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| PUBLIC HEALTH FOLLOW-UP PROGRAM REVIEW |
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| --- |
| PROGRAM:  |
|  |
| DATES OF REVIEW: through  |
|  |
| REVIEWERS:  |
|  |
| PROGRAM MANAGER:  |
|  |
| ADMINISTRATOR:  |
|  |
| PERIOD REVIEWED: through  |

EVALUATION RATINGS:

## E Exceeds Standards

M Meets Standards

PM Partially Meets Standards

NM Does Not Meet Standards

## NA Not Applicable

NE Not Evaluated

The following STD/HIV program components have been rated according to the above scale, *except Sections E (Interview Records & Case Management), F (Field Records) and H (Surveillance Systems)*. *Sections E, F and H should be rated as Meets Standards (M) or Does Not Meet Standards (NM) only.* Current guidelines and standards referenced in this review document are based on the Department of State Health Services, HIV/STD Prevention Services Group’s, HIV and STD Program Operating Procedures and Standards (POPS).

**A. MANAGEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Rating | Outcome | Item # | Item Reviewed |
| Rating |  | 1 | Procedure/policy manual is available for review. |
| Rating |  | 2 | Provided current program organization chart. |
| Rating |  | 3 | The last two semi-annual narratives and related forms were received on time. |
| Rating |  | 4 | The program met 80% of goals in the “Program Indicator Report” for the most recent semi-annual report. |
| Rating |  | 5 | Narratives and reports accurately describe program activities. |
| Rating |  | 6 | Program submitted a standardized orientation schedule and plan for DIS with less than one year’s experience. |
| Rating |  | 7 | Contents of individual employee folders for staff who conduct PHFU investigations ( i.e. DIS, FLS, Data to Care, MHS, congenital) maintained by the supervisor or program manager contained appropriate items:* Annually signed Performance Standards for DIS/FLS
* Job description
* Orientation form
* Annual Confidentiality statement
* Annual records security procedures trainings
* Review of field safety issues
* Photo of employee, description of automobile and license tag number
* Annual emergency notification form
* Annual IT User Agreement for mobile device
* Evidence of successful completion of venipuncture training
 |
| Rating |  | 8 | Provided a copy of procedures for tracking and referrals of the following:* Early Intervention Program for persons with a new HIV diagnosis
* Desensitization for pregnant females needing syphilis treatment who give a history of penicillin allergy
* Congenital Syphilis (790) treatment
* Pregnant females to prenatal care
* Pregnancy ascertainment
* Referral to women’s reproductive health
* nPEP/ PrEP
 |
| Rating |  | 9 | Provided copies of correspondence and forms used by DIS to refer patients. |
| Rating |  | 10 | Ninety percent (90%) of clinic clients were seen on same day. Program self-report |
| Rating |  | 11 | Program has Standing Delegation Orders for the DIS to draw blood. |
| Rating |  | 12 | Program has Expedited Partner Therapy standards. |
| Rating |  | 13 | Program has a policy on file for the use of mobile devices for disease investigation.  |
| Rating |  | 14 | Program has a policy on file for internet partner services and disease notification.  |
| Rating |  | 15 | A visitor’s log for individuals entering the secured area is maintained and reviewed quarterly by the LRP |
| Rating |  | 16 | HIV/STD data management and security policies are in place and available to staff. |
| Rating |  | 17 | Policy is available to report and investigate security breaches.  |
| Rating |  | 18 | THISIS management reports are run at minimum as follows: * Open Field Record Report, weekly
* Open Interview Records, weekly

(At minimum, the last ten weekly reports run should be kept on file for review.)* Case Management Report, monthly
* Field Investigations Report, monthly
* Workload Analysis Report, monthly

(For the above two reports, a copy of the last six months should be kept on file for review.) |

COMMENTS:

REQUIREMENTS:

