Chapter 4 Contractual Reporting and Site Reviews

In addition to investigating and reporting HIV/AIDS cases, surveillance sites are required to perform additional surveillance related activities including routine reporting of:

- Monthly Site Activity
- Training, Workshop and HARS calls Attendance
- Requests and Special Projects
- Paper-based Lab Reporting
- Case Report Forms and Testing and Treatment History
- Security

Surveillance Site Responsibilities

4-1 Monthly Site Activity Tool

The site activity tool tracks the monthly activities of surveillance sites. This includes conducting routine provider education and active surveillance with providers in the jurisdiction and providing technical assistance to regional or county health departments. This information is reviewed by Central Office staff and DSHS Contract Management Unit to ensure these activities are conducted, especially for high volume providers. Sites are expected to submit the Site Activity Tool by the tenth of the following month upon revision and approval by the site Program Manager. Program Managers are encouraged to utilize this tool to target and track providers requiring assistance and training, and to monitor efforts made by DIS to conduct active surveillance. *Appendix A: Site Activity Tool Instructions* has detailed information on completing and submitting the tool.

a) Provider Education

HIV/AIDS surveillance sites are required to visit major reporting sources at least annually to inform them of reporting requirements, provide reporting materials, and reinforce the need to routinely report STDs, including HIV/AIDS. Surveillance sites should hold supplemental training sessions if issues such as security breaches or a lack of cooperation in reporting arise. Reporting materials must be distributed to local health clinics, public and private hospitals, private physicians, laboratories and other reporting sources in the local surveillance areas. In addition, surveillance sites should identify new providers/facilities and provide them with all necessary information regarding reporting. This activity is tracked using the monthly reporting tool and must be submitted to the assigned DSHS HIV/AIDS Technical Assistance Coordinator by the 10th of the following month.

b) Active Surveillance

HIV/AIDS Surveillance sites also must maintain at least monthly contact with major reporting facilities to conduct active. Surveillance sites should contact facilities over telephone, fax, mail or in person and complete an HIV/AIDS case report form on newly diagnosed HIV/AIDS cases not yet reported. Major reporting facilities are identified through reports created by Central Office, but surveillance sites must strive to identify all reporting facilities within their region to ensure that appropriate surveillance and case follow-up is occurring. This activity is tracked using the monthly reporting tool and is required to be submitted to DSHS HIV/AIDS Technical Assistance Coordinator by the 10th of the following month.

4-2 Training, Workshop and HARS calls Attendance

Central Office requires that all funded HIV surveillance staff from each site attend the annual HIV Surveillance Workshop. The workshop covers a range of relevant topics ranging from strategic goals to policy and procedure updates. Portions of the workshop are dedicated to identifying barriers to surveillance sites' daily activities and sharing best practices. It also provides surveillance sites an opportunity to network with other sites.

Central Office hosts monthly conference call, the HARS call, for all Texas HIV surveillance staff. This call focuses on providing updates on current projects, changes in processes and procedures, and discussion of activities happening around the state. In addition, sites share best practices and challenges they are experiencing. All surveillance staff and management are encouraged to attend, but at least one surveillance staff member must participate in the monthly HARS calls.

4-3 Requests and Special Projects

Central Office regularly runs quality assurance checks, matches to other databases and other data monitoring activities to ensure completeness and quality of eHARS data. When necessary, Central Office staff contacts surveillance sites to request additional information or clarification of case information. Central Office may also distribute information on potential cases requiring follow-up to determine diagnostic status and reportability. Surveillance sites must ensure all deadlines are met and timely responses are provided. If the surveillance site cannot meet a deadline or respond within ten working days of inquiry, the site must notify Central Office and agree upon a new deadline.

4-4 Paper-based Lab Reporting

Surveillance sites are required to submit paper lab reports for any HIV testing facilities not reporting electronically to DSHS. Please refer to Chapter 2-1B for information about paper-based lab reporting and *Chapter 2 Appendix E* for procedures on processing paper lab results.

4-5 Case Report and Testing and Treatment History Forms

Surveillance sites must complete and submit the appropriate Case Report Form and, when applicable, the Testing and Treatment History Form for all cases diagnosed and/or treated in their jurisdiction. Please see Chapter 2-3 for more information about completing and reporting information using Case Report Forms and Testing and Treatment History Forms.

4-6 Security

All policies, checklists, and forms related to a surveillance site's security requirements can be found at dshs.texas.gov/hivstd/policy/security.shtm.

Central Office Responsibilities

4-7 Data Quality and Completeness Reports

Central Office generates monthly reports on data quality and completeness to assist surveillance sites in meeting annual measures on completeness, accuracy and timeliness of data. The report is sent to surveillance sites by the 5th of every month to be reviewed by surveillance staff and program managers. The report contains:

- Summary of Missing Cases Variables: This is an overview of the proportion of cases missing variables evaluated for data quality in the site review by surveillance site. Each measure can be compared to the standard, noted in the report titles, and other like programs in the state.

- Surveillance Report Summary: This shows the number of cases reported within given time frames compared to previous months, the number of reported TDCJ cases residing in each site's jurisdiction, and a list of major reporting facilities in a specific site. This information should be used to ensure HIV surveillance is operating appropriately (i.e. all cases are being reported and submitted on a timely manner and no case report forms have been lost, etc.). These values do not reflect trends in HIV/AIDS and should not be released to outside entities.

- Workload Analysis: Summarizes total number of case report forms entered into eHARS for the jurisdiction by diagnostic year for each staff in the previous month, quarter and year. Also shows average length of time from case report form completion to entry time for each staff member in the past year to assist managers in workload capacity and timeliness of their staff.

The following line lists are provided via TxPHIN to HIV surveillance staff:

- eHARS Quality Assurance: These reports identify specific case documents with missing or incorrect information and provide a mechanism to track cases requiring additional follow up. All cases should be corrected as soon as possible to ensure compliance with quality assurance measures in the site review tool.

- Missing AIDS Adult/Pediatric Case Report Forms: A cumulative line list of all cases with an AIDS diagnosis status based on reported labs or opportunistic infections but missing a case report form associated with the progression to AIDS. These *unreported AIDS* cases must be abstracted and completed case report forms must be entered into eHARS as soon as possible.

- Missing Variables Detail: A cumulative list of *all HIV/AIDS cases* missing key data elements (i.e. risk, race, vital status, sex, testing and treatment history, residence at diagnosis, etc). All missing variables must be completed and entered into eHARS.

- Unreported Cases: Cumulative list of cases with potential evidence of HIV infection, such as positive supplemental labs or enrollment in the AIDS Drug Assistance Program, reported to Central Office but missing case report forms in eHARS. These cases should be investigated and, if truly positive and previously unreported, medical abstractions must be completed and completed case report forms must be entered into eHARS as soon as possible.

- Missing Variable Report for Perinatal Surveillance: Line list of perinatal cases missing key variables, such as prenatal care, ARV therapy, and mother's stateno. Missing variables for each case should be reviewed and corrected, and, if necessary, re-abstraction of records should take place to acquire missing information. All missing variables must be entered into eHARS.

