

Table of Contents

Introduction	1
A Message From the Chief.....	1
Administrators.....	3
Administrative Procedures Manual.....	3
Audits.....	3
Archiving	4
C-1 Supervision	4
Calendar (monthly)	4
Client Complaints.....	5
Consultant Roles.....	5
CPR Training	5
Disposition Schedule.....	6
E-Mail.....	6
Employee Training Log	6
Employee Assistance Program	6
Employee Medical Record	7
Friday Mail Outs	7
Grievances.....	7
HIPAA.....	7
Hiring Process	8
Incident Reports & Occupational Exposures.....	8
IRENE: Internal Resources for Employee Network Enterprise.....	8
Manuals, Books and Other Resources.....	9
Mask Fitting.....	10
Medical Director and Board of Health.....	10
Meetings	10
Memos	12
Mentoring	12
New Orders/Local Orders.....	12
Nurse Roster.....	12
Nursing Service Fund.....	13
Nursing School Contracts	13
Orientation of New Nursing Service Employees	13
OK Train	13
Overwhelmed, Yet?	14
Performance Improvement Activities	14
Performance Management Process (PMPs).....	14
PHIDDO (Public Health Investigation and Disease Detection of Oklahoma)	15
Phone Numbers	15
Progressive Discipline	16
Public Folders	16
Supervisory Visits for C-1.....	16
Trainings.....	16
T & E System.....	17
Travel Claims	17

Vaccine Loss	17
Violence in the Workplace.....	18

APPENDIX

1 -Monthly Reminders.....	21
2 - County Health Department Complaint Form	23
3A - Emergency Tray Contents.....	25
3B - Monthly Maintenance AED.....	26
4 - Training Log	27
5A - Notification of Maintenance of Employee Medical Records.....	29
5B - Employee Medical Records Acknowledgement of Notification.....	30
6 - DNM Orientation	31
7 - Monthly Quality Improvement Checklist.....	33
8 - OSDH Alphabetical Phone Listing	35
9 - MAC Coding	37
10 - Storing of Vaccine.....	39

Introduction

A committee of District Nurse Managers and the Chief of Nursing Service prepared the 2004 edition of the District Nurse Manager Survival Guide.

This guide is meant to serve as a tool and resource for the newly appointed District Nurse Manager. It is not all encompassing, but merely a supplement to the orientation and mentoring process that is provided to the new District Nurse Manager. It is to be used in conjunction with the Community Health Nursing Manual.

A Message From the Chief

To the newly employed District Nurse Manager ----- welcome! The entire staff of the Nursing Service division is committed to help you to adjust and become successful in your new role. Please do not hesitate to contact Nursing Service or your mentor DNM with any questions or concerns.

To those DNMs who are already "seasoned," it is our hope that this guide will serve as an additional resource and a compliment to the skills and knowledge that you already possess.

DNM Survival Guide

(Hints and Tips)

Administrators

Your administrator is your day-to-day operations supervisor. Nursing Service is your clinical/technical supervisor. Meet with your administrator frequently. Most DNM's try to connect weekly. This can be an informal meeting. It is a good idea to keep a running list of FYI-type information to go over with the Administrator. Good administrators will seek you out if a nursing issue is taking place.

Administrative Procedures Manual

The purpose of this manual is to provide guidance and clarification to all Oklahoma State Department of Health employees concerning the general administrative procedures and policies of the agency. This manual is directed toward the overall responsibilities and methods of administrative activities in support of various programs and employees of the Department. The information in this manual should be given the widest dissemination possible and made conveniently accessible to all employees. The most common chapter used by DNM's is Chapter 6, which includes many guidelines regarding agency policies and procedures, which are referred to by a DNM on a routine basis. The Administrative Procedures Manual can be accessed in IRENE, OSDH Employee Intranet (<http://irene/Pages/Home.aspx>).

Audits

Lab: The Public Health Laboratory Resource Manual/Good Laboratory Practice Manual is your best source for lab information. Also, contact the laboratory field staff to set up an in-service. Audits for lab quality assurance come at least once a year. (See Section II of the Good Laboratory Practice Manual for details of the lab review). It is a good idea to involve the Patient Care Assistants. All audits will list recommendations for improvement. It is the DNM's responsibility to see that a response is written. This is usually listed as a corrective action plan and should be sent to the Lab, Nursing Service, and to your Administrator. Be sure to keep copies of all written responses. Refrigerator temperature logs are a part of this audit. Keep in an organized file.

Charts: Chart audits come from various places: Nursing Service Performance Improvement (PI) Committee, Program areas, or locally generated. For any audit, involve the Coordinating Nurse, Lead Nurse, and any other staff as appropriate. Be sure and keep a copy, either in a notebook or program file. These need to be kept for 4 years.

Medications: The Pharmacy Policy is located in our Guidelines & Orders. It is suggested that this policy be reviewed in its entirety annually and during new nurse orientation. A perpetual inventory of medications is to be reconciled at least monthly. With larger clinics this reconciliation may need to be more often. The responsibilities of the DNM in inventory discrepancies can be found in this policy under the heading **“The perpetual inventory reconciled monthly with a physical count”**.

Program Audits (Site Visits): **WIC** comes out every 2 years, but has a clinic review on the other year. **FP** does a yearly “self evaluation”, but the State comes for a comprehensive review every 4 years. **Children First** consultants visit yearly.

Archiving

After the new “orders” are signed in January of each year, Nursing Service will request the previous year’s original medical director’s signature pages for review and archiving. Plan to bring them to the March DNM Meeting. These are kept at OSDH, in case of any future litigation. An updated archival list will be sent electronically by the clinical director as needed. **ALL** additional orders and memos requiring a signature are to be secured and archived in the same manner as the Guidelines and Orders.

C-1 Supervision

Children First Nurses are considered Public Health Nurses, first and foremost. They have specialized training for their program area. They should attend your regularly scheduled district meetings. The program manual for C-1 specifically outlines the guidelines for “reflective consultation”, supervised home visits and local client staffing. The training calendar is located in Public Folders/Children First.

Contact program area for program orientation. Reflective supervision training is recommended. PHN Orientation is also required. See the Lead Nurse Manual for the list of required topics to be covered.

Calendar (monthly)

Your monthly schedule, which includes clinic locations, meetings, leave, etc., is to be kept updated in the Microsoft Outlook Calendar. Please update **frequently** to show any change in plans. Contact the Nursing Service office when you are on extended illness or scheduling vacation. If you have late changes in your schedule, be sure to change it on your Outlook calendar.

Appendix 1 gives you a hint of what you may need to do each month.

Cell Phones

You must carry your cell phone/blackberry 24/7, unless you are on annual leave or sick leave. Every month you will receive a cell phone bill. You are expected to review the bill and identify personal calls. You are responsible to reimburse OSDH for all personal calls. To calculate the amount you owe, use the worksheet provided on Public Folders/Accounting Services/Cell Phone (This often comes with the monthly bill). Reimbursement for personal use should be made monthly. However, if the amount owed is less than \$10, the employee should reimburse only when the amount reaches \$10 or more, but not less than annually. Do not return your cell phone bill or reimbursement to Nursing Service. Mail your personal call reimbursement to OSDH, Box 268826, Oklahoma City, OK 73126.