**B. SUPERVISION**

|  |  |  |
| --- | --- | --- |
| Rating | Item # | Item Reviewed |
| Rating | 1 | Interview skills audits were conducted according to DSHS standards and schedule.  |
| Rating | 2 | Field investigative skills audits were conducted according to DSHS standards and schedule.  |
| Rating | 3 | Pouch audits were conducted according to DSHS standards and schedule.  |
| Rating | 4 |  Case Management audits were conducted according to DSHS standards and schedule.  |
| Rating | 5 | Program has documentation that a Performance Improvement Plan was implemented for DIS with identified deficiencies. See Chapter 10 of POPS attachment: Performance Improvement Plans |

COMMENTS:

REQUIREMENTS:

**C. TRAINING**

|  |  |  |
| --- | --- | --- |
| Rating | Item # | Item Reviewed |
| Rating | 1 | DIS have successfully completed the *Passport to Partner Services (PPS)-Track D* within 3 months of employment. |
| Rating | 2 | DIS have successfully completed *Fundamentals of STD Intervention (FSTDI)with VCA* course within 6 months of employment. |
| Rating | 3 | Within 12 months, First-Line Supervisor(s)/Operations Managers have successfully completed the TX FLS (First Line Supervisor) Course. |
| Rating | 3 | Within 60 days, DIS have successfully completed venipuncture training and each DIS has a venipuncture kit. |
| Rating | 4 | Within 30, DIS have successfully completed the [TX DSHS Security training.](https://www.train.org/texas/course/1082101/)   |

COMMENTS:

REQUIREMENTS:

**D. INTERVIEW OBSERVATIONS**

The review team observed the following types of interviews:

(Original Interview, Re-Interview and Cluster Interview)

|  |  |  |
| --- | --- | --- |
| DISEASE | TYPE OF INTERVIEW | DIS NAME |
| Disease |  |  |
| Disease |  |  |
| Disease |  |  |
| Disease |  |  |
| Disease |  |  |

|  |  |  |
| --- | --- | --- |
| Rating | Item # | Item Reviewed |
| Rating | 1 | Interviews are conducted in an appropriate and confidential setting. |
| Rating | 2 | DIS is prepared with materials necessary for interview/counseling session, i.e., disease pictures, telephone, maps, calendar, patient appointment cards, contact referral cards and referral forms for outside services. |
| Rating | 3 | DIS explains pre-interview steps taken. |
| Rating | 4 | DIS follows interview format:Introduction* Intro
* Role
* Confidentiality
 |
| Rating | 5 | Assessment* Concerns
* Social History
* Medical History
* Disease Comprehension
 |
| Rating | 6 | Intervention* Partners and social contacts
* Risk Reduction
* Referrals
 |
| Rating | 7 | Conclusion* Commitments
* Schedule Re-Interviews
* Take home activities (e.g. – status disclosure, risk-reduction, partner description forms)
 |
|  | 8 | DIS uses appropriate motivators as needed:* CHART
	+ Complications
	+ HIV Connection
	+ Asymptomatic
	+ Re-Infection
	+ Transmission
 |
| Rating | 9 | DIS demonstrates interviewing/counseling skills:* Uses LOVER (listen, observe, verify, evaluate, respond) approach
* Problem Solving
* Recognizes and confronts discrepancies in patient responses
* Uses open-ended questions
 |
| Rating | 10 | The DIS confers with the supervisor (or designated co-worker) before concluding a clinic interview if:• an unexplained exposure gap exists;• no source candidate has been elicited;• informational inconsistencies persist; or•the DIS feels dissatisfaction or uncertainty regarding the results of the interview. |
| Rating | 11 | DIS establishes re-interview date, time, and place. |
| Rating | 12 | DIS assures that patients being interviewed are tested for HIV and Syphilis, as appropriate. |
| Rating | 13 | DIS documents the interview within 24 hours in data management system. |

COMMENTS:

REQUIREMENTS:

**E. INTERVIEW RECORDS AND CASE MANAGEMENT**

*The review team reviewed the following cases:*

|  |  |
| --- | --- |
| DISEASE | NUMBER OF CASES REVIEWED |
|  | OPEN CASES | CLOSED CASES |
| SYPHILIS |  |  |
| HIV |  |  |
| GONORRHEA |  |  |
| CHLAMYDIA |  |  |

