

Local Health Department Communicable Disease Program Assessment Tool

Agreement Addenda 510/536/894/610 Annual Assessment

North Carolina Division of Public Health -Communicable Disease Branch - Technical Assistance & Training Program

County/District: _____ Health Director: _____ 24/7 Telephone Number for Agency: _____
 Accreditation Status: Re-Accreditation Date _____ Other Status Date _____
 CD Regional Nurse Consultants: _____ Staff Members: _____ Review Date: _____

Part A: Review of agency staff who have a defined role for CD Investigation, STD Clinical Services, and CD/STD NC EDSS Reporting
COPY PAGE AS NEEDED

Name: Title: Telephone: E Mail:	Check all that apply: <input type="checkbox"/> LEAD CD NURSE <input type="checkbox"/> General CD <input type="checkbox"/> TB <input type="checkbox"/> STD/HIV/Syphilis <input type="checkbox"/> Vaccine Preventable <input type="checkbox"/> Hepatitis B <input type="checkbox"/> STD ERRN <input type="checkbox"/> Rabies	NC EDSS <input type="checkbox"/> Check if NC EDSS user Last Log In: _____ <input type="checkbox"/> Statewide Hepatitis B? Last Log In: _____ <input type="checkbox"/> Statewide Syphilis? Last Log In: _____	CD COURSE <input type="checkbox"/> Completed <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Enroll next session Date of hire into CD nurse position: _____ Direct Supervisor: _____	Review of NC EDSS Activity (Specific to Individual) Direct Supervisor: _____
Name: Title: Telephone: E Mail:	Check all that apply: <input type="checkbox"/> LEAD CD NURSE <input type="checkbox"/> General CD <input type="checkbox"/> TB <input type="checkbox"/> STD/HIV/Syphilis <input type="checkbox"/> Vaccine Preventable <input type="checkbox"/> Hepatitis B <input type="checkbox"/> STD ERRN <input type="checkbox"/> Rabies	NC EDSS <input type="checkbox"/> Check if NC EDSS user Last Log In: _____ <input type="checkbox"/> Statewide Hepatitis B? Last Log In: _____ <input type="checkbox"/> Statewide Syphilis? Last Log In: _____	CD COURSE <input type="checkbox"/> Completed <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Enroll next session Date of hire into CD nurse position: _____ Direct Supervisor: _____	Review of NC EDSS Activity (Specific to Individual) Direct Supervisor: _____
Name: Title: Telephone: E Mail:	Check all that apply: <input type="checkbox"/> LEAD CD NURSE <input type="checkbox"/> General CD <input type="checkbox"/> TB <input type="checkbox"/> STD/HIV/Syphilis <input type="checkbox"/> Vaccine Preventable <input type="checkbox"/> Hepatitis B <input type="checkbox"/> STD ERRN <input type="checkbox"/> Rabies	NC EDSS <input type="checkbox"/> Check if NC EDSS user Last Log In: _____ <input type="checkbox"/> Statewide Hepatitis B? Last Log In: _____ <input type="checkbox"/> Statewide Syphilis? Last Log In: _____	CD COURSE <input type="checkbox"/> Completed <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Enroll next session Date of hire into CD nurse position: _____ Direct Supervisor: _____	Review of NC EDSS Activity (Specific to Individual) Direct Supervisor: _____
Name: Title: Telephone: E Mail:	Check all that apply: <input type="checkbox"/> LEAD CD NURSE <input type="checkbox"/> General CD <input type="checkbox"/> TB <input type="checkbox"/> STD/HIV/Syphilis <input type="checkbox"/> Vaccine Preventable <input type="checkbox"/> Hepatitis B <input type="checkbox"/> STD ERRN <input type="checkbox"/> Rabies	NC EDSS <input type="checkbox"/> Check if NC EDSS user Last Log In: _____ <input type="checkbox"/> Statewide Hepatitis B? Last Log In: _____ <input type="checkbox"/> Statewide Syphilis? Last Log In: _____	CD COURSE <input type="checkbox"/> Completed <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Enroll next session Date of hire into CD nurse position: _____ Direct Supervisor: _____	Review of NC EDSS Activity (Specific to Individual) Direct Supervisor: _____