Client Complaints

View client complaints as an opportunity to improve service. Utilize your “listening techniques” and document what you hear. Sometimes the client just needs to be heard. If nursing personnel are involved, get the facts from the staff also. After processing all information, decide on a plan of action, which will vary depending on the nature of the complaint. It may be helpful for the DNM to discuss the situation with their Mentor DNM, supervisory peers (when appropriate) and/or your Administrator/Nursing Service. Always keep your Administrator informed of client complaints and how the complaints were handled; you are encouraged to keep a file for “Client Complaints.”

You might also want to review “Office of Accountability Systems Complaints” policy in the OSDH Administrative Procedures Manual on IRENE (No. 1-30, issued August, 2005). This describes process in which an employee, client, or general public can submit complaints.

There is an example of a complaint form that was created in Comanche County to use for your record. [See Appendix 2.](#)

Consultant Roles

Program Consultants serve in an advisory role. They interpret policy and procedure for their program. They are not in a technical supervisory role. They are available for program updates or orientation for new employees.

CPR Training

It is the joint responsibility of the DNM and staff to maintain current CPR certification. The DNM may schedule CPR training to meet the needs of the staff. Approved certification mechanisms include American Heart Association (AHA) (2 year certification), American Red Cross (ARA) (1 Year certification), or such comparable skill-practice based courses. If not using AHA or ARA courses, please confer with Nursing Service about planned provider before offering the course.

Also, from the Family Planning manual,

“Clinical staff must conduct medical emergency drills and keep records of these drills. Actual medical emergency events (e.g., shock/hemorrhage, syncope, cardiac arrest, and anaphylaxis) are counted as satisfying this requirement when documentation such as the incident report is kept on file. All staff needs to sign and review the incident report if they are not part of the actual medical emergency.” See **Appendix 3 A/B** for emergency tray contents and monthly maintenance of AED.

Disposition Schedule

A critical part of the DNM role is to assure compliance with state and federal regulations. One way this is accomplished is by maintenance of appropriate records. The most recent Records Authorizations to Destroy Memo is found in Public Folders/Community & Family Health Services/County Filing System/ Records Authorizations to Destroy.

You may also contact your Record Consultant and Laboratory Field constant if you need clarification or assistance.

E-Mail

Please check your emails 2x daily, if possible. It is recommended that you make an email distribution list of your regional DNM committee members, Nursing Service, Coordinating Nurses, Advanced Practice Nurses and Lead Nurses.

Outlook e-mail is the most frequent form of communication, especially for things that need immediate attention or are time sensitive. Public folders in Outlook are a valuable resource for policy, procedure, programs, manuals, memos, forms, etc. Nursing Service section can be reviewed for calendar, G/Os, forms, and updates. IRENE will be taking over the Public Folders.

Employee Training Log

The DNM should make the employees aware of the annual mandatory training that is required by OSDH. This can be found in IRENE/Administrative Procedures Manual/Mandatory Training 6-35. See **Appendix 4** for sample training log.

Employee Assistance Program

Administrative policy is available on IRENE to advise on EAP and EAP associated leave. EAP is the employee’s responsibility to access and we are responsible for telling them how to access it. (EAP hotline 800-677-2729).

Employee Medical Record

The DNM is ultimately responsible for assuring the employee medical records are complete and up-to-date. The DNM may designate the duties of day-to-day management of the record to one other nurse in each of the clinic sites. For more in-depth information, access IRENE, Administrative Procedures Manual, Chapter 6 Human Resources Management, Subject: 6-32: *When an employee first enters into employment, and annually thereafter, the employee shall be informed in writing by the Occupational Health Nurse or the District Nurse Manager regarding (a) the existence, location and availability of the Employee Medical Record, (b) the person responsible for maintaining and providing access to the record, (c) the employee's rights of access to the record.*

See **Appendix 5A** for copy of notification. **Appendix 5B** is a county signature page.

The employee record is not required for contract employees, however, they should be treated like any other employee should there be an exposure.

Friday Mail Outs

Nursing Service may mail each DNM a packet of FYI information and other important documents each Friday. You may elect to receive your packet at the CHD or at your home address. Review the contents as soon as you receive it, as there may be something that needs immediate attention. Some of this information, such as memos, educational activities, etc. may need to be discussed at your staff meetings.

Grievances

Grievances can be filed by anyone. Do not let the threat of a grievance stop you from doing your job. The grievance process can be found in the Administrative Procedure Manual in IRENE.

HIPAA

Protection of confidential health information by the Oklahoma State Department of Health and its employees is of utmost importance. Each new employee of the OSDH and associated worker (OSDH contract worker, paid or unpaid student, volunteer, intern, temporary employee or seasonal employee as well as other personnel that are housed in the county health departments) must complete the online HIPAA Training, read the Protection of health Information: Confidentiality, Privacy and Release of Information policy and sign the Confidentiality Agreement form. The Confidentiality Form is to be signed annually.

The online training can be found in OK Train: <https://ok.train.org>

The HIPAA Policy and Confidentiality Agreement form are in IRENE, Administrative Procedures Manual, Chapter 1: General Administrative Policies 1-38.

Hiring Process

Your duties in the process will vary from county to county. Nursing Service recommends that the DNM be involved in the hiring process of any clinical personnel. However, that decision rests solely with the Administrator for the county. If you are involved in the process, Nursing Service has sample questions for you to use during the interview. You may also inquire from your fellow DNMs for sample interview questions. The Program areas may have some sample questions you may want to incorporate into your interview process. Nurses can be hired by “direct hire” which does not require the administrator to pull the register. All other clinic positions require you to review the register. (Consult with your Administrator.)

****Check with your administrator about using Craig’s List to advertise for nursing positions.**

Incident Reports & Occupational Exposures

Incident reports (OSDH Form #33) can be found in IRENE, Administrative Policies and Procedures, Chapter 6, Section 6-24 and are to be completed for any incident that did, or may, result in an injury to a visitor, client, or employee. This includes medication errors. They are sent to the Safety Officer in the Central Office and County Health Department. Any Incident Report involving nursing staff should be reviewed by the DNM.

CHD employees who sustain an occupational exposure should immediately report it to the DNM, Lead Nurse, or Coordinating Nurse. The source client should be asked to remain in the clinic until assessment is done to determine if blood samples are needed. Refer to the Infection Control Manual (under Safety in Public Folders) for instructions on how to handle this incident. Complete OSDH Form #33 (Incident Report) and OSDH Form 811 (Occupational Exposure of an Employee). Call the Occupational Health Nurse immediately at (405) 271-5180.

Results of the lab work will be mailed to the Coordinating Nurse or DNM, and should NOT BE FAXED.

IRENE: Internal Resources for Employee Network Enterprise

IRENE is the agency’s intranet communication site and over time will be the replacement for Public Folders (<http://irene/Pages/Home.aspx>). It contains files of information and manuals, such as the Administrative Procedures Manual, needed by all persons within the agency. This site should be checked daily.

