

2011-037506
HIDALGO COUNTY
Exhibit A/Work Plans
TB/PC - FEDERAL

1. During 2011, the Hidalgo County Health & Human Services Department (HCHHSD) purposes to continue to serve the area of Hidalgo County, with populations to be served; but not limited to: HIV/AIDS; silicosis; chronic renal failure/hemodialysis; hematologic/ reticuloendothelial malignancy; head/neck cancer; immunosuppression; jejunioileal bypass; solid organ transplantation; radiographic evidence of old, untreated TB; injection drug use; close contacts to active highly infectious TB case (including children < 5 yrs old who are TST negative); Recent convertor (within last 2 years); gastrectomy; diabetes mellitus (insulin requiring or poorly-controlled); recent immigrant (5< yrs) from endemic country; targeted communities- underdeveloped colonias and housing projects with low income and newly immigrant population; Salvation Army homeless shelter; ESL (English as a Second Language) Program based out of public schools; Drug and Alcohol Counseling Centers; Detention Center(754), County Jail (1200 beds); and Adult Day Care Centers. HCHHSD does not propose to subcontract TB services. The HCHHSD will continue to provide TB services to neighboring counties thru regional referrals and to Mexico thru the Bi-National Program.

2. The HCHHSD is under the jurisdiction of the County Judge and County Commissioners. The HCHHSD consists of seven comprehensive clinics that are located throughout the county and one centralized pulmonary clinic. The department has policies and procedures in providing client services, hiring personnel, professional and support staff training, quality assurance, and peer review (Attachment 1 Organizational Chart).
The HCHHSD continues to participate in research projects with the UT-Health and Science Center in San Antonio, Study 26 and Study 29; UT-Brownsville School of Public Health-Study on T-spot and TB research program on Texas-Mexico border. UTB continues to work with and depend on the DSHS Regional TB Physician to conduct client assessments and follow ups. The HCHHSD also depend on the support of TCID and Tyler in the treatment of critical TB clients that are not able to receive the essential care locally.
The HCHHSD continues to utilize DSHS support for technical assistance, professional and support staff training, and service delivery policies for the TB program.

Historically, the HCHHSD has been supported by local funds to supplement the TB program (by 60%↑). The departments Budget Officer and the County Auditor ensure that TB funds are expended appropriately as per DSHS Grant Management requirements. The TB Program collaborates and networks with local providers and hospitals to expand active TB surveillance, to identify and treat TB cases/suspects in a timely manner. The TB program consists of one pulmonary clinic in Edinburg. The TB Program staff currently consists of one RN Supervisor, one staff RN, 5 LVN's, 6 Outreach Worker's and 3 Clerk's. The nurses assess, educate, treat and follow-up TB cases/suspects. The Outreach Workers are utilized to deliver DOT to

TB cases/suspects. The complexity of the TB cases continue to rise; thus, comprehensive nursing staff are utilized to assist with the LTBI caseload. The barrier that still continues, is the restrictive admission process of our critical TB cases to TCID. DSHS and Hidalgo County's partnership is crucial to ensure appropriate treatment and follow-up of TB case/suspects.

3. HCHHSD will collect at least one TB service including but not limited to tuberculin skin test, chest radiographs, health care worker services or treatment with one or more anti-tuberculosis medications in 2011. This data continues to be collected manually thru daily tally sheets and Microsoft Access Program; and compile into monthly reports. TWICES is also utilized to access and report some of this data.
4. The TB nurses collect and tabulate data in state and county TB forms and submit to TB Records Manager for tabulating and reporting. These activities are conducted daily. During 2011 the HCHHSD will conduct community surveillance to identify unreported cases of TB and individuals suspected of having TB infection by conducting: targeted screening of high risk population areas identified thru mapping of cluster cases in Hidalgo County; proactive surveillance activity to hospitals, labs, pharmacies, private providers, schools, and Veterinary Hospitals. Also, provide physician offices with information regarding TB case management, referrals of high risk individuals placed on treatment for LTBI, and referral of TB Suspects. Currently Microbiology Lab and local hospitals conduct acid-fast bacilli smears and cultures for mycobacterium tuberculosis complex. The HCHHSD will continue to document outbreaks on the Incident Report EF 12-12104 (2/2005).
5. The nurses collect and enter the data in the appropriate TB forms, and in the TWICES Program daily. The data collected is reviewed by the TB Records Manager and the RN Supervisor for completeness, accuracy and timeliness. In addition, monthly case management reviews are conducted by the RN Supervisor, TB Physician and TB nurse case managers to monitor compliance of TB Program standards, policies and procedures.
6. During 2011, the HCHHSD will coordinate with other health and human services providers in the service area to avoid duplication of services by: maintaining a record of clients referred; educating the Department of Human Service's to identify clients who are seeking assistance for TB; maintaining the pro-surveillance reporting system thru hospital infection control nurses; nine (9) local hospitals; private laboratories, private physicians, and university research projects.
The HCHHSD will continue to work with the following Hidalgo County Community

