

BEST PRACTICE FOR STD CLINICAL SERVICES IN LOCAL HEALTH DEPARTMENTS

SELF ASSESSMENT TOOL

This tool is designed for use by programs to assess the accessibility, availability, and acceptability of systems for delivery of STD services. The criteria selected for assessment reflect values and standards promoted in CDC guidelines and North Carolina law and policy for delivery of STD clinical and laboratory services.

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N.C. Division Of Public Health
Epidemiology Section
Communicable Disease Branch
Medical Consultation Unit
Technical Assistance & Training Program

I. ACCESS/AVAILABILITY/ACCEPTABILITY
A. Marketing
1. Health department has a plan for marketing HIV/STD services. Describe:
2. Building signage advertises availability of STD services.
3. Building signage is multi-lingual to meet needs of clientele.
4. STD services are advertised in : <input type="checkbox"/> local government sections of the telephone directory <input type="checkbox"/> * local government website. <input type="checkbox"/> locations and through media utilized by high-risk populations.
B. Hours / Staff / Building
1. Hours are such that patients can be seen within one work day of request for services.
2. STD services are available through: <input type="checkbox"/> Walk-in <input type="checkbox"/> Appointment <input type="checkbox"/> Express <input type="checkbox"/> Evening hours
3. Provider staffing sufficient to accommodate demand for STD services. Staff Credentials:
4. Building is accessible to disabled/handicapped, according to the ADA.
C. Services
1. *Clinic structure supports fully integrated HIV/STD services.
2. Clinic has the capability to evaluate and treat all locally prevalent STDs onsite.
3. *Triage system insures that patients with genital ulcers, discharges, and women with abdominal pain are examined the same day.
4. Twinrix is offered to eligible STD clients.
5. Medication distributed: <input type="checkbox"/> Outside pharmacy <input type="checkbox"/> In-house by: <input type="checkbox"/> Clinic staff <input type="checkbox"/> Pharmacist DOT distributed by: <input type="checkbox"/> Clinic staff <input type="checkbox"/> Pharmacist
6. *HIV Opt-out testing is in practice.
7. Routine STD screening available. <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Syphilis <input type="checkbox"/> HIV
8. Point-of-care STD testing is available to evaluate symptomatic clients. <input type="checkbox"/> Gram stain <input type="checkbox"/> wet prep <input type="checkbox"/> stat RPR <input type="checkbox"/> darkfield microscopy
9. Active referral process is in place for clients in need of services not available in the health department.
10. *Walk-in patients who can not be examined same day or next are provided a list of STD medical resources and eligibility requirements, and encouraged to call for a next-session appointment if services are still needed.
11. Client education is client-centered, i.e. tailored to address risks and concerns of the individual client.
12. Client counseling and instructions is enhanced with individualized written instructions, i.e. pamphlet reflecting testing done, test results /diagnosis, if known, condition treated, follow-up instructions, etc
13. Treatment is provided in accordance with current NC/CDC treatment guidelines.

I. ACCESSIBILITY, AVAILABILITY, ACCEPTABILITY
D. Clinic environment
1. *Examination rooms are adequately stocked with appropriate supplies for male and female exams.
2. *System is in place to monitor and replenish medication and supplies.
3. * There is at least one exam room per clinician.
4. Exam rooms are in compliance with infection control standards.
5. Supplies and medication are properly stored.
E. Confidentiality
1. Confidentiality policies address procedures for <input type="checkbox"/> Release of client information <input type="checkbox"/> Obtaining/providing information by telephone/cellular phone <input type="checkbox"/> Faxing of medical and other information
2. *Waiting areas are constructed to allow confidential registration (e.g., acoustical barriers between registration and waiting areas).
3. *When privacy is lacking, clinic uses self-registration so that sensitive information is not exchanged verbally.
4. *Client information is not discussed in the presence of or within hearing of another client, relative, or guardian.
5. *Children are not used as interpreters.
6. *Exam rooms promote confidentiality and privacy.
7. System in place to ensure security of medical records.
8. Test results given by telephone have a security procedure that requires identifiers not likely to be known by an acquaintance.
F. Registration
1. *Clerks do not assume race/ethnicity.
2. Process is in place to update demographic information.
3. A general consent form includes HIV testing among routine services to be provided.
4. There is a mechanism in place to identify and expedite DIS referrals.
5. *Registration is continuous through lunch.
G. Clinic flow
1. *Medical records readily available to authorized personnel.
2. Structure of client encounters facilitates timely and customer-friendly patient flow.
3. Next available clinician sees the next registered patient regardless of gender or problem.
4. * # patients/hour/clinician: _____ Standard is ≤ 3/hr. when 1 clinician does complete visit
5. * The complete STD visit takes no more than 1.5 hours from registration to treatment (excluding DIS sessions or HIV test counseling).