The items in this section will be rated as Met or Not Met. Standards Here Apply to Priority Cases (HIV and Syphilis)

|  |  |  |  |
| --- | --- | --- | --- |
| Rating | Outcome | Item # | Item Reviewed |
| Rating |  | 1 | Program has a case management system (describe how cases are orderly and centrally filed). |
| Rating |  | 2 | Program adheres to the described case management system. |
| Rating |  | 3 | 85% of cases are submitted for review within 1 business day to the FLS/Team Lead (TL) for review. |
| Rating |   | 4 | 85% of the cases have accurate assigned date (Review original patient field record or date of clinic visit to determine). |
| Rating |  | 5 | 85% of cases have accurate original interview dates.  |
| Rating |  | 6 | 85% of the cases interviewed have the same “Assigned To” worker and the original interviewer. |
| Rating |  | 7 | 85% of cases have an accurate interview period based on disease, testing, and symptom history.  |
| Rating |  | 8 | 95% of interviewed cases have completed demographics for the original patient in the data management system. (age, race, ethnicity, sex, zip). |
| Rating |  | 9 | 95% of the primary and secondary syphilis cases interviewed have symptoms documented at the time of exam. |
| Rating |  | 10 | 95% of the syphilis cases interviewed with symptoms (current or historic) have accurate symptom duration. |
| Rating |  | 11 | 95% of the interviewed cases have complete risk factors documented in the data management system. |
| Rating |  | 12 | 95% of interviewed cases have original interview notes attached to the case.  |
| Rating |  | 13 | 95% of the original interview notes are reflective of the interview format. |
| Rating |  | 14 | 70% of eligible cases have all co-morbidities disease added to the case.  |
| Rating |  | 15 | 85% of interviewed cases - have correct corresponding initiation date for all related field records. (Partner and social contact field record dates of initiation correspond to the interview (OI, RI, CI)) dates.  |
| Rating |  | 16 | 85% of the cases have supervisor(s) review, comments, and recommendations within 2 business days of case submission.  |
| Rating |  | 17 | 90% of the FLS/TL comments on the case review sheet are specific and directive as related to the case.  |
| Rating |  | 18 | 85% of the interviewed cases have DIS updates documented at a minimum 1 time per week. |
| Rating |  | 19 | 85% of the interviewed cases open more than one week have FLS/TL documentation at minimum 1 time per week. |
| Rating |  | 20 | 85% of the Visual Case Analysis (VCA) sheets, when applicable, are completed and cases are plotted in accordance with guidelines. (Complete for 710, 720, 730 with history of symptoms or 730 related to another early case.) |
| Rating |  | 21 | 85% of the re-interviews plans are documented.  |
| Rating |  | 22 | 85% of the completed re-interviews are documented. |
| Rating |  | 23 | 85% of the re-interviews are conducted within 7 days of original interview.  |
| Rating |  | 24 | 95% of all eligible partners from interview notes are initiated, as appropriate. |
| Rating |  | 25 | 85% of the completed cluster interviews are documented. |
| Rating |  | 27 | 85% of the related early syphilis cases have valid source/spread determinations documented at case closure in the data management system. |
| Rating |  | 28 | 95% of the cases are closed with supervisor approval. |
| Rating |  | 29 | 95% of the closed cases have all contact and suspect dispositions posted. (including those with a second disease) |
| Rating |  | 30 | 95% of HIV cases are interviewed within 7 days (for the review period generated from the data management system). |
| Rating |  | 31 | 85% of syphilis cases are interviewed within 3 days (for the review period generated from the data management system). |
| Rating |  | 32 | 95% of early syphilis cases have documented current HIV status (with current test results documented, if applicable). |
| Rating |  | 33 | 95% of HIV cases have documented syphilis status (with current test results documented, if applicable). |
| Rating |  | 34 | 95% of syphilis cases have proper case classification. |
| Rating |  | 35 | 95% of HIV cases have proper case classification.  |
| Rating |  | 36 | 85% of HIV cases successfully complete their first HIV medical appointment. |

