Building and Sustaining a Strong Clinical Public Health Workforce

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Disclosures

• No Disclosures
Outline of Presentation

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Objective

- Participants will be able to better understand how to implement workflow changes and training without disrupting clinical operations.
History of AHS

- Adult Health Service (AHS) are Tarrant County Public Health’s STD/STI clinics
- Our objective is to provide affordable means to patients for diagnoses, treatment and education of common STD/STIs
- We also work to reduce the spread of HIV in Tarrant County through our robust HIV Prevention or PREP program
Clinical Organization

- Public Health Nurses follow Standard Delegating Orders (SDO)
- Medical Director & Assistant Medical Director develop policy and approval of all SDOs
- Advanced Practice Providers provide direct oversight
Workforce Difficulties

- Quality and Documentation issues with our AHS clinics
- No robust physical exams were being performed, and patients were offered presumptive antibiotics without confirmation of positive testing
- Years of no direct clinical oversight and documentation training resulted in above issues
Why Do We Care?

• A fully competent and proficient clinical public health workforce is key to a local health departments’ infrastructure
• Quality medical exams, comprehensive documentation, attending to patient safety concerns and job satisfaction are essential in nurse-driven STI clinics
What Did We Do?

- Although Standard Delegating Orders (SDO) is the systematic approach in place for patient care pathways, the utilization of structured oversight and auditing measures was identified as a process improvement to reinforce standards of care.

- Using data and an inclusive administrative approach, a robust eight-month workforce development program (August 2018-April 2019) for the evaluation and implementation of a comprehensive training plan for the STI nurses was organized.
Curriculum Development

• Medical Director’s Office developed a curriculum and workflow arrangement to ensure all patients were either directly seen by a provider and presented to the provider before treatment and discharge

• This served two functions:
  – Allowed the STI clinics to continue operations
  – Allowed development of new trainings and workflow measures
Curriculum Development

• Auditing system was developed with monthly quality checks of all nurse documentation

• New scheduling system was developed to better track nurse-patient time

• Onboard trainings were also created for newly hired nurses
Results

- Nurses resumed care under updated SDOs with monthly provider documentation audits for supervision.
- STI clinics had **25% more visits** than prior to the changes, and **zero patient-safety and medication errors** as well.
- Discussions with the STI nurses showed higher job satisfaction as well.
Next Steps

- Using this comprehensive model, we expanded services at AHS:
  - We opened a “walk-in” option (in addition to our appointment only schedule) for patients we increased volume by an additional 11%
  - We have piloted a full walk-in only model and our preliminary data shows an increased 43% more volume when compared to our appointment only model
  - Are completing development of “fast-track” lane for testing of asymptomatic patients
Questions?