

2008 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 08-S-13FL

Please provide the following information, adding space as necessary:

State: Florida

Assign Program Category (applicant): Corrections (Use list at end of application)

1. Program Name: Lowell Correctional Institution Tuberculosis Deployment Team
2. Administering Agency: Florida Department of Corrections (DC)
3. Contact Person (Name and Title) Mary Hackney, Clinical Quality Management Program Supervisor
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9. Please provide a two-sentence description of the program.
This 34 member statewide team combined the resources of two agencies (Florida Departments of Corrections and Health) to conduct an investigation to stop the spread of a highly contagious type of tuberculosis (TB). The team developed an interagency electronic data sharing method eliminating the need for searching paper medical records saving approximately 500 person-hours for a cost savings of \$5,000, found one undiagnosed case and prevented further tuberculosis spread; a total cost avoidance of \$332,791.
10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered. Since October, 2006.
11. Why was the program created?
Solving this public health crisis was critical because so many people from the prison and the surrounding communities were at risk. It was important that this team work as fast as possible to identify the undiagnosed person that was spreading this strain of TB. To expedite the process a data sharing system that mined protected health information (PHI) from the Offender Based Information System (OBIS) to eliminate the need for reading thousands of medical records was created. OBIS is a very antiquated system, extracting the needed information was a technical challenge.
12. What problem[s] or issue[s] was it designed to address?
Increase the speed of the case finding investigation and improve efficiency of clinical staff. The team created a way to avoid reading over 2000 medical records, in a non-electronic health record system. The electronic data sharing system saved an estimated 500 hours of clinicians' and other staff time, which was critical in this effort. The team's first priority was to conduct symptom screening with individuals who might have active tuberculosis. This achievement allowed the nurses to know the documented medical history of the inmate prior

to assessing the inmate's physical signs and symptoms. This allowed for great efficiency for the active case finding investigation.

13. Describe the specific activities and operations of the program in chronological order.
In July 2005, DC received an inmate with an undiagnosed case of TB. The case went undiagnosed in the community and within DC as well for almost a year. During this year, the infected inmate was spreading TB germs every time she spoke, laughed, coughed or sneezed. TB is an airborne bacteria and this inmate had the most infectious type of TB. Finally, DC diagnosed the prisoner and ran a contact investigation with DOH. The spread of TB was believed to have been halted. However, in July 2006 DC identified new suspects who were eventually DNA linked to the original inmate with TB from 2005. In September 2006, TB experts believed there was a new undiagnosed case of TB within the prison and the tuberculosis control staffs at both agencies were tasked to identify this deadly killer. Within one week in September 2006, DC medical and information staffs identified what medical history could be obtained from the OBIS system and developed a new program to get this information into a format that could be shared with the medical staff conducting the case finding. By October 2006, the medical team had used this electronic information, conducted the case finding and identified a case of TB. Because of this case finding that required such quick work, DC developed a system for the investigation that can be used with any other similar investigation in the future.
14. Why is the program a new and creative approach or method?
This was the first time DC staffs were able to extract and share PHI with the Florida Department of Health electronically. Now we have a system we can use with any infectious disease outbreak to conduct faster contact investigation and communicate electronic PHI with public health officials as required.
15. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.) Staff time was the only investment and the team estimated that the total staff time cost approximate \$92,209. The cost avoidance achieved by preventing the spread of this disease alone was more than \$300,000
16. What are the program's annual operational costs? N/A There are no ongoing expenses associated with the data-sharing program.
17. How is the program funded? N/A
18. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number. NO
19. What equipment, technology and software are used to operate and administer this program? OBIS and Microsoft Office Access.
20. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.
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21. Are you aware of similar programs in other states? If YES, which ones and how does this program differ? NO
22. Has the program been fully implemented? If NO, what actions remain to be taken? Yes
23. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.
Active case finding and preventing the spread of tuberculosis were the primary objectives of this team. These were fully accomplished. The biggest benefit achieved was saving valuable time during the investigation by eliminating the need to review paper medical records. Another pro was the employee tuberculin skin testing was identified as an area for improvement during this investigation. A Department of Corrections process map was

developed and a quality management approach utilized to improve institutional employee testing compliance. The process of improvement is on going, but the initial results indicate incremental improvement. There were no cons identified, this was a win-win situation for all.

24. How has the program grown and/or changed since its inception? No changes since inception

25. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Any agency that has electronic medical information available and has a legal authority to share the protected health information can replicate the data mining and sharing portion of this achievement. Cost saving will vary based on the type of investigation. The teamwork demonstrated by this group of professional health care providers is a model for all agencies and can be replicated for other communicable disease investigations. However, interagency cooperation can be a barrier in some systems.