Communicable Disease Program Components:

1. **NC EDSS**
2. **Record Retention/Record Management**
3. **Policies and Procedures**

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SLIDE 1:

Thank you for your participation in the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina c*ourse. We started this course in 2004 and since that time, over 700 communicable disease nurses have successfully completed the course and subsequently improved their communicable disease investigation skills.

If you are taking this course for the first time, you will probably feel overwhelmed with the detail in each presentation and wonder if you will ever feel competent to do your job. Let me assure you that in time, with on the job experience and a willingness to learn, you will not only become competent, but will feel excited and challenged by the work.

SLIDE 2:

My name is Kathy Dail, and I am a nurse consultant/epidemiologist with the NC Division of Public Health. I manage the Technical Assistance and Training Program for the Communicable Disease Branch. This program is staffed by 8 Nurse Consultants, each with a specialty area of Communicable Disease surveillance, providing direct assistance to local health departments.

My presentation addresses 3 essential components of every local and state Communicable Disease Program. These components are:

1. NC EDSS – the electronic disease surveillance system
2. Record Management/Record Retention, and
3. Policy and Procedures

SLIDE 3:

You have already heard from other presenters about the mission of the Communicable Disease Branch within the Division of Public Health, but I think it also worth mentioning that you and I are always part of the "BIG" Public Health picture.

"Big "Public Health has many interests, but preventing disease is a quintessential function.

"Most people don't understand what public health is, much less how it impacts their daily lives. The "This Is Public Health" campaign was designed to let people know that public health affects them on a daily basis and we are only as healthy as the world we live in. "

The campaign started in 2008 among public health students to raise awareness.

You are part of an incredible network of public health professionals around the world…in Europe…in Africa….In Asia and beyond.

Being disciplined and managing our data is important because we do not always share the same language, but we must all share the same science.

SLIDE 4:
I hope that your share my pride in being part of an international organization whose mission is to prevent epidemics and the spread of disease.

Just when we think we know exactly how to do this, we realize we have so very much to learn. We have yet to convince the world that handwashing is the single most important way to reduce the spread of communicable disease.

So let's get started with the "paper work" side of communicable disease…

SLIDE 5:
We have 3 learning objectives for this presentation. The first addresses NC EDSS, public health's electronic disease surveillance system. At the end of this presentation, you should be able to recognize the key features of the system. You do not need to be an NC EDSS user to understand the type of data stored in NC EDSS.

SLIDE 6:
In the beginning…..

SLIDE 7:
In the beginning, there was paper…and lots of it.

Paper accumulates. People come and go in the workplace and those left behind are left to clean out their offices and decide what is essential, what is of historical interest, what is personally identifiable information.

SLIDE 8:
The North Carolina Electronic Disease Surveillance System (NC EDSS) is a data base. It contains the state's most secure, confidential, client-centered data.

As discussed in the previous presentation, NC EDSS is a component of the Centers for Disease Control and Prevention (CDC) initiative to move states to web-based surveillance and reporting systems.

NC EDSS is also part of the Public Health Information Network (PHIN).

NC Division of Public Health customized system was developed by Consilience Software Inc.

SLIDE 9:
NC EDSS represents a major change in the way local health departments and the Division of Public Health (DPH) exchange and report data. NC EDSS is used by DPH, 85 local health departments (LHDs), 7 HIV/STD

Regional Offices, and public health epidemiologists in hospitals. We have also successfully integrated the use of NC EDSS with the Eastern Band of Cherokee Indians.

NC EDSS requires lots of hand on training; NC EDSS does not replace the work of basic epidemiology. You still have to make lots of telephone calls to get information for the basic case or outbreak investigation, but at the end of the day, you and your web-based access to NC EDSS allows you to share information instantly.

SLIDE 10:
NC EDSS replaces separate communicable disease data bases and is now the nation's first fully integrated communicable disease data base in the world.

NC EDSS replaces

The Tuberculosis Information Management System

The National Electronic Transmission Surveillance System

The STD Management Information System

The HIV/Aids Reporting System, and

The Perinatal Hepatitis B Database

The most important implication of this integrated database is the ability to look at co-morbidity in a single person-centered data base.

SLIDE 11:
As you see from this slide, events have been phased into NC EDSS over the last 6 years

As of January 2014, NC EDSS contains 1,051,989 events includes contacts). These events occurred in over ¾ of a million people (777,055).