COMMENTS:

REQUIREMENTS:

**F. FIELD RECORDS**

*The program will need to ensure original field records are available for review.*

The items in this section will be rated as Met or Not Met. The following ratings are based on review of open and closed Field Records. These records are randomly selected from the open and closed file within the past six months. This review will be of priority disease follow-up (HIV, Syphilis, or locally defined disease priority).

|  |  |
| --- | --- |
| DISEASE | NUMBER OF FIELD RECORDS REVIEWED |
|  | OPEN FRs | CLOSED FRs |
| SYPHILIS |  |  |
| HIV |  |  |
| GONORRHEA |  |  |
| CHLAMYDIA |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rating | Outcome | Item # | Item Reviewed |
| Rating |  | 1 | 95% of the field records have record search results documented by the DIS/FLS within one day of assignment. (A minimal record search consists of using the following sources: STD\*MIS/ THISIS, clinical (if applicable), eHARS look up, correctional facilities, and at least one web based site) |
| Rating |  | 2 | 95% of the high priority investigations (all syphilis and HIV) document an attempt to locate the client (phone call, text message, email or field visit) within one day of assignment. |
| Rating |  | 3 | 95% of high priority investigations (all syphilis and HIV) have a documented field visit attempt to locate the client within two days of assignment. |
| Rating |  | 4 | 95% of field records are properly documented (date, time of day, type activity, e.g., field visit, result of activity, worker initials). |
| Rating |  | 5 | 90% of stalled field investigations open 3 working days (72 hours) have guidance from the FLS by the 4th working day. |
| Rating |  | 6 |  95% of D, B, 4, 7, J K, G, H, L, Q, V, W and X dispositions have supervisory documentation supporting final dispo or direction on the field record prior to closure. |
| Rating |  | 7 | 95% of the dispositions on closed field records are accurate.  |
| Rating |  | 8 | 60% of syphilis and HIV partners are tested within 7 days of initiation (from THISIS). |
| Rating |  | 9 | 75% of syphilis reactors are examined within 7 days of initiation (from THISIS). |

COMMENTS:

REQUIREMENTS:

### G. FIELD INVESTIGATION OBSERVATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| Disease | Reactors | Partner/Clusters | Total |
| HIV |  |  |  |
| Syphilis |  |  |  |
| GC |  |  |  |
| CT |  |  |  |

|  |  |  |
| --- | --- | --- |
| Rating | Item # | Item Reviewed |
| Rating | 1 | Effectively plans field activity by gathering the following tools: pouch/electronic pouch, access to disease picture cards, cellphone, maps, calendar, patient appointment cards, contact referral cards, specimen collection kits, GPS/navigation tool, referral lists. |
| Rating | 2 | Utilizes field resources while conducting investigations |
| Rating | 3 | Prioritizes field visits according to program expectations for example geographic location. |
| Rating | 4 | Field visits are organized by activity |
| Rating | 5 | Follows field safety guidelines. |
| Rating | 6 | Maintains patient confidentiality during field activities. |
| Rating | 7 | Professionally manages circumstances which present obstacles to executing referrals   |
| Rating | 8 | Conveys a sense of urgency. |
| Rating | 9 | Documents activities after each investigation. |
| Rating | 10 | Offers point of care testing when appropriate |
| Rating | 11 | Collects specimens and refers client for immediate medical attention, when appropriate. |

COMMENTS:

REQUIREMENTS:

