinics – 124 School and Community Clinics
- ❖ *Promote vaccine education by providing information to the on-line Toolkit;*
- ❖ *Participate in the August 20, 2009 Vaccine Summit in Augusta;*
- ❖ *Assist in H1N1 vaccine distribution and storage throughout the state of Maine*

H1N1 vaccine distribution issues helped create new alliances and bridges with health care providers, schools, and residents. Maine has been recognized on the national level as an example of how to best handle the declared emergency, specifically regarding vaccine distribution within schools.

Maternal and Child Health Services (MCH)

Public Health Nursing serves the MCH needs of Maine residents by providing a seamless, consistent approach to the needs of women, infants, and children with identified health needs and children with special health needs.

Performance Goal for Maternal and Child Health efforts:

Families in Maine with pregnant and postpartum women, infants, and children will have improved health, well-being, growth and development in a safe supportive environment.

Priorities

- ❖ Serve the health and special health needs of women, infants, and children
- ❖ Positively impact:
 - risk of child maltreatment
 - infant mortality
 - low birth weight and health status of children



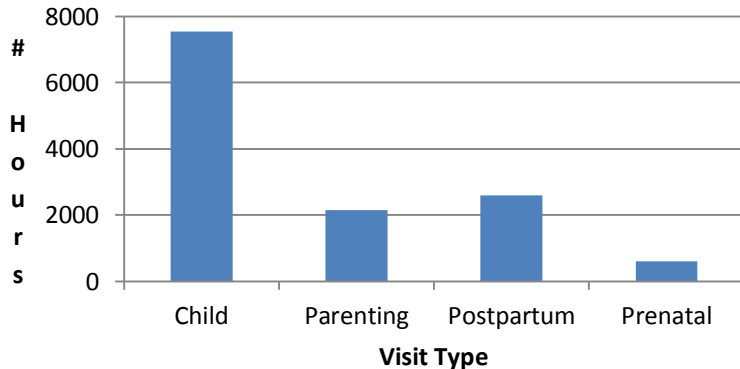
Specific Efforts

- ❖ Educational resources such as:
 - Breastfeeding advocacy
 - Educate parents to reduce the incidence of Shaken Baby Syndrome:
The Period of Purple Crying
- ❖ Assessments:
 - Prenatal/Postpartum
 - Well-Child
 - Immunization
 - Lead Screening
- ❖ EPSDT (Early Periodic Screening, Diagnosis, and Treatment) Outreach and Triage:
 - Assist MaineCare children through age 21
 - Address referrals, appointments, and developmental needs

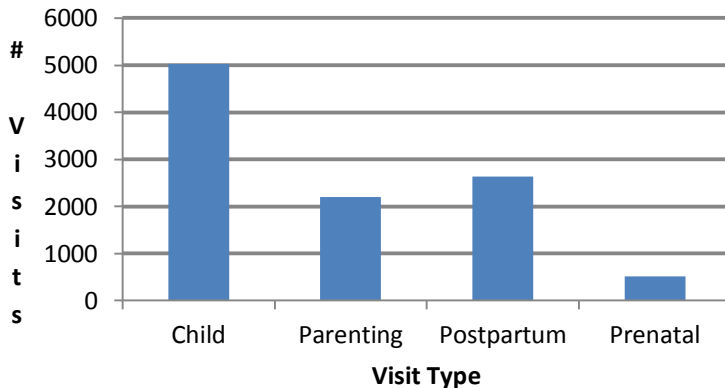
Maternal and Child Health Services

The following graphs show the components of PHN Maternal and Child Health Services during FY2010.

