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| PUBLIC HEALTH FOLLOW-UP PROGRAM PRE-SITE REVIEW TOOL **This document and all attachments must be completed and sent electronically to DSHS staff at minimum one week prior to the on-site visit.** |
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| --- |
| PROGRAM: |
|  |
| DATES OF REVIEW: through |
|  |
| REVIEWERS: |
|  |
| PROGRAM MANAGER: |
|  |
| ADMINISTRATOR: |
|  |
| PERIOD REVIEWED: through |

**A. MANAGEMENT**

1. Provide the table of contents of the procedure manual for the management of the program.

(Central office staff will review the procedure manual on site)

1. Provide current program organization chart.
2. When were the last two public health follow-up semi-annual reports submitted?
   1. Semi-Annual Submission Date
   2. Semi-Annual Submission Date
3. Did your program meet 80% of the “Funding Period Objectives” (program indicators) on the most recent semi-annual report?
   1. Yes or No
   2. What percentage was met? %
   3. What percentage was more than 10% below goal? %
   4. What percentage was less than 10% below goal? %
4. Submit orientation schedule and plan for new DIS with less than one year’s experience.
5. Check for the following contents of individual employee folders maintained by the supervisor or program manager: (Central office staff will review the procedure manual on site)

* 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

1. Evidence of successful completion of venipuncture training Provide a copy of procedures for 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

1. Provide copies of correspondence and forms used by DIS to refer patients.
2. Describe the system for documenting the number of clients seeking service and seen the same day including walk-ins and phone-ins. Ninety percent of clinic clients are seen on same day is a contract requirement. Complete the following table for the designated review period:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STD patients scheduled for appointment within 24hrs (goal=90%) | | | | | |
|  | #seeking service (call-in & walk-in) | #scheduled same day (a) | #scheduled next day (b) | #told to call back or scheduled beyond next day | #scheduled an appt within 1day (a+b) |
| # | Number | Number | Number | Number | Number |
| % |  |  |  |  | % |

10. Provide a copy of the Standing Delegation Orders for the DIS to draw blood.

11. Provide a copy of the program’s Expedited Partner Therapy standards.

12. Provide a copy of the program’s policy for using mobile devices for disease investigation.

13. Provide a copy of the program’s policy on internet partner services and disease notification.

14. Provide evidence of a visitor’s log for individuals entering the secured area. (Central office staff will review the procedure manual on site)

15. Provide a copy of the HIV/STD data management and security policies.

16. Provide documentation for security breaches that occurred during the review period.

17. Complete the following table:

|  |  |  |
| --- | --- | --- |
| **Name of Report** | **Frequency of Run** | **Who Runs the Report?** |
| Field Record Report (open) | Frequency | Name |
| Interview Report (open) | Frequency | Name |
| Case Management Report | Frequency | Name |
| Field Investigations Outcomes Report | Frequency | Name |

12. Describe how program uses the above reports to improve program performance:

**B. SUPERVISION**

1. Describe procedure for determining when STD staff is placed on Performance Improvement Plan (PIP).
2. How many staff members were placed on PIP in the last twelve months? Number
3. (CENTRAL OFFICE STAFF) Complete Case Management Tables for HIV and Early Syphilis
4. (CENTRAL OFFICE STAFF) Complete Field Investigation Tables for HIV and Syphilis
5. (CENTRAL OFFICE STAFF) Complete Workload Analysis for all Field Records for review period

**C. TRAINING**

Complete the following table for DIS, FLS, and Program Management Staff. (If staff member has over 5 years’ experience and no documentation is available, please estimate date of training.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff Name** | **Hire Date** | **Passport to Partner Services Date** | **FSTDI**  **Date** | **Texas FLS Date** | **Venipuncture**  **Date** |
| Name | Date | Date | Date | Date | Date |
| Name | Date | Date | Date | Date | Date |
| Name | Date | Date | Date | Date | Date |
| Name | Date | Date | Date | Date | Date |
| Name | Date | Date | Date | Date | Date |

1. INTERVIEW OBSERVATIONS (on-site)
2. **INTERVIEW RECORDS AND CASE MANAGEMENT**
3. Describe your program’s system for filing cases and related documents.
4. **FIELD RECORDS (on-site)**
5. **FIELD INVESTIGATION OBSERVATIONS (on-site)**