- Indeterminate Report for Perinatal Surveillance: Line list of perinatal cases that have an indeterminate diagnostic status in eHARS. HIV-exposed infants identified through perinatal surveillance will be followed up by the appropriate surveillance site every 6 months for 18 months or until their HIV infection status is determined

4-8 Quarterly Progress Reports

In addition to the Monthly QA Reports, Central Office sends Quarterly Progress Reports to sites via email detailing a site's progress towards meeting certain site review measures and objectives. A line list of cases and/or documents lacking critical information is shared on the TxPHIN to guide investigations. Program Managers must review the report with their team and respond to the HIV Technical Assistant Coordinator within 30 days of receipt of the report.

4-9 Site Reviews

HIV/AIDS Surveillance sites are reviewed at least biannually to evaluate compliance with all contractual requirements and progress towards meeting surveillance targets. A sample of the Site Review Tool is included in *Appendix B*. Site evaluations are comprised of six categories:

- *Accuracy of Data*: How correct is the information being abstracted from medical records and entered into eHARS?

- *Completeness of Data*: How complete is the collected case information?

- *Timeliness of Data*: Are cases abstracted and reported in a timely manner?

- *Security*: Are all measures to protect confidentiality and security of documents and patient information in place?

- *Documentation of Procedures*: Are procedures standardized, documented and followed?

- *Contractual Compliance & Training*: Is the surveillance program meeting all contractual responsibilities outlined?

The guidelines and standards for each item are based on the HIV/STD Epidemiology and Surveillance Branch's HIV and STD Program Operating Procedures and Standards, the CDC's Technical Guidance for HIV/AIDS Surveillance Programs, and the HIV/AIDS Program's Perinatal Surveillance, Incidence, and Core Surveillance grant objectives.

Each indicator is measured based on its weight and priority level (Table 1):

Table 1: Indicator Measure, Weight and Priority		
1. Indicator Measurement	POINT	
Exceeds Standards (E)	3	Indicator measure is 5% above target.
Meets Standards (M)	2	Indicator measure is equal to target.
Does Not Meet Standards (NM)	1	Indicator measure is below target.
Not Applicable (NA)	0	Indicator is not applicable and not measured to the site.
2. Indicator Priority		
Low	1	Indicator is of low priority
Medium	2	Indicator is of medium priority
High	3	Indicator is of high priority
Total Point per Indicator = (1) Indicator Measurement x (2) Indicator Priority		

Several indicators on the site review tool are completed in advance using reporting statistics for the review period generated at Central Office. On-site reviews are focused on security and documentation sections followed by detailed discussion of the review focusing on any item(s) “Not Met” to collaborate on developing action plan to achieve those indicators. Following the review, Central Office staff will provide surveillance sites with a summary of performance, findings and action items. Surveillance sites will have 30 days to resolve any pending items before finalization of the site review score. If the site does not meet minimum score for overall site review performance, or has serious deficiencies, an accelerated monitoring period may follow the review. Poor performance on the site review may also result in monetary sanctions.

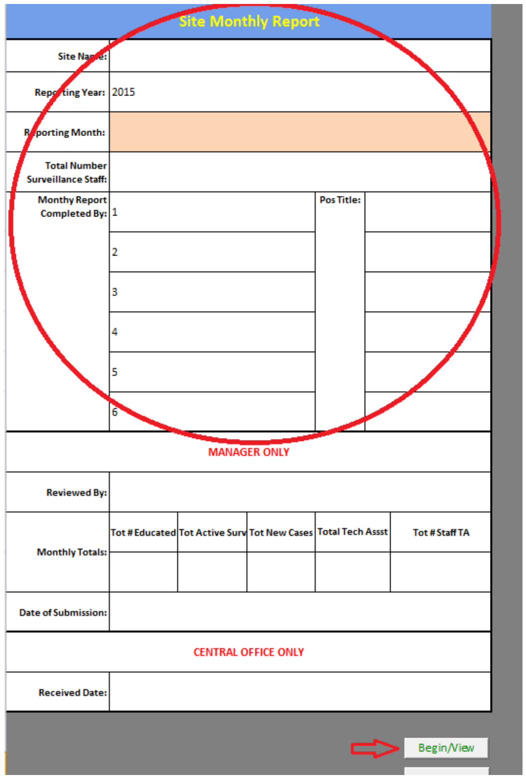
Reporting Schedule Table

Surveillance Sites Responsibility			Month											
Submit To:	**Mechanism***	**Report**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Technical Consultant	Ecrypted upload on PHIN w/ coversheet.	**Completed ACRF/PCRF**	Weekly-Fri											
Central Office	Email: TBHIVSTDSurv.NA@dshs.state.tx.us AND HIVSTDReport.Tech@dshs.state.tx.us.	**Monthly Activities Report**	Monthly - by 10th of following month											
Terry.Donohoo@dshs.state.tx.us with file name, number pages and location on PHIN.	Scanned and encrypted uploaded to PHIN.	**Paper Lab Report**	Monthly - last day of month											
Participation of 1 staff	Conference Call	**HARS Call**	Monthly - 3rd Wed of month											
HIV Surv TA Coordinator	Email.	**Mgr Response to Qrtly Prog Rep**	Q4 - 1/30			Q1 - 4/30			Q2 - 7/30			Q3 - 10/30		
Stanley See.	Email.	**LRP Security Report**			Q2 - 3/31			Q3 - 3/30			Q4 - 9/29			Q1 - 12/30
Email Kacey Russell with location of PHIN upload.	Ecrypted upload on PHIN.	**Perinatal Tracking List**			Q2 - 3/31			Q3 - 3/30			Q4 - 9/30			Q1 - 12/30
Participation of Surveillance Staff	In person in Austin.	**HIV Surveillacne Workshop**									Fall			
Central Office Responsibility														
Site Prg Mgrs	Email and encrypted upload to PHIN.	**Data Quality and Comple**	Monthly - by 5th of following month											
Site Prg Mgrs	Email and encrypted upload to PHIN.	**Quarterly Progress Report**			Q1 - 3/31			Q2 - 6/30			Q3 - 9/30			Q4 - 12/30
CDC		**APR**												
CDC		**IPR**												
CMU and Surv Site	In person site visit.	**Annual Site Review**												