Part B: Agreement Addendum Assessment AA 510/536/894/610

FY 2015-2016 Communicable Disease Branch - #510/ #536 / #894/ #610	Yes	No	Comments/Monitoring Source
<p>(510) General Communicable Disease Control LHD assures that within one (1) month of receiving notification of a reportable communicable disease or condition, the investigation and reporting to the NC Division of Public Health via NC EDSS is complete.</p>			Monitored by Nurse Consultant via NC EDSS Reporting
<p>(510) LHD must have a minimum of two staff who have attended and completed DPH provided NC EDSS training. No training is to be done internally by LHD staff.</p>			Documented in Part A
<p>(510) LHD must have a minimum of two staff members who are currently “active” NC EDSS users (i.e., the ability to log into the system has not been deactivated).</p>			<p>Documented in Part A</p> <p><i>At least 1 NC EDSS user must have statewide Hep B rights. (2 preferred)</i> <i>At least 1 NC EDSS user must have statewide syphilis rights. (2 preferred)</i></p>
<p>(510) LHD must delegate oversight responsibility to a registered nurse who will be responsible for regularly monitoring all STD and other CD disease events via regular review of NC EDSS events and workflows. This nurse must be trained in NC EDSS, and be knowledgeable of the current NC Communicable Disease Manual and the current NC Sexually Transmitted Disease Manual.</p>			<p>Name of nurse with oversight responsibility: _____ E-mail address: _____; Phone #: _____ Back-up nurse: _____ E-mail address: _____; Phone #: _____</p> <p><i>A nurse (and preferably a back-up nurse) should be able to identify lab values that require immediate attention.</i></p>
<p>(510) LHD agrees to monitor and manage workflows in a timely manner (at least daily).</p>			<p>Monitored by Nurse Consultant via NC EDSS</p> <p><i>Twice daily review of workflows is preferred.</i></p>
<p>(510) LHD agrees to enter all paper laboratory reports and physician reports into NC EDSS in a timely manner. Reports for patients outside the jurisdiction of the LHD should be entered into NC EDSS then transferred electronically to the appropriate jurisdiction. (Reports will not be mailed, faxed or e-mailed.)</p>			<p>Monitored by Nurse Consultant via NC EDSS</p> <p><i>For time-sensitive reports, the LHD should always supplement notification with a courtesy telephone call.</i></p>
<p>(510) LHD assures that every NC EDSS user has his/her own account. Sharing NC EDSS user account information such as user name and password is strictly prohibited. Every user must have a functioning LHD email account so he/she may receive system updates distributed via email.</p>			Monitored by Nurse Consultant with assistance from State Registrar and NC EDSS Help Desk

FY 2015-2016 Communicable Disease Branch - #510/ #536 / #894/ #610	Yes	No	Comments/Monitoring Source
(510) LHD agrees to notify DPH* immediately when a user no longer needs access to NC EDSS, either through attrition or transfer to a position unrelated to CD or STD surveillance. DPH reserves the right to disable the accounts of users who are unable to demonstrate competency using NC EDSS software.			Monitored by Nurse Consultant with assistance from NC EDSS Help Desk Name of County/District NC EDSS Administrator: _____ <i>* NC EDSS Help Desk</i>
(510) LHD agrees to develop and implement a policy incorporating all of the aforementioned items. Policy updates written at the local level will be electronically sent to the Regional Communicable Disease Nurse Consultant.			Annual review: LHD to provide consultant with copy of policy. Sample policy can be found in NC Communicable Disease Manual
(510) Rabies LHD clinical staff must provide guidance to persons using the Rabies Control Manual: Rabies Pre-exposure Immunization, Human Rabies Risk Assessment, and Human Post-exposure Prophylaxis for Rabies.			(NCGS) LHD is responsible for examination, investigation and control of rabies. Agency should have a policy about the LHD Rabies Control Program.
(536) HIV/STD Services LHD agrees to offer HIV/STD Services at no cost to the client. Exceptions: Asymptomatic clients who request screening for non-reportable STD diseases; clients who receive follow up treatment of warts after diagnosis is established; clients requesting testing not offered by the state. Clients in these categories may be billed for testing and screening according to Medicaid guidelines and local billing policy.			<i>The FY 2016-2017 AA # 536 provides more latitude to LHDs seeking reimbursement for testing and treatment.</i> Current Policy & Discussion of Billing and Reimbursement
(536) LHD agrees to list ordering provider and LHD clinic for STD NC EDSS events. LHD must attempt to obtain treatment information for reports from non-health department providers.			Some LHDs have a waiver from DPH for entering LHD treatment information in NC EDSS. The waiver must be renewed annually.
(536) LHD assures timely treatment of women with chlamydia or gonorrhea detected in any health department clinic ($\geq 85\%$ treatment rate within 14 days of specimen collection; $\geq 95\%$ treatment rate within 30 days of the specimen date).			Monitored by Nurse Consultant via NC EDSS
(536) LHD agrees to electronically submit <i>STD Services Access/Availability Data</i> annually by January 15 for the prior year.			
(536) LHD ensures that STD Enhanced Role RNs (STD ERRN) maintain competency to perform evaluation, testing, treatment, counseling and referral.			<i>STD ERRN Continuing Education and Skills Maintenance Verification</i> forms are electronically submitted by January 15 for the prior year. Must post valid, DPH certificate in clinic area in order to function as STD ERRN (annual rostering).