IRENE can be made your home page on the intranet by doing the following:

1. clicking on TOOLS at the top of your internet Explorer page,
2. then INTERNET OPTIONS and
3. on the General tab, click on Use Current,
4. then Apply and OK.

If you have left the page open throughout the day, you may need to click the F5 key on the keyboard to “refresh” your page.

If you do not want it as your home page, you can instead save it to your favorites list by

1. Opening the Irene site,
2. Then on the toolbar, click on *Favorites*, then *Add to Favorites* and *Add* in the dialog boxes.

Pages are being developed for different divisions/programs within the agency to hold the specific information needed for that area. This is a project that is constantly being updated. If you have questions, contact OSDHIntranet@health.ok.gov.

Laboratory Communications

PHIDDO

“Public Health Investigations and Disease Detection of Oklahoma” system. Automates all phases of disease reporting and investigation process. See PHIDDO user’s guide, issued by Acute Disease. User enrollment form is located in public folders under Acute Disease Services/PHIDDO section. See PHIDDO again later in manual.

OK-HAN (formerly RHINO) <https://okhan.health.ok.gov>

Oklahoma’s Health Alert Network (OK-HAN). (Formerly “Reportable Health Information and Notification in Oklahoma.” Web-based system that allows OSDH to communicate emergent public health information to health care providers and public health partners in Oklahoma. Features include current alerts and document repositories. Please contact the OK-HAN Coordinator with any questions or concerns at (405) 271-4060 or okhan@health.ok.gov.

Go to: <https://okhan.health.ok.gov>

In Login box:

1. USERNAME:
OSDH USERS: OSDH\network username
Non-OSDH: firstname.lastname
2. PASSWORD: network password
3. Domain: blank

Manuals, Books and Other Resources

You should keep your own set of program and agency manuals. It is your responsibility to assure that the nursing staff of each CHD has current Community Health and program manuals. The current manual, book, and resource list is as follows:

BOOKS

[Epidemiology and Prevention of Vaccine-Preventable Diseases “Pink Book”](#)

[Contraceptive Technology](#)

[Control of Communicable Diseases Manual](#)

MANUALS/GUIDELINES

Bright Futures	Infection Control Manual
Child Abuse and Neglect Reporting Procedures	Nursing Procedure Manual
Children First Guidelines	OSIIS Manual
Children First Lead Nurse Manual	PHOCIS Manual
Children First Manual	Provider Resource Guide OSIIS
Community Health Nursing Manual	Public Health Resource/Good Lab Practice Manual
Epi Manual	QA Manual
Family Planning Manual	Shelter Resource Guide
G/Os	TB Manual
HIV/STD	

**Some program manuals are located in PHOCIS/Help/Manuals. If you choose to keep a hard copy of any manual in the building, IT MUST always be the most recent version.

RESOURCES

Child Abuse and Neglect Resource Information
Coordinating Nurse Survival Guide
DNM Survival Guide
Effective Management in Nursing Text, and Workbook (old resource, may not be available)
Effective Phrases for Performance Appraisals
Oklahoma Pandemic Influenza Management Plan
Oklahoma School Health Protocol Vision Screening
Supervisors Guide to Documentation and file Building for Employee Discipline

Mask Fitting

ALL STAFF, including the DOT provider, having possible contact with active TB clients must be fitted with an appropriate mask. This must be reviewed annually. Contact the TB Division for the test kits and supplies, and if you or staff needs training. Forms and detailed information can be found in the Infection Control Manual. Completed form should be placed in the employee medical record.

Medical Director and Board of Health

The medical Director is responsible for signing the Public Health Nursing Guidelines and Orders annually and as deemed necessary. If possible, introduce yourself and visit as needed.

Meetings

DNM Quarterly Meetings and DNM Committee meetings are mandatory. Special permission from the Chief of Nursing Service is required to be excused from these meetings.

Meeting for the sake of meeting is a waste of time. Scheduled meetings should have a purpose and intent to accomplish something. Always provide a sign-in sheet or list attendees/absentees in minutes of meeting.

Meetings should serve the following functions:

- Transfer communication from OSDH Nursing Service to the local level
- Send communication from the local level back to OSDH
- Provide a forum to review and interpret new policies and procedures, and discuss issues and concerns
- Facilitate learning through program in-services and updates
- Provide a feeling of being part of a team for nurses, especially those isolated in small county health departments
- Allow the nursing team to provide input into future planning and feedback as to problems encountered in the provision of nursing services

District Nurse Managers can develop their plans for group meetings in a variety of ways, depending on administrative approval, geographical limitations, and nursing needs. Generally, two types of nursing meetings are held. They are as follows:

District Nurse Meetings:

Schedule a minimum of one district/regional nurses meeting, which must include your review and discussion of the newly released PHN Guidelines and Orders. Staff invited may include RNs, ARNPs, LPNs, and Patient Care Assistants within the DNM district. Depending on the agenda, nutritionist, social workers, and other disciplines may also be included.

These meetings may include, but are not limited to, guest speakers on topics of interest, program updates, training on OSHA, blood borne pathogens, etc. Time allotment is usually one day.

Committees:

Attendance at DNM Committee Meetings and the quarterly meetings is mandatory! Currently, each DNM is assigned to one of the four regional committees: Northwestern, Southwestern, Northeastern, and Southeastern. Within the committee, each DNM will

be rotated as chairperson yearly, or as committee deems necessary. The DNM that will be succeeding the current chairperson will act as recorder. The regional committees are to meet at least monthly during the months when there is no quarterly DNM meeting. Minutes of the committee meetings are to be sent to Nursing Service after each meeting and an overview is shared with all DNMs at their quarterly meeting.

Coordinating/Lead Nurse Meetings:

Regularly scheduled meetings, where each Coordinating Nurse and Children First Lead Nurse is to meet with the DNM at an appointed site. Problems solving, planning, communication and organizing nursing services are the focus of these meetings. Time allotment usually two to four hours, as travel/time allows.

Send meeting agenda/minutes, along with issues and concerns to Nursing Service.

Memos

Memos can be viewed in Public Folders under Agency Correspondence:

Nursing Service memos can be accessed in Public Folders-Agency Correspondence-Community Health-Nursing

Perinatal and Reproductive Health Division memos can be accessed in Public Folders-Agency Correspondence-Family Health-MCH.

Immunization memos are accessed in Public Folders-Agency Correspondence-Disease Prevention-Immunizations

Mentoring

New DNMs will be assigned a mentor DNM. This is a peer you can call for advice on day-to-day operations. Please feel free to contact this person for any questions you may have. The mentor will contact the new DNM to set up a time for him/her to shadow them in their district, or the mentor may spend time with the new DNM in his/her own district. See **Appendix 6** for copy of DNM Orientation Site Visit.