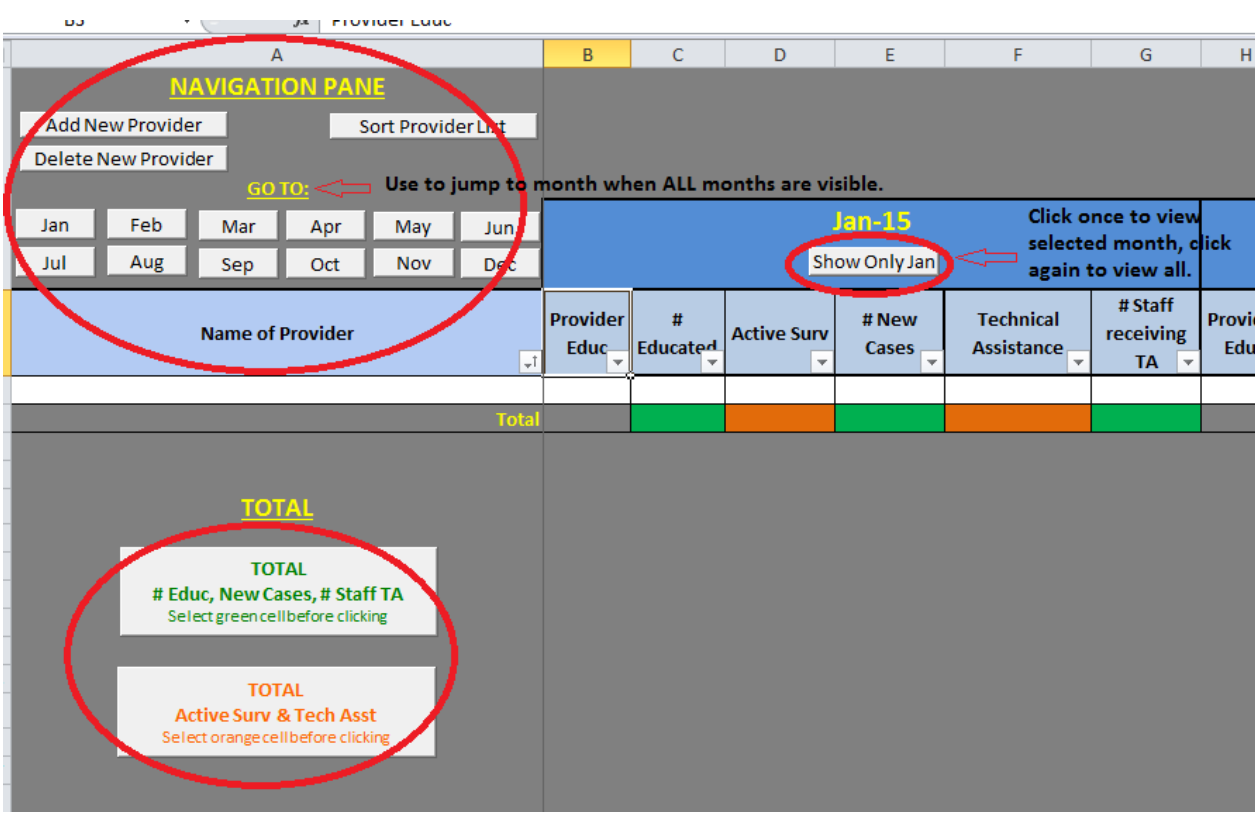
**All submissions require a email notification if there are no cases/issues to report.*

Site Activity Tool Instructions

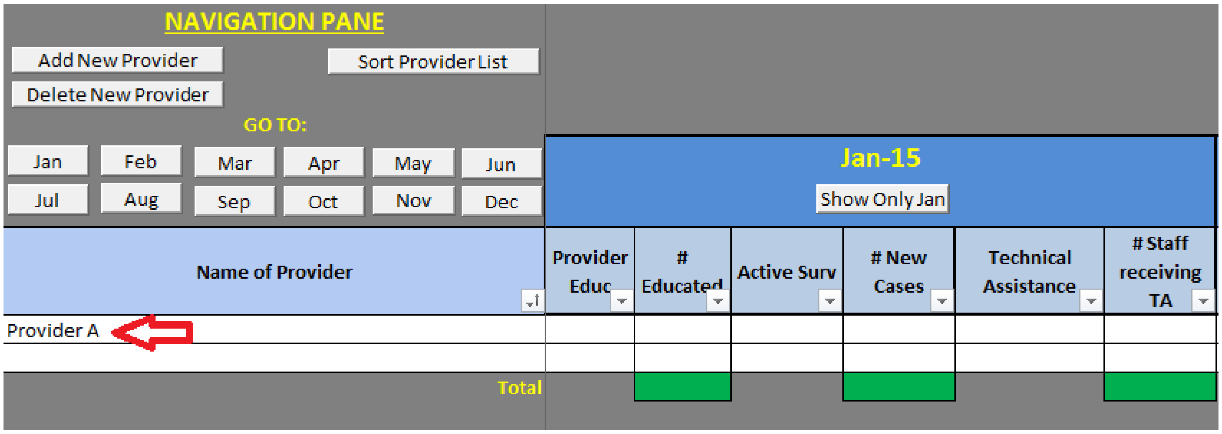
1) Complete section on the "Instructions" sheet and click **Begin Report** to start. You can also click "Begin Report" to view only.



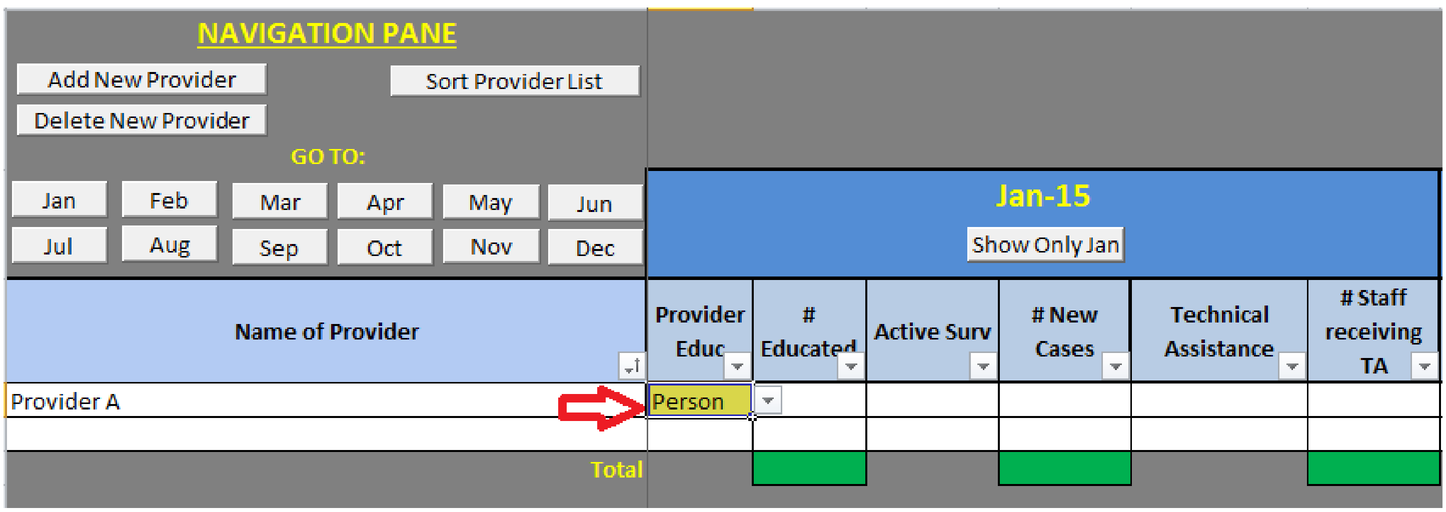
2) This is the Navigation Pane to enter, delete and calculate totals for the month. DO NOT USE “DELETE ROW,” “INSERT ROW”, “CUT” or “PASTE” options. You may use “DELETE/BACKSPACE” to delete text from a cell.



