Introduction to Communicable Disease Surveillance and Investigation in North Carolina
Communicable Disease Program Components

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Our Vision:

Healthy People in Healthy Communities

Our Mission:

Promote Physical and Mental Health and Prevent Disease, Injury, and Disability
Public Health

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services
Learning Objective

NC EDSS
Recognize the key features of the state’s mandatory electronic disease reporting system
In the beginning....

...there was paper... and lots of it.
What is NC EDSS?
NC EDSS Brings Major Changes to the way Data is Exchanged and Reported
NC EDSS Replaces Databases

TIMS - Tuberculosis
NETSS - General CD + VPD
STD*MIS - STD
HARS - HIV
Perinatal Hepatitis B Database
What Diseases have been Phased into NC EDSS and When?

**2007**
TB, LTBI, TST in 14 highest-morbidity LHDs

**2008**
- TB, LTBI, TST in remaining LHDs
- General communicable diseases - all LHDs
- Vaccine-preventable diseases - all LHDs
- Chlamydia & Gonorrhea - all LHDs

**January 2013**
HIV & Syphilis – DPH Field Service Regional Offices only
What does NC EDSS give to NC public health system?

• LHD access to their data
• Increases data sharing among LHDs
• Statewide outbreak management
• Better tracking of lab results
• Stores lab data with case data

• Creates centralized repository of person-based public health data
• Analysis of morbidity patterns across diseases
• Co-morbidity of specific can be tracked with NC EDSS patients (e.g., HIV/TB, Syphilis/Hepatitis B)
You still have to manage the public record, even if the records are protected by confidentiality laws and/or HIPAA.
Learning Objective

Record Management/Record Retention

Identify regulatory authority for public records management and retention
Public Record Defined

NCGS 131-1

- All documents, papers, letters, maps, books, photographs, films, sound recordings, magnetic or other tapes, electronic data-processing records, artifacts, or other documentary material,
- Regardless of physical form or characteristics,
- Made in connection with the transaction of public business
- By any agency of North Carolina government or its subdivisions,
- Any county, unit, special district or other political subdivision of government.
- The public records and public information ...are the property of the people. Therefore, it is the policy of this State that the people may obtain copies of their public records and public information free or at minimal cost unless otherwise specifically provided by law.
Destruction of Records

NCGS 132-3
Prohibition. - No public official may destroy, sell, loan, or otherwise dispose of any public record, except in accordance with G.S. 121-5 and G.S. 130A-99, without the consent of the Department of Cultural Resources.

Whoever unlawfully removes a public record from the office where it is usually kept, or alters, defaces, mutilates or destroys it shall be guilty of a Class 3 misdemeanor.
Records Management Program

NCGS 132-8.1
Department of Cultural Resources shall administer a records management program
• to establish standards, procedures, and techniques for effective management of public records,
• to make continuing surveys of paper work operations,
• to recommend improvements in current records management practices including the use of space, equipment, and supplies employed in creating, maintaining, and servicing records.

The duty of each head of a state agency and the governing body of each county to cooperate with the Department of Cultural Resources.
RECORDS RETENTION AND DISPOSITION SCHEDULE
LOCAL HEALTH DEPARTMENTS

North Carolina Department of Cultural Resources
Division of Historical Resources
Archives and Records Section
Government Records Branch
September 7, 2007
STANDARD - 13. EPIDEMIOLOGY RECORDS

Public health records created or received in local health departments and used to manage and monitor epidemiology programs.

These are not individual patient clinical records.
Local Rule #1

Epidemiology Outbreak Investigation Records

Records concerning actions taken by public health nurses (PHN) to control the spread of a communicable disease. May include copies of letters of notification of exposure sent out to daycares, restaurants, etc.

- Destroy in office responses from negative-exposures after 1 year.
- Destroy remaining records in office after 5 years.

(Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.)
Local Rule #2

COMMUNICABLE DISEASE SURVEILLANCE FORMS/CASE REPORTS

Records concerning detailed information on client’s risk factors including lifestyle and demographics.

• Forward original reports to the North Carolina DHHS, and the Centers for Disease Control and Prevention for statistical purposes.
• Destroy remaining records in office after 5 years. Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.
Local Rule #3

COMMUNICABLE DISEASE (CD) REPORT CARDS

Cards or computerized database containing information on reports of communicable diseases.

- Forward cards to DHHS as required.
- Destroy remaining records in office after 5 years. Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.
Local Rule #4

HEPATITIS B CARRIER SURVEILLANCE REPORTS

Destroy in office after 5 years. Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.
Local Rule #5

SEXUAL TRANSMITTED DISEASES (STD) EPIDEMIOLOGIC REPORTS

Destroy in office after 5 years. Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.
Local Rule #6

PUBLIC RECORDS WITH SHORT-TERM VALUE GUIDELINES FOR THEIR RETENTION AND DISPOSITION

• **Preliminary** or rough drafts containing no significant information **that is not also contained** in the final drafts of the records;

• The records described above **may be destroyed or otherwise disposed of** when their reference value ends.

