



PRE-SITE REVIEW TOOL
TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)
PUBLIC HEALTH FOLLOW-UP PROGRAM REVIEW

This document and all attachments must be completed and sent electronically to DSHS staff at minimum one week prior to the on-site visit.

PROGRAM: Program Name
DATES OF REVIEW: Start Date through End Date
REVIEWERS: Names of Reviewers
PROGRAM MANAGER: Program Manager
ADMINISTRATOR: Program Administrator
PERIOD REVIEWED: Start Date through End Date
SUBMITTED BY: Submitted By

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)
2. Provide current program organization chart.
3. When were the last two public health follow-up semi-annual reports submitted?
 - a. Semi-Annual Submission Date
 - b. Semi-Annual Submission Date
4. Did your program meet 80% of the “Funding Period Objectives” (program indicators) on the most recent semi-annual report?
 - a. Yes or No
 - b. What percentage was met? ___%
 - c. What percentage was more than 10% below goal? ___%
 - d. What percentage was less than 10% below goal? ___%
5. Submit orientation schedule and plan for new DIS with less than one year’s experience.
6. Check for the following contents of individual employee folders maintained by the supervisor or program manager:
 - Performance Standards for DIS
 - Job description
 - Orientation form
 - Confidentiality statement
 - Records security procedures
 - Review of field safety issues
 - Photo of employee, description of automobile and license tag number
 - Emergency notification form
 - IT User Agreement for mobile devices
7. Provide a copy of procedures for the following:
 - Early Intervention Program for HIV positives
 - Desensitization of pregnant females needing syphilis treatment with a history of penicillin allergy
 - Congenital Syphilis (790) treatment
 - Pregnant females to prenatal care
 - Data Management and Security
8. Provide copies of correspondence and forms used by DIS to refer patients.
9. 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 1 day (a+b)
#	Number	Number	Number	Number	Number
%					%

7. Provide a copy of the Standing Delegation Orders for the DIS to draw blood.
8. Provide a copy of the program's Expedited Partner Therapy standards.
9. Provide a copy of the program's policy for using mobile devices for disease investigation.
10. Provide a copy of the program's policy on internet partner services and disease notification.

11. 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	ISTDI/ PPS/ FSTDI* Date	PCPE, PBC or PCRS** Date	Veni-puncture Date	Advanced STD Intervention (ASTDI)	STD Intervention for Supervisors Date	Principals of STD Supervision Date
Name	Date	Date	Date	Date	Date	Date	Date

Name	Date						
Name	Date						
Name	Date						
Name	Date						

***Passport to Partner Services and Fundamentals to STD Intervention are acceptable substitutes for Introduction to STD Intervention as of 2013**

****if ISTD is taken after 9/1/06, no additional HIV Prevention Counseling is required. If DIS has not taken PCPE or PBC and took ISTD before 9/1/06, then they must take Partner Counseling Referral Service.**

D. INTERVIEW OBSERVATIONS (on-site)

E. INTERVIEW RECORDS AND CASE MANAGEMENT

1. Describe your program’s system for filing cases and related documents.

F. FIELD RECORDS (on-site)

G. FIELD INVESTIGATION OBSERVATIONS (on-site)

H. SECURITY

H. SURVEILLANCE SYSTEMS

1. Provide copies of all Suspect Breach Reports written up during the review period.
2. Who is your current Local Responsible Party (LRP)? *Insert Name Here, Position within Agency*
3. On-site, the program will have all Quality Assurance checklists signed by LRP available for review with names of personnel with access to data reporting systems
4. Annual Security update was completed and updated signed confidentiality statements were on file for all personnel with access to confidential information (including IT staff).
5. List all staff members with access to secure areas and/or access to secured network drives where confidential information is maintained.

Staff Name	Security Training Date	Access to Secure Area	Access to Network Drives where confidential information is maintained
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N

Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N
Name	Date	Y or N	Y or N

7. (CENTRAL OFFICE STAFF) Computers and networks met DSHS security standards, as certified by DSHS IT staff

I. SURVEILLANCE

1. Describe the system for processing HIV/STD reactive tests (record searched, initiated and assigned to DIS).
2. Describe the quality assurance system for processing HIV/STD reactive tests.
3. What percent of in-jurisdiction syphilis reactors are reported to program within 7 days of laboratory test (goal is 80%)? ____%
4. Describe your ICCR system:
 - Who is the primary and back-up point of contact?
 - Who decides if an investigation will be initiated (incoming and outgoing)?
 - Who tracks investigations (incoming and outgoing) to assure dispositions are received or provided by the due date?
 - What is your procedure when an investigation is overdue?
 - On the last ten high priority (HIV/syphilis) outgoing investigations:
 - Number called to investigating agency within one day:
 - Number dispositioned on or before the due date:
 - On the last ten high priority (HIV/syphilis) incoming investigations:
 - Number initiated to a DIS within one day:
 - Number dispositioned on or before the due date and called to initiating agency: ____
5. Describe your systems:
 - reviewing syphilis morbidity to ensure correct case classification (e.g. 740's meet age and titer criteria and 710/720s must have current symptoms)
 - ensuring early syphilis cases list gender of sex partners.
6. (CENTRAL OFFICE STAFF) Pull Epi-Profile Trends for the past 5 years for all counties within jurisdiction:
 - a. Chlamydia

- b. Gonorrhea
- c. HIV/AIDS
- d. Early Syphilis
- e. Total Syphilis

7. (CENTRAL OFFICE STAFF) What percent of priority reactive test reports needing field investigation are assigned to DIS within 24 hours of receipt from the laboratory or the provider (goal is 95%)? ___%
8. (CENTRAL OFFICE STAFF) What percent of morbidity reports are complete for race, ethnicity, and zip codes by disease (goal is 85%)? Attach missing values report for all in the # series for 200s, 300s, 700s and 900s. (Note: These will be one report for 200s, one report for 300s, etc.) ___%
9. (CENTRAL OFFICE STAFF) What percent of STD*MIS data exports were received by Central Office on time in this time period (goal is 85%)? ___%

J. 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

3. Describe the program’s system for follow-up of parent(s) and siblings (where indicated) for examination, treatment, and interview for disease intervention.
4. What percent of prenatal/newborn reactors are dispositioned within 7 days of report to STD program (goal is 85%)? ___%
5. (CENTRAL OFFICE STAFF) What percent of congenital syphilis worksheets (Infant Syphilis Reactor Control Record) are submitted to DSHS HIV/STD Surveillance Branch within 30 days of report to local/regional STD programs (goal is 90%)? ___%
6. (CENTRAL OFFICE STAFF) What percent of congenital syphilis reports submitted to the DSHS HIV/STD Surveillance Branch are accurately completed in accordance with the “Infant Syphilis Reactor Control Record Instruction Sheet” (goal is 90%)? ___%

K. 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

2. 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

3. 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

4. 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

5. 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.

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

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

L. 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

- 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.

2. 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?

M. 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.

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