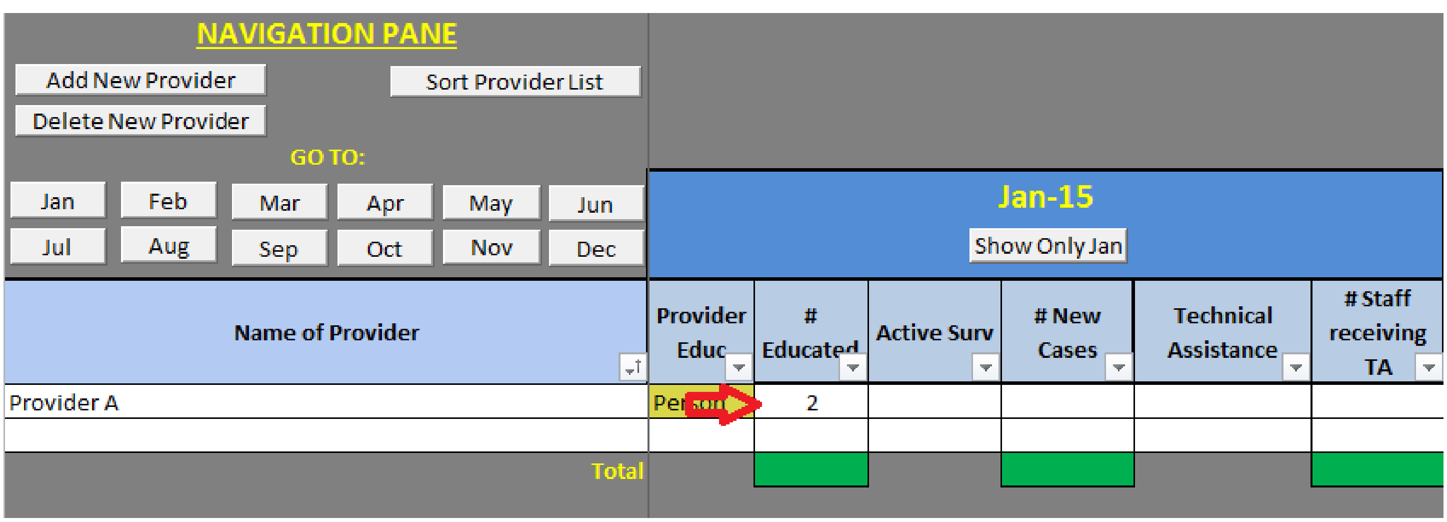
3) Select the first cell under **Name of Provider** and enter the facility/provider/region name.



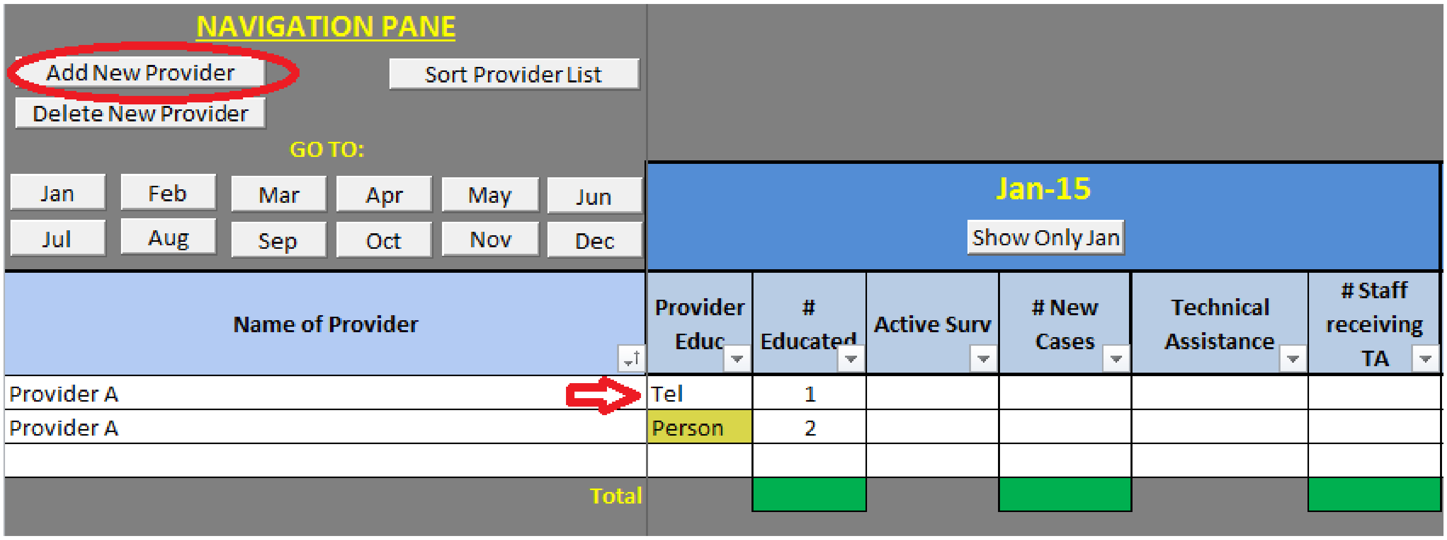
4) For the selected month, select cell under **Provider Educ** and choose from the drop down menu if provider education was conducted in person, by fax, through telephone, mail, or any other mechanism.



5) Under **# Educated** enter total number of individuals educated for that facility.

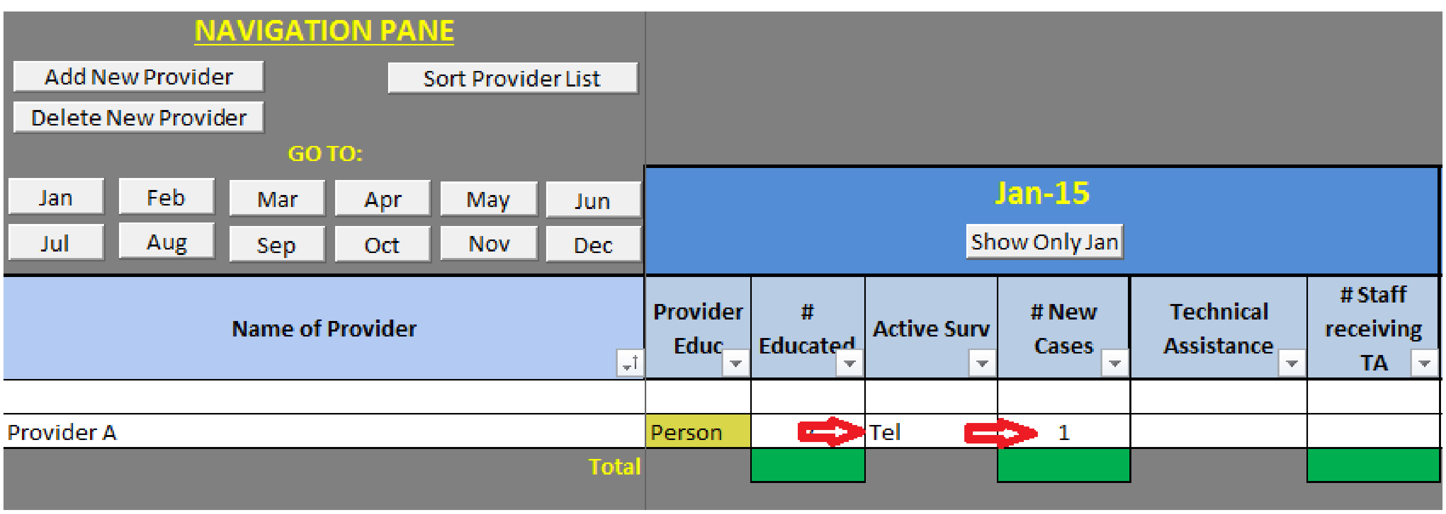


If more than two methods were used, click on "Add Provider" to insert a new row, and re-enter the facility name and other method used.