• These guidelines are not intended to serve as authorization to destroy or otherwise dispose of unscheduled records. They are intended to **complement the use of an approved records retention and disposition schedule** for the creating government or agency, not replace or supersede it.
Learning Objectives

Policies and Procedures
Differentiate between the terms policy and procedure
Identify policies required by NC LHD Accreditation and Selected NC Agreement Addenda (510, 536, 541 and 894)
What is a Policy?
A policy is an agreed-upon course of action for handling a specific set of circumstances. Policies must take into account various levels of legislation/regulation which impact health care delivery.

Why do we need policies?
• To provide a way to prove a standard of care
• To affect safe practice
• To affect accountability
• To inform staff of the components of a quality assurance and improvement program
• To establish staff expectations of self and others
• To provide a framework for consistency in methods of practice
• To set procedural standards of practice
Types of Policies

**Administrative**

- A broad description of what the agency does and why.
- Includes the objectives, rules, and regulations which guide organizational activities and direct allocation of resources.
- Should be consistent with agency mission statement.

**Program**

- A description of what and why as they apply to individual programs.
- Includes the objectives and rules which direct a specific program focus and activities.
- Should be consistent with overall agency policies.
Procedures

• Detailed description of how and by whom (discipline/position) the work is to be done.

• Should be consistent with policy statements.
LHD Accreditation

Assuring the health of North Carolina through local health department accreditation

79 Accredited Health Departments as of June 21, 2013
Policy on Policies

The agency determines the written format for their policies and procedures; develops and adopts a written policy and procedure.
Activity 15.2: The local health department shall develop and adopt program policies and procedures that meet the following criteria:
---refer to the federal and state legislation, rules or regulations, or local rules or ordinances that provide the authority to carry out agency programs and activities, and
---delineates desired outcomes.

Activity 15.3: The local health department shall have a written procedure providing for annual review, and revision if necessary of all policies.

Activity 31.1: The local health department shall develop and implement policies and procedures regarding the administration of the local health department and shall assure policies and procedures are accessible to staff.
Important LHD Accreditation Policy!

Activity 15.6:
The local health department shall ensure that program policies and procedures are accessible to all staff.

Documentation: Program policies AND evidence demonstrating accessibility by all health department staff.
What are Agreement Addenda?

Division of Public Health and the local health departments execute a Consolidated Agreement to establish the terms and conditions governing the use of federal and State funds.

Agreement Addenda are prepared before the start of each fiscal year for each funded program Activity in order to establish annual program objectives to be achieved by the local health departments.
NC AGREEMENT ADDENDA

AA-510
LHD agrees to develop and implement a policy incorporating all of the aforementioned items. Policy will be electronically available to Regional Communicable Disease Nurse Consultant upon request.

The Local health department agrees to:

- Two (2) staff trained to use NC EDSS and two (2) active users at all times
- Monitor workflows on a timely basis
- Enter lab reports and physician reports on a timely basis
- DPH administers security
- No sharing of passwords
- Immediately notify DPH if user leaves position or employment with the agency
NC AGREEMENT ADDENDA

AA 536/541

Have policies and procedures electronically available that address the following areas of STD Program Services:

a. Overview of the STD Program
b. Clinical Service Staffing
c. Clinical Service Staff Qualifications
d. Clinical Service Staff Orientation
e. Clinical Service Staff Development
f. Examination, Testing, Treatment, Counseling and Referral
g. NC EDSS Reporting
h. Outreach Services within the Community (formerly named STD Community Surveillance)
NC AGREEMENT ADDENDA

AA-894 (proposed) STD Drugs
Local health departments may use these state funds to provide Expedited Partner Therapy (EPT) provided the local health department has a policy consistent with CDC and DPH guidelines for this practice and approval from the Office of Pharmacy Affairs (OPA) to use drugs purchased through the 340B Pricing Program to provide this service.
CD and STD Manual Sample Policies

Review
Learning Objective

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References

Developing Policies and Procedures.
http://www.ncpublichealthnursing.org/2012
PHN Manual Dev  PP Section final.doc

North Carolina Local Health Department Accreditation
http://nciph.sph.unc.edu/ accred/ health_depts/index.htm

North Carolina Department of Cultural Resources
Public Health Pledge

I pledge to do all within my power to safeguard human and environmental health through prevention, protection, and education efforts.

I will accept the responsibility to use my talents, training, and professional experience to instill public trust in all my public health endeavors.

It is my personal commitment to serve my community with integrity and pride.