

Nurse Executive Committee Report

August Public Health Nursing Webinar

Ruth Willard, DNP, MBA, RN
Director of Nursing
Kentucky Department for Public Health

August 21, 2025



Nurse Executive Committee



New Membership

- Kelsee Comp-Pennyrite District
- Dawn Redman-Lake Cumberland
- Alexa Graeter-DPH, MCH



Next Meeting

- August 26, 2025
- HS Building, 2nd Floor Training Room

Projects

- 🛡️ QA/QI REDCap Survey in collaboration with PQI
 - Pilot coming soon
- 🛡️ STD/STI Enhanced RN Training Updates
 - Content reviewed/update to online content
 - Clinical simulation curriculum
 - » Pilot October 10th at PHN conference

Clinical Service Guide/Administrative Reference



Emergent Updates

- Influenza/COVID (coming soon)

Public Health Nursing Webinars



PHN Webinar

- October 16, 2025
- December 18, 2025



New format

- ZOOM
- Registration through TRAIN only

Public Health Nursing Professionalism

- 🛡️ KDPH updated Association of Public Health Nurses Organizational Membership
 - 396 members (state program/LHD nurses)
 - Exhibitor October PHN Conference
- 🛡️ Public Health Nursing Series: Evidence-Based Recruitment and Retention Strategies
 - [Register Here](#)..
 - Shirley Orr, MHS, APRN, NEA-BC
 - » Plenary speaker at PHN conference

Public Health Nursing Conference

Stronger Together: Kentucky Public Health Nursing Conference 2025

- October 9-10, 2025
- Crowne Plaza Louisville
- [Register Here](https://www.train.org/ky/course/1130703/)
- CME, CE available



Public Health Nurse Awards



2025 PHN Awards

- Nomination Committee
- 6 categories
- Awards Luncheon
 - » October 9th
- [Nominate Here](#)



Questions

Ruth Willard, DNP, MBA, RN-BC

KDPH Director of Nursing

Ruth.Willard@ky.gov

502-229-8922

Current Issues in Public Health Fluoridation:

What Public Health Nurses Are Still Expected to Provide

Julie Watts McKee, DMD
State Dental Director

August 21, 2025



Overview

-  Varnish Administration
-  Pre-Entry School Screening
-  Study Your SIP
-  Questions

Varnish Administration



Good Service

- Reduces decay by around 40%
- Good Learners



Changes

- Workday
- Program Specific on Timesheet
 - » PGL4600
 - » D1206
 - » TIME! Not Relative Values
 - 15 minutes, give or take

Varnish Administration



FY25

- 10,680 provided
- Let's do more!
 - » How can I help you move your needle?

Varnish Administration



Shout Outs

- Kentucky River*
- Gateway*
- Northern Kentucky*
- Purchase*

Varnish Administration

Shout Outs

- Pike*
- Madison*
- Jessamine*

Varnish Administration



Very Loud Shout Outs

- Calloway County
- Bell County
- Todd County

Varnish Administration



Training Set up for Fall

- Want to host? Let me know.

School Entry Oral Screenings

- 🛡️ 23-24 School Year
 - 21,030 Screens/Exams across Kentucky
 - 3,911 were Screenings; Others by Dentists
 - » 19.5% were done by LHDs
- 🛡️ Can easily be incorporated with Varnish Administration
 - Excellent “Value Added” Component of Your Work

