


DSHS Health Service Region 2/3  
Community Preparedness

## Epi Response Team (ERT) Review: Purpose, Training, and Epi Site Visit

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## Overview

- Background on PHEP and DSHS QA Team
- PHEP Epi Capabilities Overview
- QA Review Background, Purpose, & Process
- Initial Epi QA Reviews & 2015 Pilot
- Epi QA Review Tool Development
- Proposed Benefits of the Epi QA Review Tool
- Current Epi QA Review Tool



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## Background

- PHEP: CDC developed 15 capabilities to serve as national public health preparedness standards
- DSHS QA Team: tasked with assessment of progress toward the achievement of goals, outcomes, performance measures, critical tasks, and activities detailed in the contracted jurisdiction's preparedness work plan.



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### PHEP Epi Capabilities

- CAPABILITY 4: Emergency Public Information and Warning
- CAPABILITY 6: Information Sharing
- CAPABILITY 11: Non-Pharmaceutical Interventions
- CAPABILITY 13: Public Health Surveillance and Epidemiological Investigation



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### PHEP QA Review Background

- Formalized standard contract work plan between DSHS and PHEP jurisdictions
- QA staff works with program staff and SMEs using a standardized tool based upon work plan and program capabilities
- QA tool is reviewed annually for recommended changes



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### Purpose of PHEP QA Review & Tool

- Used to capture PHEP Capabilities
- Ensure basic functions are met
- Address variability of practices
- Help encourage minimum level competency
- Assess any gaps, barriers, or challenges
- Provide resources
- Assist in meeting needs



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### PHEP QA Review Process: Pre-Visit

- Contact made via phone/e-mail
  - letter to schedule review and share tool
- SME conference call conducted ~ 4 weeks prior to visit
- Conference call with contractor ~ 2 weeks prior to visit – used to address any questions or concerns



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### PHEP QA Review Process: On-site Review

- Entrance conference conducted to introduce staff, answer questions, and tour facility
- Discussion and review of documentation showing performance and activities that comply with grant requirements
- Identifies best practices and/or challenges
- Generally take 2-3 days
- Time to locate/produce documentation is given if needed



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### PHEP QA Review Process: Exit Conference

- Draft of review shared
- Observations and findings is discussed
- Copy is left with reviewed jurisdiction



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### PHEP QA Review Process: Post-Visit

- QA Staff complete report
- Formal letter with completed report is sent to jurisdiction
- As needed/necessary:
  - Request for submittal of a corrective action plan is made
  - 4 weeks given to complete
  - Final close-out letter is sent to jurisdiction upon completion of action plan *with any addressed issues resolved*



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### PHEP QA Review: Missing Epi Capabilities

- PHEP Reviews were not addressing epi capabilities
- PHEP Managers wanted to capture these
- All Regions epi process were discussed
- QA Team was contacted to address variances in PHEP reviews
- Began by sending Epi QA SME



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### 2015 Epi QA Review Pilot

- PHEP QA Team had an epi review 5 Local Health Departments (LHDs) in 3 Health Service Regions (HSRs)
- Used a regional epi unaffiliated with the LHD being reviewed
- Prompted need for subject matter expert (SME) to be incorporated
- Ensure core aspects of PHEP are emphasized



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### Initial Epi QA Reviews

- Conducted 2 reviews (prior to standardized Epi tool)
- Reviewed investigations for 1 quarter
- Primary focus on investigation completion and entry
- Identified strengths, weaknesses, and made suggested changes

Summary of Significant Findings (strengths, weaknesses, changes from previous quarters).	
Strengths:	Proper forms used for investigation. For the most part, proper documents were requested from providers (N&P, labs, etc.). Investigations entered in a timely manner (per report date). Excellent detailed comments that captured control measures for some VPDs.
Weaknesses:	Some required data entry components missing. Some investigations had no documentation whatsoever.
Suggested Changes:	Conduct quarterly QA audits for required NBS data entry fields. Discussed having clerks/admins trained in NEDSS for data entry purposes to assist nurses' with work load. Discussed the need to enter all cases assigned/investigated to show work load. Proposed a tracking system for case assignment.



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### Epi QA Review Tool Development

- DSHS QA Team requested a workgroup to develop a tool
- Tool Functions:
  - Help facilitate epidemiology reviews
  - Standardize practice in epidemiology
  - Assist contracted jurisdictions in meeting the requirements



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### Proposed Benefits of QA Epi Tool

- Establish consistent state-wide approach
  - Uphold minimum surveillance and epi standards
- Increase opportunities for sharing best practices
- Strengthen collaboration inter-regionally
- Prevent reviews as being viewed as punitive



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## Epi QA Review Tool Focus: Cap. 13

- General Focus: PHEP Epi practices
  - Processes in Place
  - Investigation Knowledge & Capabilities
  - Information Sharing
  - Documentation and Notification
  - Case Tracking, Assignment, and Retention
  - **\*\*Investigation Review**
    - Only with an Epi SME as reviewer



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## Epi QA Tool: Section I: Processes in Place

I. Processes in Place	
<b>A. Types of Processes in Place</b> <input type="checkbox"/> TPz/SOGs* <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Awareness of Resources <input type="checkbox"/> Disease Control Textbooks <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Indeterminate Comments:	<b>B. Surveillance Systems</b> <input type="checkbox"/> Yes (specify): <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:

- Identifies:
  - Any and all types of processes in place
  - Resources used
  - Surveillance systems used



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## Section II: Question 1 Tier 1 Epi

**II. Investigation Knowledge & Capabilities**

**1. Jurisdiction has Tier 1 Investigator on staff?**  
 Yes    No

Comments:

- Assesses:
  - Has minimum of Tier 1 Epi on staff
- Comes from CSTE & CDC's Applied Epidemiology Competencies (AECs)
  - Used to improve epi practice in the public health system
  - Comprehensive list of competencies defining applied epidemiology and skills at 4 different levels (tiers)
    - Tier 1: Entry-level or Basic
    - Tier 2: Mid-Level
    - Tier 3: Supervisory
    - Tier 4: Scientist/researcher



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## Section II: 2-3 Investigation Knowledge & Capabilities

1. Jurisdiction has One (1) Investigator on staff?	2. Overall Investigation Knowledge Apparent?	3. Infectious Disease Control Knowledge Apparent?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	Comments:	Comments:

- Assesses:
  - General investigation knowledge/practice
  - Infectious disease control knowledge demonstrated
    - May be identified by conducting investigation review by epi SME

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## Section II: 4 - 8 Investigation Knowledge & Capabilities

4. Condition Specific Leads(S)SMEs?	5. Outbreak Steps?	6. List(S) Subscriptions?	7. Epi-X Account?	8. Memberships?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes (specify): <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes (specify): <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments & Suggestions:				

- Addresses:
  - Any condition specific leads or SMEs at the local level
  - Knows outbreak steps (*even for non-notifiables*)
  - Subscriptions, Epi-X, and membership accounts

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## Section III: Information Sharing

III. Information Sharing		
1. Regularly Share Info with Stakeholders	2. Coordination for Disease Mitigation	3. Relationships with Stakeholders
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	Comments:	Comments:

- Assess:
  - How often information is shared with stakeholders?
  - Existing coordination for disease mitigation?
  - Current and/or past relationships with stakeholders

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### Questions?

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