New Orders/Local Orders

The DNM or designee is responsible for having the current Nursing Guidelines and Orders Physician's Signature Page signed. One **original** copy of a signed order or memo should be kept in a secure location within each county until ready for archiving. Locally generated orders should be typed on CHD letterhead, signed and dated by the Medical Director or the physician who generated the order. **All** additional orders and memos requiring a signature are to be secured and archived in the same manner as the Guidelines and Orders. A copy of any local amendment or addition to an order must be sent to Nursing Service within seven days of amendment or addition.

Nurse Roster

Nursing Service must receive an updated copy of the Nursing Roster as hiring or vacancies occur. Name changes, license renewal, new employees, or resignations must be highlighted when sent to Nursing Services.

The DNM is responsible for tracking current license on all RNs, LPNs, and ARNPs. These updates should be recorded on your Nursing roster. Please highlight the changes and forward to Nursing Service. You may check the OBN website to verify current licensure. (www.ok.gov/nursing) A copy of a nurse's license is NOT needed. If a licensed nurse has not renewed their license, they cannot work. They must be sent home on leave and the administrator and Nursing Service must be notified.

Nursing Service Fund

Each member of the DNM group and state Nursing Service employees are encouraged to contribute to this fund. The nominal contributions allow for cash to be available when necessary rather than asking for contributions when an event such as birth, death, etc., occurs. This is collected in June. (Contact Nursing Service for amount)

Nursing School Contracts

Nursing Service is responsible for maintaining the state contracts with the colleges, universities, and schools of nursing. Before a student is allowed to be in the CHD for clinical experiences, you must verify that a state contract is in place. The contracts are available for viewing in Public Folders/Nursing/School Contracts. The local CHD is responsible for having the County Administrator Authorization form completed and signed. This original form is kept at the local CHD. You can find the authorization form in the Community Health Nursing Manual and Public Folders/Nursing/School Contracts.

Orientation of New Nursing Service Employees

The nursing orientation instructions can be found in Public Folders/Nursing. The orientation is designed as a self study module with observation as a key component and is available on OKTrain. Search "PHNO" for applicable nursing modules. During the first ten days of employment the Introduction and Occupational Health modules **MUST** be completed, and the Anaphylaxis Guideline and Order must be reviewed. It is recommended that the Legal, Documentation, and Child Abuse modules be completed within the same timeframe. The remaining modules should be completed within the first six months of employment. The modules can be arranged as needed and/or possibly omitted if they do not apply to a specific employee. As with many things in the DNM role, the orientation program is ever evolving and changing.

WIC orientation is found on the WIC Training Link (www.ok.gov/wic). The user name is "wic" and the password is "oklahoma". (*All lower case*)

Schedule the new employee for OSDH New Employee orientation at the Central Office through the Administrator as soon as possible.

A sample Orientation sheet is located in Public Folders/Nursing Service/Orientation if you would like a way to keep track of the orientation process.

OK Train

This is the training site that many of the programs utilize for employee training. As a new employee, a nurse can get the required "Customer Service" training that is due within the first 10 days of employment, as well as the HIPAA training. Go to: www.ok.train.org to access this site. You will need to create your own account, and then you will be able to get your training

transcript whenever you need it. ICS training, Cultural Diversity training, Ethics training, Supervisory training and quarterly safety training* are all available at this website. ALL TRAININGS MUST BE COMPLETED ON THE CALENDAR YEAR

*Safety training MUST be completed every quarter.

OSHA Training

This is a yearly requirement for all nursing staff. See Infection Control Manual, Annual Training Record. This includes Blood borne Pathogen and Respiratory Etiquette review. Send the sign-in sheet to OKTrain for documentation. If you prefer to keep a copy of individual employees' trainings, see Infection Control Manual for forms. There is another training record sample in [Appendix 3](#).

Overwhelmed, Yet?

Isolate yourself in your office and take a deep breath! Call your mentor DNM, another DNM, or call Nursing Service. Remember – never hesitate to call someone and ask for help. We're all in this together.

Performance Improvement Activities

The Nursing PI Committee will send out specific PI audit tools to be completed for each clinic. You will receive instructions on how/what to audit. It is required that you keep copies of all audits that you perform at each site. Program reviews should be kept for 4 years. This can be extremely helpful when the Program consultants or Grant Auditors visit your clinic.

[Appendix 7](#) is a monthly QI Checklist (*with instructions*) to use in the clinic. This can be very helpful for a quick review of the clinic on a monthly basis.

Performance Management Process (PMPs)

The initial PMP and Quarterly Probationary Reviews are sent to the administrator via e-mail and will be forwarded to you. If the PMPs and reviews do not arrive in a timely manner, request assistance from the Administrator or his/her designee to obtain these documents. A blank form can be found in IRENE, Administrative Procedures Manual, 6-14.

Quarterly progress reviews on all new hires must be completed during the 12-month probationary period. It is very easy to forget these documents, especially if you have several employees in multiple counties. Human Resources will provide this form on a quarterly basis.

When a person changes jobs, i.e. from C-1 to clinic nurse or is promoted/demoted, the old PMP must be closed out and a new one reflecting the new job duties is to be opened. In reference to promotions or lateral transfers, probationary periods are at the discretion of the administrator.

Use the PMP to document exactly what you expect from your staff. Bring out the PMP anytime you have a discipline problem. PMP reviews are not a time to surprise the employee about a problem. Whatever you discuss with them should come as no surprise.

Annual PMPs are done in January, and due at the state office by January 31. Complete a mid-year review in July on **all** nursing staff.

Training information is available through OSDH HRDS, 405-271-4171. **It is required that all new supervisors receive PMP training during the first year as a supervisor.** A PMP manual is available through the Office of Personnel Management.

PHIDDO (Public Health Investigation and Disease Detection of Oklahoma)

PHIDDO information is located in PHOCIS-Applications on the upper task bar. Check PHIDDO at least twice a day for new or open cases in your jurisdiction. Check pending HIV results (X-PEMS) at least weekly. PHIDDO Reports contain important information about PHIDDO investigations in your jurisdiction.

PHOCIS Reports

The DNM can request caseload reports from the program or you can run it yourself. If you choose to locate the report number yourself, follow these instructions: On the main page of PHOCIS, go to PHOCIS Reports. On the category box, click on the pull-down menu and select the desired program. On the sub-category box, click on the pull-down menu and select the specific program report. Click the “get list” box. Find the caseload report and highlight. Go to the right side of the screen and choose a start date and an end date. Click on preview and print.

The DNM can also use the “Attended Appointment Summary” to get a break down of the types of clients that are actually being seen by a particular clinic for a specified time frame. In order to access this report log, go to PHOCIS and choose the “Clinic Appointment Roster” tab on the left side of the screen. Choose the desired parameters in the “Appointments Search Criteria” area. If no appointment type is specified, then you will get all appointments for the time period selected. For long lengths of time, it will take a few minutes to sort the requests. Click “Preview” at the upper left of the screen and choose “Attended Appointment Survey”.

Phone Numbers

Appendix 8 has the listing for all the contact information at the State Office. In Public Folders, there is a list of all the DNMs and their offices numbers under “Nursing Service”, “DNM Info”.

