

The Clinician and Health Department Partnership

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Introduction

The mission of the Sentinel Event Enhanced Passive Surveillance (SEEPS) Program is to develop a sustainable, regional, clinicianbased system of early recognition and response to biological threats.

Our goals are:

- · To develop an education and training program for regional clinicians focusing on recognition of and response to biological
- · To develop collaborative relationships with other jurisdictions;
- · To continuously evaluate and improve content and program
- · To produce a viable alternative to syndromic surveillance.

Outline of Projects

- · Clinician Advisory Panel
- · Preparedness and Response Guide
- · Introductory mailing for Guide and Website
- · Lectures to clinician groups

Clinician Advisory Panel

Purpose

To assemble a cross-section of SF clinicians to:

· Provide SFDPH with some indication of the state of preparedness among SF clinicians to recognize, report, and

respond to cases of category A BT agents and emerging infections;

- · Provide feedback on proposed educational materials & communication channels:
- · Assist SEEPS campaign with effective outreach

Implementation

- · Identify and recruit appropriate clinicians
- · Convene a weeknight buffet dinner at a convenient, comfortable location and provide an honorarium
- · Provide background info, then interactive discussion
- · Solicit verbal and written feedback

Results

- · Attendance: 13 clinicians from a variety of institutions and practice settings representing a variety of subspecialties (ID, Derm, IM, Fam Med, Infect Cntrl);
- · Support: of overall project and suggested
- · Suggestions: variety of opinions about the best media and method of delivery of info- including paper-based products to entirely electronic products.

Preparedness & Response Guide

To provide SF clinicians with a comprehensive, practical and readable resource guide that addresses many aspects of infectious disease emergencies including roles responsibilities of clinicians and the Health Department, specific steps for preparation, detailed information on bioterrorism related diseases and avian influenza, and information on infection control precautions.



Implementation

- · Primary team: SEEPS team (Program manager & 2 pt-time MDs) and contracted graphic design firm (contractor #1);
- · Feedback & review process: Initially from within team, then designated other physicians within Section. Final review and approval by Section Director

- · 3500 hardcopy binders were produced. 3,000 were mailed to clinicians in SF. Others were given to our partner agencies; each binder contained 2 posters, rolodex cards, business cards, and a CD with the entire document. The guide was also posted on our
- · The guide was very well received and generated many requests for additional copies, lectures and permission for other jurisdictions to reprint. The Mayor highlighted the guide in a press conference.

Reference leading available through Call SYSPH immediately.

Website

To provide easily accessible, useful information for our primary audiences: the public and SF medical communities.



Implementation

Website architecture (site map) developed first:

- · Team: SEEPS project team, reps from each Unit within the Section, and 2 personnel from a contracted website design and marketing firm (contractor #2);
- · Goal: ID website audiences, their needs and an intuitive and easy-to-navigate website;

Website visual design developed next:

- · Team: SEEPS project team, Unit reps, and personnel from a contracted graphic design firm (contractor #1);
- · Goal: create a warm, helpful but authoritative image;

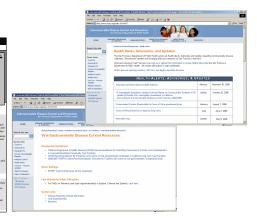
Website content and code developed last:

- · Team: similar to above;
- · Goal: provide useful but concise info for our targeted audiences.

Average 17.111

visitors per month

- · Website live Fall, 2005
- · Growing audience
- · Links from multiple sites
- · Useful for on-call Communicable Disease MDs



Introduction to Guide & Website

- · To inform clinicians about a new program local USPS biological agent detection program;
- · To "create a void"-ask clinicians if they are prepared to treat exposed patients and if they know where to obtain SF specific information
- · To "fill the void"- inform clinicians about SFDPH, website, guide, Health Alerts and provide specific info on anthrax.
- Secondary purpose: to identify clinicians in our Health Alert Notification Database (HAND) that had retired or moved.

Implementation

Contents:

- · Letter (1-2 pages): describing USPS biological agent detection program, creating and filling void (see above)
- Guide Table of Contents (1 page)
- Anthrax section of Guide (11 pages)
- · HAND Update Options and Request form (1 page)
- · Microbe Guide Postcard with pre-paid postage soliciting interest

Method of Delivery: First class USPS mail (to insure return to

sender of undeliverable mail)

3,000 packets mailed to SF clinicians in our HAND. 300 were returned, 100 requests for the Guide were received



Lectures to Clinician Groups

To provide ongoing, in-person educational sessions on emerging infectious disease topics of interest to clinicians.

Implementation

- · Identify and establish contact with target audiences (emergency medicine, primary care, ID, & dermatology groups)
- · Identify topics of interest: pan flu, BT, outbreaks
- · Develop, deliver and track presentations
- · Obtain assessments

- · Approximately 20 presentations /year
- · Consistent ratings of "very useful" & "well-presented"

For further information

Visit our website at www.sfdph.org/cdcp for many of these documents. Contact Dr. Karen Holbrook for more information (karen.holbrook@sfdph.org)