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

1. Describe the program’s system to ensure accurate diagnosis, treatment, and reporting of both mothers and infants with suspected congenital syphilis and/or pediatric HIV.
2. List the medical facilities where infants are typically delivered within your jurisdiction and your program’s liaison at these facilities.

|  |  |
| --- | --- |
| Facility Name | Liaison |
| Facility Name | Liaison |
| Facility Name | Liaison |
| Facility Name | Liaison |
| Facility Name | Liaison |

1. Describe the program’s system for follow-up of parent(s) and siblings (where indicated) for examination, treatment, and interview for disease intervention.
2. What percent of prenatal/newborn congenital reactor and congenital follow up field records are dispositioned are dispositioned within 7 days of report to STD program (goal is 85%)? %
3. (CENTRAL OFFICE STAFF) What percent of congenital syphilis case report forms (STD- 126) are submitted electronically to the DSHS HIV/STD Congenital Syphilis Coordinator within 30 days of report (goal is 90%)? %
4. (CENTRAL OFFICE STAFF) What percent of congenital syphilis reports submitted to the DSHS HIV/STD Congenital Syphilis Coordinator are accurately completed in accordance with the “Congenital Syphilis Case Report Form (STD-126)”.

(goal is 90%)? %

## I. HIV/STD Screening Activities

1. Describe the STD clinics in your program’s area by filling out the table below:

|  |  |  |
| --- | --- | --- |
| STD Clinic Name | Hours of Operation | Lab(s) Used |
| Clinic Name | Hours | Lab(s) Used |
| Clinic Name | Hours | Lab(s) Used |
| Clinic Name | Hours | Lab(s) Used |
| Clinic Name | Hours | Lab(s) Used |
| Clinic Name | Hours | Lab(s) Used |
| Clinic Name | Hours | Lab(s) Used |

1. Describe the GC/CT screening in non-STD settings:

|  |  |  |
| --- | --- | --- |
| Screening Site | Receive gen-probe supplies?\* | Receive Medications? |
| Clinic Name | Yes or No | Yes or No |
| Clinic Name | Yes or No | Yes or No |
| Clinic Name | Yes or No | Yes or No |
| Clinic Name | Yes or No | Yes or No |
| Clinic Name | Yes or No | Yes or No |
| Clinic Name | Yes or No | Yes or No |

\*Sites which coordinate with labs to provide data for program’s semi-annual report

1. Describe the system that assures that adequate treatment is provided to the GC/CT positives identified through the follow settings:

* STD clinic
* Non-STD clinics or providers listed above

1. Describe the system for providing partner services for GC/CT positives identified through the follow settings:

* STD clinic
* Non-STD clinics or providers listed above

1. The standard for STD clients being routinely tested for HIV in STD clinics is 95%.

* What percentage of STD clients were tested during the last semi-annual report period? %
* If objective was not met, describe steps being taken to improve performance.

1. Describe HIV/STD screening in the following settings:

* Adult Jail
* Adolescents (Juvenile Detention Centers & Schools)
* Emergency Rooms
* Managed Care
* Other High Risk Settings

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

1. Describe how the STD program maintains a Rapid Response Plan.

* When was the last time it was reviewed with relevant key people? Date Reviewed
* List relevant key people

|  |  |  |
| --- | --- | --- |
| Key Persons | Agency/Organization | Role |
| Name | Agency | Role |
| Name | Agency | Role |
| Name | Agency | Role |
| Name | Agency | Role |
| Name | Agency | Role |
| Name | Agency | Role |

* When the rapid response plan was last revised? Date Revised
* How were the thresholds established?
* How does the plan include community input?
* When was the last time the plan was implemented? Date Last Implemented
* Please attach the current Rapid Response Plan.

1. Describe the system in place to conduct routine analysis for cases reported including person, place, time and behavioral risk factors:

* How often is the analysis conducted?
* Who conducts the analysis?
* How analysis is used in assessing morbidity trends?
* How is the analysis used in detecting outbreaks?

**K. EXPECTED-IN PROCEDURES**

1. Describe the system(s) used to alert clinical staff (e.g. - clinicians, DIS, surveillance) of a patient (with infection or potential exposure) seeking care in response to public health follow-up.

**L. PATIENT FLOW FROM CLINICIAN TO DIS (on-site)**