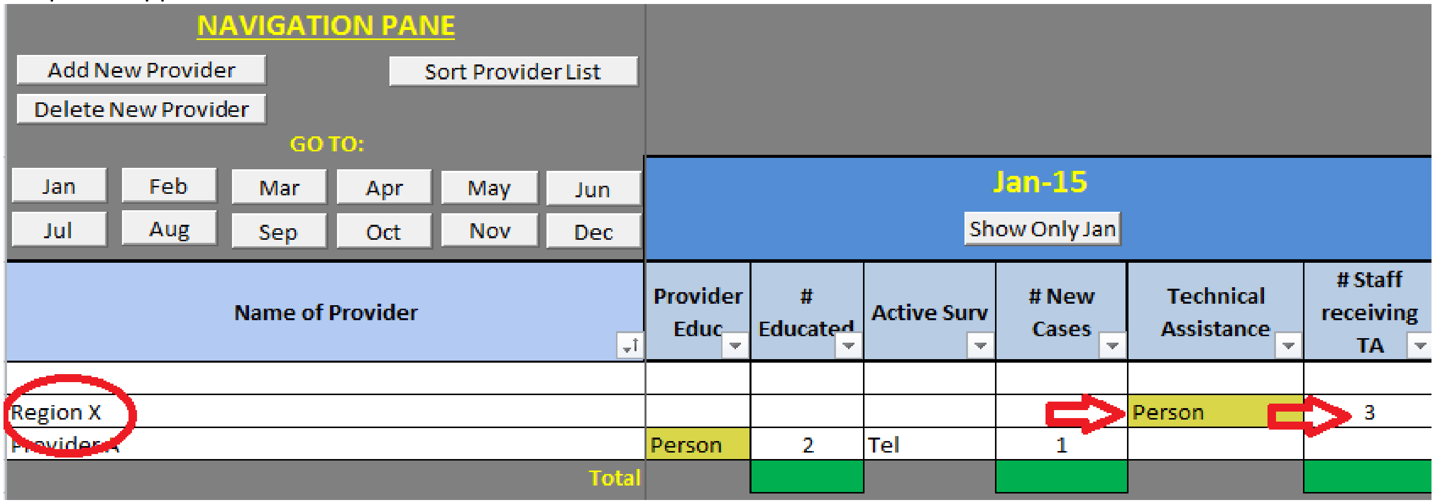
6) If active surveillance was conducted, select cell under **Active Surv** and choose from the drop down menu on the type of active surveillance. Active surveillance is regular contact by health department staff to reporting facilities to identify potential HIV/AIDS cases or to confirm there are no new cases. This includes reviewing medical records at provider sites OR receiving information over telephone or mail to establish a HIV case and receive information for case report forms. The key is the process is initiated by the health department staff, and can be done by in person visit, fax, or telephone. Case follow-ups are not considered active surveillance.

7) Under **# New Cases** insert total number of new cases found through active surveillance. If no new cases found, insert zero.

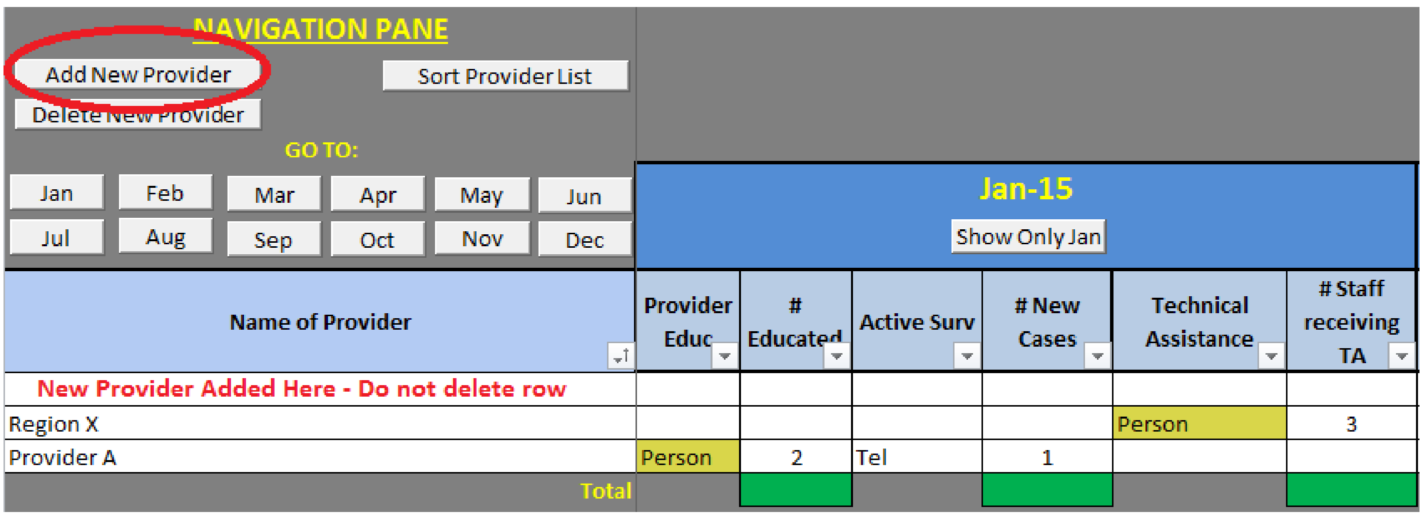


8) If **Technical Assistance** such as guidance, training, or assistance in conducting HIV Surveillance was provided to other ***regional or local sites only***, select a method of delivery from the drop down menu.

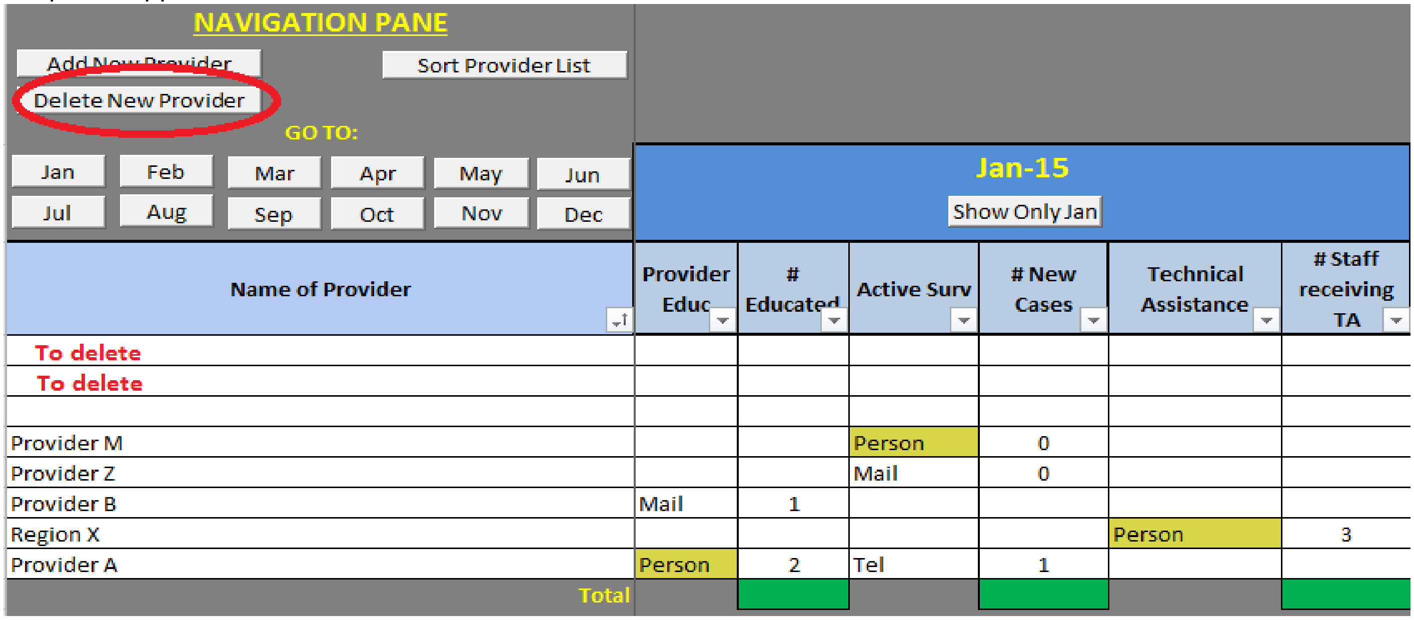
9) Under **# Staff Receiving TA** insert total number of staff trained, advised or guided.