Programs:

University of Texas- Pan American/BSN student nursing program; provide students with hands on experience in tuberculosis; El Milagro and Nuestra Clinica del Valle, who serve low income/undocumented clients; Salvation Army-homeless shelter; Avance- a community base organization that promote health wellness thru the use of promotoras; Drug and Alcohol Counseling Centers; East Hidalgo Detention Center (754 beds); Hidalgo County Jail (1200 beds); Family Doctors/Pulmonologist-refer TB suspects to rule out tuberculosis; Local Hospitals (9)- McAllen Medical Center, Mission Hospital, Edinburg Regional, Rio Grande Regional, Heart Hospitals, Knapp Medical Hospital, Doctors Hospital at Rennaissance, Driscoll Children's Hospital, Corner Stone Hospital; Life Care Hospital; Birth Center - Holy

Family Services; Nursing Homes; Tropical Texas –MHMR; Texas Department of Human Services; Veterans Department Clinic; Rio Grande Food Pantry; Catholic Social Services; Housing Authority; Texas Interagency Council on Early Childhood Intervention (ECI) of Region 1; Texas Department of Protective and Regulatory Services, Valley Aid Council; TB Net; TB Cure; Hospice in McAllen, Tx., and Rehabilitation Centers.

7. The HCHHSD has not had any changes in providing services to culturally diverse populations. The county is approximately 89 percent white Hispanic, 9 percent white/non-hispanic, and 2 percent other (Black, Asian, other). All of our clinic staff are bilingual (English/Spanish). If needed, additional interpretation services and language translation is available thru contractual services provided by the department. Also, the HCHHSD has strived to maintain all health facilities ADA complaint. And, the HCHHSD clinics are accessible to provide TB services to contacts/cases/suspects and LTBI's as needed thru out the county. The TB nurses and outreach workers are accessible and travel to clients homes and/or other designated areas to provide TB client services. Service hours are 8:00 AM to 5:00 PM Monday thru Friday, however, TB staff are accessible after hours and weekends as the need arises.
8. During 2011, the HCHHSD will conduct management of TB cases and suspects with emphasis on provision of Directly Observed Therapy (DOT):
100% of cases/suspects reported to the Hidalgo County Health and Human Services Department will be evaluated for diagnosis and treatment; 90% of TB cases ordered TB drugs will complete course of recommended therapy; 90% of TB suspects/cases ordered TB treatment will be on DOT; longer treatment period for MDR cases may be required; Consultation with experts is also required; DOT's will be administered by nurses and/or delivered by field TB Outreach Worker's; monthly toxicity to observe for side effects will be performed by nurses; monthly monitoring, to evaluate treatment progress, will be conducted by nurses and physician; nurses/TB Outreach Worker will perform toxicity to observe for side effects before each DOT dose is given. The use of incentives/enablers are provided by local funds as available.
9. TB Case Management reviews are conducted monthly by the TB RN Supervisor, TB Physician and TB Nurse Case Managers. The TB cases are evaluated for health care status and treatment plan as per TB standards/policies by the TB Physician & RN Supervisor.
10. The HCHHSD has implemented the cohort analysis of cases by integrating this process with the monthly TB Case Management and monthly TB QA staff meetings to facilitate compliance.
11. During 2011, the HCHHSD will conduct management of contacts and positive reactors with emphasis on Direct Observed Preventive Therapy (DOPT) to LTBI's who are less than five years of age, HIV infected or in the same residence as a TB case receiving directly observed therapy (DOT). The department has and will continue to comply with the performance measures as described on this RFP, Form D (specifically #'s 9,10 and 11). In addition, contacts with initial negative TB skin test will be re-screened for 2nd TST within 8 to 10 weeks, post exposure date. Contacts who convert will continue or start treatment for LTBI, as per DSHS/CDC

guidelines. DOPT will be considered to other persons at high risk for progression to TB disease as resources allow.

12. The HCHHSD TB RN Supervisor with the support of the DON, has developed a TB contact investigation team to timely conduct TB contact investigation following DSHS/CDC guidelines. HCHHSD forms (tool/checklist) are utilized to ensure all areas of the contact investigation are covered; thus, ensuring all areas have been evaluated when fewer than 3 contacts have been identified. In addition, by developing a TB Contact Investigation Team, the department has expedited the interviewing of cases and the evaluation of contacts. The department has also re-structured the follow-up of LTBI's to improve the completion rate for preventive therapy. This process includes the disseminating of the LTBI caseload among all the seven comprehensive department clinics; thus being more accessible to the clients. Also, the department is in the process of developing an incentive's program to improve the compliance of LTBI preventive therapy.