PHN staff made a **total of 10,385 MCH Service visits**, spending a **total of 12,887 hours providing MCH Services.***



PHN:
Number of Hours
Providing Maternal
and Child Health Visits
in FY2010



PHN:
MCH Visit types
By number of visits in
FY2010

MCH services are evidence based and generated the following outcomes:

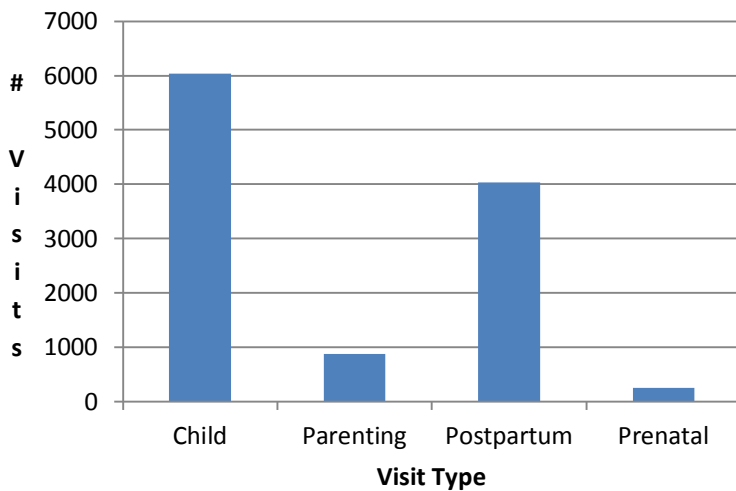
Program	# Clients	K% Improved	B% Improved	S% Improved
Child (0-17)	914	79.8%	69.4%	71.6%
Parenting	347	77.2%	67.2%	71.9%
Postpartum	740	71.6%	66.9%	69.9%
Prenatal	124	76.5%	58.3%	64.6%
# Clients with Actual / Potential Problems Discharged				

*<1% missing assignments of Program to visit data

In addition to the efforts of PHN staff, some MCH services are contracted in certain areas of Maine through the **Maternal and Child Health Services Title V Block Grant Program**. Contracted Agencies (Grantees) are:

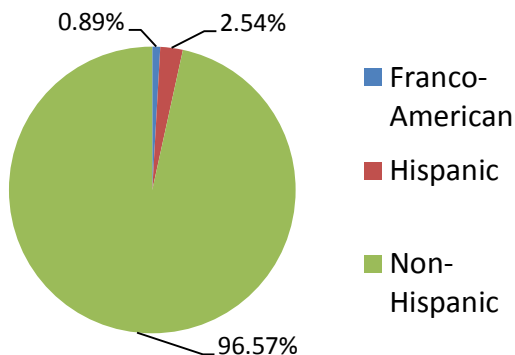
- **Home Health Visiting Nurses of Southern Maine**
Cumberland Division
York Division
- **Portland Public Health Division**
- **Androscoggin Home Care and Hospice**
- **Bangor Public Health Nursing, a Division of Bangor Health & Community Services**
- **Downeast Health Services, Inc.**

During FY2010, the Maternal and Child Health Grantees made a **total of 11,195** Maternal and Child Health visits.

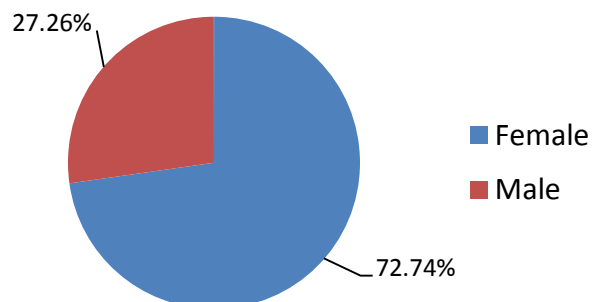


MCH Grantees:
Visit types
By number of visits

Ethnicity of Grantee Clients



Gender of Grantee Clients

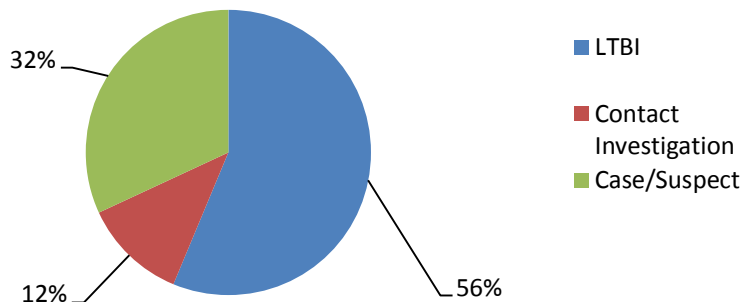


Tuberculosis Control

PHNs serve as case managers and work closely with the Maine TB Control Program to identify, control, and prevent TB disease.