School Entry Oral Screenings



OH-12 is the Magic Form

Kentucky Dental Screening/Examination Form for School Entry		August 2010
<p>Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.</p>		
<p>Student Name: _____ Last First Middle</p> <p>Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female</p> <p>Parent or Guardian: _____ Name Relationship</p> <p>Address: _____ City: _____</p> <p>Phone Number: _____ School: _____</p> <p>Date of Enrollment ____/____/____</p>		<p>This space intentionally left blank</p>
<p>Untreated Decay: (Check one)</p> <p><input type="checkbox"/> 0 No untreated cavities</p> <p><input type="checkbox"/> 1 Untreated cavities</p>	<p>Treated Decay: (Check one)</p> <p><input type="checkbox"/> 0 No treated cavities</p> <p><input type="checkbox"/> 1 Treated cavities</p>	<p>Screener's Name: _____</p> <p>Screener's Address: _____</p> <p>Phone Number: _____ Screening Date: _____</p> <p>Screener's Signature: _____</p> <p>Professional affiliation: (Please check one)</p> <p><input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist</p> <p><input type="checkbox"/> Physician Assistant <input type="checkbox"/> LHD Registered Nurse with KIDS Smiles training</p> <p><input type="checkbox"/> ARNP <input type="checkbox"/> Physician</p>
<p>Pattern of Early Childhood Cavities: (Check one)</p> <p><input type="checkbox"/> 0 No Early Childhood Cavities</p> <p><input type="checkbox"/> 1 Early Childhood Cavities Present</p>	<p>Treatment Urgency: (Check one)</p> <p><input type="checkbox"/> 0 No obvious problem</p> <p><input type="checkbox"/> 1 Early dental care needed</p> <p><input type="checkbox"/> 2 Referral for Urgent Care</p> <p>NOTE: Comment required if marked.</p>	<p>Comments:</p>

OH-12 (rev. 4/2010)

Oral Health: Study Your SIP Fluoride Supplements



Old Days

- Determine water source
- Water Testing
- Go get the test results
 - » Decide dosage for each child
- Bring family back in for drops/instructions
- Ask about it each time they return



New Way!

- Distribute “Study Your SIP” literature to all patients
 - » Flyers, Posters, Postcards
 - Order at Oral.Health@ky.gov
 - No costs to LHD
- That’s IT!



[Oral Health Program - Cabinet for Health and Family Services](#)



Questions?



Thank you.

Julie Watts McKee, DMD

JulieW.McKee@ky.gov

502-564-3604



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AND FAMILY SERVICES

340B Program Overview & Compliance Essentials

Pamela Young

08/21/2025



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340B Program Recap

The 340B Drug Pricing Program is a federal program that allows eligible clinics and hospitals to purchase outpatient medications at discounted prices. This helps clinics stretch resources, expand services, and reinvest savings into patient care.

For patients, it means better access to essential medications, lower costs, and more consistent treatment—often making the difference between receiving care or going without.

In short, 340B strengthens healthcare for underserved communities by helping clinics do more with less and ensuring patients can afford the medicines they need.

* Visit <https://www.hrsa.gov/> for more information

Audit





HRSA audits clinics and hospitals in the 340B Program to make sure the rules are being followed.

They check that:






- Only eligible patients receive 340B medications.
- There are no duplicate discounts with Medicaid.
- Records and policies are accurate and up to date.

If problems are found, the clinic may need to repay manufacturers or correct issues. That's why good documentation and regular internal reviews are critical.

Purpose

-  Collects essential data on 340B-distributed medications
-  Supports program monitoring and regulatory reporting
-  Must be completed by the END of each month
-  Accuracy and completeness are critical

Facility & Identification Details

-  County
-  Facility Name (Health Department/Clinic)
-  340B ID (auto populates)
-  Facility Address (auto populates)
-  Ordering Provider

340B Medication Report Form



Please complete this survey **by the end of every month**.

We kindly ask that you answer all questions **as accurately and thoroughly as possible**, as this information is important for our reporting and program tracking.

Your time and effort are greatly appreciated.
Thank you so much for your participation!

County

* must provide value

340B ID

Facility Address

Ordering Provider

* must provide value

Facility & Identification Example

340B Medication Report Form








AAA
+ -



Please complete this survey **by the end of every month**.
We kindly ask that you answer all questions **as accurately and thoroughly as possible**, as this information is important for our reporting and program tracking.

Your time and effort are greatly appreciated.
Thank you so much for your participation!