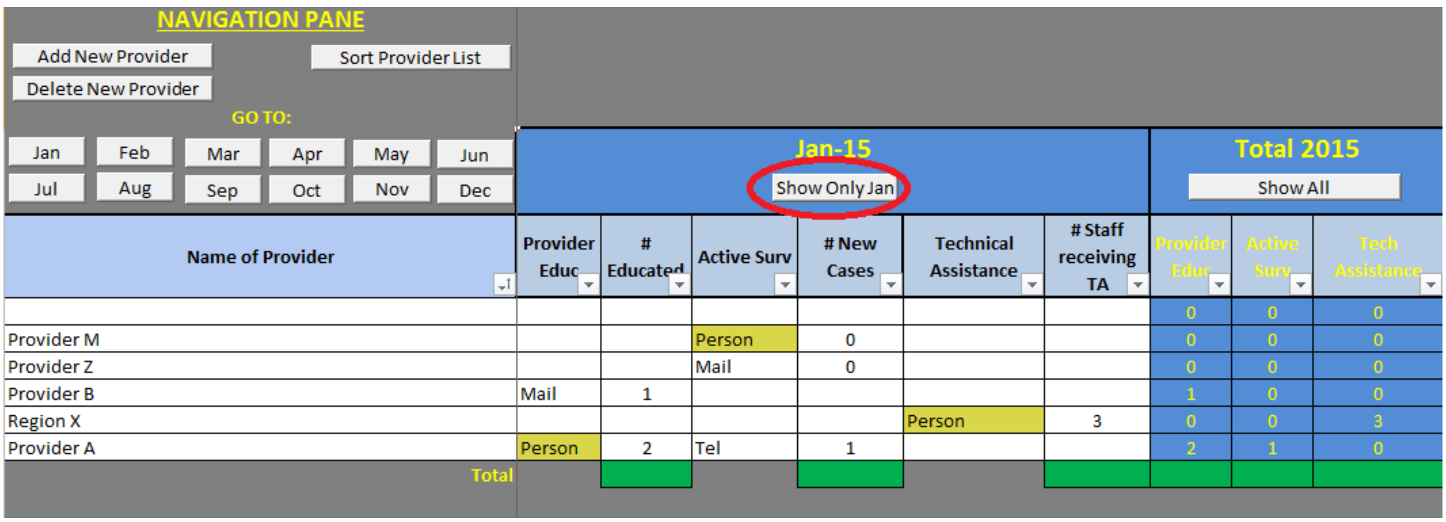
10) Once all fields are completed for a provider, click **Add New Provider** to insert a new provider. New providers will always be added at the very top of the list.



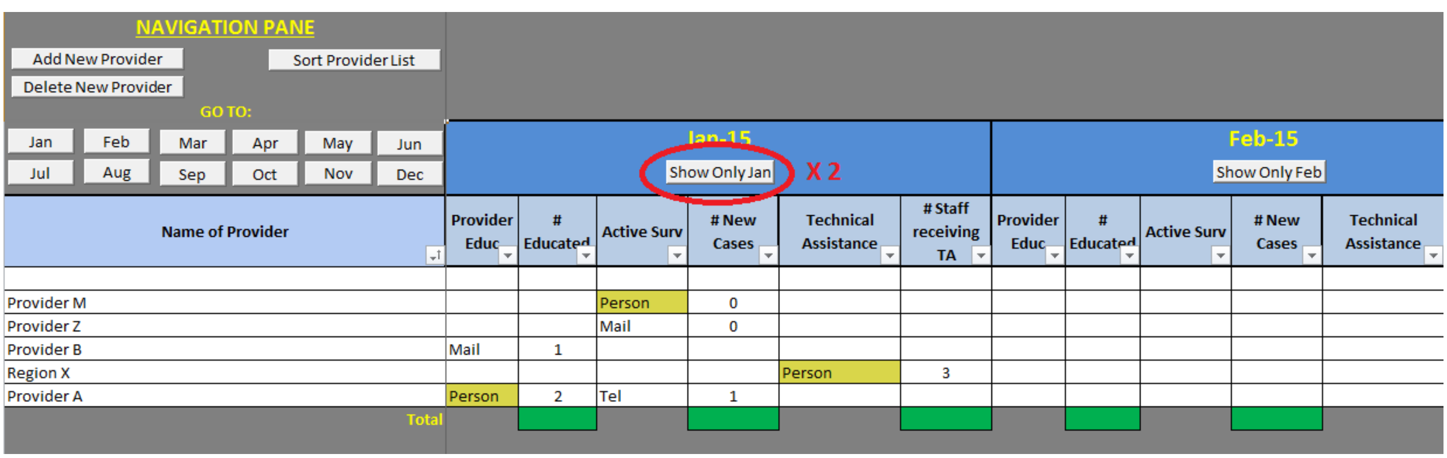
11) To delete a blank provider row, click on **Delete New Provider**. Note, a blank row at the very top will always remain, do not attempt to delete.



12) Click **Show Only** under respective month to see data for that month only.