- ❖ All confirmed or suspect TB cases are reported to the Maine TB Control Program.
- ❖ Daily visits are made to clients with a diagnosis of TB to monitor taking prescribed medications. Most clients with active TB disease are on medication for 6 months
- ❖ In addition to seeing clients with active TB disease, PHN monitors clients being treated for Latent TB infection (LTBI). These clients are infected with TB but do not have active TB disease. Treatment recommendations for these clients typically include antibiotic therapy for 9 months to prevent the development of active disease. PHN provides monthly visits to assess the client's response to treatment, provide education and increase compliance with the treatment regimen.
- ❖ Clients who are either contacts of TB cases or refugees (as part of their arrival process in the United States) are skin tested for TB infection and referred for further medical evaluation as indicated by the test results.
- ❖ Healthcare workers at risk for exposure to TB must be tested for TB infection and PHN provides skin test training to a variety of community healthcare providers.

During FY2010, PHNs devoted a total of 4,919 hours to TB control services.



PHN
TB Control Services
by Client Type

Specific Efforts:

- Tuberculin Skin Test (TST) Provider Training
- TST administration
- Ensure that TB patients take prescribed medications

TB Control services are evidence-based and generated the following averaged outcomes:

TB Control Summary				
Program	# Clients*	K% Improved	B% Improved	S% Improved
LTBI	252	89.1%	59.7%	75.8%
TB Case/Suspect	32	83.30%	67.80%	70.90%
TB Contact	28	82.30%	59.60%	83.30%
Refugee	234	89.70%	66.80%	86.80%

#Clients with Actual/Potential Problems Discharged

Documentation Committee



In 2002, the Documentation Committee was initiated to support the organization's implementation of an electronic health record. PHN utilizes CareFacts™, a documentation software application, and The Omaha System, an ANA-recognized terminology, to document nursing care. Continuing its mission to support nursing practice with documentation excellence, while maintaining national accreditation standards, the Documentation Committee focused on:

The Omaha System

Solving the Clinical Data-Information Puzzle

Advancement of user perspectives on Electronic Health Record (EHR) challenges, including -

- *balancing streamlined documentation effort with comprehensive, high quality client health information*
- *documentation of care for family/household member care who have inter-related health issues and individual EHRs*
- *electronic signature*
- *improved capture of the unique case management services that PHNs provide*

Safety & Risk Management Committee

The Safety & Risk Management Committee works closely with Public Health Nursing staff to **continually strengthen a safe and healthy work environment** for PHN employees.

The Committee promotes best practice standards, safety education and resources, and risk reduction plans.

The Committee reviews reported incidents and injuries and **recommends policies and procedures** to the management team and the Quality Improvement (QI) Committee.



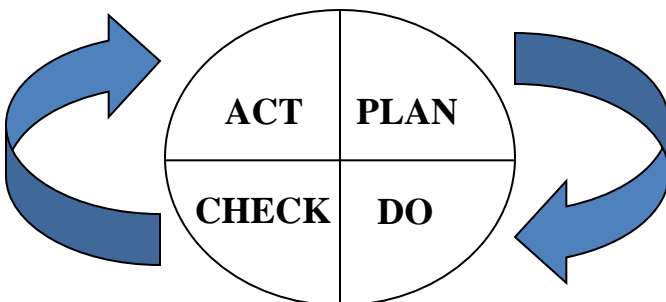
Quality Improvement Committee

The PHN Quality Improvement (QI) Committee provides oversight, support, and leadership for quality improvement activities. The QI committee monitors ongoing quality assurance (QA) activities for both the overall PHN Program level and PHN unit level. All PHN staff participate in indicator selection as well as project charter design and implementation. Standard methods are used, including the Plan-Do-Check-Act cycle. Focused quality improvement attention was paid to referral response effectiveness and client satisfaction at discharge and early admission.

