

## Meeting Summary

Following is a summary of issues discussed at the DHMH Stat on April 12, 2011. Analysis is provided by StateStat and the Governor's Delivery Unit (GDU).

### Weekly Influenza Surveillance Report

- During week 13, March 27 – April 2, 2011, influenza activity in Maryland was “local,” with substantial influenza activity reported from one of five surveillance regions. Cases of influenza and hospitalizations associated with influenza continue to be reported, albeit at low numbers. No outbreaks of influenza or influenza-like illness (ILI) were reported. All indicators of activity showed a decrease during week 13. However, influenza type A H3, type A H1N1, and type B continue to circulate in Maryland as shown by positive PCR tests being reported by the State Laboratories Administration.

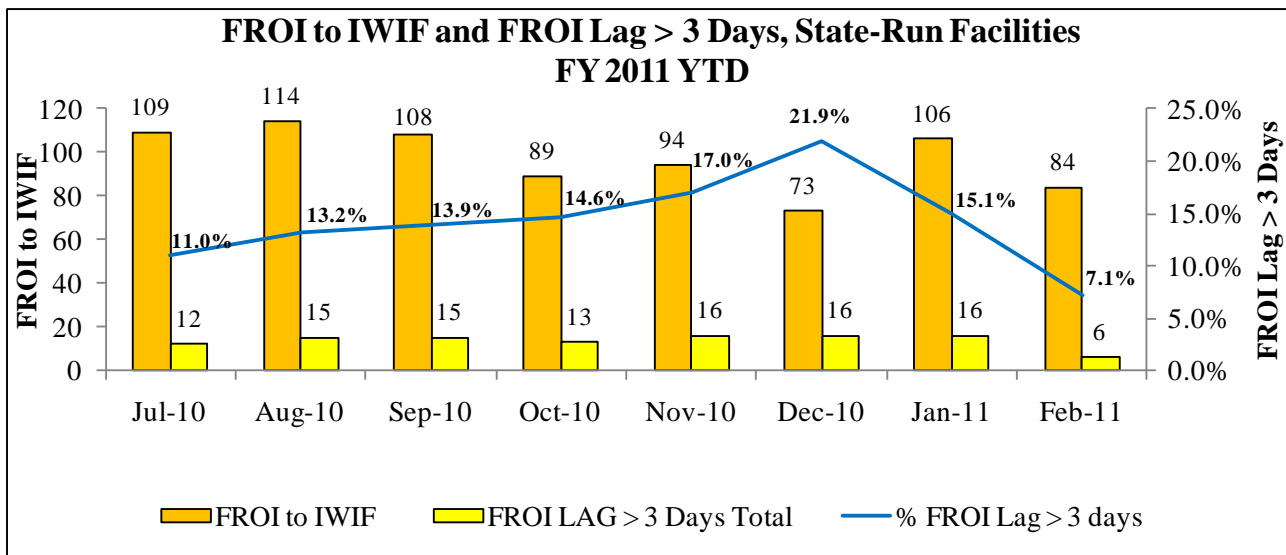
DHMH Weekly Influenza Surveillance Report Results, Week 13, 2011		
Source	2010-2011 Season	2009-2010 Season
Influenza-Like Illness Surveillance (ILINet)	1.4% of visits for ILI	1.4%
Clinical Lab Reports of Rapid Flu Testing	7.9% of tests were positive	3.1%
Maryland Resident Influenza Tracking Survey (MRITS)	.8% reported flu-like illness	1.1%
DHMH Laboratories Administration Reports	11 positive PCR tests	
EIP Influenza Hospitalization Surveillance	1,151	1,442
Reports of Outbreaks in Institutional Settings	74 season total	208 season total
ESSENCE	1.4% of visits for ILI	
GOOGLE Flue Trends	low	

### Developmental Disabilities Administration (DDA)

- **Emergency Placements.** The agency reported that the emergency placement number reported in December reflected people placed in services for that month. However, in its recent follow up response the agency reported that upon review of December's reported numbers, DDA found a flaw in the formula in the reporting template. The cells had shifted on the December template and as a result the breakdown of the total 37 placements was off. DHMH originally reported 21 Emergency placements, when only **six** Emergency placements should have been reported.
  - Resource coordinators are working with DDA-eligible individuals to determine their service needs, and placing them in services according to available resources. DDA provided descriptions of the six emergency placements reported in December.

**Assaults/FROI Reporting**

- **FROI Reporting.** The Department reported that it will be contacting institutions to update training and will consult with the CEOs at facilities where late first reports of FROIs appear to be higher than the average. The anticipated completion date of the trainings is May 15. The state-run facility FROI reporting lag that had been trending upward decreased in February 2011, from 15.1 percent to 7.1 percent as shown in the chart below. The table illustrates the state-run facilities that drove the decrease: four are MHA facilities, and one is a DDA facility.
  - When discussing this data, the agency responded that the lag time should be zero. StateStat will continue to monitor this metric.