FY 2015-2016 Communicable Disease Branch - #510/ #536 / #894/ #610	Yes	No	Comments/Monitoring Source
(536) LHD agrees to determine the percentage of STD Clinic patients who report Medicaid eligibility, private insurance, etc. and make that information available to the Nurse Consultant.			LHD STD Program data should be batched into CSDW from the private vendor. For LHDs using HIS, this data is automatically sent to CSDW.
(536) LHDs receiving funds with the FRC code "HV" must use these funds exclusively for HIV education, counseling and testing enhancement.			LHD must electronically submit a report detailing the HIV services these funds were used to support within 30 days of the end of the fiscal year.
<p>(536) All LHDs will have policies and procedures electronically available that address the following areas of STD Program Services:</p> <ul style="list-style-type: none"> • Clinical Staffing • Clinical Staff Qualifications • Clinical Staff Orientation • Clinical Staff Development • STD Examination, Testing, Treatment, Counseling and Referral • NC EDSS Reporting • Outreach Services within the Community <p>An STD Program Overview</p>			Annual Review: LHD to provide Nurse Consultant with copies of each policy and procedure. Policy and procedure updates written at the local level will be electronically sent to the Regional Communicable Disease Nurse Consultant.
<p>(894) 340 B Drug Pricing Program LHD must maintain eligible 340B Drug Pricing Program status through HRSA & OPA including requirements for auditable records by HRSA.</p>			
<p>(894) LHD must maintain an account with Cardinal Health, Inc. in order to purchase and receive STD drugs.</p>			
<p>(894) LHD must use funds to purchase drugs from the CDB/STD Formulary. Keep separate inventory of 340 B purchased drugs.</p>			
<p>(894) LHD must maintain a minimum of three months' supply of all commonly used STD drugs in the event of shortages.</p>			
<p>(894) Offer onsite STD treatment from appropriately trained staff to any person diagnosed with an STD and sexual partners of a person with an STD who is evaluated by the LHD. Onsite STD treatment is defined as administering approved drug treatment regimens at the time of diagnosis or providing client with a prescription for an approved drug treatment regimen.</p>			

FY 2015-2016 Communicable Disease Branch - #510/ #536 / #894/ #610	Yes	No	Comments/Monitoring Source
(894) LHD must ensure program integrity and maintain auditable records which document compliance with all 340B Program requirements. Billing policies and procedures must be in compliance with North Carolina Administrative Code (10A NCAC 41A .0204). Medications on the STD Formulary may be charged at the cost of acquisition. The LHD must establish a fee schedule for all billable STD treatments.			
(610) STD Prevention LHD agrees to limit use of these funds to purchase of condoms, patient educational materials and preparation for transition to ICD-10. LHD may use these funds for staff training needs specific to STD clinical services and/or continuing competency for risk reduction counseling, and with prior approval from DPH.			A record of use of these funds should be available for review during the monitoring visit. <i>LHD to provide Nurse Consultant with a copy of records, if requested.</i>

Part C: Screening Tool for STD Clinical Services – Supplement to 2016 STD Monitoring Visit Tool

Agreement Addenda Criteria FY 2014-15 Communicable Disease Branch - #536	Yes	No	Comments/Monitoring Source (Directly observed or discussed with LHD staff on Annual Review)
Access to care within 1 workday of request for clients seeking evaluation for symptoms of STI or for exposure to a STI			(NCAC) LHDs “shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, chlamydia, nongonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinale. These services shall be provided upon request and at no charge to the patient.”
HIV and STD testing routinely provided together instead of an either/or choice			
Use of the NC STD Public Health Program Manual as guidance for provision of essential STD services			The NC STD Public Health Program Manual is written in accordance with the 2015 CDC STD Treatment Guidelines.
Standing Orders in NC Board of Nursing format, current and signed*			Standing orders must be reviewed and re-signed at least annually or whenever modified. *If standing orders are not updated to the 2015 Treatment Guidelines, individual treatment orders must be written/signed by a licensed provider.