Progressive Discipline

This policy only applies to permanent classified employees. It is a tool to be used to improve performance or behavior on the job. It can also be used to correct off-duty conduct that is unbecoming or unprofessional. The policy is located in IRENE in the Administrative Procedures Manual, Chapter 6-16, and Human Resources. If you believe you need to start this procedure, you must read the policy and consult with your county Administrator. Nursing Service is available and should be notified.

Training information is available through OSDH HRDS, 405-271-4171. **Progressive Discipline training is also required during the first year as a supervisor.** OK-Train is also a resource to check for training dates.

Public Folders

Familiarize yourself with Public Folders; it is a valuable resource for policy, procedure, programs, manuals, memos, forms, etc. This information will be being transitioned to IRENE.

Periodically review the Nursing Service section of Public Folders for calendar, Guidelines & Orders, orientation modules and forms, etc., updates, and information.

Supervisory Visits for C-1

The DNM should complete the Supervision Progress MIS, OSDH Form 443, for the C-1 Lead Nurse three months after becoming a Lead Nurse, and every 6 months thereafter (if she is making home visits.) Provide feedback on issues and praise their work. Discuss what needs improving among the assigned nurses and how that can be accomplished.

The DNM should complete the Visit Implementation Scale, OSDH Form 442 after going on a home visit with the Lead Nurse during a prenatal visit and every four months thereafter.

These forms are located in the C-1 Forms manual and in Public Folders/Children First/Forms/MIS Forms.

Trainings

New supervisors must accumulate 24 supervisory hours during their first year. Of the required 24 hours of training, two specific courses are required: 1) Performance Management Process (6 hours) and 2) Progressive Discipline (6 hours). Thereafter, you will need to accumulate 12 supervisory hours annually. Supervisory hours can be obtained through OK Train, meetings, and video –conferencing. E-mail Training Mailbox for training transcript.

Mandatory training for ALL employees includes Cultural Diversity (3 hours), Ethics (3 hours), and quarterly (4) Safety training. New employee trainings that must be completed are:

- (1) HIPAA Training
- (2) Customer Service
- (3) Title X Orientation for Family Planing
- (4) New Employee Orientation (OSDH)

Please refer to Mandatory Training Policy in IRENE, Human Resources, Chapter 6.

T & E System

Keep it current. Keep notes in your calendar so you can generate your T&Es accurately. If you work more than eight hours in a day, be sure and code it. Code to the county in which you worked. If you have questions, call your mentor DNM or Nursing Service.

475-MAC Coding (Medicaid Administrative Claiming) Please contact your records consultant regarding coding. This generates revenue for the Health Department. See [Appendix 9](#).

411-Emergency Preparedness coding is another specialty of which you need to be aware.

Travel Claims

Traveling is a large portion of the DNM position. The maximum number of days on a travel claim is 30. Don't forget to send a **copy** to Nursing Service if they are not receiving and signing the original claim. Under "Nature of Business" on travel claim, insert "**District Nurse Manager**".

Some DNM's may be issued a state owned vehicle. Be familiar with the "State Owned Vehicle Policy" in IRENE/Administrative Procedures Manual, 1-19.

Vaccine Loss

A county emergency plan must be in place for what to do in case of a power outage or loss of integrity of any vaccine. Please refer to the OSIS Provider Resource Guide for required actions. The Immunization Field Consultant can also be a resource to help if such an occurrence should happen. If in doubt, please call the individual drug manufacturers (numbers listed in Pink Book), tell them what vaccine was involved, and how long the vaccine was out of range. They can determine how it affected the vaccine, and whether or not it should be destroyed, shortened expiration date, or any other action if needed. Please check your OSIS Provider Resource Manual for the form that is to be placed on or near the refrigerator in case of emergency.

Attached [Appendix 10](#) is an e-mail that went around after an episode of "frozen vaccine". Please read just for "FYI" when it comes to storing vaccine in home style refrigerators.

Volunteers

CHDs can and do use volunteers, especially during flu immunizations season. Many of our volunteers are retired nurses. There is an OSDH policy (Administrative Manual 1-13) on volunteers – take a few minutes to read it. Don't forget to check their nursing license to assure that it is current and always orient them to their expected duties. You need to document the volunteer orientation and have them sign the appropriate forms. Forms are located in Public Folders/Administration.

The best way to cover all requirements is:

1. The volunteer policy needs to be reviewed and then consult with the Administrator about what in addition to the confidentiality statement needs to be addressed.
2. The DNM/designee must check for licensure verification BEFORE the day of the clinic, unless the clinic is using MRC badged volunteers, in which case they have been verified and had a background check.
3. HIPAA training should be completed and the Confidentiality agreement should be signed and filed with the volunteer contract.
4. Skills must be checked during Just-In-Time (JIT) training.
5. Be very clear who they answer to and are supervised by during the actual clinic.
6. Provide very clear materials for answering questions that clients might have.

Volunteer Nurse Orientation Suggestions

- Provide copy of the Influenza, Pneumonia and Anaphylaxis G & O
- List of vaccination supplies for each nurses station
- Review health check list, consent, and VIS
- Demonstrate flu mist clip removal and spray into both nostrils
- Demonstrate vanish point safety syringe use
- Retraction of needle before removing from arm
- Aspiration is not necessary
- Dosage for under age 3 Years
- Review flu mist versus injection booster recommendations dose
- Worksheet documentation of vaccination site, lot number and signature/initial of vaccinator

Any other medical volunteers that should become available need a consult from Nursing Service.

Violence in the Workplace

Violent behavior will not be tolerated. Speak with your Administrator immediately. Familiarize yourself with the Workplace Violence policy on IRENE – Administrative Procedures.

APPENDIX

Appendix 1

Monthly Reminders

January

- Check licensure expirations for RNs and LPNs
- Complete PMP reviews
- Check for CPR training expiration dates
- Plan for yearly OSHA training
- Complete and have staff complete Civil Rights Training
- Start planning for “Kindergarten Roundup”
- Attend DNM Committee meeting
- Update staff on G&Os

February

- Check licensure expirations for RNs and LPNs
- Update Nurse Roster and send to Nursing Service
- Submit agenda topics to Nursing Service for March DNM Meeting
- Attend DNM Committee meeting

March

- Check licensure expirations for RNs and LPNs
- Incident Command System Review/Emergency Preparedness
- When is “Kindergarten Roundup??” Start planning
- Start reviewing and updating DNM Worksheet Employee Requirements (Public Folders/Nursing Forms)
- Attend DNM Quarterly meeting

April

- Check licensure expirations for RNs and LPNs
- WIC Lactation Educator Course
- Make sure “Kindergarten Roundup” is progressing
- Attend DNM Committee meeting
- Update staff on G&Os

May

- Check licensure expirations for RNs and LPNs
- Check for CPR card expirations
- Encourage staff to schedule vacations
- Attend DNM Committee Meeting

June

- Check licensure expirations for RNs and LPNs
- Physician Manpower Training (PMTTC) Applications Due
- Breastfeeding Symposium
- Plan special immunization clinics for back-to-school, order extra vaccine
- Attend Quarterly DNM meeting