II SURVEILLANCE
1. There are clearly defined written policies and procedures for utilizing DIS and EPI Team services.
2. Other staff demonstrate understanding of the role of the DIS, the EPI Team and the referral process.
3. Policies, procedures, and protocols are in place to ensure investigation and reporting within 30 days of receipt of reportable conditions.
4. There is evidence of active communication with community providers regarding reporting requirements and process.
5. Monitoring of NC EDSS process is evident in local policy and practice.
6. NC EDSS data entry is complete, accurate and reported within 30 days of specimen date.
7. *Local DIS staff have received Introduction to Sexually Transmitted Disease Investigation (ISTDI) training for HIV and syphilis investigation and partner notification.
III. CLINIC MANAGEMENT
A. Personnel
1. *Formal orientation is available for new staff in HIV/STD setting.
2. *A physician is available for consultation with non-physician clinicians.
3. *Preceptorship is available for new clinicians practicing skills before caring for patients under protocols.
4. *Staff is appropriately designated and trained to triage clients according to protocols.
5. *All staff are trained in and practicing standard precautions.
6. There is active RN oversight and regular quality review of STD data entry and workflows in NC EDSS.
7. The public health nurse with oversight responsibility for NC EDSS workflows is trained in NC EDSS and is knowledgeable of the 2011 NC Sexually Transmitted Disease Public Health Program Manual.
8. Staff designated for NC EDSS data entry have completed the required NC EDSS training
9. *Performance review process involves direct observation of ERRN practices (at least every 6 months).
10. *Training needs of staff are assessed and addressed.
11. * Information is communicated to all staff through regular (at least twice monthly) staff meetings.
12. *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
B. Quality Improvement Activities
1. Program review includes review of data inclusive of community morbidity, clinic demand and access, clinic flow and client feedback.
2. The agency collects and evaluates client satisfaction data for STD services.
3. A committee for quality meets regularly and follows a protocol to conduct quality assessments, analyze findings, and deliver recommendations.
4. Problem solving is process-focused, utilizing Continuous Quality Improvement (CQI) principles which include appropriate staff involved in the process.
5. *Medical records are audited regularly to determine if evaluation, diagnosis and treatment documentation aligns with NC/CDC treatment guidelines and facilitates continuity of care.
6. There is a mechanism for receiving, evaluating, and managing the significant complaints of clients about clinical services.
C. Clinic Manuals
1. Clinic manuals (printed copy or online) are current and readily accessible in the clinic setting* (reviewed and updated annually).
2. Policies and procedures reflect Agreement Addenda requirements.

III. CLINIC MANAGEMENT

C. Clinic manuals

3. The following policies and procedures are in place and clearly defined:

- a. ACCESS
 - Describes hours and process for accessing clinical care
- b. AVAILABILITY
 - Describes services available for evaluating and managing sexually transmitted conditions.
 - Describes staffing, roles, and responsibilities for clinic processes.
- c. TRIAGE:
 - Clearly defines procedure for triaging clients who cannot be seen within one working day of request for service.
- d. STANDARD PRECAUTIONS
 - *Includes procedures for preventing and handling exposure of patients/staff to HIV/Hepatitis B/Hep C**
- e. EMERGENCY PROTOCOLS
 - "Street" safety for community outreach
 - *Required CPR Training for staff**
 - *Method by which emergency equipment, supplies, and medications are frequently updated according to an established schedule to avoid depletion or expiration**
 - *Appropriate handling of violent or abusive situations**
- f. CHILD ABUSE/NEGLECT and ADULT ABUSE
 - *Provisions of the state child abuse and neglect statute and health care providers obligations for reporting are clearly reflected in the policy**
 - *Appropriate staff response to alleged/suspected abuse of client is clearly defined**
- g. STANDING ORDERS for NURSE CLINICIANS
 - *Are current and signed**
 - *Include current recommended treatment for STDs**
- h. QUALITY IMPROVEMENT PLAN and PROCEDURES
 - Roles and responsibilities defined
 - CQI activities are defined

***Designates a CDC Standard that is "a consensus among experts in STD clinical services that the practice or technique is essential to an effective and efficient clinic operation. It is intended to be rigidly applied, and applied in virtually all cases. Exceptions will be rare and difficult to justify. The agreement level is set at a minimum of 95%."**