SLIDE 12:
The old paper based reporting system between LHDs and DPH was very inefficient:

• LHDs have no ready access to their data

• NC EDSS increases data sharing among LHDs

• New system has statewide outbreak management & contact tracing capability

• System provides better tracking of lab results and stores lab data with case data

• NC EDSS creates centralized repository of person-based public health data

• Analysis of morbidity patterns across diseases possible with electronic system

• Co-morbidity of specific patients (e.g., HIV/TB, Syphilis/Hepatitis B) can be tracked with NC EDSS

And the electronic system ultimately reduces, but does not eliminate the need for the paper.

SLIDE 13:
So regardless of whether you have paper records or electronic records, you still have to manage these public records, even if the records are protected by confidentiality laws and/or HIPAA.

This leads us to the next essential component of a local communicable disease program.

SLIDE 14:
The second learning objective for this presentation is that you will be able to identify the regulatory authority for public records management and retention

(I will give you head ups – the answer is the N.C. Department of Cultural Resources.)

SLIDE 15:
Let's start first by defining what the law means as a public record. We find the answer in NC General Statute 131-1.

"Public record" or "public records" shall mean 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 or received pursuant to law or ordinance in connection with the transaction of public business by any agency of North Carolina government or its subdivisions. Agency of North Carolina government or its subdivisions shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political subdivision of government.

(b) The public records and public information compiled by the agencies of North Carolina government or its subdivisions 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.** As used herein, "minimal cost" shall mean the actual cost of reproducing the public record or public information.

SLIDE 16:
The law goes on to say in NCGS 132-3 that we cannot destroy records without permission.

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 and upon conviction only fined not less than ten dollars ($10.00) nor more than five hundred dollars ($500.00).

SLIDE 17:

The law also requires agencies to have a records management program. NCGS 132-8.1 states:

A records management program for the application of efficient and economical management methods to the creation, utilization, maintenance, retention, preservation, and disposal of official records shall be administered by the **Department of Cultural Resources.** It shall be the duty of that Department, in cooperation with and with the approval of the Department of Administration, to establish standards, procedures, and techniques for effective management of public records, to make continuing surveys of paper work operations, and to recommend improvements in current records management practices including the use of space, equipment, and supplies employed in creating, maintaining, and servicing records. It shall be the duty of the **head of each State agency and the governing body of each county,** municipality and **other subdivision of government** to cooperate with the Department of Cultural Resources in conducting surveys and to establish and maintain an active, continuing program for the economical and efficient management of the records of said agency, county, municipality, or other subdivision of government. (1961, c. 1041; 1973, c. 476, s. 48.)

SLIDE 18:

The latest record retention schedule for local health departments is September 2007. There is one amendment to these rules concerning Tuberculosis in 2010.

SLIDE 19:

Record retention rules currently in effect for local health departments concerning epidemiology records, are found in Standard 13. Epidemiology records are

"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."

"Surveillance forms" or "morbidity" reports or "cards" are examples of this type of record.

SLIDE 20:

Let's briefly look at the specifics of what the Local Retention Schedule tells us

The first rule concerns 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.

a) Destroy in office responses from negative-exposures after 1 year.

b) 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.

SLIDE 21:

The second local rule to consider concerns surveillance forms, what we refer to as "Part 2" forms.

These records concerning the client’s risk factors including lifestyle and demographics are sent electronically to the state using NC EDSS.

Remaining records held by you that were obtained as part of a local investigation, should be retained in office for 5 years, and then destroyed. Records involved in a pending audit, legal or other official action may not be destroyed before that audit or action is resolved.

SLIDE 22:
Rule # 3 refers to COMMUNICABLE DISEASE (CD) REPORT CARDS

The card has now been replaced by the Part 1 Physician’s Report.

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.

SLIDE 23:
Analysts specify that Hepatitis B, chronic reports be

Destroyed 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.

SLIDE 24:
Again, like other communicable disease investigations, keep

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.

SLIDE 25:
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.**

When you use a paper form to capture investigation data, and subsequently entered that information into NC EDSS, you are allowed to dispose of the preliminary record when the reference value ends.

DPH says that the reference value ends 1 year after submitting to DPH through NC EDSS. The record is kept short term to address any questions that may arise regarding the accuracy of data entry.

SLIDE 26:
Finally, the 3rd learning objective for this presentation concerns policies and procedures.

You are expected to know the difference between the two terms and also know the types of policies required by the NC Consolidated Agreement, agreement addenda for communicable disease, and know the policies required by the NC LHD Accreditation process.

SLIDE 27:
Policies tell what we will do in a specific situation as it relates to the work of the organization.

The organization's management agree to this course of action with knowledge of federal, state and local regulations, funding requirements, and standards of care.