July

- Check licensure expirations for RNs and LPNs
- Refine plans for back-to-school immunizations clinics
- Complete mid-year PMPs
- Attend DNM Committee Meetings

August

- Check licensure expirations for RNs and LPNs
- Check nurses for survival of back-to-school shots!
- Attend Quarterly DNM meetings

September

- Check licensure expirations for RNs and LPNs
- Plan for flu clinic sites
- Attend DNM Committee meeting

October

- Check licensure expirations for RNs and LPNs

November

- Check licensure expirations for RNs and LPNs
- Coordinate and monitor flu clinics
- Plan staff meetings for next year
- Attend DNM Committee Meeting
- Plan to send staff to annual WIC Conference in February

December

- Check licensure expirations for RNs and LPNs
- Begin close out and opening of new PMPs
- Attend DNM Christmas Party and Quarterly meeting
- Update staff on G&Os – encourage staff to participate in presentations

Appendix 3

Emergency Tray Contents

DATES

DRUGS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Aqueous Epinephrine 1:1000 EXP DATE:												
Benadryl (Diphenhydramine) EXP DATE: Injectable 50 mg/ml												
Aspirin Tablets 325 mg EXP DATE:												
EQUIPMENT												
Airways - Adult - Child - Infant												
Safety Syringes: 1cc with 1" needle 3 cc with 5/8" needle 3 cc with 1" needle												
Alcohol Swabs												
Aspirator or Suction Bulb												
Oxygen Supply Oxygen Mask												
Adult Ventilator Bag Pediatric Ventilator Bag												
Pocket Resuscitation Masks												
INITIALS												

APPENDIX 3B

Monthly Maintenance AED

Location/Site: _____

Date	Open Lid of AED Observe change of status indicator to RED	After less than 5 seconds Status indicator changes to GREEN	Check expiration date on electrodes	Verify Voice prompt, Close lid Confirm status indicator remains GREEN	Employee Initials
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Exp Date:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

TRAINING LOG

EMPLOYEE NAME: _____ YEAR: _____

DATE (COMPLETED)

*Confidentiality Agreement
 Safety (QUARTERLY)

CLASSROOM TRAININGS

 _____ CPR _____
 _____ OSHA _____

TB
 AED

ON-LINE TRAININGS thru OK-TRAIN

(Receive Certificate)

 _____ *Cultural Diversity #OF HOURS _____
 _____ *Cultural Diversity #OF HOURS _____
 _____ *Cultural Diversity #OF HOURS _____

3 HOURS ARE
 REQUIRED

 _____ *Ethics Training #OF HOURS _____
 _____ *Ethics Training #OF HOURS _____
 _____ *Ethics Training #OF HOURS _____

3 HOURS ARE
 REQUIRED

 _____ *HIPAA- Health Insurance Portability & Accountability
 _____ ICS 100 ICS 300 _____
 _____ ICS 200 ICS 400 _____
 _____ ICS 700
 _____ NEO
 _____ *Customer Service

ICS IS A ONE
 TIME
 TRAINING

ONLINE TRAININGS thru WIC TRAINING LINK

(Sign Training Logs)

 _____ *Civil Rights
 _____ *WIC-PHOCIS Security Training

OUTREACH ACTIVITIES (as indicated by County)

 _____ Community Service Activity
 _____ Educational Activity

2 EVENTS ARE
 REQUIRED
 (County)

* Effective January 1, 2009 all OSDH mandatory trainings are due on calendar year, January 1 – December 31.

▶ LICENSE RENEWAL IS DUE: _____ TYPE: RN, LPN, RD, ARNP
 If your license requires continuing education hours this is your responsibility

SUPERVISOR TRAINING LOG

Effective January 1, 2009 all OSDH mandatory trainings are due during calendar year, January 1 – December 31.

EMPLOYEE NAME _____ YEAR: _____
 DATE (COMPLETED) _____

*Confidentiality Agreement
 Safety (QUARTERLY)

CLASSROOM TRAININGS

_____ CPR (2-year) _____ TB
 _____ OSHA _____ AED

ON-LINE TRAININGS thru OK-TRAIN

(Receive Certificate)

_____ *Cultural Diversity #OF HOURS _____
 _____ *Cultural Diversity #OF HOURS _____
 _____ *Cultural Diversity #OF HOURS _____
 _____ *Ethics Training #OF HOURS _____
 _____ *Ethics Training #OF HOURS _____
 _____ *Ethics Training #OF HOURS _____

3 HOURS ARE
 REQUIRED

3 HOURS ARE
 REQUIRED

_____ *HIPAA- Health Insurance Portability & Accountability

_____ ICS 100 _____ ICS 300
 _____ ICS 200 _____ ICS 400
 _____ ICS 700
 _____ NEO
 _____ Customer Service

HIPAA, Incident Command
 System, New Employee
 Orientation, & Customer
 Service ARE ONE TIME
 TRAININGS

ONLINE TRAININGS thru WIC TRAINING LINK

(Sign Training Logs)

_____ *Civil Rights
 _____ *WIC-PHOCIS Security Training

LICENSED STAFF ONLY

▶ LICENSE RENEWAL IS DUE: _____ TYPE: _____

If your license requires continuing education hours this is your responsibility.

SUPERVISORS: You are required to complete at least **12** hours of supervisory training. If you are a **new** supervisor you are required to complete **24** hours of supervisory training the first year.

Date Completed	Name of Training:	Hours Earned:

Appendix 5A

Notification of Maintenance of Employee Medical Records

MEMORANDUM

Date:

To:

From:

Subject: Annual Notification of Maintenance of Employee Medical Records

In accordance with OSDH Administrative Procedures Manual, Policy Number: 6-32, Employee Medical Records are created for all employees whose job classification puts them at risk of an Occupational Exposure. Each employee is responsible for reading, understanding and asking any questions they may have regarding this policy.

_____, DNM is responsible for maintenance of the required medical records. The employee medical records shall be maintained physically separate from all other records and secured in a locked cabinet at _____ County Health Department.

The Employee Medical Record will be maintained in the strictest confidentiality. The employee may obtain a copy of their record by scheduling an appointment with _____ or by making a written request. Access to the record is limited to the employee, and their designated representative, the District Nurse Manager or their designee, and the Occupational Health Nurse.

When an employee transfers to another OSDH site, or their employment terminates with the agency, their Employee Medical Record shall be forwarded by certified mail to either the Occupational Safety Health Nurse in the case of termination or the District Nurse Manager at the site to which the employee is transferring. The Employee Medical Record must be maintained for 30 years following the termination of employment.

