

Communicable Disease Triennial Review Tool

Quality Assurance Measures	Recommendations for Improvement
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I. Active Surveillance Protocols	
Provide documentation (e.g., meeting minutes, schedule of meetings) of contact with ICPs to encourage reporting in each hospital within the jurisdiction	
Provide documentation (e.g., Active Surveillance SOP) related to lab and provider reporting and active surveillance for use in the event of a public health emergency	

II. Employee Training	
New staff shall undergo online CD training within 30 days of hire	
New CD staff shall attend CD101 within 1 year of hire	
New staff shall attend CD303 within 2 years of hire	
Each communicable disease investigator shall attend OR Epi once every 3 years	
All employees responsible for epi services will complete continuing education equal to 8 hours of credit every 2 years (e.g., CD101, OR-Epi, certain eligible online courses)	

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III. Employee Vaccination Status	
Proportion of CD employees with direct patient contact that have these immunizations: HBV, MMR, Tdap, and Varicella (LHD will offer vax to those unvaccinated)	
Porportion of CD employees with direct patient contact immunized against Influenza (LHD will offer vax to those unvaccinated)	

IV. Standing Orders	
LPHA has standing orders for prophylaxis for the following diseases: hepatitis A, hepatitis B, meningitis, varicella, and pertussis	

V. Surveillance Summary	
Produces an annual summary of CD data	

VI. Timeliness of CD Reporting	Any measure <80% or any measure where the County average is below the State average will prompt recommenation for improvement
Number of days from initial report received by LHD to OPHD notification (all diseases)	
Number of days from initial report received by LHD to case interview (acute heps & chronic B)	
Number of days from initial report to location of contacts (pertussis, meningitis, hep A & B)	

County:
Administrator:
Participants:

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Reviewer: .
Date: .

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Number of days from initial report received by LHD to completion (excludes campylobacter, giardia and chronic hepatitis C)	

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VI. Case Investigation (excludes campylobacter, giardia and chronic hepatitis C)	
Proportion of case interviews conducted (interview by proxy is acceptable)	
Proportion of interviewed cases with complete date of birth or age	
Proportion of interviewed cases with complete race info (unknown = "incomplete")	
Proportion of interviewed cases with complete ethnicity info (unknown = "incomplete")	
Proportion of interviewed cases with complete residence info (i.e., address and zip code)	
Proportion of interviewed cases with occupation information [for work/daycare restrictable diseases] (diphtheria, measles, <i>Salmonella</i> Typhi, shigellosis, <i>E. coli</i> , hepatitis A, pertussis, and rubella)	
Proportion of interviewed cases with complete risk factor data	
Proportion of specific disease groups with completed risk factors (e.g., acute hepatitis A, B, & C, botulism, chronic hepatitis B, cryptosporidiosis, cyclospora, listeria, meningitis, salmonella, shigella, shigatoxigenic <i>E. coli</i> , tularemia, typhoid, vibrio, and yersinia)	
Proportion of interviewed cases with complete hospitalization status	
Proportion of interviewed cases with complete outcome status	
Proportion of specific diseases with complete outcome status (e.g., H. influenza, meningitis, pertussis [infant cases only], and acute hepatitis A, B, and C)	
Proportion of cases with known vaccination status (vaccine specific to reported diseases: hepatitis A and B, pertussis, measles, meningitis, mumps, rubella)	
Proportion of malaria, vibrio, listeria, tularemia and arthropod-borne diseases with CDC case report form submitted	

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VII. Contact Management	
Proportion of contact interviews conducted [interview by proxy is acceptable] (pertussis, meningitis, hepatitis A, and hepatitis B)	
Proportion of chronic hepatitis B household and sexual contacts tested for hepatitis	

VIII. Outbreak Investigations	
Average number of days from LHD notification to OPHD notification	
Proportion of outbreaks investigated (with or without state input)	
Proportion of outbreaks with 6 or more specimens collected	
Proportion of potential "common source" outbreaks with case finding (e.g., restaurant, school, potluck, institutional setting, etc.)	
Proportion of foodborne outbreaks where vehicle or food-handler is implicated	
Number of outbreaks reported per capita (four categories: nursing home, non-nursing home, VPDs, and restaurant)	
Proportion of outbreak reports completed within 30 days from end of outbreak ("the end" = 1 week after last reported onset)	

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VI. Other Concerns and Unmet Needs