Evaluation data available for Expedited Partner Therapy and/or Express STD Clinic services			These services are not required in LHDs.
Clinician oversight for its STD Program (RN, mid-level practitioner, or physician)			Name: _____
Perform stat urethral gram stains and wet preps on site when required for diagnosis of STIs. Counties reporting < 50 (fifty) cases of gonorrhea per year are exempt from the stat gram stain requirement.			<i>This requirement will change in FY 2016-17: All LHDs will be required to have gram stain capacity or a mechanism for assuring the availability of urine-based NAAT testing for males for GC/CT.</i>
Perform stat qualitative serologic tests for syphilis (STS) on site if the Local Health Department is in a county with 20 cases of early syphilis reported during the previous 12 months and/or annualized primary and secondary syphilis rate of >20 cases per 100,000.			
Report seropositive HIV results to the CDB Regional Office within 24 hours of receipt of the report.			
Client-centered counseling based on the State Counseling, Testing, and Referral (CTR) Curriculum is available for clients who are HIV positive or for any other client who requests this service.			LHD providers are expected to notify clients of positive HIV/syphilis results and not delegate that responsibility to regional DIS. Each health department should have at least two people trained at all times. Provider names: _____, _____

Part D: Best Practice Recommendations

Best Practice Recommendation	Yes	No	Comments/Monitoring Source
Local Self-Assessment tool has been utilized			LHD should provide a copy of the assessment to the consultant
Marketing			
Health department has a plan for marketing HIV/STD services			Read marketing plan
Health department has relationships with all Federally Qualified Health Centers (FQHC), Community Health Centers (CHC), free clinics and urgent care facilities in the county/health district			Discuss with LHD staff on Annual Review Name the FQHCs and look a likes operating in the county
Surveillance			
Health department has a policy and procedure electronically available that addresses the utilization of DIS as part of an outbreak response			Review P & P
Training			
Job descriptions for staff include: <input type="checkbox"/> Qualifications and training requirements for each job <input type="checkbox"/> The role each job plays in the operation of the clinic <input type="checkbox"/> A description of the tasks required for each job <input type="checkbox"/> The mechanism for performance evaluation <input type="checkbox"/> Attitudes expected to be conveyed to clients			Review Job Descriptions
Formal orientation is available for new staff in HIV/STD setting (including all providers, contracted or employed by LHD (MDs, PAs, NPs, CNMs, RNs, support staff, etc.)			Review Orientation Documents or discuss with LHD staff on Annual Review
Training needs of staff are assessed and addressed			Review Staff Training Assessments & How Needs are the Response to the Assessment
Information is communicated to all staff through predictable channels			Review minutes and memos and discuss with LHD staff on Annual Review

Best Practice Recommendation	Yes	No	Comments/Monitoring Source
Health department has a policy electronically available that addresses preceptorship for STD ERRNs			Review Policy *STD ERRNs must have regional nurse consultant approval for planned preceptor prior to starting STD ERRN course.
Health department has a policy electronically available that addresses preceptorship for all new clinicians			Review Policy
Health department has a policy electronically available that addresses direct observation of ERRN practices at least annually			Review Policy
Quality Improvement Activities			
Health department collects and evaluates client satisfaction data for STD services			Review data and discuss with LHD staff on Annual Review
Health department has a process for managing the significant client complaints about clinical services			See complaint process documentation and discuss with LHD staff on Annual Review
Other Documents			
Procedure for preventing and handling exposure of clients/staff to HIV / Hepatitis B /Hepatitis C virus			Review Policy and Procedure
Procedure for appropriate handling of violent or abusive situations			Review Policy and Procedure
Policy stating a) the provisions of the state child abuse and neglect statute and health care providers' obligations for reporting, b) appropriate staff response to alleged/suspected abuse of client and c) appropriate staff response to a positive STD lab result on a minor			Review Policy and Procedure