

## **APPENDIX C-3**

### **ALBANY COUNTY DEPARTMENT OF HEALTH**

#### **WORKPLAN**

##### **I. Corporate Information**

ALBANY County Department of Health

##### **II. Summary Statement:**

Surveillance for cases of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is conducted in New York State (NYS) pursuant to the HIV/AIDS Reporting Law. This law was passed in July of 1998 and was implemented June 1, 2000. The confidentiality of the reports collected, as well as all additional information regarding the reported cases, is strictly protected by the safeguard of Public Health Law 206 (1)(j).

As described in this workplan, ALBANY County will be responsible for conducting any surveillance necessary to follow up on reports and for reviewing the medical records of potential HIV/AIDS cases and from specified reporting sources within their jurisdiction (e.g., hospitals, clinics, private physicians, jails, laboratories, vital statistics death reports).

ALBANY County will employ one or more County Surveillance Representatives (CSR) to be assigned to the County. The CSR duties will include the following: visiting reporting sources, reviewing medical records, interviewing medical personnel, educating diagnostic providers regarding HIV/AIDS, collecting epidemiologic information related to HIV/AIDS, and completing case report forms (CRF) and related paper and /or electronic documents. ALBANY County will ensure full coverage of surveillance activities for the period of this contract (including periods of absence, vacation and/or leave on the part of the STATE supported CSR). The STATE will determine the minimum qualifications for this position and participate in the CSR selection process. The STATE will provide initial training to the CSR identical to training received by other surveillance staff and the CSR will be expected to participate in all subsequent field surveillance conference calls, tutorials or trainings. At anytime, the CSR should contact the Surveillance Coordinator or her designee with questions.

ALBANY County will provide the CSR adequate and necessary secured office space and furnishings for the performance of the aforementioned duties and the documentation thereof. ALBANY County will reimburse its employee for all local travel expenses at the negotiated rate stipulated in the collective bargaining agreement between ALBANY County and the agent representing such employee. The STATE will be responsible for reimbursement of travel expenses incurred for training and staff meetings outside the County. ALBANY County will be reimbursed per chart review at a rate of \$200 per medical record review and CRF completion.

The following policies and procedures have been developed for those counties that are authorized to conduct HIV/AIDS surveillance as deputies of the State Commissioner of Health ("deputized counties").

##### **Goals of HIV/AIDS Surveillance Deputization:**

- 1) Completely and accurately report all suspected and confirmed HIV/AIDS cases within the deputized counties;
- 2) Instruct diagnosing providers on the responsibility to report newly diagnosed HIV, HIV illness, and AIDS cases and requests for partner notification using the web-based HIV/AIDS Provider Portal accessed through the Health Commerce System (HCS), or using the hard-copy DOH-4189 "Medical Provider HIV/AIDS and Partner/Contact Report Form" (PRF); follow-up with providers for non-submitted PRFs;

- 3) Routinely collect from the County Health Department's Office of Vital Records death certificates for decedents with HIV/AIDS related causes of death listed and utilize such for surveillance purposes, and;
- 3) Maintain confidentiality of all reports of suspect and confirmed HIV/AIDS cases, and;
- 4) Ensure uniform and standardized HIV/AIDS surveillance procedures throughout NYS.

The authority to conduct HIV/AIDS surveillance is granted by the State Commissioner of Health to the deputized County Health Officer with the agreement that these counties will adhere to and abide by the following policies and procedures.