FROI Lag > 3 Days, by Month, by Institution FY 2011 YTD								
Agency	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11
Western Maryland Center	0	1	0	0	0	0	1	1
Deer's Head Center	1	2	0	2	2	0	1	2
Thomas B. Finan Hospital Center	4	0	2	1	1	3	3	0
RICA - Baltimore	0	0	0	1	3	0	1	0
Eastern Shore Hospital Center	0	0	1	0	0	0	1	1
Springfield Hospital Center	0	0	3	0	1	6	5	0
Spring Grove Hospital Center	1	3	4	4	2	2	2	1
Clifton T. Perkins Hospital Center	4	0	3	0	1	4	0	1
RICA - Gildner	0	0	0	0	1	0	0	0
Holly Center	0	0	1	0	2	0	2	0
SETT	2	8	0	4	2	0	0	0
Potomac Center	0	0	0	1	0	0	0	0
Brandenburg Center	0	1	0	0	1	0	0	0
OCME	0	0	1	0	0	1	0	0
<b>Total</b>	<b>12</b>	<b>15</b>	<b>15</b>	<b>13</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>6</b>

**Comprehensive Women’s Health (GDU Goal 14—reduce infant mortality in Maryland by 10% by 2012)**

- **Uniform Discharge Protocol.** On the GDU template, DHMH indicated that a draft discharge protocol has been developed and is currently being reviewed by key stakeholders including Maryland birthing hospitals. In addition, the new form is being shared with an advisory group of community-oriented pediatricians that was convened by DHMH to discuss the Governor’s plan for reducing infant mortality including standardized postpartum discharge planning. After stakeholder feedback is analyzed, the form will be implemented at GDU jurisdiction hospitals beginning in April.
  - The Department shared the draft protocol with StateStat.

Contributing Actions/Deliverables	Delivery Date	Lead Agency	Implementation Targets	Progress to Date	Status/Comments
2. Establish a common postpartum discharge protocol for use in all Maryland birthing hospitals	4/10	DHMH	Develop universal postpartum discharge protocol with input from Perinatal Collaborative, ACOG, AAP, Medicaid, and LHDs	A standardized discharge referral form for high risk mothers and infants has been developed and is currently being evaluated by stakeholders and piloted. The Maryland Patient Safety Center Perinatal and Neonatal Networks have committed to work jointly on standardized discharge planning.	All planned hospital site visits have been completed. Use of standardized discharge referral form will begin April 1, 2011. Standardized discharge planning will be the subject of the May joint Learning Networks meeting.

- **Post-Partum Safe Sleep.** DHMH reported that the B’More Healthy Baby Safe Sleep video is played for the jury pool in Baltimore City. Additionally, DHMH is sending a Safe Sleep DVD to each local health department and FQHC. Baltimore City will attempt to make the video downloadable in the future for wider distribution. Maternal and Child Health is meeting with WIC to plan for distribution/viewing in WIC clinics statewide. In its follow up response, DHMH also reported that the agency has considered screening the video at DSS offices, prison visitors’ waiting rooms, unemployment insurance offices and the MVA.
  - DHMH is working with the Governor’s Office to play the video in a wider variety of public locations.
- **Home Visits in Target Jurisdictions.** Home visits by culturally competent health care workers are an important strategy in improving infant and women’s health outcomes. Maryland’s FY 2010 allocation of federal home visiting funding (\$1,036,707) is restricted to \$500,000 which can only be used for planning. Funding for local planning grants ranges from \$25,000 to \$75,000 for each jurisdiction. Each jurisdiction will select one of the seven models that meet federal criteria for “evidence-based.” The federal guidance issued on Feb 8<sup>th</sup> lists seven (7) home visiting models that meet federal criteria for “evidence-based:” Early Head Start – Home-Based Option; Family Check Up; Healthy Families America (HFA); Healthy Steps; Home Instruction Program for Preschool Youngsters (HIPPY); Nurse-Family Partnership (NFP); and Parents as Teachers (PAT). The cost of each program varies by level of home visitor (professional/paraprofessional), intensity (weekly/monthly visits), and case-load. NFP is the most costly model because it requires professional nurses and nursing supervision with a minimum of four nurses and one supervisor, weekly home visits for two years, and a caseload limited to no more than 25 first-time pregnant women per nurse.
  - The agency will have a plan by June 10<sup>th</sup>.

**Family Health Administration (FHA)**

- WIC Participation and Applications.** WIC participation has been decreasing for five consecutive months as shown in the first chart below. Meanwhile, new applications increased in December and January. The Department has reported that decreased participation has been a trend nationwide, and that Maryland has seen the lowest decrease of any state in the mid-Atlantic region. Best practices for increasing participation include calling inactive participants, keeping WIC offices/LHDs fully staffed, expanding office hours and offering on-demand appointments, sending out mailings, and going into hospitals. The Department has also reported that increased availability of food stamps contributes to decreased participation in WIC, particularly when children reach the ages of 2-5.