Appendix 6

DNM Orientation – Site visit – schedule with Clinical Director within first 2 weeks of job assignment, if possible

Review	Perform with
All manuals	County health department items – review monthly worksheet Perform at least one county during visit
DNM survival guide	
Mandatory DNM Committee structure, dates, manuals, chair	Observe clinic and discuss
Mandatory quarterly District Nurse Manager meetings with Nursing Service	Access current G/Os; Epi manual on Public Folders
last year of audits – Nursing Service QI, MCH	Locate current G/O signature pages
Nurse Roster Review staff, status of orientation process Electronic copies – highlight changes	Visit all county sites as time allows with new DNM
Filing system – convenience, supervisory files	Access ‘www.ok.gov/nursing’
Technical supervision	
LPN work issues & education documentation for delegation purposes	
Employee Health Records policy requirements	
Last Laboratory field consultant reports for each site	
Scheduling of time with mentor DNM	
Scheduling of time in county sites versus headquarters	
Scheduling of district staff meetings, coordinating/ lead staff meetings	
Scheduling of time with administrator(s)	
Schedule orientation in Central office, Nursing Service	
Public Folders	
PHN G/O responsibilities – medical director signatures; archiving; corrections; changes; memorandums serving as orders needing signatures	
Mandatory PHN Conference	
Renewal status of RN/LPN licensure – by birth month,	
Schedule in Outlook by 25 th of previous month – keep current daily; delegate clerical staff to assist	
Out of office in scheduler – sick have county person contact Nursing Service	
Issues, Questions & Concerns to Nursing Service when thought arises	
Schedule visit with Director of Advance Practice – review most recent report on each APN clinic scheduling	
Occupational Health Nurse – 271-5180 – occupational exposures	

Review	Perform with
Physician Manpower & Training Commission – PMTC grants for nursing education, last 2 years of degree, LPN/ADN/BSN/MSN – Director of Nursing Education	
Attend C-1 trainings – Perinatal, Infancy, Toddler, Reflective Consultation	
Attend annual CDN conference and program updates	
DNM mailing packets (Friday mailing)	
Regional CDN role; MIPS Coordinator role	
Smallpox injection education	
Reading of email	
Cell phone – reviewing bill; problems – call Nursing	
Role in Quality Improvement	
PMPs of nursing staff	
Answer questions!!!!	

Appendix 7

Monthly Quality Improvement Checklist

County:	Year:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Refrigerator/Freezer (daily)													
Circular Graph (weekly)													
Hemocue Controls (daily as used)													
Laboratory Supplies													
	Received Date												
	Open Date												
	Expiration Date												
	Supply Amount												
	Rotate Stock												
Medications													
	Received Date												
	Open Date												
	Expiration Date												
	Supply Amount												
	Rotate Stock												
Immunizations													
	Open Date (multi-dose vials)												
	Expiration Date												
	Supply Amount												
	Rotate Stock												
Emergency Tray													
	Received Date												
	Open Date												
	Supply Amount												
	Monthly Check												
Lab Equipment Cleaning													
Sharps Containers (emptied at 2/3 full)													
Emergency Box/Oxygen Location Posted													
"Do Not Disconnect" Sign on Refrigerator													
Medications Locked Away at All Times													
Clinic Doors Closed with Client													
Logs Locked Away													
PPE Being Used Per OSHA													
Corrective Action Reports (prn)													

NOTES:

INSTRUCTIONS DNM QI CHECKLIST

This form is designed to provide documentation for monthly assessments of county QI activities. This form may be used in addition to required program forms. The checklist is to assist the DNM and should be filed in his/her QI files.

Refrigerator/Freezer (daily): To assure daily am and pm temperatures are documented.

Circular Graph (weekly): Assure graph is changed weekly and dated.

Hemocue Controls (daily when used): Review QI sheets to assess daily checks have occurred and that multiple staff are listed for having performed QI checks.

Laboratory Supplies, Medications, Immunizations, and Emergency tray:

- **Received Date:** Received date is documented on product
- **Opened Date:** Date opened is written on product container
- **Expiration Date:** Check to see if product is being used past manufacturer expiration date.
- **Supply amount:** Assess if there is adequate supply to meet clinic needs, and assure there is not an excess of supplies for clinic needs.
- **Stock Rotated:** Assure stock in use is labeled with the earliest received date.

Emergency tray: Assure monthly checks are done AND documented on the emergency tray for medication expiration, including O₂ tank inspection, expiration date of O₂ etc.

Lab equipment cleaning: Visual checks are performed on Accudata, Hemocue; Otoloscope tips (if applicable) Tympanometer Tips, Centrifuge, etc. to check for residual body substances and/or blood products.

Sharps containers replaced at 2/3 full: Visual inspections of sharps containers throughout clinics or in Biohazard storage area to assure sharps containers are replaced appropriately.

Emergency box location: Location clearly marked on room entry and site location (ex. cabinet door).

“Do Not Disconnect” label on refrigerator: Assure labels are clearly visible on refrigerators where vaccines are stored.

Medications are locked up at all times: Ensure medications are locked up..

Clinic doors: Assure clinic doors are closed during client interviews.

Med/Hcg/Spec referral logs locked up: These logs must be stored in a locked cabinet when not in use and not accessible to non-clinic employees during clinic hours.

Oxygen tank location labeled: Assure the door where the O₂ tank is stored is clearly labeled.

Personal Protective Equipment: Is PPE being used according to agency safety manual requirements?

C-1: Refer to C-1 Manual.

ROUTING AND FILING:

This form is to assist the DNM and/or Coordinating Nurse and should be filed in her QA files.

Appendix 8

OSDH ALPHABETICAL LISTING -BY DEPARTMENT-

DEPARTMENT	LOCATION	PHONE#
Accountability Systems	Rm.211	271-6272
Accounting Services	Rm.341	271-4042
Acute Disease	Rm.605	271-4060
Administrative Hearings	Rm.805	271-1269
Assets Inventory	Warehouse	271-7581
Board of Health	Varies	271-8097
Boxing Commission	Rm.1213	271-5243
Budget & Funding	Rm.353	271-8861
Building Management	Rm.B25	271-1777
Chief Operating Officer	Rm.305	271-4200
Child Abuse Prevention	Rm.706	271-7611
Child Guidance	Rm.706	271-4477
Children First	Rm.706	271-7611
Chronic Disease	Rm.1204	271-4072
Civil Rights Administrator	Rm.115	271-4171
Commissioner's Office	Rm.305	271-4200
Communications	Rm.406	271-5601
Community Development	Rm.509	271-6127
Community & Family Health	Rm.509	271-5585
Construction Industries Board	Shepard Mall	271-5217
Consumer Health	Rm.1209	271-5243
Consumer Protection	Rm.1214	271-5243
Dental Health	Rm.712	271-5502
EAP	909 S. Meridian, Ste525	947-7591
Emergency Medical Services	Rm.1104	271-4027
Emergency Preparedness & Response	Rm.414	271-0900
Employee Recognition	Rm.503	271-4171
Family Support & Prevention	Rm.707	271-7611
Federal Funds Development	Rm.310.3	271-9663
General Counsel	Rm.209	271-6017
Health Care Information	Rm.807	271-6225
Health Promotion	Rm.508	271-6127
Health Resources Development	Rm.1010	271-6868
Health Statistics	Rm.807	271-6225
HIV/STD	Rm.603	271-4636
Home Care Administrator Registry	Rm.1011	271-6868
Human Resources	Rm.115	271-4171
Immunization	Rm.911	271-4073
Information Desk	1 st Floor	271-5600
Information Technology (helpdesk)	Rm.128	271-2588
Injury Prevention	Rm.408	271-3430
Insurance	Rm.116.5	271-4479