**H. PERINATAL STD/HIV CASE MANAGEMENT & PREVENTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Rating | Outcome | Item # | Item Reviewed |
| Rating |  | 1 | 85% of prenatal/newborn congenital reactor and congenital follow up field records are dispositioned within 7 days of report to the STD program. |
| Rating |  | 2 | 95% of all infants born to mothers with history of syphilis diagnosis will have the congenital syphilis case report entered into THISIS within 30 days. |
| Rating |  | 3 | 90% of congenital syphilis case report forms (Syphilis Case Report Form STD-126) for cases only are electronically submitted to DSHS HIV/STD Congenital Syphilis Coordinator within 30 days of report. |
| Rating |  | 4 | 90% of congenital syphilis reports submitted to the DSHS HIV/STD Congenital Syphilis Coordinator are completed accurately in accordance with the “Congenital Syphilis Case Report Form (STD-126)”. |
| Rating |  | 5 | The program has a liaison to major medical facilities where infants are delivered.  |
| Rating |  | 6 | 80% of prenatal and perinatal reactors are reported to the program within 7 days of laboratory test date from THISIS. |

COMMENTS:

REQUIREMENTS:

# I. HIV/STD SCREENING ACTIVITIES

|  |  |  |  |
| --- | --- | --- | --- |
| Rating | Outcome | Item # | Item Reviewed |
| Rating |  | 1 | 95% STD clients are routinely tested for HIV in STD clinics as reported by the program in the Pre-Visit Tool. |
| Rating |  | 2 | The program establishes partnerships to promote HIV/STD screening in Adult Jail, Adolescents (Juvenile Detention Centers & Schools), Emergency Departments, Managed Care, and other High Risk Settings as described in the Pre-Visit Tool. |
| Rating |  | 3 | 75% of screenings are case-related as reported in the most recent semi-annual report. |
| Rating |  | 4 | Point of care testing is in-place for staff to utilize, when appropriate. |

COMMENTS:

REQUIREMENTS:

**J. STD/HIV TARGETED OUTREACH and OUTBREAK CONTROL**

|  |  |  |
| --- | --- | --- |
| Rating | Item # | Item Reviewed |
| Rating | 1 | The program maintains a Rapid Response Plan, updated annually |
| Rating | 2 | A Case Analysis Tool is used for HIV and Syphilis to conduct analysis for cases reported, this tool will include information on persons, place, time and behavioral risk factors. |
| Rating | 3 | A system is in place to identify indicators for “outreach” screening and conducts special disease intervention activities (e.g., passing out condoms and posters) in a timely and effective manner. |
| Rating | 4 | The health department has effectively used health promotion interventions, including videos, media campaigns, which could include social media, billboards, bus advertisements, radio spots, television ads as appropriate. |

COMMENTS:

REQUIREMENTS:

**K. EXPECTED-IN PROCEDURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Rating | Outcome | Item # | Item Reviewed |
| Rating |  | 1 | The expected-in process is initiated upon each patient intake to determine if the patient is a public health follow-up referral. |
| Rating |  | 2 | Any patient information/referral found through the expected-in process is attached to patient medical records for clinician to review. |
| If program uses expected in box:  |
| Rating |  | 3 | The expected-in box is located in the registration area, which is inaccessible to clients |
| Rating |  | 4 | There is evidence that the program has systematically purged the expected-in box, weekly. |
| Rating |  | 5 | 90% of the field records in the expected-in box exceeding 7 days are on current Open Field Record Report. Calculated by:#\_\_\_\_ field records over 7 days in the “expected in box” #\_\_\_\_ field records were on the current Open Field Records report. |

COMMENTS:

REQUIREMENTS:

**L. PATIENT FLOW FROM CLINICIAN TO DIS**

|  |  |  |
| --- | --- | --- |
| Rating | Item # | Item Reviewed |
| Rating | 1 | Appropriate educational videos are showing in the clinic waiting room, when appropriate. |
| Rating | 2 | STD/HIV information and pamphlets are available in the clinic waiting room. |
| Rating | 3 | Fees for services are not a barrier for DIS-referred STD patients. |
| Rating | 4 | The method for referring patient(s) from the clinician to the DIS for interviewing/counseling is efficient and confidential. |
| Rating | 5 | A system is in place to ensure that clinicians and DIS can communicate with each other about patient’s relevant concerns and/or problems. |
| Rating | 6 | DIS referrals receive priority status in the clinic. |
| Rating | 7 | DIS and FLS problem solve with clinic staff when DIS referrals experience barriers to care. |

COMMENTS:

REQUIREMENTS: