Technical Assistance & Training Program:
What We Can Do For You

North Carolina Division of Public Health
Communicable Disease Branch
Medical Consultation Unit
April 19, 2018
Objectives

01 Identify three local activities that TATP nurse consultants can assist LHDs with

02 Describe the process of contacting TATP nurse consultants

03 List components of educational offerings for LHDs
A Little TATP History

Started in 2010

- Promote best practices for CD programs
- Enhance web-based resources and training
- Respond to surveillance data needs at LHDs
- Assist with service integration to better serve the community
A Little TATP History

Originally made up of 5 regional nurse consultants
A Little TATP History

- Undertook a major task in 2013
- 100 county assessment of STD programs
- Visited all of the 85 county/district health departments
2013 Visit Findings

- This assessment resulted in
  - 18 regional workshops
  - Development of educational material
    - Webinars
    - New CD nurse orientation

NORTH CAROLINA ASSESSMENT OF LOCAL HEALTH DEPARTMENT STD CLINICAL SERVICES

NC DHHS Division of Public Health (DPH) Communicable Disease Branch conducted a 100 County assessment of Local Health Department Sexually Transmitted Disease Clinical Services from March 2013 – December 2013. DPH leadership authorized the statewide assessment to capture baseline data on the evaluation, testing and treatment of clients presenting to the local public health department for STD services. The assessment of LHD STD clinical services was the first statewide, on-site assessment in the history of NC Public Health.

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STD CLINICAL SERVICES IN 100 COUNTIES; 85 HEALTH DEPARTMENTS/HEALTH DISTRICTS
2016-17 Findings

- On-site assessments at all counties from January 2016 - September 2017
- Issues from 2013 had been corrected
- Some documentation issues related to EMRs
TATP Today

3 regional nurse consultants (with one more to be added soon!!)

Nurse supervisor

3 Raleigh based nurse consultants
Communicable Disease Branch
Technical Assistance and Training Program (TATP)
Nurse Consultants Serving Local Health Departments

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Vacant - CD Program & STD Nurse Consultant

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Communicable Disease Branch
24/7 PUBLIC HEALTH Outbreak Reporting Phone 919-733-3419 Fax 919-733-0490

January 2018
Triennial Site Visits

Started in 2013

Primary purpose was to assess STD program
Triennial Site Visits

- Expanded in 2016-17 to also assess CD program
  - Routine on-site observation of STD ERRN
  - Review of medical records to include billing
  - Policy and standing order review
Triennial Site Visits

Quality checks during visits included:

- Assurance of implementation of 2015 CDC STD Treatment Guidelines
- Medical record audits
- Assurance of standing orders in NC BON format
- Observation of clinical practice

Pie chart showing:
- 42% Advanced Practice Providers
- 40% STD ERRN
- 15% Physicians
- 3% Certified Nurse Midwives
Ten Ways Public Health Nurses (PHNs) Improve Health

Optimal health is largely the result of a person’s social and physical environments. As the largest segment of the health care workforce and the most trusted profession, nurses are leading the way to transform health and health care by focusing on the social determinants of health and the places where people live, learn, work, worship and play.

PHNs advance the health of individuals, families and communities using a distinct skill set. This skill set includes consistent utilization of the nursing process; application of critical thinking skills; and decision-making informed by science and evidence. These unique skills overlay all of the “Ten Ways” that PHNs improve health as described below.

1. Prevent
PHNs work inside and outside clinic walls to prevent conditions such as obesity, diabetes, injuries, school absenteeism, infant mortality, and spread of communicable diseases.

2. Educate
PHNs educate individuals, families, communities and stakeholders about healthy behaviors, environments, and policies that make the healthy choice the easy choice.

3. Coordinate
PHNs coordinate and integrate care and services across the lifespan to improve individual and population health outcomes, improve health equity and reduce costs.

4. Protect
PHNs protect people by educating about environmental hazards, preparing for emergencies and mobilizing during disasters.

5. Lead
PHNs lead evidence-based quality practice and policy changes. They lead cross-sector and interdisciplinary collaborations that impact communities.

6. Promote
PHNs promote health equity and health as a shared value through individual and community engagement and inclusion.

7. Advocate
PHNs advocate for community assets that lead to healthier people such as safe and affordable housing, healthy school meals, tobacco prevention policies, safe places to walk and bike, access to healthy food, appropriate behavioral health treatment services, violence prevention and trauma informed care.

8. Care
PHNs care for people, families, and communities. They understand the importance of culture, language, literacy, and how these shape health, well-being and equity.

9. Integrate
PHNs recognize that health is a function of physical, mental, emotional and spiritual well-being. They assist individuals and communities in integrating a variety of needed services through collaborating, mobilizing and leading interdisciplinary teams, partners and consumers.

10. Research
PHNs use research to inform their practice and do research to improve health of the individual, family and community.

Robert Wood Johnson Foundation Public Health Nurse Leaders, August, 2017
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CD Nurse Orientation

01
TATP meets with new CD Nurse at the local health department

02
Provides overview of public health surveillance, investigation and intervention

03
Reviews CD Nurse roles, skills, and responsibilities
CD Nurse Orientation

Review of Agreement Addenda requirements

- Trainings, NCEDSS use, Reporting expectations

Review of Resources

CD Nurse Orientation

Review of consultants and contacts

Review of agency resources for the CD nurse
New Supervisor Orientation

Agreement Addenda Review
Public Health Nursing Resources
Introduction to CD and STD Program requirements
Tailored to experience level of supervisor
Scheduling Orientations

New lead or back-up CD nurse should have orientation

LHD should contact regional TATP nurse consultant once RN has completed NCEDSS training

New CD/STD supervisor should have orientation

LHD should contact regional TATP nurse consultant once new supervisor is hired
AA’s

Agreement Addendas are a contract between a program at the state and the LHD

Includes program’s goals-Why

Activity’s goals and outcome

Scope of Work and Deliverables
• What the LHD will be doing

Performance measurements
• What, when and how

Performance monitoring
• How we will monitor what the LHD does

Funding guidelines/ Restrictions Rules of use

(a)
TATP AA’s

AA 510 - General Communicable Disease Control

AA 536 - STD Care in LHD’s

AA 610 - STD Supplies and Services

AA 894 - 340B Drugs for STD Treatment
Assistance with Policies, Procedures & Standing Orders
Guides and determines agency decisions and actions

Adopted by and pursued by an agency

A tool that helps employees attain agency goals

The what and why of the goal or intent of the agency
Policy, **Procedure**, and SO Assistance

The Purpose of a Written Procedure

- Detailed and sequential actions that must be executed to ensure that a policy is implemented
- A METHOD for carrying out a policy
- Action oriented
- The “how, who, when and/or where” through which policies are carried out
Policy, Procedure, Standing Order Assistance

Standing Orders standardize the clinical care practiced by all clinicians

- Written instructions prepared by a MD
- Outline the medical assessment, appropriate testing and treatment that a clinician may perform or deliver on behalf of the physician.
- Provide the framework to assess and treat conditions and lab results while practicing in LHDs
- MUST NOT call for the RN to discriminate assessment findings beyond the level of normal vs. abnormal
- MUST NOT contain a plan of care which includes actions beyond the licensed professional’s scope of practice
Annual CD Conference

May 21-23

To register go to https://www.seahec.net/courses-and-events/54290/2018-communicable-disease-conference-adapting-to-changing-tides

To sign up for pre-conference and conference sessions to https://www.surveymonkey.com/r/TQGK9SX

Meet the TATP nurses and CDB staff!

Pre-conference Workshops

STD Outbreak Investigation
Infection Prevention and Response
NC EDSS Intermediate Workshop
Training Plan for Local Health Department Communicable Disease Staff

CD Branch Technical Assistance and Training Program (TATP) Nurse Consultant Workgroup

Initiated July 2015
Target Audience

Local public health agencies, health departments and districts

- Primary CD Nurses
- Back up CD Nurses
CD Training Pyramid for LHDs

- Continuing Competence
- Role-Specific Training
- Regional Branch Workshops/Monthly Webinars
- Annual Branch Conference
- Online NC CD Course
- New CD Nurse Orientation
- NC EDSS Basic
Types of Activities

- **Provider-directed, provider-paced**
  - Live webinars
  - Onsite training

- **Provider-directed, learner-paced**
  - Online courses
  - Self-learning modules

- **Learner-directed, learner-paced**
  - Individual activities based on learner needs
Training Objective

To assure local program staff have knowledge, skills and attitudes to provide quality communicable disease services to their community as mandated by North Carolina Administrative Code 10A NCAC 41A .0103
STD ERRN Verification

- TATP consists of 3 nurse consultants who are STD ERRNs
- Work with UNC for PAA/STD combined course
- Ensure annual re-rostering requirements for ERRNs are met
- Conduct observation of STD ERRN practice during monitoring visits
STD Access & Availability

AA 536 Requirement – annual reporting of LHD access and availability of STD services

Reporting for calendar year – due January 15

Data is helpful for compliance and identification of best practice, areas for improvement
Epi on Call

919-733-3419 Available 24/7

Mission of CDB
The mission of the North Carolina Communicable Disease Branch, located in the Epidemiology Section of the Division of Public Health, is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public through detection, tracking, investigation, control, and education and care activities to improve the health of people in North Carolina.
Duties of the Epi On-Call Staff member:

- Answers questions and provides assistance to responding to communicable diseases issues
- Refers to appropriate Subject Matter Expert as needed
- Refers to other State agencies as needed (ex. Environmental Health)
- Assists with getting permissions for special testing such as Mumps testing
- Check the NCEDSS workflow frequently throughout the day – notifying LHDs of any “High Profile case they may need to begin to investigate, if they have not already begun
Epi On Call

Creates Outbreak event in NCEDSS and communicates outbreak event # to the LHD

Sends a “SitRep” to other members of the Epi-On Call CD Branch group, which provides a brief and standardized description of the outbreak situation
Epi On
Call

919-733-3419

Memorize it!!
Post it!!
Use it!
We are here to help you!!
Outbreak Investigations

1. Preconference workshop
2. Report all outbreaks to the CDB
3. Follow the 10 steps of an outbreak
4. Investigation
   - NCEDSS data entry
Who to Contact?

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