Internal Audit	Rm.512	271-5765
----------------	--------	----------

DEPARTMENT	LOCATION	PHONE#
Internal Services	Rm.B19	271-4331
Jails	Rm.1218	271-3912
Long Term Care	Rm.1003	271-6868
Maternal & Child Health	Rm.809	271-4480
Medical Facilities	Rm.1113, 1116	271-6576
Minority Health	Rm.211	271-1337
Nurse Aide Registry & Abuse	Rm.1111	271-4085
Nursing Service	Rm.506	271-5183
Occupational Health	Rm.516	271-5183
Occupational Licensing	Rm.1203	271-5779
Performance Management	Rm.305	271-4200
Perinatal & Reproductive Health	Rm.904	271-4476
Personnel	Rm.115	271-4171
Pharmacy	Lucent	271-1958
Prevention & Preparedness	Rm.414	271-0900
Primary Care	Rm.509	271-8428
Procurement	Rm.309	271-4043
Professional Counselors Licensing	Rm.154	271-6030
Protective Health Administration	Rm.1210	271-6868
Public Health Lab	Rm.324	271-5070
Quality Improvement & Evaluation	Rm.1212	271-5278
Receiving (Mailroom)	Rm.B27	271-4330
Record Evaluation & Support	Rm.509	271-5585
Rural Health	Rm.516	271-8428
Screening and Special Services	Rm.709	271-6617
Shipping	Rm.B37	271-5436
SoonerStart	Rm.803	271-8333
State Epidemiologist	Rm.605	271-4060
State & Federal Policy	Rm.305	271-3242
Terrorism Preparedness and Response	Rm.414	271-0900
Training, Education, & Development	Rm.503	271-4171
Tobacco Use Prevention	Rm.403	271-3619
Trauma Systems	Rm.1104	271-4027
Turning Point	Rm.509	271-6127
Vital Records	Rm.111	271-4040
WIC Services	Shepard Mall	271-4676

Appendix 9

MAC CODING

Program code 475 Medicaid T & E Activity Codes	All Staff	Professional as designated by HCA
500 Medicaid Outreach	<ul style="list-style-type: none"> Giving brochure about Medicaid or DHS Informing client or community about Medicaid services such as physical/behavior health, maternity care, C-1, immunizations, etc 	<ul style="list-style-type: none"> Giving brochure about Medicaid or DHS Informing client or community about Medicaid services such as physical/behavior health, maternity care, C-1, immunizations
501 Facilitating access to Medicaid eligibility	<ul style="list-style-type: none"> Explaining Eligibility Rules & Enrollment Process Referring to DHS for Medicaid (this maybe during WIC or FP) Assisting them in completing application Determining clients Medicaid status, this is looking up their status for immunizations, C-1, etc Completion of PHOCIS financial & insurance Modules for FP, etc Looking up Medicaid eligibility on the web system 	<ul style="list-style-type: none"> Explaining Eligibility Rules & Enrollment Process Referring them to DHS for Medicaid (this maybe during WIC or FP) Assisting them in completing application Determining clients Medicaid status, this is looking up their status for immunizations, C-1, etc
502 Referral Coordination and Monitoring Medical	<ul style="list-style-type: none"> Assisting in finding appropriate services (such as dysplasia appointments etc) 	
503 SPMP Referral Coordination and Monitoring Medical		<ul style="list-style-type: none"> Staffing, multidisciplinary reviews Assist in finding appropriate services (especially in C-1 when helping them with housing, etc) Referring/coordinating complex Medicaid diagnostic services that require health care procedures covered by Medicaid (referral for Dysplasia, etc) Monitoring & evaluating the Medicaid covered medical components of an individual plan of care such as non face to face activities, reviewing IFSP or Targeted Case Management objectives, TB plan of care (DOT etc) Seeking prescription for therapy (nursing: orders for BP and BS monitoring, change of BC pills, etc)
504	On hold at this time do not use	On hold at this time do not use
505 Program Planning, Development, and Coordination related to Medical Services	<ul style="list-style-type: none"> Preparing for and attending meetings related to health program coordination activities 	
506 SPMP Program Planning, Development, and Coordination related to Medical Services		<ul style="list-style-type: none"> Preparing for and attending meetings related to health program coordination activities Independent peer reviews to access the quality and efficacy.
507 Transportation & translation assistance	<ul style="list-style-type: none"> Arranging for translation or signing services to access and understand necessary Medicaid care and treatment Arranging for transportation 	<ul style="list-style-type: none"> Arranging for translation or signing services to access and understand necessary Medicaid care and treatment (use of language line) Arranging for transportation (if C-1 or nursing trying to locate transportation for client to receive Medicaid care & treatment

Program code 475 Medicaid T & E Activity Codes	All Staff	Professional as designated by HCA
508 Medicaid Specific Training	<ul style="list-style-type: none"> • Training of the use of the CPT codes • The training received to do this billing etc 	<ul style="list-style-type: none"> • Training of the use of the CPT codes • The training received to do this billing etc
509 SPMP Medicaid Specific Training		<ul style="list-style-type: none"> • Participating in/or conducting Medicaid specific training • Training to maintain and enhance Medical knowledge needed to better assist individual in the referral, coordinating and monitoring of their individual medical care needs and to maintain established medical certifications and improve and maintain medical skills. Example, trainings for C-1 staff, FP NP training, TB updates, etc.

Storing of Vaccine

From: Arnold, Nancy F.
Sent: Friday, December 11, 2009 12:11 PM
To: Boyd, Susan E.; Pistole, Diana K.
Subject: FW: Vaccine Loss

From personal experience the times we have had problems with vaccine freezing it has always been when we have very large amounts of vaccine in the refrigerator, such as flu or back to school times. We also have a large number of the Koolite Refrigerants in the freezer from the shipments of vaccine to keep the refrigerator cold in case we have a power outage. Refrigerants and bottles of frozen water is the standard recommendation to maintain temperatures when the power is off.

By trying to prevent losing vaccine in a power outage, we block the circulation in the freezer and freeze the refrigerator. Maybe the other DNM's know this but I have never heard this before and it makes sense. I think this information might be useful in our Coordinating Nurse and DNM Survival Guides.

From: Cooper, Marilyn B.
Sent: Thursday, December 10, 2009 2:33 PM
To: Arnold, Nancy F.
Subject: Vaccine Loss

After the loss of H1N1 vaccine due to freezing, we called the repairman. The unit is new. The dealer said the reason it was freezing in the refrigerator was because we had covered up the vents in the freezer. When the cold could not go into freezer, the colder air was forced into the refrigerator freezing the vaccine. We emptied the freezer and no longer have the problem. The temps have remained stable. A few days later the temps were going down in Washington County and they knew what happened to me so they went through and emptied the freezer down to an acceptable level and solved the problem before there was an incident.

*Marilyn Cooper RN
Osage County Health Depart
539 Leahy Suite 103
Pawhuska, Oklahoma 74056
1-918-287-3740*