13. During 2011, the HCHHSD will continue to maintain infection control procedures in the Pulmonary and Health Clinics; and will continue to adhere to the departments guidelines for identifying TB infectious patients.
Administrative Control: medical & nursing staff will follow local policies and procedures in identifying, isolating, evaluating, and treatment of persons likely to have TB; new TB staff will receive 40 hours of TB training, and receive at least 16 hours of training annually thereafter; TB staff will follow the department's policy on employee TB skin testing; every 3-6 months TB skin testing on TST negative TB staff will be conducted; annual monitoring of signs and symptoms for TB on positive reactors will be conducted; will TST all new staff by using 2- step method if documented previous negative skin test; new staff with documented positive TST will assess for signs and symptoms of TB, offer base line chest x-ray, and get medical clearance; will provide a safe working environment for staff; and will provide separate waiting area for non-TB patients.
Engineering Control: will maintain essential equipment functioning properly; will clean bacteriocidal lamps monthly and replace as needed; will monitor negative pressure in the four (4) isolation rooms; will change A/C filters in the hepa filtration units, monthly or sooner if necessary; all maintenance for above controls will be logged by date and type of maintenance provided and by whom; staff providing some of the maintenance will be instructed on the danger of exposure when changing UV lights; will provide training on engineering control maintenance to all essential staff upon hire, yearly & as needed.
Personnel Respiratory Protection: staff will screen and identify patients suspected of TB and will isolate appropriately; cough induced sputums will be collected in a negative pressure room with UV light and hepa filter unit; health care workers collecting sputum will use their personal particulate Inovel1500 N95 respirator and will be re-fitted yearly and as needed; all health care workers will be trained on the use of personal respirators. Health Department clinics with no isolation rooms will collect sputums outdoors in a designated area.

14. During 2011, the HCHHSD will conduct targeted TB screening by:
providing TB screening training to private providers; providing TB training to community based organizations; monitoring TB screening at the 1200 bed county jail facility; providing TB screening at the Salvation Homeless Shelter, low income

colonias, English as second language (ESL) programs in the schools; providing TB training to nursing homes, and hospital infection control, to encourage TB testing of staff and residents as needed; and providing TB training for promotoras who perform outreach activities.

15. During 2011, the HCHHSD will provide professional education and training to train new/current TB staff:

Will provide 40 hours of TB orientation for each TB Health Department employees (nurses, clerks, outreach workers) which include; Introduction of TB program; Role of the Public Health Nurse in TB Communicable Disease Control- Reporting: who, when, what, and where to report ; CDC self study modules 1-9 (for nurses); Core Curriculum on Tuberculosis; review of TB Policy and Procedure Manual; review of TB Drugs; and Infection Control. The completion of TB staff (nurse, outreach worker, clerk) orientation and skills will consist of:

- a. Observation and hands on TB training at the Pulmonary Clinic 1-2 months depending on need; and,
- b. Provide at least 16 hours of TB continuing education- by in services provided in house or by attending TB workshops annually.

16. During 2011, the HCHHSD will evaluate all referrals of immigrants and refugees following local guidelines for Aliens with notifications, Class A, Class B-1 Pulmonary, Class B-1 Extrapulmonary, Class B-2 and Class B3 as follows:

Class A (Positive Cases)-

Will open and complete TB record; at initial clinic visit, assess client for signs and symptoms of TB; take v/s, hx, etc.; if no previous TST, apply one; collect sputum x 3 induced and do chest x-ray with MD evaluation; complete TB400 A/B; continue treatment DOT as per MD orders; complete and sign CDC 75.17 (Rev. 02/99) form and submit to DSHS.

Class B-Pulmonary (no treatment)-

Will open and complete TB record; at initial clinic visit, assess client for signs and symptoms of TB; take v/s, hx, etc.; if no previous TST, apply one; collect sputum x 3 and do chest x-ray with MD evaluation; await culture results and MD recommendations; complete TB400 A/B; complete and sign CDC 75.17 (Rev. 02/99) form and submit to DSHS.

Class B-1 Pulmonary (complete treatment)-

Will open and complete TB record; at initial clinic visit, assess client for signs and symptoms of TB; take v/s, hx, etc.; if no previous TST, apply one; do chest x-ray and collect sputum if indicated by MD; complete TB400 A/B; complete and sign CDC 75.17 (Rev. 02/99) form and submit to DSHS.

Class B-1 Extra-pulmonary-

Will open and complete TB record; at initial clinic visit, assess client for signs and symptoms of TB; take v/s, hx, etc.; if no previous TST, apply one; if chest x-ray abnormal, collect sputum if indicated by MD; initiate treatment if indicated by MD; complete TB400 A/B; complete and sign CDC 75.17 (Rev. 02/99) form and submit to DSHS.

Class B-2 (LTBI)-

Will open and complete TB record; at initial clinic visit, assess client for signs and symptoms of TB; take v/s, hx, etc.; if no previous TST, apply one; initiate preventive treatment if indicated by MD; complete TB400 A/B; complete and sign CDC 75.17 (Rev.02/99) form and submit to DSHS.

Class B-3 (Contact) -

If no TST, apply one; if TST positive, follow same procedure as Class B-2; if TST negative, follow up in 8-10 weeks for 2nd TST; complete TB400 A/B; complete and sign CDC 75.17 (rev. 02/99) form and submit to DSHS