Clients offered the following survey responses about their satisfaction with PHN services:

"It was the best service. It helped me understand a lot of things I did not know. It was really helpful and appreciated."

"The nurse was amazing during the two home visits we had after the birth of our son. She made me feel more confidence in myself and my baby's growth."



Status Report: Additional Accomplishments

Data/Informatics:

- ❖ Contributed PHN service data to community stakeholder review of public health issues, including maternal/infant exposure to cannabis, opiates, and opioid agonists and antagonists
- ❖ Completed prototype development and implementation of a new, electronic Policy and Procedure (P&P) System that uses computer and information science to support a PHN's ability to locate P&P guidance to support practice decision making
- ❖ Added new PHN Standard Operating Procedures (SOP) and incorporated them within the digital intranet policy and procedure manual
- ❖ Collaborated with ME CDC Environmental Toxicology Program partners to develop electronic health record tools that support PHN assessment/documentation of families with known/suspected environmental safety risks
- ❖ Expanded staff access to electronic meeting tools to advance committee work and other organizational initiatives

Emergency Preparedness:

- ❖ Completed Maine Public Health Nursing Emergency Response Plan and circulated to all Public Health Nursing offices
- ❖ Developed protocol for emergency preparedness handouts for all Public Health Nursing clients, standardized for all units
- ❖ Developed standard for annual Emergency Preparedness update and review to provide ongoing opportunity for education and training that defines roles and responsibilities for Public Health Nurse during a declared Public Health Emergency
- ❖ Initiated standard "Call Down" exercises for availability to respond to an emergency or to work off hours

Other:

- ❖ Provided Sexual Abuse/Assault trainings for all PHN staff
- ❖ Revised Zero-Based Budget to more accurately reflect PHN functions
- ❖ Hired a new PHN Consultant to fill a vacancy due to retirement
- ❖ Conducted and/or participated in **257** influenza clinics, immunizing over **9353** people
- ❖ Conducted **17** TB Skin Test training classes with **138** participants - learning to administer and read TB skin tests
- ❖ Developed a standardized procedure for disposal of used PAPR filters
- ❖ Established a procedure defining the activity for PHN School Vaccine Clinic Resource Nurses
- ❖ Established a procedure defining the activity for PHN Hospital Liaison Resource Nurses

Looking Ahead: Challenges and Inspirations

- ❖ Provide new PHN Consultant with training on Strategic National Stockpile (SNS) deployment
 - ❖ Prepare to engage in the Home Visitation Grant Program resulting from Health Care Reform (ACA) Legislation
 - ❖ Prepare for transition to paperless review of Bright Future Assessment forms and follow-up contacts for children insured through MaineCare in Maine
 - ❖ Participate in training and drilling for Emergency Preparedness & Response by PHN Staff and Management
 - ❖ Recruit and hire personnel as vacancies occur
 - ❖ Maintain a well educated staff and provide educational opportunities.
-

Issues & Special Concerns for Public Health Nursing:

- ❖ Financial sustainability
- ❖ Remaining competitive in attracting qualified staff
- ❖ Providing and expanding population based services while having the capacity to fill needed gaps in individual services
- ❖ Providing services in expanding population areas of the state while maintaining the level of service in rural areas with zero growth of PHN staff
- ❖ Maintaining continuity of operations with an increase in retiring workforce

Resources

For more information on Maine Public Health Nursing, visit:
<http://www.maine.gov/dhhs/mecdc/local-public-health/phn/>

Maine Center for Disease Control and Prevention
<http://www.maine.gov/dhhs/mecdc/>

Flu Resources
<http://www.flu.gov>
www.maine-flu.gov

American Public Health Association
<http://www.apha.org>

Maternal and Child Health Bureau
<http://www.mchb.hrsa.gov>

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FY2010 - A Year of Transition





Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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