County <small>* must provide value</small>	Anderson ▾
Facility Name <small>* must provide value</small>	Anderson County Health Department ▾
340B ID	STD40342
Facility Address	1180 Glensboro Road Lawrenceb
Ordering Provider <small>* must provide value</small>	DR. Brown


Patient & Medication Info

-  Patient ID
-  Date Administered
-  Drug Name
-  National Drug Code (NDC)
-  Lot Number
-  Expiration Date
-  Indicate payer (Yes/No)
 - Answer will always be No

Patient ID <small>* must provide value</small>	<input type="text"/>
Date Administered <small>* must provide value</small>	<input type="text"/>  Today M-D-Y
Drug Name <small>* must provide value</small>	<div><input type="radio"/> Amoxicillin <input type="radio"/> Azithromycin <input type="radio"/> Bacteriostatic Sodium Chloride <input type="radio"/> Bicillin <input type="radio"/> Cefixime <input type="radio"/> Doxycycline <input type="radio"/> Rocephin <input type="radio"/> Metronidazole</div> <div>reset</div>
National Drug Code (NDC) <small>* must provide value</small>	<input type="text"/> 11 digits total: #####-###-##
Lot # <small>* must provide value</small>	<input type="text"/>
Expiration Date <small>* must provide value</small>	<input type="text"/>  Today M-D-Y MM-DD-YYYY
Payer	<div><input type="radio"/> Yes <input type="radio"/> No</div> <div>reset</div>
<div>Submit</div>	

Medication Examples

Drug Name * must provide value	<input type="radio"/> Amoxicillin <input type="radio"/> Azithromycin <input type="radio"/> Bacteriostatic Sodium Chloride <input checked="" type="radio"/> Bicillin <input type="radio"/> Cefixime <input type="radio"/> Doxycycline <input type="radio"/> Rocephin <input type="radio"/> Metronidazole	reset
National Drug Code (NDC) * must provide value	<input type="text"/> 11 digits total: #####-###-##	
Lot # * must provide value	<input type="text"/>	
Expiration Date * must provide value	<input type="text"/>  Today M-D-Y MM-DD-YYYY	
Bicillin Dosage (and week if applicable)	<input type="radio"/> 1.2MU (X2) <input type="radio"/> 1.2MU (X2) x 1 WEEK <input type="radio"/> 1.2MU (X2) x 2 WEEK <input type="radio"/> 1.2MU (X2) x 3 WEEK	reset

Drug Name * must provide value	<input type="radio"/> Amoxicillin <input type="radio"/> Azithromycin <input type="radio"/> Bacteriostatic Sodium Chloride <input type="radio"/> Bicillin <input type="radio"/> Cefixime <input checked="" type="radio"/> Doxycycline <input type="radio"/> Rocephin <input type="radio"/> Metronidazole	reset
National Drug Code (NDC) * must provide value	<input type="text"/> 11 digits total: #####-###-##	
Lot # * must provide value	<input type="text"/>	
Expiration Date * must provide value	<input type="text"/>  Today M-D-Y MM-DD-YYYY	
Doxycycline Dosage	<input type="radio"/> 100MG BID X 7 DAY <input type="radio"/> 100MG BID X 10 DAY <input type="radio"/> 100MG BID X 14 DAY <input type="radio"/> 100MG BID X 21 DAY <input type="radio"/> 100MG BID X 28 DAY <input type="radio"/> 100MG BID X 30 DAY	reset

Reminders & Best Practices

- 🛡️ Complete all required fields
- 🛡️ Review for accuracy before submitting
- 🛡️ Click 'Submit' to finalize entry
- 🛡️ Complete survey by the end of EVERY month
- 🛡️ Email a complete list of ordering providers and Licensing #'s to PamelaJ.Young@ky.gov
- 🛡️ Thank you for your participation!

Questions?



Thank you.

Pamela Young

PamelaJ.Young@ky.gov

502-234-8192



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