DSHS Health Service Region 2/3

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.



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



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



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



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, and made suggested changes)

Summary of Significant Findings (strengths, weaknesses, danges from previous quarters).

Proper forms used for investigation. For the most part, proper documents were requested from providers (MAP, Pab), etc.). Proper forms used for investigation. For the most part, proper documents were requested from providers (MAP, Pab), etc.). Proper forms used for investigation. For the most part, proper documents were requested from providers (MAP, Pab), etc.). Proper forms used for investigations for the strength of the stren

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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 jurisidictions in meeting the requirements



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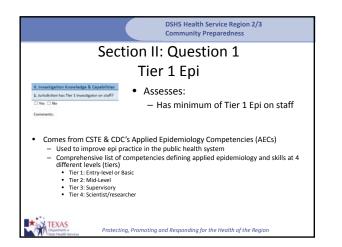
Proposed Benefits of QA Epi Tool

- 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



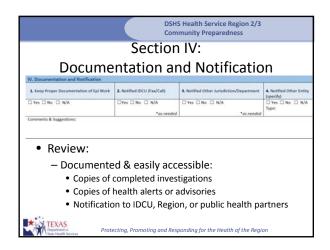
• General Focus: PHEP Epi practices - Processes in Place - Investigation Knowledge & Capabilities - Information Sharing - Documentation and Notification - Case Tracking, Assignment, and Retention - **Investigation Review • Only with an Epi SME as reviewer

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Epi Q	A Tool: Section I:
Pro	cesses in Place
I. Processes in Place	
A. Types of Processes in Place TPs/SOG* Other (5 Awareness of Resources Disease Control Testbooks Other (5 Indeterminate Comments:	ANATO TECHNOLOGIC
Identifies: Any and all type	es of processes in place
 Resources used 	is of processes in place
 Surveillance syst 	tems used
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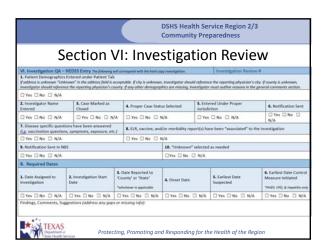


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Section II: 2-3							
Investigation Knowledge & Capabilities							
II. Investigation Knowledge & Capabilities	Unite						
4: Advisitation has the 3 investigator on staff?	2. Overall Investigation Knowledge Apparent?	II. Infectious Disease Control Knowledge Apparent?					
1-36-3-18-	□ Yes □ No □ N/A	□ Yes □ No □ N/A					
Contracts	Comments:	Comments:					
Assesses: General investigation knowledge/practice Infectious disease control knowledge demonstrated May be identified by conducting investigation review by epi SME							
TEXAS Department a State Health Services Protect	ting, Promoting and Responding for t	he Health of the Region					

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	Sec	tion II: 4	4 - 8		
Investig	ation Kn	nowledg	e & Ca	oabilitie	
Condition Specific Lead(s)/SMEs	5. Outbreak Steps?	6. UstServ Subscriptions?	7. Epi-X Account?	8. Memberships?	
Yes □ No □ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes (specify):	□ Yes □ No □ N/A	☐ Yes (specify):	
		□ No □ N/A		□ No □ N/A	
AddresseAny con level	s: Idition spec	cific leads o	or SMEs at	the local	
– Knows o	outbreak st	eps (<i>even f</i> e	or non-notij	fiables)	



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Section V:								
Case Tracking, Assignment, & Retention								
V. Case Tracking, Assi	gnment, and Retention 2. Overall Process for Reports	3. General Assignment of Cases	4. Prioritization Practices	S. Maintenance of Case Records				
□ Yes □ No □ N/A	□Yes □ No □ N/A	□ Yes □ No □ N/A	□ Yes □ No □ N/A	□ Yes □ No □ N/A				
Address: - Case Tracking & Assignment - Prioritization practices - Case record filing & retention processes								
— Cas	se record filing	& retention pr	ocesses					



Section IV: Investigation Review
Turn Around Time Assessments

Investigation initiation within the reporting time frame per Texas Notifiable Disease Conditions list

VPDs investigated, completed, & entered in NEDSS within 30 days

*Exception to initiation: PHEP conditions have specific timeframes for initial patient contact

- Calendar days

Condition

Reporting Time Frame
Institution (Shigh town producing ISTC)
Hoppiths A Control Malation Time Frame
Control Malation Time F

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Epi QA Review Tool Going Forward

- Tool will be assessed throughout the year
- Tool will evolve
- Expect changes in 2017



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Sources/References

- CDC Capabilities
 - www.cdc.gov/phpr/capabilities
- CSTE Epi Competencies (AECs)
 - http://www.cste.org/group/CSTECDCAEC
- DSHS PHEP
 - www.dshs.state.tx.us/commprep/phep/program/
- DSHS QA Team
 - www.dshs.state.tx.us/commprep/phep/program/Quality-Assurance/



Questions?

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