Policies are protective….if they are strong and if employees follow the policy.

Policies need to be written…If a policy is not written, then all you have is practice – "Well that's the way we always have done it."

SLIDE 28:
In local health departments, there are two main types of policies: administrative and program.

In a well-managed health department, the agency will have administrative policies that apply across the board to all programs. The policies reflect back to the agency's mission statement.

Program policies are unique to the individual programs, for example, communicable disease, STD, TB, child health, women's health, adult health, family planning, etc.

SLIDE 29:
Procedures provide the detail for how a policy is implemented in the agency. For example, it is your policy that all clients seeking treatment for an STD be seen within 1 working day of the request.
The procedure specifies when STD Clinic appointments are available, who schedules the client, and how clients are triaged according to their chief complaint.

SLIDE 30:
By July 1 2014, all 85 local health departments should be accredited. As of June 21, 2013, 79 had achieved this status.

July 1, 2014 is an important deadline, because local health departments must have and maintain accreditation in order to draw down state and federal funding.

SLIDE 31:
The North Carolina Local Health Department Accreditation program (NCLHDA) requires each LHD to adopt a standard practice for the development, review and revision of policies and procedures. The agency determines the written format for their policies and procedures; develops and adopts a written policy and procedure. This Policy on Policies then guides agency policy/procedure development, written format, approval process, review, revision, and access/training of affected staff.

SLIDE 32:
Here are 3 additional policies required by the NC LHD Accreditation process.

The most important is the policy that says the agency must have a procedure for annually reviewing and revising if necessary all of its policies.

SLIDE 33:
The local health department shall ensure that program policies and procedures are *accessible to all staff.*

SLIDE 34:
The Consolidated Agreement is a contract, and the Agreement Addenda are the details by funded program activity.

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.

SLIDE 35:
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.

b. LHD must have a minimum of two staff members who are currently “active users” (i.e., the ability to log into system has not been deactivated).

c. LHD must delegate oversight responsibility to a registered nurse who will be responsible for monitoring all STD/Communicable disease events via regular review of NC EDSS events and workflows. This nurse must be trained in NC EDSS and be knowledgeable of the currently published North Carolina Communicable Disease Manual and the North Carolina Sexually Transmitted Disease Manual.

d. LHD agrees to monitor and manage workflows in a timely manner (optimally, on a daily basis).

e. LHD agrees to enter into NC EDSS, in a timely manner, all paper laboratory reports and physician reports it receives. 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.)

f. NC EDSS security will be administered by DPH, which includes creating new user accounts and/or disabling/deleting user accounts.

g. Sharing NC EDSS user account information such as user name and password is strictly prohibited. Every NC EDSS user must have his/her own account. Additionally, every user must have a functioning LHD email account so he/she may receive system updates distributed via email.

h. 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 Communicable Disease or STD surveillance. DPH reserves the right to disable the accounts of users who are unable to demonstrate competency using NC EDSS software.

SLIDE 36:
AA 536 and 541 are essential identical but draw from two types of federal funding for STD and HIV infections.

For health departments that have been accredited, most will have overarching policies that address staffing, qualifications, and staff development.

Program specific policies and procedures required by AA 536/541 address the STD Program Overview, Orientation to clinical services and community outreach, and Examination, Testing, Treatment, Counseling and Referral of clients and NC EDSS reporting.

A monitor should be able to read these policies and procedures and know how your STD program operates.

SLIDE 37:
With Expedited Partner Therapy, clients who test positive for an STD may receive a prescription for treating their sexual partner without the partner presenting to the health department. In FY 2014-15, there is a new agreement addenda that requires health departments to an approved policy that explains the nature of the provider's relationship with the partner.

This is an example of how a policy may explain how the agency complies with the use of Federal regulations and state funds.

SLIDE 38:
You can locate sample communicable disease and sexually transmitted disease program policies in the online manuals.

Bookmarks these manuals on your computer so that you can easily locate them.

SLIDE 39:
Let's review

SLIDE 40:
You should be able to recognize the key features of the system.

SLIDE 41:

You know the regulatory authority for public records management and retention

SLIDE 42:
You know the difference between the two terms and also know the types of policies required by the NC Consolidated Agreement, agreement addenda for communicable disease, and know the policies required by the NC LHD Accreditation process.

SLIDE 43:
Here are the references for this presentation.

SLIDE 44:
Finally, I will end with a reading of the public health pledge. I have never questioned my choice of nursing as a career; I have also never questioned my choice of public health as my specialty.

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.

Thank you.