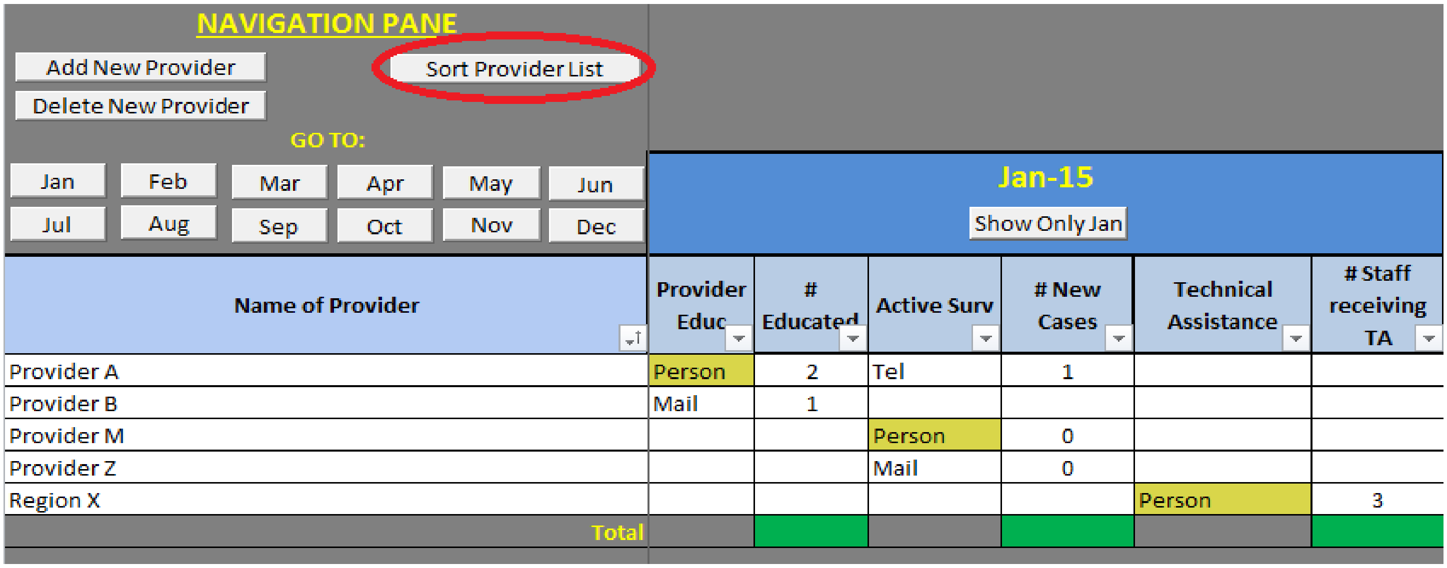


Clicking again will show all months.

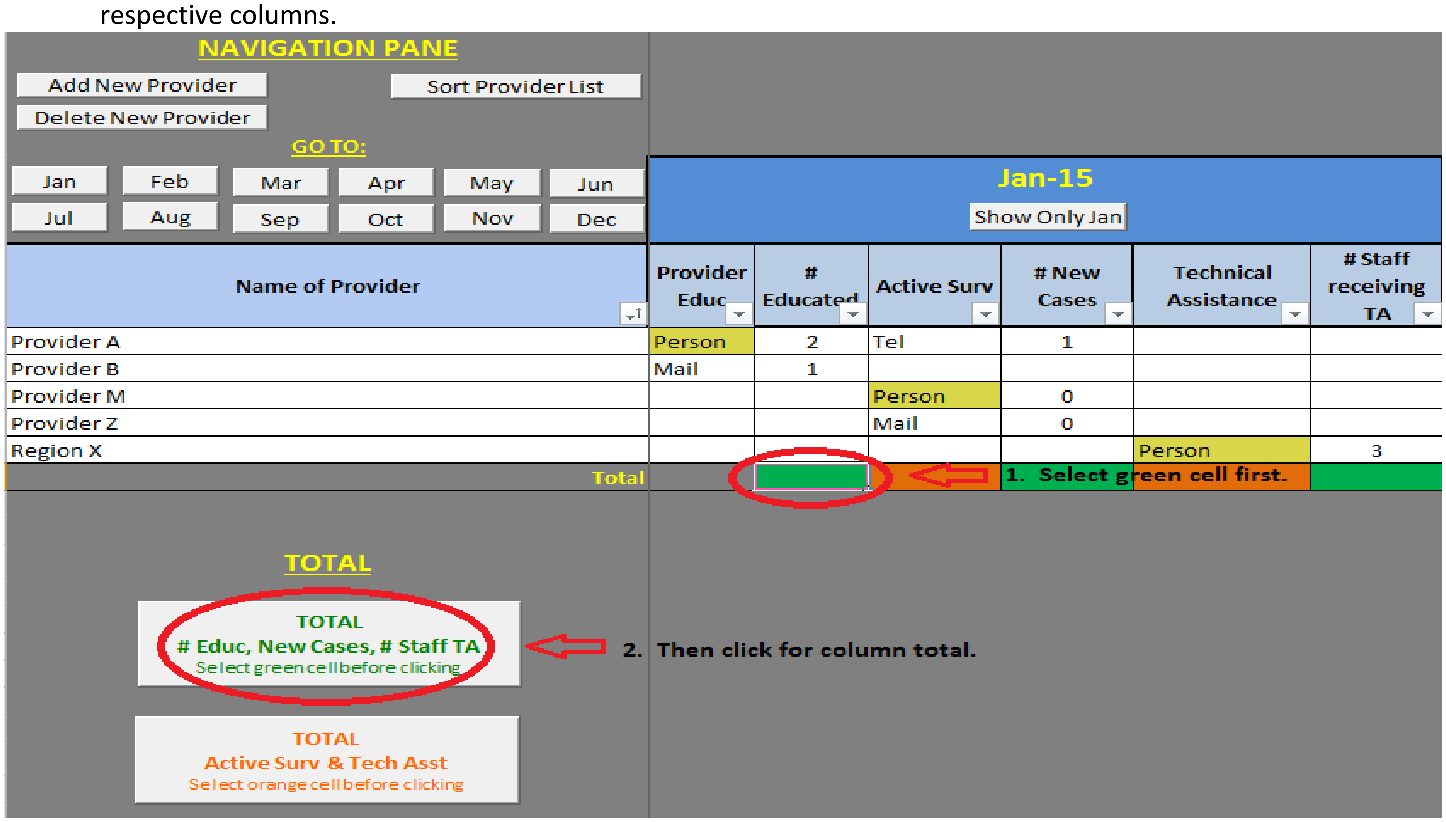


13) Once all providers are listed, click on **Sort Provider List** to list all providers alphabetically. Ensure there are no blank rows under Name of Provider column.

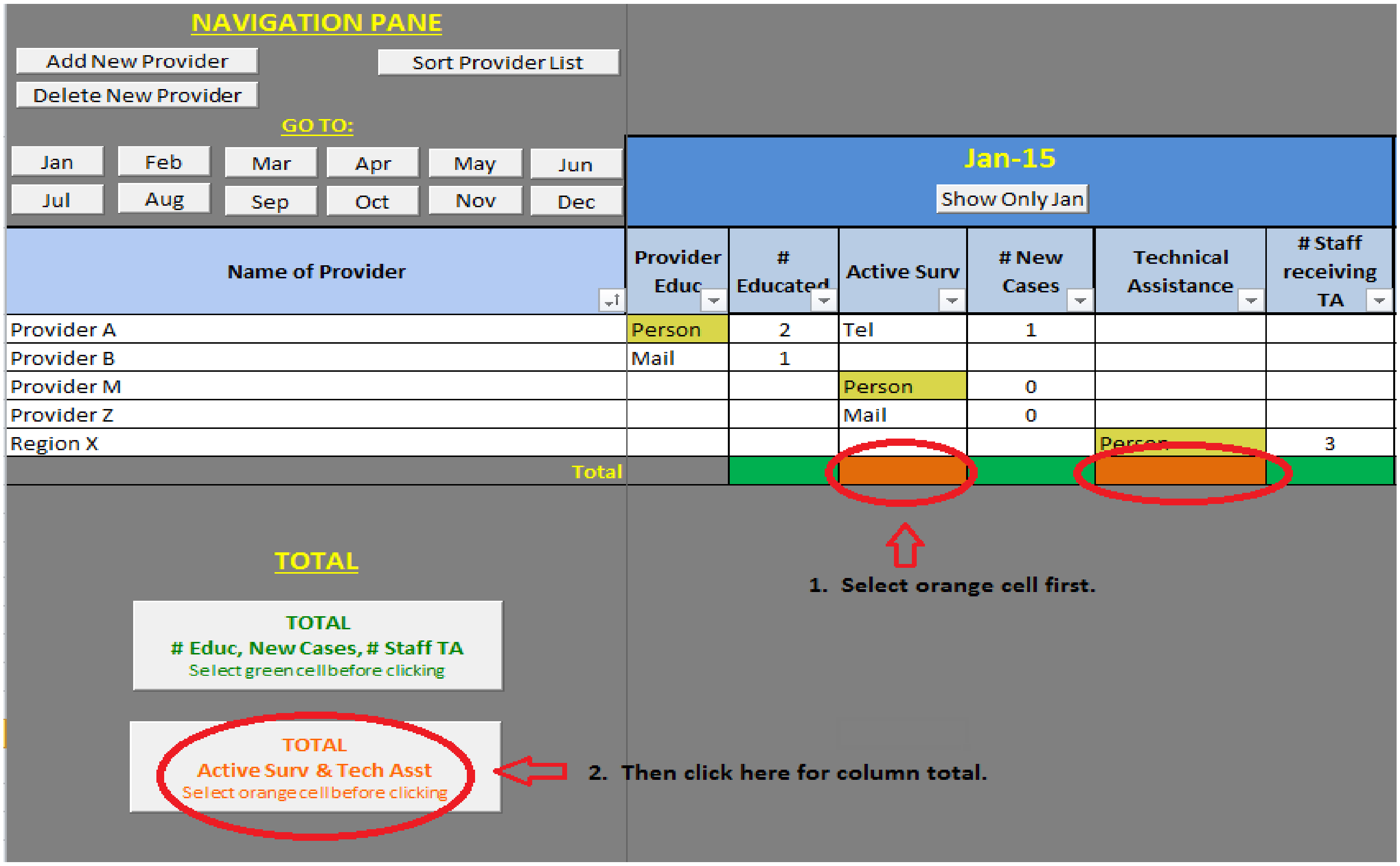
TIP: List and sort all providers prior to completing monthly activities section.