#### HIV/AIDS SURVEILLANCE REQUIRED PROCEDURES

##### I. General Surveillance Duties

- A. A current listing of primary reporting contacts in the known reporting facilities will be maintained. More than one contact person per reporting facility should be identified in case of absence or extended leave on the part of the primary contact. Contact person will typically be infection control practitioners, but others, such as infectious disease clinicians, coordinators of AIDS designated care centers and medical records personnel may be designated as contact persons where appropriate.
- B. Routinely educate providers regarding their HIV/AIDS reporting obligations, the crucial role they have in linking patients to partner notification services, and how surveillance data is used to allocate federal and state funds, to identify trends in HIV transmission, to facilitate access to health, social and prevention services, and to target and evaluate prevention interventions. The CSR will instruct diagnosing and care giving providers on the responsibility to report newly diagnosed HIV, HIV illness, and AIDS cases and requests for partner notification using the HIV/AIDS Provider Portal or the hard-copy DOH-4189 "Medical Provider HIV/AIDS and Partner/Contact Report Form" (PRF); follow-up with providers for non-submitted PRFs;
- C. Routinely collect from the County Health Department's Office of Vital Records death certificates for decedents with HIV/AIDS related causes of death listed and utilize such for surveillance purposes.

##### I. Bureau of HIV/AIDS Epidemiology (BHAЕ) NYEHMS (New York Electronic HIV Management System)

- A. At least weekly review case and suspect case assignment in the BHAЕ NYEHMS. Prior to the conduct of surveillance, review all available potential case data on the BHAЕ NYEHMS. Utilize the tools of the BHAЕ NYEHMS to prioritize assignments to be surveilled, with prioritization based on apparent new diagnoses and laboratory evidence of HIV infection or as directed by the Surveillance Coordinator.
- B. At least weekly, update BHAЕ NYEHMS System with information obtained during the conduct of surveillance. Completely update and review assignment, selecting the most appropriate closure status at the time of submission.

##### II. On-Site Review of Medical Records

- A. Detailed information will be collected for each reported suspect case by on-site review of paper or electronic medical records or interview of medical personnel. Visits to reporting

sources for data collection will be planned in advance. A record of all visits to reporting facilities will be maintained in a log book of the On-Site Review of Medical Records. In additional visits to reporting facilities will be shared with central office via an electronic calendar that is updated weekly.

- B. Prior to an on-site visit, the CSR should contact the reporting facility to arrange for review of the medical records of reported suspect cases. For each facility, the CSR will establish the method by which records will be identified for review. For example, some facilities prefer to receive a written list of records to be reviewed. Others prefer a telephone call several days in advance of the visit to identify the records to be reviewed. Each county should develop a guidebook which documents the preferred method to arrange for case review, by facility.
- C. Prior to surveillance the CSR will use the BHAIE NYEHMS tools to identify newly diagnosed cases for whom no PRF has been submitted. The completion of PRFs for these specific cases will be pursued with the reporting/diagnostic provider.
- D. Each patient's medical record will be reviewed for the purpose of completing the HIV/AIDS surveillance case report form — Adult HIV/AIDS Confidential Case Report (CDC 50.42A), or Pediatric HIV/AIDS Confidential Case Report (CDC 50.42B). Training in the case definition, medical record review and completion of the form will be provided by the NYSDOH.
- E. The CSR will review the medical records of:
  - 1. Newly reported individuals; and
  - 2. Previously reported individuals requiring additional information to meet the CDC case definition; and
  - 3. HIV cases with suspected progression to the disease stage of AIDS; and
  - 4. Cases that appear to be out of care to determine care status.
- F. The CSR will review the medical records and obtain all pertinent information to complete the HIV/AIDS surveillance CRF and the BHAIE NYEHMS. Pertinent information may be found in:
  - 1. Medical record face sheets;
  - 2. Admission notes;
  - 3. Discharge summaries;
  - 4. Laboratory - pathology reports;
  - 5. Progress notes;
  - 6. Social service notes; and
  - 7. Physician consultation notes.

The CSR will also document on the HIV/AIDS CRF all diagnostic tests utilized, so diagnostic status may be confirmed according to the CDC case definition. Additionally, the CSR will update the identifying and demographic data (including alias information) in the BHAIE NYEHMS.

- G. When visiting a reporting facility, the CSR will not carry information which links patient names with HIV/AIDS-related medical information. Specifically, the CSR will:
  - 1. Prepare for his/her visit by determining information to be ascertained and note on a blank HIV/AIDS CRF;

2. Develop a code to link each prepared CRF to a separate list that identifies the patient record to be reviewed and carry this list separately from the CRF; and
  3. Never carry the original office copy of the HIV/AIDS surveillance worksheet out of the County office if it contains any reference to HIV/AIDS.
- H. Upon the return of the CSR to the County surveillance office, the information on the HIV/AIDS CRF should be copied and filed. The CSR will return the completed original HIV/AIDS CRF to BHAЕ via the secure post office box:

Division of Epidemiology, Evaluation and Research  
PO Box 2073  
Empire State Plaza Station  
Albany NY 12220-0073

- I. The timeliness of surveillance assignment completion should meet or exceed BHAЕ Surveillance Program goal of the completion of surveillance within three months of assignment.

## II. Security/Record Keeping Procedures

Patient-specific information collected by or on behalf of the State Health Commissioner under the authorization of Public Health Law 206 (l)(j) may not be released to any person or agency. This is privileged information and may not be released except in summary form (see Section IV, Confidentiality). Measures to assure the strict and complete confidentiality of all information regarding patients who have been reported with HIV/AIDS or suspect HIV/AIDS and to assure timely and accurate record-keeping will include the following:

- A. The county will to adhere to the same written confidentiality protocol prescribed by BHAЕ and the CSR will annually receive the BHAЕ confidentiality training, including signing the standard BHAЕ attestation.
- B. Records will be maintained within the County surveillance office. The records should never be accessible to unauthorized persons.
- C. Appropriate computer software will be provided by the BHAЕ at no charge and will be used for maintaining a computerized file of all cases in the registry.
- D. Names of staff who have access to secured hard copies and/or computer files will be provided to the BHAЕ and updated whenever there is a change.
- E. Records will be maintained as follows:
  1. The surveillance CRF will be kept in the hard copy file. The State case number (not the name) will be printed on the file folder tab. No name or other identifier should be documented in this file or retained outside of the BHAЕ Tracking System.
  2. All confidential materials containing information which could potentially identify a reported case should be shredded prior to disposal.

#### IV. Confidentiality

- A. The reporting of suspect or confirmed HIV/AIDS cases by name is mandatory in New York State. The following provides guidance on the use and the disclosure of this confidential information:
  1. State Sanitary Code, Part 24 and Public Health Law 206 (1)(j); and
  2. Chapter 163, NYS Laws of 1998, Title III to Article 21 of Public Health Law; and
  3. Article 27F of Public Health Law; and
  4. Regulations of Title 10 NYCRR Part 63.
- B. The NYSDOH reserves the right to regularly review County surveillance procedures to insure that adequate protection of confidential information is maintained.
- C. Information for release to the public will be limited to summary information (e.g. summaries similar to the reports provided to the County by BHAE or found in BHAE's "HIV/AIDS Surveillance Annual Report"). Should other data dissemination be desired, the County must provide BHAE with a written proposal outlining a description and purpose of the desired data release. Under no circumstances can information be released that might result in the identification of individual HIV/AIDS cases.
- D. As stated previously under Section III, Security/Recordkeeping Procedures, names of County staff having access to hard copy or computerized HIV/AIDS surveillance files will be provided to BHAE. Those County employees are the only individuals within the County Health Department authorized to view identifying patient information. Information for release within the County Health Department will be limited to summary statistics. **Under no circumstances can information which might result in the identification of individual HIV/AIDS cases be released to or by County Health Department employees.**
- E. Under New York State Public Health Law 206 (1) (j), the confidentiality of information that is collected for purposes of HIV/AIDS surveillance is strictly protected. **Use of this information for identifying persons in need of services such as discharge planning or provision of home care is not permitted.** Disclosure of identifying information by deputized counties is to be made only to the NYSDOH/BHAE.