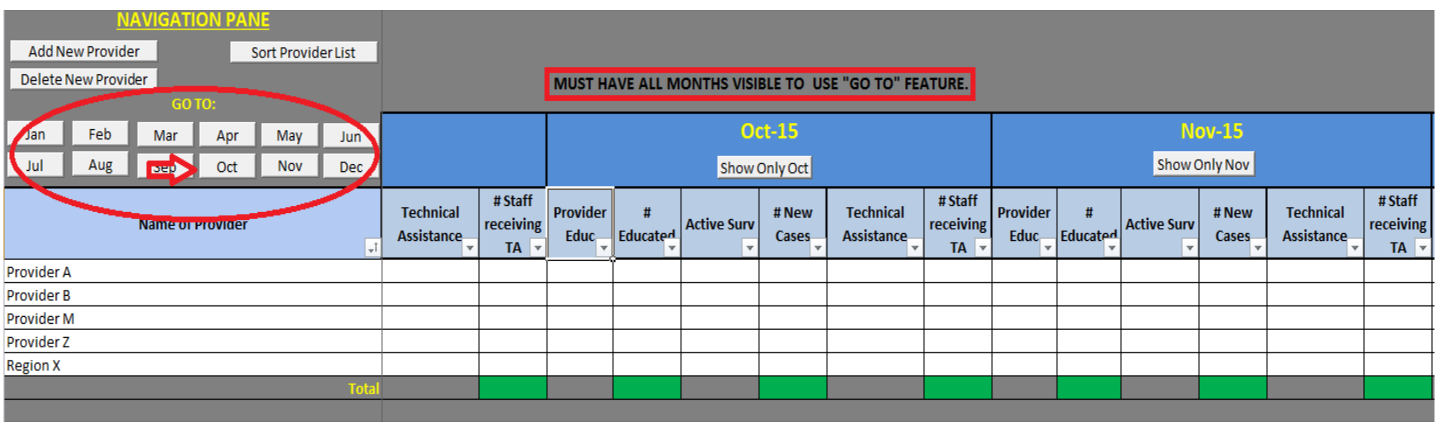
14) Select green cell in the last row prior to clicking **Total - # Educ, New Cases, # Staff TA** to calculate totals for respective columns.



15) Select orange cell in the last row prior to clicking **Total - Active Surv & Tech Asst** to calculate totals for respective columns.

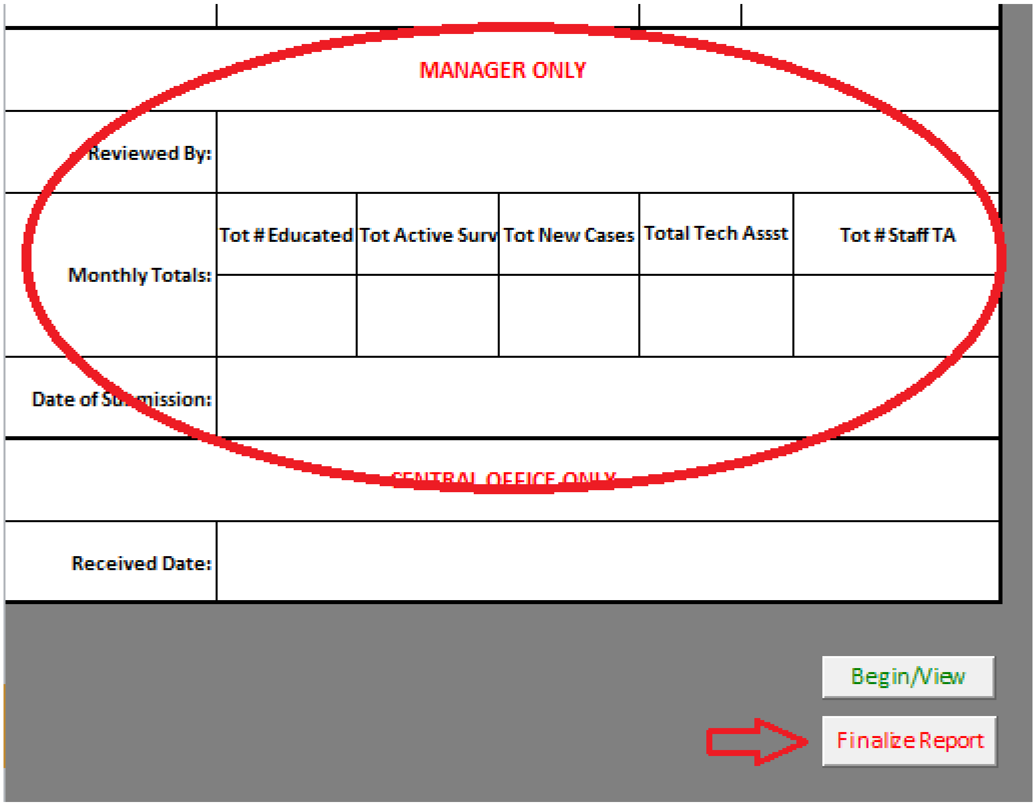


16) Use the **GO TO** buttons to navigate between months when **ALL** months are in view. This will only work when all months are visible.



17) When all monthly activities have been entered, the Manager should review and complete "Manager Only" section of "Instructions" page entering totals for each column from "Monthly Activity" sheet into corresponding Monthly Totals" box in "Instructions" sheet.

18) Manager should finalize report by clicking "**Finalize Report**" to complete, save and close workbook. Only click this when report is complete and no further changes will be made.



19) Email completed "Monthly Report" to TBHIVSTDSurv.NA@dshs.texas.gov and HIVSTDReport.Tech@dshs.texas.gov with subject "**County/Reg (Month) Monthly Report**" to submit to Central Office.